Journal of the Senate

FIRST REGULAR SESSION

SIXTY-FIRST DAY - TUESDAY, MAY 2, 2023

The Senate met pursuant to adjournment.

President Kehoe in the Chair.

Senator O'Laughlin offered the following prayer:

Proverbs 3:5. Trust in the Lord with all your heart, in all your ways acknowledge Him lean not on your own understanding and He will direct your path.

Father, we thank You for this day You've given us. We ask that you guide our thoughts and actions that they would be within Your will. We ask You to give us discernment in the many matters we have before us. Help us to trust in You. These things we ask in Your name. Amen.

The Pledge of Allegiance to the Flag was recited.

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

Photogrpahers from the Columbia Missourian and Nextstar Media Group were given permission to take pictures in the Senate Chamber.

Senator O'Laughlin moved that further reading of the Journal for the Sixtieth Day, Monday, May 1, 2023, be dispensed with and the same being approved as having been fully read.

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

SENATE AMENDMENT NO. 1

Amend Senate Journal, First Regular Session, Sixtieth Day, Page 1752, Line 30, by inserting after "Bernskoetter" the following: ", who previously voted against **SA 2** to **SS** for **SCS** for **HCS** for **HB 2** which would have prohibited state moneys from being used for Diversity, Equity, Inclusion, Belonging initiatives and programs,".

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

Senator O'Laughlin moved that the Journal for Monday, May 1, 2023, as amended, be approved as though having been fully read, which motion prevailed.

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

Present—Senators

Arthur	Bean	Beck	Bernskoetter	Black	Brattin	Brown (16th Dist.)
Brown (26th Dist.)	Carter	Cierpiot	Coleman	Crawford	Eigel	Eslinger
Fitzwater	Gannon	Hoskins	Hough	Koenig	Luetkemeyer	May
McCreery	Mosley	O'Laughlin	Razer	Rizzo	Roberts	Rowden
Schroer	Thompson Rehder	Trent	Washington	Williams—33		

Absent—Senators—None

Absent with leave—Senator Moon—1

Vacancies—None

The Lieutenant Governor was present.

RESOLUTIONS

Senator Schroer offered Senate Resolution No. 414, regarding Edgar “Ed” Randolph Politte, O'Fallon, which was adopted.

Senator Schroer offered Senate Resolution No. 415, regarding Harry Edward Leedom, O'Fallon, which was adopted.

Senator Brown (16) offered Senate Resolution No. 416, regarding the Seventieth Wedding Anniversary of Roy H. and Alice M. Miller, Rolla, which was adopted.

Senator Hoskins offered the following resolution:

SENATE RESOLUTION NO. 417

Notice is hereby given by the Senator from the Twenty-first District of the one day notice required by rule of intent to put a motion to adopt the following rule change:

BE IT RESOLVED by the Senate of the One Hundred Second General Assembly, First Regular Session, that the Senate Rules be amended by adding Senate Rule 103, to read as follows:

“**Rule 103. The official webpage of the senate shall post information on the individual webpage of each senator that shows how the senator voted on every recorded motion or vote of the senator from the previous day's journal.**”.

Senator Mosley offered Senate Resolution No. 418, regarding Hiba Lukadi, Kansas City, which was adopted.

Senator Mosley offered Senate Resolution No. 419, regarding Nicole J. Bolton, Kansas City, which was adopted.

Senator Washington offered Senate Resolution No. 420, regarding Maria G. Yepez Damian, Kansas City, which was adopted.

Senator Mosley offered Senate Resolution No. 421, regarding Monica Butler of the Butler Group, which was adopted.

Senator Schroer offered Senate Resolution No. 422, regarding William "Bill" Henry Fath, O'Fallon, which was adopted.

Senator Eslinger and Senator Moon offered Senate Resolution No. 423, regarding Amanda Fischer, Branson, which was adopted.

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 taken up and passed **HCS** for **SS** for **SCS** for **SBs 45** and **90**, entitled:

An Act to repeal sections 208.151 and 208.662, RSMo, and to enact in lieu thereof four new sections relating to MO HealthNet, with an emergency clause.

With HA 1, HA 2, HA 1 to HA 3, HA 3, as amended, HA 1 to HA 4, HA 4, as amended, HA 1 to HA 5, HA 2 to HA 5, HA 5, as amended, HA 1 to HA 6, HA 2 to HA 6, HA 3 to HA 6, HA 4 to HA 6, HA 6, as amended, HA 7, HA 8, HA 9, and HA 10, adopted.

Emergency Clause Adopted.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 & 90, Page 1, In the Title, Line 3, by deleting the words "MO HealthNet" and inserting in lieu thereof the words "health care"; and

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

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"**37.980. 1. The office of administration shall submit a report to the general assembly before December thirty-first of each year, beginning in 2023, describing the progress made by the state with respect to the directives issued as part of the "Missouri as a Model Employer" initiative described in executive order 19-16.**

2. The report shall include, but not be limited to, the data described in the following subdivisions, which shall be collected through voluntary self-disclosure. To the extent possible, for each subdivision, the report shall include general data for all relevant employees, in addition to data comparing the employees of each agency within the state workforce:

(1) The baseline number of employees in the state workforce who disclosed disabilities when the initiative began;

(2) The number of employees in the state workforce who disclose disabilities at the time of the compiling of the annual report and statistics providing the size and the percentage of any increase or decrease in such numbers since the initiative began and since the compilation of any previous annual report;

(3) The baseline percentage of employees in the state workforce who disclosed disabilities when the initiative began;

(4) The percentage of employees in the state workforce who disclose disabilities at the time of the compiling of the annual report and statistics providing the size of any increase or decrease in such percentage since the initiative began and since the compilation of any previous annual report;

(5) A description and analysis of any disparity that may exist from the time the initiative began and the time of the compiling of the annual reports, and of any disparity that may exist from the time of the most recent previous annual report, if any, and the time of the current annual report, between the percentage of individuals in the state of working age who disclose disabilities and the percentage of individuals in the state workforce who disclose or have disabilities; and

(6) A description and analysis of any pay differential that may exist in the state workforce between individuals who disclose disabilities and individuals who do not disclose disabilities.

3. The report shall also include descriptions of specific efforts made by state agencies to recruit, hire, advance, and retain individuals with disabilities including, but not limited to, individuals with the most significant disabilities, as defined in 5 CSR 20-500.160. Such descriptions shall include, but not be limited to, best, promising, and emerging practices related to:

(1) Setting annual goals;

(2) Analyzing barriers to recruiting, hiring, advancing, and retaining individuals with disabilities;

(3) Establishing and maintaining contacts with entities and organizations that specialize in providing education, training, or assistance to individuals with disabilities in securing employment;

(4) Using internships, apprenticeships, and job shadowing;

(5) Using supported employment, individual placement with support services, customized employment, telework, mentoring and management training, stay-at-work and return-to-work programs, and exit interviews;

(6) Adopting, posting, and making available to all job applicants and employees reasonable accommodation procedures in written and accessible formats;

(7) Providing periodic disability awareness training to employees to build and sustain a culture of inclusion in the workplace, including rights to reasonable accommodation in the workplace;

(8) Providing periodic training to human resources and hiring managers in disability rights, hiring, and workplace policies designed to promote a diverse and inclusive workforce; and

(9) Making web-based hiring portals accessible to and usable by applicants with disabilities.

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

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

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

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

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

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

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

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

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

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

(c) Retirement accounts including, but not limited to, individual accounts, 401(k) plans, 403(b) plans, Keogh plans, and pension plans, provided that income from such accounts be calculated as income under subdivision (4) of subsection 1 of this section.

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

(a) **[**All earned income of the disabled worker;

(b)**]** The first **[**sixty-five dollars and one-half**] fifty thousand dollars** of **[**the remaining**]** earned income of **[**a nondisabled spouse's earned income**] the person's spouse**;

[(c)**] (b)** A twenty dollar standard deduction;

[(d)**] (c)** Health insurance premiums;

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

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

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

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

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

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

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

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

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

6. If an eligible person's employer offers employer-sponsored health insurance and the department of social services determines that it is more cost effective, such person shall participate in the employer-sponsored insurance. The department shall pay such person's portion of the premiums, co-payments, and any other costs associated with participation in the employer-sponsored health insurance. **If the department elects to pay such person's employer-sponsored insurance costs under this subsection, the medical assistance provided under this section shall be provided to an eligible person as a secondary or supplemental policy for only personal care assistance services, as defined in section 208.900, and related costs and nonemergency medical transportation to any employer-sponsored benefits that may be available to such person.**

7. **The department of social services shall provide to the general assembly an annual report that identifies the number of participants in the program and describes the outreach and education efforts to increase awareness and enrollment in the program.**

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

9. The provisions of this section shall expire August 28, 2025."; and

Further amend said bill, Page 11, Section 208.662, Line 97, by inserting after all of said section and line the following:

"**209.700. 1. This section shall be known and may be cited as the "Missouri Employment First Act".**

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

(1) "Competitive integrated employment", work that:

(a) Is performed on a full-time or part-time basis, including self-employment, and for which a person is compensated at a rate that:

a. Is no less than the higher of the rate specified in 29 U.S.C. Section 206(a)(1) or the rate required under any applicable state or local minimum wage law for the place of employment;

b. Is no less than the customary rate paid by the employer for the same or similar work performed by other employees who are not persons with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills;

c. In the case of a person who is self-employed, yields an income that is comparable to the income received by other persons who are not persons with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and

d. Is eligible for the level of benefits provided to other employees;

(b) Is at a location:

a. Typically found in the community; and

b. Where the employee with a disability interacts for the purpose of performing the duties of the position with other employees within the particular work unit and the entire work site and, as appropriate to the work performed, other persons, such as customers and vendors, who are not persons with disabilities, other than supervisory personnel or persons who are providing services to such employee, to the same extent that employees who are not persons with disabilities and who are in comparable positions interact with these persons; and

(c) Presents, as appropriate, opportunities for advancement that are similar to those for other employees who are not persons with disabilities and who have similar positions;

(2) "Customized employment", competitive integrated employment for a person with a significant disability that is:

(a) Based on an individualized determination of the unique strengths, needs, and interests of the person with a significant disability;

(b) Designed to meet the specific abilities of the person with a significant disability and the business needs of the employer; and

(c) Carried out through flexible strategies, such as:

a. Job exploration by the person; and

b. Working with an employer to facilitate placement, including:

(i) Customizing a job description based on current employer needs or on previously unidentified and unmet employer needs;

(ii) Developing a set of job duties, a work schedule and job arrangement, and specifics of supervision, including performance evaluation and review, and determining a job location;

(iii) Using a professional representative chosen by the person or self-representation, if elected, to work with an employer to facilitate placement; and

(iv) Providing services and supports at the job location;

(3) "Disability", a physical or mental impairment that substantially limits one or more major life activities of a person, as defined in the Americans with Disabilities Act of 1990, as amended. The term "disability" does not include brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to any alcohol or drug;

(4) "Employment first", a concept to facilitate the full inclusion of persons with disabilities in the workplace and community in which community-based, competitive integrated employment is the first and preferred outcome for employment services for persons with disabilities;

(5) "Employment-related services", services provided to persons, including persons with disabilities, to assist them in finding employment. The term "employment-related services" includes, but is not limited to, resume development, job fairs, and interview training;

(6) "Integrated setting", a setting:

(a) Typically found in the community; and

(b) Where the employee with a disability interacts for the purpose of performing the duties of the position with other employees within the particular work unit and the entire work site and, as appropriate to the work performed, other persons, such as customers and vendors, who are not persons with disabilities, other than supervisory personnel or persons who are providing services to such employee, to the same extent that employees who are not persons with disabilities and who are in comparable positions interact with these persons;

(7) "Outcome", with respect to a person entering, advancing in, or retaining full-time or, if appropriate, part-time competitive integrated employment, including customized employment, self-employment, telecommuting, or business ownership, or supported employment that is consistent with a person's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice;

(8) "Sheltered workshop", the same meaning given to the term in section 178.900;

(9) "State agency", an authority, board, branch, commission, committee, department, division, or other instrumentality of the executive branch of state government;

(10) "Supported employment", competitive integrated employment, including customized employment, or employment in an integrated setting in which persons are working toward a competitive integrated employment, that is individualized and customized consistent with the strengths, abilities, interests, and informed choice of the persons involved who, because of the nature and severity of their disabilities, need intensive supported employment services and extended services in order to perform the work involved;

(11) "Supported employment services", ongoing support services, including customized employment, needed to support and maintain a person with a most significant disability in supported employment, that:

(a) Are provided singly or in combination and are organized and made available in such a way as to assist an eligible person to achieve competitive integrated employment; and

(b) Are based on a determination of the needs of an eligible person, as specified in an individualized plan for employment;

(12) "Working age", sixteen years of age or older;

(13) "Youth with a disability", any person fourteen years of age or older and under eighteen years of age who has a disability.

3. All state agencies that provide employment-related services or that provide services or support to persons with disabilities shall:

(1) Develop collaborative relationships with each other, confirmed by a written memorandum of understanding signed by each such state agency; and

(2) Implement coordinated strategies to promote competitive integrated employment including, but not limited to, coordinated service planning, job exploration, increased job training, and internship opportunities.

4. All state agencies that provide employment-related services or that provide services or support to persons with disabilities shall:

(1) Implement an employment first policy by considering competitive integrated employment as the first and preferred outcome when planning or providing services or supports to persons with disabilities who are of working age;

(2) Offer information on competitive integrated employment to all working-age persons with disabilities. The information offered shall include an explanation of the relationship between a person's earned income and his or her public benefits, information on Achieving a Better Life Experience (ABLE) accounts, and information on accessing assistive technology;

(3) Ensure that persons with disabilities receive the opportunity to understand and explore education and training as pathways to employment, including postsecondary, graduate, and postgraduate education; vocational and technical training; and other training. State agencies shall not be required to fund any education or training unless otherwise required by law;

(4) Promote the availability and accessibility of individualized training designed to prepare a person with a disability for the person's preferred employment;

(5) Promote partnerships with private agencies that offer supported employment services, if appropriate;

(6) Promote partnerships with employers to overcome barriers to meeting workforce needs with the creative use of technology and innovation;

(7) Ensure that staff members of public schools, vocational service programs, and community providers receive the support, guidance, and training that they need to contribute to attainment of the goal of competitive integrated employment for all persons with disabilities;

(8) Ensure that competitive integrated employment, while the first and preferred outcome when planning or providing services or supports to persons with disabilities who are of working age, is not required of a person with a disability to secure or maintain public benefits for which the person is otherwise eligible; and

(9) At least once each year, discuss basic information about competitive integrated employment with the parents or guardians of a youth with a disability. If the youth with a disability has been emancipated, state agencies shall discuss this information with the youth with a disability. The information offered shall include an explanation of the relationship between a person's earned income and his or her public benefits, information about ABLE accounts, and information about accessing assistive technology.

5. Nothing in this section shall require a state agency to perform any action that would interfere with the state agency's ability to fulfill duties and requirements mandated by federal law.

6. Nothing in this section shall be construed to limit or disallow any disability benefits to which a person with a disability who is unable to engage in competitive integrated employment would otherwise be entitled.

7. Nothing in this section shall be construed to eliminate any supported employment services or sheltered workshop settings as options.

8. (1) Nothing in this section shall be construed to require any state agency or other employer to give a preference in hiring to persons with disabilities or to prohibit any employment relationship or program that is otherwise permitted under applicable law.

(2) Any person who is employed by a state agency shall meet the minimum qualifications and requirements for the position in which the person is employed.

9. All state agencies that provide employment-related services or that provide services or support to persons with disabilities shall coordinate efforts and collaborate within and among each other to ensure that state programs, policies, and procedures support competitive integrated employment for persons with disabilities who are of working age. All such state agencies, when feasible, shall share data and information across systems in order to track progress toward full implementation of this section. All such state agencies are encouraged to adopt measurable goals and objectives to promote assessment of progress in implementing this section.

10. State agencies may promulgate all necessary rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void."; and

Further amend said bill and page, Section B, Lines 1-6, by deleting said lines and inserting in lieu thereof the following:

"Section B. Because of the importance of ensuring healthy pregnancies and healthy women and children in Missouri in the fact of growing maternal mortality and to ensure the integrity of the MO HealthNet program, the enactment of sections 208.186 and 208.239 and the repeal and reenactment of sections 208.151 and 208.662 of section A of this act are deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and are hereby declared to be emergency acts within the meaning of the constitution, and the enactment of sections 208.186 and 208.239 and the repeal and reenactment of sections 208.151 and 208.662 of section A of this act shall be in full force and effect upon its passage and approval."; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 3

Amend House Amendment No. 3 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 & 90, Page 4, Line 32, by deleting said line and inserting in lieu thereof the following:

"**rule proposed or adopted after August 28, 2023, shall be invalid and void.**

208.072. 1. A completed application for medical assistance for services described in section 208.152 shall be approved or denied within thirty days from submission to the family support division or its successor.

2. The MO HealthNet division shall remit to a licensed nursing home operator the Medicaid payment for a newly admitted Medicaid resident in a licensed long-term care facility within forty-five days of the resident's date of admission.

3. In accordance with 42 CFR 435.907(a), as amended, if the applicant is a minor or incapacitated, the family support division or its successor shall accept an application from someone acting responsibly for the applicant."; and"; and

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

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"**208.035. 1. Subject to appropriations and any necessary waivers or approvals, the department of social services shall develop and implement a transitional benefits program for temporary assistance for needy families (TANF) and the supplemental nutrition assistance program (SNAP) that is designed in such a way that a TANF or SNAP beneficiary will not experience an immediate loss of benefits should the beneficiary's income exceed the maximum allowable income for such program. The transitional benefits offered shall provide for a transition to self-sufficiency while incentivizing work and financial stability.**

2. The transitional benefits offered shall gradually step down the beneficiary's monthly benefit proportionate to the increase in the beneficiary's income. The determination for a beneficiary's transitional benefit shall be as follows:

(1) One hundred percent of the monthly benefit for beneficiaries with monthly household incomes less than or equal to one hundred thirty-eighty percent of the federal poverty level;

(2) Eighty percent of the monthly benefit for beneficiaries with monthly household incomes greater than one hundred thirty-eight percent but less than or equal to one hundred fifty percent of the federal poverty level;

(3) Sixty percent of the monthly benefit for beneficiaries with monthly household incomes greater than one hundred fifty percent but less than or equal to one hundred seventy percent of the federal poverty level;

(4) Forty percent of the monthly benefit for beneficiaries with monthly household incomes greater than one hundred seventy percent but less than or equal to one hundred ninety percent of the federal poverty level; and

(5) Twenty percent of the monthly benefit for beneficiaries with monthly household incomes greater than one hundred ninety percent but less than or equal to two hundred percent of the federal poverty level.

Notwithstanding any provision of this section to the contrary, any beneficiary where monthly household income exceeds five thousand eight hundred twenty-two dollars, as adjusted for inflation, shall not be eligible for any transitional benefit under this section.

3. Beneficiaries receiving transitional benefits under this section shall comply with all requirements of each program for which they are eligible, including work requirements. Transitional benefits received under this section shall not be included in the lifetime limit for receipt of TANF benefits under section 208.040.

4. The department may promulgate any rules or regulations necessary for the implementation of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void.

208.053. 1. **[**The provisions of this section shall be known as the "Low-Wage Trap Elimination Act".**]** In order to more effectively transition persons receiving state-funded child care subsidy benefits under this chapter, the department of elementary and secondary education**[**, in conjunction with the department of revenue,**]** shall, subject to appropriations, by July 1, **[**2022**] 2024**, implement a **[**pilot**]** program **[**in a county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants, a county of the first classification with more than two hundred sixty thousand but fewer than three hundred thousand inhabitants, and a county of the first classification with more than two hundred thousand but fewer than two hundred sixty thousand inhabitants, to be called the "Hand-Up Program",**]** to allow **[**applicants in the program**] recipients** to receive transitional child care benefits without the requirement that such **[**applicants**] recipients** first be eligible for full child care benefits.

(1) For purposes of this section, "full child care benefits" shall be the full benefits awarded to a recipient based on the income eligibility amount established by the department through the annual appropriations process as of August 28, **[**2021**] 2023**, to qualify for the benefits and shall not include the transitional child care benefits that are awarded to recipients whose income surpasses the eligibility level for full benefits to continue. The **[**hand-up**]** program shall be voluntary and shall be designed such that **[**an applicant**] a recipient** may begin receiving the transitional child care benefit without having first qualified for the full child care benefit or any other tier of the transitional child care benefit. **[**Under no circumstances shall any applicant be eligible for the hand-up program if the applicant's income does not fall within the transitional child care benefit income limits established through the annual appropriations process.**]**

(2) **Transitional child care benefits shall be determined on a sliding scale as follows for recipients with household incomes in excess of the eligibility level for full benefits:**

(a) Eighty percent of the state base rate for recipients with household incomes greater than the eligibility level for full benefits but less than or equal to one hundred fifty percent of the federal poverty level;

(b) Sixty percent of the state base rate for recipients with household incomes greater than one hundred fifty percent but less than or equal to one hundred seventy percent of the federal poverty level;

(c) Forty percent of the state base rate for recipients with household incomes greater than one hundred seventy percent but less than or equal to one hundred ninety percent of the federal poverty level; and

(d) Twenty percent of the state base rate for recipients with household incomes greater than one hundred ninety percent but less than or equal to two hundred percent of the federal poverty level, but not greater than eighty-five percent of the state median income.

(3) As used in this section, "state base rate" shall refer to the rate established by the department for provider payments that accounts for geographic area, type of facility, duration of care, and age of the child, as well as any enhancements reflecting after-hours or weekend care, accreditation, or licensure status, as determined by the department. Recipients shall be responsible for paying the remaining sliding fee to the child care provider.

(4) A participating recipient shall be allowed to opt out of the program at any time, but such person shall not be allowed to participate in the program a second time.

2. The department shall track the number of participants in the **[**hand-up**]** program and shall issue an annual report to the general assembly by September 1, **[**2023**]** **2025**, and annually on September first thereafter, detailing the effectiveness of the **[**pilot**]** program in encouraging recipients to secure employment earning an income greater than the maximum wage eligible for the full child care benefit. The report shall also detail the costs of administration and the increased amount of state income tax paid as a result of the program**[**, as well as an analysis of whether the pilot program could be expanded to include other types of benefits, including, but not limited to, food stamps, temporary assistance for needy families, low-income heating assistance, women, infants and children supplemental nutrition program, the state children's health insurance program, and MO HealthNet benefits**]**.

3. The department shall pursue all necessary waivers from the federal government to implement the **[**hand-up**]** program. If the department is unable to obtain such waivers, the department shall implement the program to the degree possible without such waivers.

4. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated under this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2012, shall be invalid and void.

[5. Pursuant to section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall sunset automatically three years after August 28, 2021, unless reauthorized by an act of the general assembly; and

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

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

208.066. 1. The department of social services shall limit any initial application for the Supplemental Nutrition Assistance Program (SNAP), the Temporary Assistance for Needy Families program (TANF), the child care assistance program, or MO HealthNet to a one-page form that is easily accessible on the department of social services' website.

2. Persons who are participants in a program listed in subsection 1 of this section who are required to complete a periodic eligibility review form may submit such form as an attachment to their Missouri state individual income tax return if the person's eligibility review form is due before or at the same time that he or she files such state tax return. The department of social services shall limit periodic eligibility review forms associated with the programs listed in subsection 1 of this section to a one-page form that is easily accessible on both the department of social services' website and the department of revenue's website.

3. Notwithstanding the provisions of section 32.057 to the contrary, the department of revenue shall share any eligibility form submitted under this section with the department of social services.

4. The department of revenue may promulgate all necessary rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void."; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 4

Amend House Amendment No. 4 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 1, Line 16, by deleting said line and inserting in lieu thereof the following:

"and the legal successors thereof."; and

Further amend said bill, Page 11, Section 208.662, Line 97, by inserting after said line the following:

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

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

supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.

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

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

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

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

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

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

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

(b) Maintain geographic proximity, except **as specified in this paragraph. The following provisions shall apply with respect to this requirement:**

a. An advanced practice registered nurse providing services in a correctional center, as defined in section 217.010, and his or her collaborating physician shall satisfy the geographic proximity requirement if they practice within two hundred miles by road of one another;

b. The collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by **[**P.L.**] Pub. L.** 95-210 **(42 U.S.C. Section 1395x, as amended)**, as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic**[.]; and**

c. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and

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

(6) A description of the advanced practice registered nurse's controlled substance prescriptive authority in collaboration with the physician, including a list of the controlled substances the physician

authorizes the nurse to prescribe and documentation that it is consistent with each professional's education, knowledge, skill, and competence;

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

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

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

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

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be covered, the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. **Any rules relating to geographic proximity shall allow a collaborating physician and a collaborating advanced practice registered nurse to practice within two hundred miles by road of one another if the nurse is providing services in a correctional center, as defined in section 217.010.** Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a

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

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

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

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

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

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

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

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

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

HOUSE AMENDMENT NO. 4

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"197.020. 1. "Governmental unit" means any county, municipality or other political subdivision or any department, division, board or other agency of any of the foregoing.

2. "Hospital" means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care for not less than twenty-four consecutive hours in any week of three or more nonrelated individuals suffering from illness, disease, injury, deformity or other abnormal physical conditions; or a place devoted primarily to provide for not less than twenty-four consecutive hours in any week medical or nursing care for three or more nonrelated individuals. **The term "hospital" shall include a facility designated as a rural emergency hospital by the Centers for Medicare and Medicaid Services.** The term "hospital" does not include convalescent, nursing, shelter or boarding homes as defined in chapter 198.

3. "Person" means any individual, firm, partnership, corporation, company or association and the legal successors thereof."; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 5

Amend House Amendment No. 5 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 1, Lines 3-5, by deleting said lines and inserting in lieu thereof the following:

"the following:

"**9.371. The first Saturday of October of each year is hereby designated as "Breast Cancer Awareness Day" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to raise awareness and celebrate survivors of breast cancer, the most commonly occurring cancer among women in the United States.**

9.388. The month of March of each year is hereby designated as "Rare Kidney Disease"; and

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

HOUSE AMENDMENT NO. 2 TO
HOUSE AMENDMENT NO. 5

Amend House Amendment No. 5 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 6, Line 32, by inserting after said line the following:

"Further amend said bill, Page 8, Section 208.151, Line 268, by inserting after all of said section and line the following:

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

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

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

(3) Laboratory and X-ray services;

(4) Nursing home services for participants, except to persons with more than five hundred thousand dollars equity in their home or except for persons in an institution for mental diseases who are under the age of sixty-five years, when residing in a hospital licensed by the department of health and senior services or a nursing home licensed by the department of health and senior services or appropriate licensing

authority of other states or government-owned and -operated institutions which are determined to conform to standards equivalent to licensing requirements in Title XIX of the federal Social Security Act (42 U.S.C. Section **[**301,**]** **1396** et seq.), as amended, for nursing facilities. The MO HealthNet division may recognize through its payment methodology for nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The MO HealthNet division when determining the amount of the benefit payments to be made on behalf of persons under the age of twenty-one in a nursing facility may consider nursing facilities furnishing care to persons under the age of twenty-one as a classification separate from other nursing facilities;

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

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

(7) Subject to appropriation, up to twenty visits per year for services limited to examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned articulations and structures of the body provided by licensed chiropractic physicians practicing within their scope of practice. Nothing in this subdivision shall be interpreted to otherwise expand MO HealthNet services;

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

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

(10) Early and periodic screening and diagnosis of individuals who are under the age of twenty-one to ascertain their physical or mental defects, and health care, treatment, and other measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services shall be provided in accordance with the provisions of Section 6403 of **[**P.L.**]** **Pub. L.** 101-239 **(42 U.S.C. Sections 1396a and 1396d), as amended,** and federal regulations promulgated thereunder;

(11) Home health care services;

(12) Family planning as defined by federal rules and regulations; provided, however, that such family planning services shall not include abortions or any abortifacient drug or device that is used for the purpose of inducing an abortion unless such abortions are certified in writing by a physician to the MO HealthNet agency that, in the physician's professional judgment, the life of the mother would be endangered if the fetus were carried to term;

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

(14) Outpatient surgical procedures, including presurgical diagnostic services performed in ambulatory surgical facilities which are licensed by the department of health and senior services of the state of Missouri; except, that such outpatient surgical services shall not include persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

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

(16) Mental health services. The state plan for providing medical assistance under Title XIX of the Social Security Act, 42 U.S.C. Section **[**301**] 1396 et seq.**, as amended, shall include the following mental health services when such services are provided by community mental health facilities operated by the department of mental health or designated by the department of mental health as a community mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the comprehensive children's mental health service system established in section 630.097. The department of mental health shall establish by administrative rule the definition and criteria for designation as a community mental health facility and for designation as an alcohol and drug abuse facility. Such mental health services shall include:

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

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

(c) Rehabilitative mental health and alcohol and drug abuse services including home and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health or alcohol and drug abuse professional in accordance with a plan of treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management. As used in this section, mental health professional and alcohol and drug abuse professional shall be defined by the department of mental health pursuant to duly promulgated rules. With respect to services established by this subdivision, the department of social services, MO HealthNet division, shall enter into an agreement with the department of mental health. Matching funds for outpatient mental health services, clinic mental health services, and rehabilitation services for mental health and alcohol and drug abuse shall be certified by the department of mental health to the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by which rates for services may be jointly developed;

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

(18) The services of an advanced practice registered nurse with a collaborative practice agreement to the extent that such services are provided in accordance with chapters 334 and 335, and regulations promulgated thereunder;

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

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

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

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

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

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

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

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

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

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

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

(24) Blood clotting products-related services. For persons diagnosed with a bleeding disorder, as defined in section 338.400, reliant on blood clotting products, as defined in section 338.400, such services include:

(a) Home delivery of blood clotting products and ancillary infusion equipment and supplies, including the emergency deliveries of the product when medically necessary;

(b) Medically necessary ancillary infusion equipment and supplies required to administer the blood clotting products; and

(c) Assessments conducted in the participant's home by a pharmacist, nurse, or local home health care agency trained in bleeding disorders when deemed necessary by the participant's treating physician;

(25) **Childbirth education classes for pregnant women and a support person;**

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

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

(1) Dental services;

(2) Services of podiatrists as defined in section 330.010;

(3) Optometric services as described in section 336.010;

(4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing aids, and wheelchairs;

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

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

are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

3. The MO HealthNet division may require any participant receiving MO HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered services except for those services covered under subdivisions (15) and (16) of subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods or services described under this section must collect from all participants the additional payment that may be required by the MO HealthNet division under authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by participants under this section shall be in addition to and not in lieu of payments made by the state for goods or services described herein except the participant portion of the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse to provide a service if a participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not approve the MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

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

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

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

7. Beginning July 1, 1990, the department of social services shall provide notification and referral of children below age five, and pregnant, breast-feeding, or postpartum women who are determined to be eligible for MO HealthNet benefits under section 208.151 to the special supplemental food programs for

women, infants and children administered by the department of health and senior services. Such notification and referral shall conform to the requirements of Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

8. Providers of long-term care services shall be reimbursed for their costs in accordance with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42 U.S.C. Section 1396a, as amended, and regulations promulgated thereunder.

9. Reimbursement rates to long-term care providers with respect to a total change in ownership, at arm's length, for any facility previously licensed and certified for participation in the MO HealthNet program shall not increase payments in excess of the increase that would result from the application of Section 1902 (a)(13)(C) of the Social Security Act, 42 U.S.C. Section 1396a (a)(13)(C).

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

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

12. If the Missouri Medicaid audit and compliance unit changes any interpretation or application of the requirements for reimbursement for MO HealthNet services from the interpretation or application that has been applied previously by the state in any audit of a MO HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected MO HealthNet providers five business days before such change shall take effect. Failure of the Missouri Medicaid audit and compliance unit to notify a provider of such change shall entitle the provider to continue to receive and retain reimbursement until such notification is provided and shall waive any liability of such provider for recoupment or other loss of any payments previously made prior to the five business days after such notice has been sent. Each provider shall provide the Missouri Medicaid audit and compliance unit a valid email address and shall agree to receive communications electronically. The notification required under this section shall be delivered in writing by the United States Postal Service or electronic mail to each provider.

13. Nothing in this section shall be construed to abrogate or limit the department's statutory requirement to promulgate rules under chapter 536.

14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral, social, and psychophysiological services for the prevention, treatment, or management of physical health problems shall be reimbursed utilizing the behavior assessment and intervention reimbursement codes 96150 to 96154 or their successor codes under the Current Procedural Terminology (CPT) coding system. Providers eligible for such reimbursement shall include psychologists.

15. The department of social services shall study the impact that the childbirth education classes provided under subdivision (25) of subsection 1 of this section have on infant and maternal mortality among pregnant women of color. The department of social services shall submit a report to the general assembly with the results of the study before January 1, 2026."; and

Further amend said bill, Page 9, Section 208.662, Line 18, by inserting after the word "birth" the phrase "**, including childbirth education classes**"; and"; and

Further amend said amendment, Page 7, Line 5, by deleting said line and inserting in lieu thereof the following:

"**legal guardian's child's records.**

376.1213. 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, 2024, and providing for maternity benefits, shall provide coverage for childbirth education classes."; and"; and

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

HOUSE AMENDMENT NO. 5

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"**9.388. The month of March of each year is hereby designated as "Rare Kidney Disease Awareness Month". The citizens of this state are encouraged to participate in appropriate awareness and educational activities for Rare Kidney Disease, available screening and genetic testing options, and efforts to improve treatment for patients.**

37.725. 1. Any files maintained by the advocate program shall be disclosed only at the discretion of the child advocate; except that the identity of any complainant or recipient shall not be disclosed by the office unless:

(1) The complainant or recipient, or the complainant's or recipient's legal representative, consents in writing to such disclosure; **[**or**]**

(2) Such disclosure is required by court order**; or**

(3) The child advocate determines that disclosure to law enforcement is necessary to ensure immediate child safety.

2. Any statement or communication made by the office relevant to a complaint received by, proceedings before, or activities of the office and any complaint or information made or provided in good faith by any person shall be absolutely privileged and such person shall be immune from suit.

3. Any representative of the office conducting or participating in any examination of a complaint who knowingly and willfully discloses to any person other than the office, or those persons authorized by the office to receive it, the name of any witness examined or any information obtained or given during such examination is guilty of a class A misdemeanor. However, the office conducting or participating in any examination of a complaint shall disclose the final result of the examination with the consent of the recipient.

4. The office shall not be required to testify in any court with respect to matters held to be confidential in this section except as the court may deem necessary to enforce the provisions of sections 37.700 to 37.730, or where otherwise required by court order.

190.600. 1. Sections 190.600 to 190.621 shall be known and may be cited as the "Outside the Hospital Do-Not-Resuscitate Act".

2. As used in sections 190.600 to 190.621, unless the context clearly requires otherwise, the following terms shall mean:

(1) "Attending physician":

(a) A physician licensed under chapter 334 selected by or assigned to a patient who has primary responsibility for treatment and care of the patient; or

(b) If more than one physician shares responsibility for the treatment and care of a patient, one such physician who has been designated the attending physician by the patient or the patient's representative shall serve as the attending physician;

(2) "Cardiopulmonary resuscitation" or "CPR", emergency medical treatment administered to a patient in the event of the patient's cardiac or respiratory arrest, and shall include cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of cardiac resuscitation medications, and related procedures;

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

(4) "Emergency medical services personnel", paid or volunteer firefighters, law enforcement officers, first responders, emergency medical technicians, or other emergency service personnel acting within the ordinary course and scope of their professions, but excluding physicians;

(5) "Health care facility", any institution, building, or agency or portion thereof, private or public, excluding federal facilities and hospitals, whether organized for profit or not, used, operated, or designed to provide health services, medical treatment, or nursing, rehabilitative, or preventive care to any person or persons. Health care facility includes but is not limited to ambulatory surgical facilities, health maintenance organizations, home health agencies, hospices, infirmaries, renal dialysis centers, long-term care facilities licensed under sections 198.003 to 198.186, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, and residential treatment facilities;

(6) "Hospital", a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or care for not less than twenty-four consecutive hours in any week of three or more nonrelated individuals suffering from illness, disease, injury, deformity, or other abnormal physical conditions; or a place devoted primarily to provide for not less than twenty-four consecutive hours in any week medical or nursing care for three or more nonrelated individuals. Hospital does not include any long-term care facility licensed under sections 198.003 to 198.186;

(7) "Outside the hospital do-not-resuscitate identification" or "outside the hospital DNR identification", a standardized identification card, bracelet, or necklace of a single color, form, and design as described by rule of the department that signifies that the patient's attending physician has issued an

outside the hospital do-not-resuscitate order for the patient and has documented the grounds for the order in the patient's medical file;

(8) "Outside the hospital do-not-resuscitate order" or "outside the hospital DNR order", a written physician's order signed by the patient and the attending physician, or the patient's representative and the attending physician, in a form promulgated by rule of the department which authorizes emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from the patient in the event of cardiac or respiratory arrest;

(9) "Outside the hospital do-not-resuscitate protocol" or "outside the hospital DNR protocol", a standardized method or procedure promulgated by rule of the department for the withholding or withdrawal of cardiopulmonary resuscitation by emergency medical services personnel from a patient in the event of cardiac or respiratory arrest;

(10) "Patient", a person eighteen years of age or older who is not incapacitated, as defined in section 475.010, and who is otherwise competent to give informed consent to an outside the hospital do-not-resuscitate order at the time such order is issued, and who, with his or her attending physician, has executed an outside the hospital do-not-resuscitate order under sections 190.600 to 190.621. A person who has a patient's representative shall also be a patient for the purposes of sections 190.600 to 190.621, if the person or the person's patient's representative has executed an outside the hospital do-not-resuscitate order under sections 190.600 to 190.621**. A person under eighteen years of age shall also be a patient for purposes of sections 190.600 to 190.621 if the person has had a do-not-resuscitate order issued on his or her behalf under the provisions of section 191.250**;

(11) "Patient's representative":

(a) An attorney in fact designated in a durable power of attorney for health care for a patient determined to be incapacitated under sections 404.800 to 404.872; or

(b) A guardian or limited guardian appointed under chapter 475 to have responsibility for an incapacitated patient.

190.603. 1. A patient or patient's representative and the patient's attending physician may execute an outside the hospital do-not-resuscitate order. An outside the hospital do-not-resuscitate order shall not be effective unless it is executed by the patient or patient's representative and the patient's attending physician, and it is in the form promulgated by rule of the department.

2. **A patient under eighteen years of age is not authorized to execute an outside the hospital do-not-resuscitate order for himself or herself but may have a do-not-resuscitate order issued on his or her behalf by one parent or legal guardian or by a juvenile or family court under the provisions of section 191.250. Such do-not-resuscitate order shall also function as an outside the hospital do-not-resuscitate order for the purposes of sections 190.600 to 190.621 unless such do-not-resuscitate order authorized under the provisions of section 191.250 states otherwise.**

3. If an outside the hospital do-not-resuscitate order has been executed, it shall be maintained as the first page of a patient's medical record in a health care facility unless otherwise specified in the health care facility's policies and procedures.

[3.**]** **4.** An outside the hospital do-not-resuscitate order shall be transferred with the patient when the patient is transferred from one health care facility to another health care facility. If the patient is transferred outside of a hospital, the outside the hospital DNR form shall be provided to any other facility, person, or agency responsible for the medical care of the patient or to the patient or patient's representative.

190.606. The following persons and entities shall not be subject to civil, criminal, or administrative liability and are not guilty of unprofessional conduct for the following acts or omissions that follow discovery of an outside the hospital do-not-resuscitate identification upon a patient **or a do-not-resuscitate order functioning as an outside the hospital do-not-resuscitate order for a patient under eighteen years of age**, or upon being presented with an outside the hospital do-not-resuscitate order **[**from Missouri, another state, the District of Columbia, or a territory of the United States**]**; provided that the acts or omissions are done in good faith and in accordance with the provisions of sections 190.600 to 190.621 and the provisions of an outside the hospital do-not-resuscitate order executed under sections 190.600 to 190.621:

(1) Physicians, persons under the direction or authorization of a physician, emergency medical services personnel, or health care facilities that cause or participate in the withholding or withdrawal of cardiopulmonary resuscitation from such patient; and

(2) Physicians, persons under the direction or authorization of a physician, emergency medical services personnel, or health care facilities that provide cardiopulmonary resuscitation to such patient under an oral or written request communicated to them by the patient or the patient's representative.

190.612. 1. Emergency medical services personnel are authorized to comply with the outside the hospital do-not-resuscitate protocol when presented with an outside the hospital do-not-resuscitate identification or an outside the hospital do-not-resuscitate order. However, emergency medical services personnel shall not comply with an outside the hospital do-not-resuscitate order or the outside the hospital do-not-resuscitate protocol when the patient or patient's representative expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated.

2. **[**Emergency medical services personnel are authorized to comply with the outside the hospital do-not-resuscitate protocol when presented with an outside the hospital do-not-resuscitate order from another state, the District of Columbia, or a territory of the United States if such order is on a standardized written form:

(1) Signed by the patient or the patient's representative and a physician who is licensed to practice in the other state, the District of Columbia, or the territory of the United States; and

(2) Such form has been previously reviewed and approved by the department of health and senior services to authorize emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from the patient in the event of a cardiac or respiratory arrest.

Emergency medical services personnel shall not comply with an outside the hospital do-not-resuscitate order from another state, the District of Columbia, or a territory of the United States or the outside the hospital do-not-resuscitate protocol when the patient or patient's representative expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated.**]**

(1) Except as provided in subdivision (2) of this subsection, emergency medical services personnel are authorized to comply with the outside the hospital do-not-resuscitate protocol when presented with a do-not-resuscitate order functioning as an outside the hospital do-not-resuscitate order for a patient under eighteen years of age if such do-not-resuscitate order has been authorized by one parent or legal guardian or by a juvenile or family court under the provisions of section 191.250.

(2) Emergency medical services personnel shall not comply with a do-not-resuscitate order or the outside the hospital do-not-resuscitate protocol when the patient under eighteen years of age, either parent of such patient, the patient's legal guardian, or the juvenile or family court expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire for the patient to be resuscitated.

3. If a physician or a health care facility other than a hospital admits or receives a patient with an outside the hospital do-not-resuscitate identification or an outside the hospital do-not-resuscitate order, and the patient or patient's representative has not expressed or does not express to the physician or health care facility the desire to be resuscitated, and the physician or health care facility is unwilling or unable to comply with the outside the hospital do-not-resuscitate order, the physician or health care facility shall take all reasonable steps to transfer the patient to another physician or health care facility where the outside the hospital do-not-resuscitate order will be complied with.

190.613. 1. A patient or patient's representative and the patient's attending physician may execute an outside the hospital do-not-resuscitate order through the presentation of a properly executed outside the hospital do-not-resuscitate order from another state, the District of Columbia, or a territory of the United States, or a Transportable Physician Orders for Patient Preferences (TPOPP)/Physician Orders for Life-Sustaining Treatment (POLST) form containing a specific do-not-resuscitate section.

2. Any outside the hospital do-not-resuscitate form identified from another state, the District of Columbia, or a territory of the United States, or a TPOPP/POLST form shall:

(1) Have been previously reviewed and approved by the department as in compliance with the provisions of sections 190.600 to 190.621;

(2) Not be accepted for a patient under eighteen years of age, except as allowed under section 191.250; and

(3) Not be effective during such time as the patient is pregnant as set forth in section 190.609.

A patient or patient's representative may express to emergency medical services personnel, at any time and by any means, the intent to revoke the outside the hospital do-not-resuscitate order.

3. The provisions of section 190.606 shall apply to the good faith acts or omissions of emergency medical services personnel under this section.

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

(1) "Health care provider", the same meaning given to the term in section 191.900;

(2) "Patient examination", a prostate, anal, or pelvic examination.

2. A health care provider, or any student or trainee under the supervision of a health care provider, shall not knowingly perform a patient examination upon an anesthetized or unconscious patient in a health care facility unless:

(1) The patient or a person authorized to make health care decisions for the patient has given specific informed consent to the patient examination for nonmedical purposes;

(2) The patient examination is necessary for diagnostic or treatment purposes;

(3) The collection of evidence through a forensic examination, as defined under subsection 8 of section 595.220, for a suspected sexual assault on the anesthetized or unconscious patient is necessary because the evidence will be lost or the patient is unable to give informed consent due to a medical condition; or

(4) Circumstances are present which imply consent, as described in section 431.063.

3. A health care provider shall notify a patient of any patient examination performed under subsection 2 of this section.

4. A health care provider who violates the provisions of this section, or who supervises a student or trainee who violates the provisions of this section, shall be subject to discipline by any licensing board that licenses the health care provider.

196.1050. 1. The proceeds of any monetary settlement or portion of a global settlement between the attorney general of the state and any drug manufacturers, distributors, **pharmacies,** or combination thereof to resolve an opioid-related cause of action against such drug manufacturers, distributors, or combination thereof in a state or federal court shall only be utilized to pay for opioid addiction treatment and prevention services and health care and law enforcement costs related to opioid addiction treatment and prevention. Under no circumstances shall such settlement moneys be utilized to fund other services, programs, or expenses not reasonably related to opioid addiction treatment and prevention.

2. (1) There is hereby established in the state treasury the "Opioid Addiction Treatment and Recovery Fund", which shall consist of the proceeds of any settlement described in subsection 1 of this section, as well as any funds appropriated by the general assembly, or gifts, grants, donations, or bequests. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and money in the fund shall be used by the department of mental health, the department of health and senior services, the department of social services, the department of public safety, the department of corrections, and the judiciary for the purposes set forth in subsection 1 of this section.

(2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

(3) The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

197.020. 1. "Governmental unit" means any county, municipality or other political subdivision or any department, division, board or other agency of any of the foregoing.

2. "Hospital" means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care for not less than twenty-four consecutive hours in any week of three or more nonrelated individuals suffering from illness, disease, injury, deformity or other abnormal physical conditions; or a place devoted primarily to provide for not less than twenty-four consecutive hours in any week medical or nursing care for three or more nonrelated individuals. **The term "hospital" shall include a facility designated as a rural emergency hospital by the Centers for Medicare and Medicaid Services.** The term "hospital" does not include convalescent, nursing, shelter or boarding homes as defined in chapter 198.

3. "Person" means any individual, firm, partnership, corporation, company or association and the legal successors thereof."; and

Further amend said bill, Page 11, Section 208.662, Line 97, by inserting after all of said section and line the following:

"**210.1360. 1. Any personally identifiable information regarding any child under eighteen years of age receiving child care from any provider or applying for or receiving any services through a state program shall not be subject to disclosure except as otherwise provided by law.**

2. This section shall not prohibit any state agency from disclosing personally identifiable information to governmental entities or its agents, vendors, grantees, and contractors in connection to matters relating to its official duties. The provisions of this section shall not apply to any state, county, or municipal law enforcement agency acting in its official capacity.

3. This section shall not prevent a parent or legal guardian from accessing the parent's or legal guardian's child's records."; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 6

Amend House Amendment No. 6 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 2, Line 31, by inserting after said line the following:

"Further amend said bill, Page 11, Section 208.662, Line 97, by inserting after said section and line the following:

"**324.1720. 1. The general assembly hereby occupies and preempts the entire field of legislation concerning the practice of licensed professions regulated under chapters 331, 332, 334, 335, 336, 337, 338, and 340. A political subdivision of this state is preempted from enacting, maintaining, or enforcing any order, ordinance, rule, regulation, policy, or other similar measure that prohibits, restricts, limits, regulates, controls, directs, or interferes with the practice of such licensed professions.**

2. Nothing in this section shall preclude or preempt a political subdivision of this state from exercising its lawful authority to regulate zoning or land use, to enforce a building or fire code regulation, to impose a tax or license fee for the privilege of carrying on a profession described in subsection 1 of this section consistent with the laws regulating such taxes or license fees, or to otherwise regulate for the general health, safety, sanitation, and welfare as long as the order, ordinance, rule, regulation, policy, or other measure does not interfere with, restrict, or limit the ability of a lawfully licensed person from engaging in any act or performing any procedure that falls within the professionally recognized scope of practice of a licensed professional in the practice of a profession described in subsection 1 of this section."; and"; and

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

HOUSE AMENDMENT NO. 2 TO
HOUSE AMENDMENT NO. 6

Amend House Amendment No. 6 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 1, Line 24, by inserting after all of said line the following:

"**191.430. 1. There is hereby established within the department of health and senior services the "Health Professional Loan Repayment Program" to provide forgivable loans for the purpose of repaying existing loans related to applicable educational expenses for health care, mental health, and public health professionals. The department of health and senior services shall be the administrative agency for the implementation of the program established by this section.**

2. The department of health and senior services shall prescribe the form and the time and method of filing applications and supervise the processing, including oversight and monitoring of the program, and shall promulgate rules to implement the provisions of sections 191.430 to 191.450. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void.

3. The director of the department of health and senior services shall have the discretion to determine the health professionals and practitioners who will receive forgivable health professional loans from the department to pay their existing loans. The director shall make such determinations each fiscal year based on evidence associated with the greatest needs in the best interests of the public. The health care, mental health, and public health professionals or disciplines funded in any given year shall be contingent upon consultation with the office of workforce development in the department of higher education and workforce development and the department of mental health, or their successor agencies.

4. The department of health and senior services shall enter into a contract with each selected applicant who receives a health professional loan under this section. Each selected applicant shall apply the loan award to his or her educational debt. The contract shall detail the methods of forgiveness associated with a service obligation and the terms associated with the principal and interest accruing on the loan at the time of the award. The contract shall contain details concerning how forgiveness is earned, including when partial forgiveness is earned through a service obligation, and the terms and conditions associated with repayment of the loans for any obligation not served.

5. All health professional loans shall be made from funds appropriated by the general assembly to the health professional loan incentive fund established in section 191.445.

191.435. The department of health and senior services shall designate counties, communities, or sections of areas in the state as areas of defined need for health care, mental health, and public health services. If a county, community, or section of an area has been designated or determined as a professional shortage area, a shortage area, or a health care, mental health, or public health professional shortage area by the federal Department of Health and Human Services or its successor agency, the department of health and senior services shall designate it as an area of defined need under this section. If the director of the department of health and senior services determines that a county, community, or section of an area has an extraordinary need for health care professional services without a corresponding supply of such professionals, the department of health and senior services may designate it as an area of defined need under this section.

191.440. 1. The department of health and senior services shall enter into a contract with each individual qualifying for a forgivable loan under sections 191.430 to 191.450. The written contract between the department and the individual shall contain, but not be limited to, the following:

(1) An agreement that the state agrees to award a loan and the individual agrees to serve for a period equal to two years, or a longer period as the individual may agree to, in an area of defined need as designated by the department, with such service period to begin on the date identified on the signed contract;

(2) A provision that any financial obligations arising out of a contract entered into and any obligation of the individual that is conditioned thereon is contingent upon funds being appropriated for loans;

(3) The area of defined need where the person will practice;

(4) A statement of the damages to which the state is entitled for the individual's breach of the contract; and

(5) Such other statements of the rights and liabilities of the department and of the individual not inconsistent with sections 191.430 to 191.450.

2. The department of health and senior services may stipulate specific practice sites, contingent upon department-generated health care, mental health, and public health professional need priorities, where applicants shall agree to practice for the duration of their participation in the program.

191.445. There is hereby created in the state treasury the "Health Professional Loan Incentive Fund", which shall consist of any appropriations made by the general assembly, all funds recovered from an individual under section 191.450, and all funds generated by loan repayments received under sections 191.430 to 191.450. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, moneys in this fund shall be used solely by the department of health and senior services to provide loans under sections 191.430 to 191.450. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

191.450. 1. An individual who enters into a written contract with the department of health and senior services, as described in section 191.440, and who fails to maintain an acceptable employment status shall be liable to the state for any amount awarded as a loan by the department directly to the individual who entered into the contract that has not yet been forgiven.

2. An individual fails to maintain an acceptable employment status under this section when the contracted individual involuntarily or voluntarily terminates qualifying employment, is dismissed from such employment before completion of the contractual service obligation within the specific time frame outlined in the contract, or fails to respond to requests made by the department.

3. If an individual breaches the written contract of the individual by failing to begin or complete such individual's service obligation, the state shall be entitled to recover from the individual an amount equal to the sum of:

(1) The total amount of the loan awarded by the department or, if the department had already awarded partial forgiveness at the time of the breach, the amount of the loan not yet forgiven;

(2) The interest on the amount that would be payable if at the time the loan was awarded it was a loan bearing interest at the maximum prevailing rate as determined by the Treasurer of the United States;

(3) An amount equal to any damages incurred by the department as a result of the breach; and

(4) Any legal fees or associated costs incurred by the department or the state of Missouri in the collection of damages.

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

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

(2) "Eligible entity", an entity that operates a physician medical residency program in this state and that is accredited by the Accreditation Council for Graduate Medical Education;

(3) "General primary care and psychiatry", family medicine, general internal medicine, general pediatrics, internal medicine-pediatrics, general obstetrics and gynecology, or general psychiatry;

(4) "Grant-funded residency position", a position that is accredited by the Accreditation Council for Graduate Medical Education, that is established as a result of funding awarded to an eligible entity for the purpose of establishing an additional medical resident position beyond the currently existing medical resident positions, and that is within the fields of general primary care and psychiatry. Such position shall end when the medical residency funding under this section is completed or when the resident in the medical grant-funded residency position is no longer employed by the eligible entity, whichever is earlier;

(5) "Participating medical resident", an individual who is a medical school graduate with a doctor of medicine degree or doctor of osteopathic medicine degree, who is participating in a postgraduate training program at an eligible entity, and who is filling a grant-funded residency position.

2. (1) Subject to appropriation, the department shall establish a medical residency grant program to award grants to eligible entities for the purpose of establishing and funding new general primary care and psychiatry medical residency positions in this state and continuing the funding of such new residency positions for the duration of the funded residency.

(2) (a) Funding shall be available for three years for residency positions in family medicine, general internal medicine, and general pediatrics.

(b) Funding shall be available for four years for residency positions in general obstetrics and gynecology, internal medicine-pediatrics, and general psychiatry.

3. (1) There is hereby created in the state treasury the "Medical Residency Grant Program Fund". Moneys in the fund shall be used to implement and fund grants to eligible entities.

(2) The medical residency grant program fund shall include funds appropriated by the general assembly, reimbursements from awarded eligible entities who were not able to fill the residency position or positions with an individual medical resident or residents, and any gifts, contributions, grants, or bequests received from federal, private, or other sources.

(3) The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, moneys in the fund shall be used solely as provided in this section.

(4) Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

(5) The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

4. Subject to appropriation, the department shall expend moneys in the medical residency grant program fund in the following order:

(1) Necessary costs of the department to implement this section;

(2) Funding of grant-funded residency positions of individuals in the fourth year of their residency, as applicable to residents in general obstetrics and gynecology, internal medicine-pediatrics, and general psychiatry;

(3) Funding of grant-funded residency positions of individuals in the third year of their residency;

(4) Funding of grant-funded residency positions of individuals in the second year of their residency;

(5) Funding of grant-funded residency positions of individuals in the first year of their residency; and

(6) The establishment of new grant-funded residency positions at awarded eligible entities.

5. The department shall establish criteria to evaluate which eligible entities shall be awarded grants for new grant-funded residency positions, criteria for determining the amount and duration of grants, the contents of the grant application, procedures and timelines by which eligible entities may apply for grants, and all other rules needed to implement the purposes of this section. Such criteria shall include a preference for eligible entities located in areas of highest need for general primary care and psychiatric care physicians, as determined by the health professional shortage area score.

6. Eligible entities that receive grants under this section shall:

(1) Agree to supplement awarded funds under this section, if necessary, to establish or maintain a grant-funded residency position for the duration of the funded resident's medical residency; and

(2) Agree to abide by other requirements imposed by rule.

7. Annual funding per participating medical resident shall be limited to:

(1) Direct graduate medical education costs including, but not limited to:

(a) Salaries and benefits for residents, faculty, and program staff;

(b) Malpractice insurance, licenses, and other required fees; and

(c) Program administration and educational materials; and

(2) Indirect costs of graduate medical education necessary to meet the standards of the Accreditation Council for Graduate Medical Education.

8. No new grant-funded residency positions under this section shall be established after the tenth fiscal year in which grants are awarded. However, any residency positions funded under this section may continue to be funded until the completion of the resident's medical residency.

9. The department shall submit an annual report to the general assembly regarding the implementation of the program developed under this section.

10. The department may promulgate all necessary rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created

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

11. The provisions of this section shall expire on January 1, 2038.

191.600. 1. Sections 191.600 to 191.615 establish a loan repayment program for graduates of approved medical schools, schools of osteopathic medicine, schools of dentistry and accredited chiropractic colleges who practice in areas of defined need and shall be known as the "Health Professional Student Loan Repayment Program". Sections 191.600 to 191.615 shall apply to graduates of accredited chiropractic colleges when federal guidelines for chiropractic shortage areas are developed.

2. The "Health Professional Student Loan and Loan Repayment Program Fund" is hereby created in the state treasury. All funds recovered from an individual pursuant to section 191.614 and all funds generated by loan repayments and penalties received pursuant to section 191.540 shall be credited to the fund. The moneys in the fund shall be used by the department of health and senior services to provide loan repayments pursuant to section 191.611 in accordance with sections 191.600 to 191.614 **[**and to provide loans pursuant to sections 191.500 to 191.550**]**.

191.828. 1. The following departments shall conduct on-going evaluations of the effect of the initiatives enacted by the following sections:

(1) The department of commerce and insurance shall evaluate the effect of revising section 376.782 and sections 143.999, 208.178, 374.126, and 376.891 to 376.894;

(2) The department of health and senior services shall evaluate the effect of revising sections 105.711 and **[**sections 191.520 and**]** 191.600 and enacting section 191.411, and sections 167.600 to 167.621, 191.231, 208.177, 431.064, and 660.016. In collaboration with the state board of registration for the healing arts, the state board of nursing, and the state board of pharmacy, the department of health and senior services shall also evaluate the effect of revising section 195.070, section 334.100, and section 335.016, and of sections 334.104 and 334.112, and section 338.095 and 338.198;

(3) The department of social services shall evaluate the effect of revising section 198.090, and sections 208.151, 208.152 and 208.215, and section 383.125, and of sections 167.600 to 167.621, 208.177, 208.178, 208.179, 208.181, and 211.490;

(4) The office of administration shall evaluate the effect of revising sections 105.711 and 105.721;

(5) The Missouri consolidated health care plan shall evaluate the effect of section 103.178; and

(6) The department of mental health shall evaluate the effect of section 191.831 as it relates to substance abuse treatment and of section 191.835.

2. The department of revenue and office of administration shall make biannual reports to the general assembly and the governor concerning the income received into the health initiatives fund and the level

of funding required to operate the programs and initiatives funded by the health initiatives fund at an optimal level.

191.831. 1. There is hereby established in the state treasury a "Health Initiatives Fund", to which shall be deposited all revenues designated for the fund under subsection 8 of section 149.015, and subsection 3 of section 149.160, and section 167.609, and all other funds donated to the fund or otherwise deposited pursuant to law. The state treasurer shall administer the fund. Money in the fund shall be appropriated to provide funding for implementing the new programs and initiatives established by sections 105.711 and 105.721. The moneys in the fund may further be used to fund those programs established by sections 191.411**[**, 191.520**]** and 191.600, sections 208.151 and 208.152, and sections 103.178, 143.999, 167.600 to 167.621, 188.230, 191.211, 191.231, 191.825 to 191.839, 192.013, 208.177, 208.178, 208.179 and 208.181, 211.490, 285.240, 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016, 660.017 and 660.018; in addition, not less than fifteen percent of the proceeds deposited to the health initiative fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to provide funding for the C-STAR substance abuse rehabilitation program of the department of mental health, or its successor program, and a C-STAR pilot project developed by the director of the division of alcohol and drug abuse and the director of the department of corrections as an alternative to incarceration, as provided in subsections 2, 3, and 4 of this section. Such pilot project shall be known as the "Alt-care" program. In addition, some of the proceeds deposited to the health initiatives fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to the division of alcohol and drug abuse of the department of mental health to be used for the administration and oversight of the substance abuse traffic **[**offenders**]** **offender** program defined in section 302.010 **[**and section 577.001**]**. The provisions of section 33.080 to the contrary notwithstanding, money in the health initiatives fund shall not be transferred at the close of the biennium to the general revenue fund.

2. The director of the division of alcohol and drug abuse and the director of the department of corrections shall develop and administer a pilot project to provide a comprehensive substance abuse treatment and rehabilitation program as an alternative to incarceration, hereinafter referred to as "Alt-care". Alt-care shall be funded using money provided under subsection 1 of this section through the Missouri Medicaid program, the C-STAR program of the department of mental health, and the division of alcohol and drug abuse's purchase-of-service system. Alt-care shall offer a flexible combination of clinical services and living arrangements individually adapted to each client and her children. Alt-care shall consist of the following components:

(1) Assessment and treatment planning;

(2) Community support to provide continuity, monitoring of progress and access to services and resources;

(3) Counseling from individual to family therapy;

(4) Day treatment services which include accessibility seven days per week, transportation to and from the Alt-care program, weekly drug testing, leisure activities, weekly events for families and companions, job and education preparedness training, peer support and self-help and daily living skills; and

(5) Living arrangement options which are permanent, substance-free and conducive to treatment and recovery.

3. Any female who is pregnant or is the custodial parent of a child or children under the age of twelve years, and who has pleaded guilty to or found guilty of violating the provisions of chapter 195, and whose controlled substance abuse was a precipitating or contributing factor in the commission of the offense, and who is placed on probation may be required, as a condition of probation, to participate in Alt-care, if space is available in the pilot project area. Determinations of eligibility for the program, placement, and continued participation shall be made by the division of alcohol and drug abuse, in consultation with the department of corrections.

4. The availability of space in Alt-care shall be determined by the director of the division of alcohol and drug abuse in conjunction with the director of the department of corrections. If the sentencing court is advised that there is no space available, the court shall consider other authorized dispositions."; and

Further amend said amendment, Page 2, Line 36, by deleting all of said line and inserting in lieu thereof the following:

""335.203. 1. There is hereby established the "Nursing Education Incentive Program" within the state board of nursing.

2. Subject to appropriation and board disbursement, grants shall be awarded through the nursing education incentive program to eligible institutions of higher education based on criteria jointly determined by the board and the department of higher education and workforce development. **[**Grant award amounts shall not exceed one hundred fifty thousand dollars.**]** No campus shall receive more than one grant per year.

3. To be considered for a grant, an eligible institution of higher education shall offer a program of nursing that meets the predetermined category and area of need as established by the board and the department under subsection 4 of this section.

4. The board and the department shall determine categories and areas of need for designating grants to eligible institutions of higher education. In establishing categories and areas of need, the board and department may consider criteria including, but not limited to:

(1) Data generated from licensure renewal data and the department of health and senior services; and

(2) National nursing statistical data and trends that have identified nursing shortages.

5. The board shall be the administrative agency responsible for implementation of the program established under sections 335.200 to 335.203, and shall promulgate reasonable rules for the exercise of its functions and the effectuation of the purposes of sections 335.200 to 335.203. The board shall, by rule, prescribe the form, time, and method of filing applications and shall supervise the processing of such applications.

6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2011, shall be invalid and void.

335.205. The board, in addition to any other duties it may have regarding licensure of nurses, shall collect, at the time of any initial license application or license renewal application, a nursing education incentive program surcharge from each person licensed or relicensed under chapter 335, in the amount of one dollar per year for practical nurses and five dollars per year for registered professional nurses. These funds shall be deposited in the state board of nursing fund described in section 335.036.

579.088. Notwithstanding any other provision of this chapter or chapter 195 to the contrary, it shall"; and

Further amend said amendment and page, Line 39, by deleting all of said line and inserting in lieu thereof the following:

"**substance fentanyl analogue.**

[191.500. As used in sections 191.500 to 191.550, unless the context clearly indicates otherwise, the following terms mean:

(1) "Area of defined need", a community or section of an urban area of this state which is certified by the department of health and senior services as being in need of the services of a physician to improve the patient-doctor ratio in the area, to contribute professional physician services to an area of economic impact, or to contribute professional physician services to an area suffering from the effects of a natural disaster;

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

(3) "Eligible student", a full-time student accepted and enrolled in a formal course of instruction leading to a degree of doctor of medicine or doctor of osteopathy, including psychiatry, at a participating school, or a doctor of dental surgery, doctor of dental medicine, or a bachelor of science degree in dental hygiene;

(4) "Financial assistance", an amount of money paid by the state of Missouri to a qualified applicant pursuant to sections 191.500 to 191.550;

(5) "Participating school", an institution of higher learning within this state which grants the degrees of doctor of medicine or doctor of osteopathy, and which is accredited in the appropriate degree program by the American Medical Association or the American Osteopathic Association, or a degree program by the American Dental Association or the American Psychiatric Association, and applicable residency programs for each degree type and discipline;

(6) "Primary care", general or family practice, internal medicine, pediatric , psychiatric, obstetric and gynecological care as provided to the general public by physicians licensed and registered pursuant to chapter 334, dental practice, or a dental hygienist licensed and registered pursuant to chapter 332;

(7) "Resident", any natural person who has lived in this state for one or more years for any purpose other than the attending of an educational institution located within this state;

(8) "Rural area", a town or community within this state which is not within a standard metropolitan statistical area, and has a population of six thousand or fewer inhabitants as determined by the last

preceding federal decennial census or any unincorporated area not within a standard metropolitan statistical area.**]**

[191.505. The department of health and senior services shall be the administrative agency for the implementation of the program established by sections 191.500 to 191.550. The department shall promulgate reasonable rules and regulations for the exercise of its functions in the effectuation of the purposes of sections 191.500 to 191.550. It shall prescribe the form and the time and method of filing applications and supervise the processing thereof.**]**

[191.510. The department shall enter into a contract with each applicant receiving a state loan under sections 191.500 to 191.550 for repayment of the principal and interest and for forgiveness of a portion thereof for participation in the service areas as provided in sections 191.500 to 191.550.**]**

[191.515. An eligible student may apply to the department for a loan under sections 191.500 to 191.550 only if, at the time of his application and throughout the period during which he receives the loan, he has been formally accepted as a student in a participating school in a course of study leading to the degree of doctor of medicine or doctor of osteopathy, including psychiatry, or a doctor of dental surgery, a doctor of dental medicine, or a bachelor of science degree in dental hygiene, and is a resident of this state.**]**

[191.520. No loan to any eligible student shall exceed twenty-five thousand dollars for each academic year, which shall run from August first of any year through July thirty-first of the following year. All loans shall be made from funds appropriated to the medical school loan and loan repayment program fund created by section 191.600, by the general assembly.**]**

[191.525. No more than twenty-five loans shall be made to eligible students during the first academic year this program is in effect. Twenty-five new loans may be made for the next three academic years until a total of one hundred loans are available. At least one-half of the loans shall be made to students from rural areas as defined in section 191.500. An eligible student may receive loans for each academic year he is pursuing a course of study directly leading to a degree of doctor of medicine or doctor of osteopathy, doctor of dental surgery, or doctor of dental medicine, or a bachelor of science degree in dental hygiene.**]**

[191.530. Interest at the rate of nine and one-half percent per year shall be charged on all loans made under sections 191.500 to 191.550 but one-fourth of the interest and principal of the total loan at the time of the awarding of the degree shall be forgiven for each year of participation by an applicant in the practice of his profession in a rural area or an area of defined need. The department shall grant a deferral of interest and principal payments to a loan recipient who is pursuing an internship or a residency in primary care. The deferral shall not exceed three years. The status of each loan recipient receiving a deferral shall be reviewed annually by the department to ensure compliance with the intent of this provision. The loan recipient will repay the loan beginning with the calendar year following completion of his internship or his primary care residency in accordance with the loan contract.**]**

[191.535. If a student ceases his study prior to receiving a degree, interest at the rate specified in section 191.530 shall be charged on the amount received from the state under the provisions of sections 191.500 to 191.550.**]**

[191.540. 1. The department shall establish schedules and procedures for repayment of the principal and interest of any loan made under the provisions of sections 191.500 to 191.550 and not forgiven as provided in section 191.530.

2. A penalty shall be levied against a person in breach of contract. Such penalty shall be twice the sum of the principal and the accrued interest.**]**

[191.545. When necessary to protect the interest of the state in any loan transaction under sections 191.500 to 191.550, the board may institute any action to recover any amount due.**]**

[191.550. The contracts made with the participating students shall be approved by the attorney general.**]**

[335.212. As used in sections 335.212 to 335.242, the following terms mean:

(1) "Board", the Missouri state board of nursing;

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

(3) "Director", director of the Missouri department of health and senior services;

(4) "Eligible student", a resident who has been accepted as a full-time student in a formal course of instruction leading to an associate degree, a diploma, a bachelor of science, a master of science in nursing (M.S.N.), a doctorate in nursing (Ph.D. or D.N.P.), or a student with a master of science in nursing seeking a doctorate in education (Ed.D.), or leading to the completion of educational requirements for a licensed practical nurse. The doctoral applicant may be a part-time student;

(5) "Participating school", an institution within this state which is approved by the board for participation in the professional and practical nursing student loan program established by sections 335.212 to 335.242, having a nursing department and offering a course of instruction based on nursing theory and clinical nursing experience;

(6) "Qualified applicant", an eligible student approved by the board for participation in the professional and practical nursing student loan program established by sections 335.212 to 335.242;

(7) "Qualified employment", employment on a full-time basis in Missouri in a position requiring licensure as a licensed practical nurse or registered professional nurse in any hospital as defined in section 197.020 or in any agency, institution, or organization located in an area of need as determined by the department of health and senior services. Any forgiveness of such principal and interest for any qualified applicant engaged in qualified employment on a less than full-time basis may be prorated to reflect the amounts provided in this section;

(8) "Resident", any person who has lived in this state for one or more years for any purpose other than the attending of an educational institution located within this state.**]**

[335.215. 1. The department of health and senior services shall be the administrative agency for the implementation of the professional and practical nursing student loan program established under sections 335.212 to 335.242, and the nursing student loan repayment program established under sections 335.245 to 335.259.

2. An advisory panel of nurses shall be appointed by the director. It shall be composed of not more than eleven members representing practical, associate degree, diploma, baccalaureate and graduate nursing education, community health, primary care, hospital, long-term care, a consumer, and the Missouri state board of nursing. The panel shall make recommendations to the director on the content of any rules, regulations or guidelines prior to their promulgation. The panel may make recommendations to the director regarding fund allocations for loans and loan repayment based on current nursing shortage needs.

3. The department of health and senior services shall promulgate reasonable rules and regulations for the exercise of its function pursuant to sections 335.212 to 335.259. It shall prescribe the form, the time and method of filing applications and supervise the proceedings thereof. No rule or portion of a rule promulgated under the authority of sections 335.212 to 335.257 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

4. Ninety-five percent of funds loaned pursuant to sections 335.212 to 335.242 shall be loaned to qualified applicants who are enrolled in professional nursing programs in participating schools and five percent of the funds loaned pursuant to sections 335.212 to 335.242 shall be loaned to qualified applicants who are enrolled in practical nursing programs. Priority shall be given to eligible students who have established financial need. All loan repayment funds pursuant to sections 335.245 to 335.259 shall be used to reimburse successful associate, diploma, baccalaureate or graduate professional nurse applicants' educational loans who agree to serve in areas of defined need as determined by the department.**]**

[335.218. There is hereby established the "Professional and Practical Nursing Student Loan and Nurse Loan Repayment Fund". All fees pursuant to section 335.221, general revenue appropriations to the student loan or loan repayment program, voluntary contributions to support or match the student loan and loan repayment program activities, funds collected from repayment and penalties, and funds received from the federal government shall be deposited in the state treasury and be placed to the credit of the professional and practical nursing student loan and nurse loan repayment fund. The fund shall be managed by the department of health and senior services and all administrative costs and expenses incurred as a result of the effectuation of sections 335.212 to 335.259 shall be paid from this fund.**]**

[335.221. The board, in addition to any other duties it may have regarding licensure of nurses, shall collect, at the time of licensure or licensure renewal, an education surcharge from each person licensed or relicensed pursuant to sections 335.011 to 335.096, in the amount of one dollar per year for practical nurses and five dollars per year for professional nurses. These funds shall be deposited in the professional and practical nursing student loan and nurse loan repayment fund. All expenditures authorized by sections 335.212 to 335.259 shall be paid from funds appropriated by the general assembly from the professional and practical nursing student loan and nurse loan repayment fund. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue.**]**

[335.224. The department of health and senior services shall enter into a contract with each qualified applicant receiving financial assistance under the provisions of sections 335.212 to 335.242 for repayment of the principal and interest.**]**

[335.227. An eligible student may apply to the department for financial assistance under the provisions of sections 335.212 to 335.242 if, at the time of his application for a loan, the eligible student has formally

applied for acceptance at a participating school. Receipt of financial assistance is contingent upon acceptance and continued enrollment at a participating school.**]**

[335.230. Financial assistance to any qualified applicant shall not exceed ten thousand dollars for each academic year for a professional nursing program and shall not exceed five thousand dollars for each academic year for a practical nursing program. All financial assistance shall be made from funds credited to the professional and practical nursing student loan and nurse loan repayment fund. A qualified applicant may receive financial assistance for each academic year he remains a student in good standing at a participating school.**]**

[335.233. The department shall establish schedules for repayment of the principal and interest on any financial assistance made under the provisions of sections 335.212 to 335.242. Interest at the rate of nine and one-half percent per annum shall be charged on all financial assistance made under the provisions of sections 335.212 to 335.242, but the interest and principal of the total financial assistance granted to a qualified applicant at the time of the successful completion of a nursing degree, diploma program or a practical nursing program shall be forgiven through qualified employment.**]**

[335.236. The financial assistance recipient shall repay the financial assistance principal and interest beginning not more than six months after completion of the degree for which the financial assistance was made in accordance with the repayment contract. If an eligible student ceases his study prior to successful completion of a degree or graduation at a participating school, interest at the rate specified in section 335.233 shall be charged on the amount of financial assistance received from the state under the provisions of sections 335.212 to 335.242, and repayment, in accordance with the repayment contract, shall begin within ninety days of the date the financial aid recipient ceased to be an eligible student. All funds repaid by recipients of financial assistance to the department shall be deposited in the professional and practical nursing student loan and nurse loan repayment fund for use pursuant to sections 335.212 to 335.259.**]**

[335.239. The department shall grant a deferral of interest and principal payments to a financial assistance recipient who is pursuing an advanced degree, special nursing program, or upon special conditions established by the department. The deferral shall not exceed four years. The status of each deferral shall be reviewed annually by the department of health and senior services to ensure compliance with the intent of this section.**]**

[335.242. When necessary to protect the interest of the state in any financial assistance transaction under sections 335.212 to 335.259, the department of health and senior services may institute any action to recover any amount due.**]**

[335.245. As used in sections 335.245 to 335.259, the following terms mean:

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

(2) “Eligible applicant”, a Missouri licensed nurse who has attained either an associate degree, a diploma, a bachelor of science, or graduate degree in nursing from an accredited institution approved by the board of nursing or a student nurse in the final year of a full-time baccalaureate school of nursing leading to a baccalaureate degree or graduate nursing program leading to a master’s degree in nursing and has agreed to serve in an area of defined need as established by the department;

(3) "Participating school", an institution within this state which grants an associate degree in nursing, grants a bachelor or master of science degree in nursing or provides a diploma nursing program which is accredited by the state board of nursing, or a regionally accredited institution in this state which provides a bachelor of science completion program for registered professional nurses;

(4) "Qualified employment", employment on a full-time basis in Missouri in a position requiring licensure as a licensed practical nurse or registered professional nurse in any hospital as defined in section 197.020 or public or nonprofit agency, institution, or organization located in an area of need as determined by the department of health and senior services. Any forgiveness of such principal and interest for any qualified applicant engaged in qualified employment on a less than full-time basis may be prorated to reflect the amounts provided in this section.**]**

[335.248. Sections 335.245 to 335.259 shall be known as the "Nursing Student Loan Repayment Program". The department of health and senior services shall be the administrative agency for the implementation of the authority established by sections 335.245 to 335.259. The department shall promulgate reasonable rules and regulations necessary to implement sections 335.245 to 335.259. Promulgated rules shall include, but not be limited to, applicant eligibility, selection criteria, prioritization of service obligation sites and the content of loan repayment contracts, including repayment schedules for those in default and penalties. The department shall promulgate rules regarding recruitment opportunities for minority students into nursing schools. Priority for student loan repayment shall be given to eligible applicants who have demonstrated financial need. All funds collected by the department from participants not meeting their contractual obligations to the state shall be deposited in the professional and practical nursing student loan and nurse loan repayment fund for use pursuant to sections 335.212 to 335.259.**]**

[335.251. Upon proper verification to the department by the eligible applicant of securing qualified employment in this state, the department shall enter into a loan repayment contract with the eligible applicant to repay the interest and principal on the educational loans of the applicant to the limit of the contract, which contract shall provide for instances of less than full-time qualified employment consistent with the provisions of section 335.233, out of any appropriation made to the professional and practical nursing student loan and nurse loan repayment fund. If the applicant breaches the contract by failing to begin or complete the qualified employment, the department is entitled to recover the total of the loan repayment paid by the department plus interest on the repaid amount at the rate of nine and one-half percent per annum.**]**

[335.254. Sections 335.212 to 335.259 shall not be construed to require the department to enter into contracts with individuals who qualify for nursing education loans or nursing loan repayment programs when federal, state and local funds are not available for such purposes.**]**

[335.257. Successful applicants for whom loan payments are made under the provisions of sections 335.245 to 335.259 shall verify to the department twice each year in the manner prescribed by the department that qualified employment in this state is being maintained.**]**"; and

Further amend said bill, Page 11, Section B, Line 6, by inserting after all of said section and line the following:

"Section C. Because immediate action is necessary to address the shortage of health care providers in this state, the enactment of section 191.592 of this act is deemed necessary for the immediate preservation

of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the enactment of section 191.592 of section A of this act shall be in full force and effect upon its passage and approval."; and"; and

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

HOUSE AMENDMENT NO. 3 TO
HOUSE AMENDMENT NO. 6

Amend House Amendment No. 6 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 2, Line 36, by deleting all of the said line and inserting in lieu thereof the following:

""338.010. 1. The "practice of pharmacy" **[**means**] includes:**

(1) The interpretation, implementation, and evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section 353**[**;**], and the** receipt, transmission, or handling of such orders or facilitating the dispensing of such orders;

(2) The designing, initiating, implementing, and monitoring of a medication therapeutic plan **[**as defined by the prescription order so long as the prescription order is specific to each patient for care by a pharmacist**] in accordance with the provisions of this section**;

(3) The compounding, dispensing, labeling, and administration of drugs and devices pursuant to medical prescription orders **[**and administration of viral influenza, pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by written protocol authorized by a physician for persons at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is higher, or the administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, meningitis, and viral influenza vaccines by written protocol authorized by a physician for a specific patient as authorized by rule**]**;

(4) The ordering and administration of vaccines approved or authorized by the U.S. Food and Drug Administration, excluding vaccines for cholera, monkeypox, Japanese encephalitis, typhoid, rabies, yellow fever, tick-borne encephalitis, anthrax, tuberculosis, dengue, Hib, polio, rotavirus, smallpox, and any vaccine approved after January 1, 2023, to persons at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is older, pursuant to joint promulgation of rules established by the board of pharmacy and the state board of registration for the healing arts unless rules are established under a state of emergency as described in section 44.100;

(5) The participation in drug selection according to state law and participation in drug utilization reviews;

(6) The proper and safe storage of drugs and devices and the maintenance of proper records thereof;

(7) Consultation with patients and other health care practitioners, and veterinarians and their clients about legend drugs, about the safe and effective use of drugs and devices;

(8) The prescribing and dispensing of any nicotine replacement therapy product under section 338.665;

(9) The dispensing of HIV postexposure prophylaxis pursuant to section 338.730; and

(10) The offering or performing of those acts, services, operations, or transactions necessary in the conduct, operation, management and control of a pharmacy.

2. No person shall engage in the practice of pharmacy unless he or she is licensed under the provisions of this chapter.

3. This chapter shall not be construed to prohibit the use of auxiliary personnel under the direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This assistance in no way is intended to relieve the pharmacist from his or her responsibilities for compliance with this chapter and he or she will be responsible for the actions of the auxiliary personnel acting in his or her assistance.

4. This chapter shall **[**also**]** not be construed to prohibit or interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary medicine only for use in animals, or the practice of optometry in accordance with and as provided in sections 195.070 and 336.220 in the compounding, administering, prescribing, or dispensing of his or her own prescriptions.

[2. Any pharmacist who accepts a prescription order for a medication therapeutic plan shall have a written protocol from the physician who refers the patient for medication therapy services.**]**

5. A pharmacist with a certificate of medication therapeutic plan authority may provide medication therapy services pursuant to a written protocol from a physician licensed under chapter 334 to patients who have established a physician-patient relationship, as described in subdivision (1) of subsection 1 of section 191.1146, with the protocol physician. The written protocol **[**and the prescription order for a medication therapeutic plan**]** **authorized by this section** shall come **only** from the physician **[**only,**]** and shall not come from a nurse engaged in a collaborative practice arrangement under section 334.104, or from a physician assistant engaged in a collaborative practice arrangement under section 334.735.

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

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

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

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

[7.**]** **10.** The state board of registration for the healing arts, under section 334.125, and the state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of protocols **[**for prescription orders**]** for medication therapy services **[**and administration of viral influenza vaccines**]**. Such

rules shall require protocols to include provisions allowing for timely communication between the pharmacist and the **[**referring**]** **protocol** physician **or similar body authorized by this section**, and any other patient protection provisions deemed appropriate by both boards. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither board shall separately promulgate rules regulating the use of protocols for **[**prescription orders for**]** medication therapy services **[**and administration of viral influenza vaccines**]**. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be invalid and void.

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

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

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

[11.**]** **14.** "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or an equivalent title means a person who has received a doctor's degree in veterinary medicine from an accredited school of veterinary medicine or holds an Educational Commission for Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical Association (AVMA).

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

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

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

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

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

(1) The identity of the patient;

(2) The identity of the vaccine or vaccines administered;

(3) The route of administration;

(4) The anatomic site of the administration;

(5) The dose administered; and

(6) The date of administration.

18. A pharmacist licensed under this chapter may order and administer vaccines approved or authorized by the U.S. Food and Drug Administration to address a public health need, as lawfully authorized by the state or federal government, or a department or agency thereof, during a state or federally declared public health emergency.

338.012. 1. A pharmacist with a certificate of medication therapeutic plan authority may provide influenza, group A streptococcus, and COVID-19 medication therapy services pursuant to a statewide standing order issued by the director or chief medical officer of the department of health and senior services if that person is a licensed physician, or a licensed physician designated by the department of health and senior services.

2. The state board of registration for the healing arts, pursuant to section 334.125, and the state board of pharmacy, pursuant to section 338.140, shall jointly promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void.

579.088. Notwithstanding any other provision of this chapter or chapter 195 to the contrary, it shall"; and

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

HOUSE AMENDMENT NO. 4 TO
HOUSE AMENDMENT NO. 6

Amend House Amendment No. 6 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 2, Line 36, by deleting all of said line and inserting in lieu thereof the following:

““**376.1240. 1. For purposes of this section, terms shall have the same meanings as ascribed to them in section 376.1350, and the term "prescription contraceptive" shall mean a drug or device that requires a prescription and is approved by the Food and Drug Administration to prevent pregnancy.**

2. Any health benefit plan delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2024, that provides coverage for prescription contraceptives shall provide coverage to reimburse a health care provider or dispensing entity for the dispensing of a supply of prescription contraceptives intended to last up to one year.

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

579.088. Notwithstanding any other provision of this chapter or chapter 195 to the contrary, it shall"; and

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

HOUSE AMENDMENT NO. 6

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"190.255. 1. Any qualified first responder may obtain and administer naloxone**, or any other drug or device approved by the United States Food and Drug Administration, that blocks the effects of an opioid overdose and is administered in a manner approved by the United States Food and Drug Administration** to a person suffering from an apparent narcotic or opiate-related overdose in order to revive the person.

2. Any licensed drug distributor or pharmacy in Missouri may sell naloxone**, or any other drug or device approved by the United States Food and Drug Administration, that blocks the effects of an opioid overdose and is administered in a manner approved by the United States Food and Drug Administration** to qualified first responder agencies to allow the agency to stock naloxone for the administration of such drug to persons suffering from an apparent narcotic or opiate overdose in order to revive the person.

3. For the purposes of this section, "qualified first responder" shall mean any **[**state and local law enforcement agency staff,**]** fire department personnel, fire district personnel, or licensed emergency medical technician who is acting under the directives and established protocols of a medical director of a local licensed ground ambulance service licensed under section 190.109**, or any state or local law enforcement agency staff member,** who comes in contact with a person suffering from an apparent narcotic or opiate-related overdose and who has received training in recognizing and responding to a narcotic or opiate overdose and the administration of naloxone to a person suffering from an apparent narcotic or opiate-related overdose. "Qualified first responder agencies" shall mean any state or local law enforcement agency, fire department, or ambulance service that provides documented training to its staff related to the administration of naloxone in an apparent narcotic or opiate overdose situation.

4. A qualified first responder shall only administer naloxone by such means as the qualified first responder has received training for the administration of naloxone.

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

(1) "Addiction mitigation medication", naltrexone hydrochloride that is administered in a manner approved by the United States Food and Drug Administration or any accepted medical practice method of administering;

(2) "Opioid antagonist", naloxone hydrochloride**, or any other drug or device approved by the United States Food and Drug Administration,** that blocks the effects of an opioid overdose **[**that**] and** is administered in a manner approved by the United States Food and Drug Administration or any accepted medical practice method of administering;

(3) "Opioid-related drug overdose", a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid or other substance with which an opioid was combined or a condition that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.

2. Notwithstanding any other law or regulation to the contrary:

(1) The director of the department of health and senior services, if a licensed physician, may issue a statewide standing order for an opioid antagonist or an addiction mitigation medication;

(2) In the alternative, the department may employ or contract with a licensed physician who may issue a statewide standing order for an opioid antagonist or an addiction mitigation medication with the express written consent of the department director.

3. Notwithstanding any other law or regulation to the contrary, any licensed pharmacist in Missouri may sell and dispense an opioid antagonist or an addiction mitigation medication under physician protocol or under a statewide standing order issued under subsection 2 of this section.

4. A licensed pharmacist who, acting in good faith and with reasonable care, sells or dispenses an opioid antagonist or an addiction mitigation medication and an appropriate device to administer the drug, and the protocol physician, shall not be subject to any criminal or civil liability or any professional disciplinary action for prescribing or dispensing the opioid antagonist or an addiction mitigation medication or any outcome resulting from the administration of the opioid antagonist or an addiction mitigation medication. A physician issuing a statewide standing order under subsection 2 of this section shall not be subject to any criminal or civil liability or any professional disciplinary action for issuing the standing order or for any outcome related to the order or the administration of the opioid antagonist or an addiction mitigation medication.

5. Notwithstanding any other law or regulation to the contrary, it shall be permissible for any person to possess an opioid antagonist or an addiction mitigation medication.

6. Any person who administers an opioid antagonist to another person shall, immediately after administering the drug, contact emergency personnel. Any person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related **drug** overdose shall be immune from criminal prosecution, disciplinary actions

from his or her professional licensing board, and civil liability due to the administration of the opioid antagonist."; and

Further amend said bill, Page 11, Section 208.662, Line 97, by inserting after all of said section and line the following:

"**579.088. Notwithstanding any other provision of this chapter or chapter 195 to the contrary, it shall not be unlawful to manufacture, possess, sell, deliver, or use any device, equipment, or other material for the purpose of analyzing controlled substances to detect the presence of fentanyl or any synthetic controlled substance fentanyl analogue.**"; and

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

HOUSE AMENDMENT NO. 7

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 11, Section 208.151, Line 97, by inserting after all of said section and line the following:

"332.071. A person or other entity "practices dentistry" within the meaning of this chapter who:

(1) Undertakes to do or perform dental work or dental services or dental operations or oral surgery, by any means or methods, including the use of lasers, gratuitously or for a salary or fee or other reward, paid directly or indirectly to the person or to any other person or entity;

(2) Diagnoses or professes to diagnose, prescribes for or professes to prescribe for, treats or professes to treat, any disease, pain, deformity, deficiency, injury or physical condition of human teeth or adjacent structures or treats or professes to treat any disease or disorder or lesions of the oral regions;

(3) Attempts to or does replace or restore a part or portion of a human tooth;

(4) Attempts to or does extract human teeth or attempts to or does correct malformations of human teeth or jaws;

(5) Attempts to or does adjust an appliance or appliances for use in or used in connection with malposed teeth in the human mouth;

(6) Interprets or professes to interpret or read dental radiographs;

(7) Administers an anesthetic in connection with dental services or dental operations or dental surgery;

(8) Undertakes to or does remove hard and soft deposits from or polishes natural and restored surfaces of teeth;

(9) Uses or permits to be used for the person's benefit or for the benefit of any other person or other entity the following titles or words in connection with the person's name: "Doctor", "Dentist", "Dr.", "D.D.S.", or "D.M.D.", or any other letters, titles, degrees or descriptive matter which directly or indirectly indicate or imply that the person is willing or able to perform any type of dental service for any person or persons, or uses or permits the use of for the person's benefit or for the benefit of any other person or other entity any card, directory, poster, sign or any other means by which the person indicates or implies or

represents that the person is willing or able to perform any type of dental services or operation for any person;

(10) Directly or indirectly owns, leases, operates, maintains, manages or conducts an office or establishment of any kind in which dental services or dental operations of any kind are performed for any purpose; but this section shall not be construed to prevent owners or lessees of real estate from lawfully leasing premises to those who are qualified to practice dentistry within the meaning of this chapter;

(11) Controls, influences, attempts to control or influence, or otherwise interferes with the dentist's independent professional judgment regarding the diagnosis or treatment of a dental disease, disorder, or physical condition except that any opinion rendered by any health care professional licensed under this chapter or chapter 330, 331, 334, 335, 336, 337, or 338 regarding the diagnosis, treatment, disorder, or physical condition of any patient shall not be construed to control, influence, attempt to control or influence or otherwise interfere with a dentist's independent professional judgment;

(12) Constructs, supplies, reproduces or repairs any prosthetic denture, bridge, artificial restoration, appliance or other structure to be used or worn as a substitute for natural teeth, except when one, not a registered and licensed dentist, does so pursuant to a written uniform laboratory work order, in the form prescribed by the board, of a dentist registered and currently licensed in Missouri and which the substitute in this subdivision described is constructed upon or by use of casts or models made from an impression furnished by a dentist registered and currently licensed in Missouri;

(13) Attempts to or does place any substitute described in subdivision (12) of this section in a human mouth or attempts to or professes to adjust any substitute or delivers any substitute to any person other than the dentist upon whose order the work in producing the substitute was performed;

(14) Advertises, solicits, or offers to or does sell or deliver any substitute described in subdivision (12) of this section or offers to or does sell the person's services in constructing, reproducing, supplying or repairing the substitute to any person other than a registered and licensed dentist in Missouri;

(15) Undertakes to do or perform any physical evaluation of a patient in the person's office or in a hospital, clinic, or other medical or dental facility prior to or incident to the performance of any dental services, dental operations, or dental surgery;

(16) Reviews examination findings, x-rays, or other patient data to make judgments or decisions about the dental care rendered to a patient in this state**;**

(17) Prescribes and administers vaccines for diseases related to care within the practice of dentistry; or

(18) Prescribes and administers vaccines in accordance with section 332.368 when deployed under section 44.045 to provide care as necessitated by an emergency.

332.368. 1. A dentist may:

(1) Prescribe and administer vaccines to a person with whom the dentist has established a patient relationship; and

(2) Prescribe and administer vaccines to any person when the dentist is deployed under section 44.045 to provide care as necessitated by an emergency.

2. A dentist shall not be required to prescribe or administer vaccines.

3. Before prescribing or administering any vaccine under this section, a dentist shall complete a training course recognized by the board under subsection 4 of this section and obtain a certificate of successful completion from the agency or organization that offered the course. A dentist shall produce the certificate upon request of the board.

4. The board shall recognize for purposes of this section any training course that:

(1) Includes training on appropriate vaccine storage and proper vaccine administration;

(2) Addresses contraindications and adverse reactions to vaccines; and

(3) Is offered by the Centers for Disease Control and Prevention, the American Dental Association or its successor organization, or any other similar federal or state agency or professional organization deemed qualified by the board.

5. A dentist who administers a vaccine under this section shall inform the patient that the administration of the vaccine will be entered into the ShowMeVax system, as administered by the department of health and senior services. The patient shall attest to the inclusion of such information in the system by signing a form provided by the dentist.

6. Prior to administering a vaccine under this section, a dentist shall review the patient's vaccination history in the ShowMeVax system.

7. A dentist shall not administer a vaccine under this section to a child under seven years of age or under the minimum age recommended by the Centers for Disease Control and Prevention.

8. A dentist who prescribes or administers a vaccine under this section shall comply with any applicable patient of care record-keeping requirements.

9. A dentist shall not delegate the administration of a vaccine under this section.

10. All individual and group health insurance policies providing coverage for vaccinations shall also provide coverage for vaccinations administered under this section.

11. The board shall promulgate rules for the purpose of recognizing entities qualified to offer the training course required under this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void."; and

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

HOUSE AMENDMENT NO. 8

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 11, Section 208.662, Line 97, by inserting after all of the said section and line the following:

"376.1060. 1. As used in this section, the following terms shall mean:

(1) "Contracting entity", any person or entity**, including a health carrier,** that is engaged in the act of contracting with providers for the delivery of **[**dental**] health care** services **[**or the selling or assigning of dental network plans to other health care entities**]**;

(2) **[**"Identify", providing in writing, by email or otherwise, to the participating provider the name, address, and telephone number, to the extent possible, for any third party to which the contracting entity has granted access to the health care services of the participating provider;

(3) "Network plan", health insurance coverage offered by a health insurance issuer under which the financing and delivery of dental services are provided in whole or in part through a defined set of participating providers under contract with the health insurance issuer**] "Health care service", the same meaning given to the term in section 376.1350**;

[(4)] **(3) "Health carrier", the same meaning given to the term in section 376.1350. The term "health carrier" shall also include any entity described in subdivision (4) of section 354.700;**

(4) "Participating provider", a provider who, under a contract with a contracting entity, has agreed to provide **[**dental**] health care** services with an expectation of receiving payment, other than coinsurance, co-payments or deductibles, directly or indirectly from the contracting entity;

(5) "Provider", any person licensed under section 332.071**;**

(6) "Provider network contract", a contract between a contracting entity and a provider that specifies the rights and responsibilities of the contracting entity and provides for the delivery and payment of health care services;

(7) "Third party", a person or entity that enters into a contract with a contracting entity or with another third party to gain access to the health care services or contractual discounts of a provider network contract. "Third party" does not include an employer or other group for whom the health carrier or contracting entity provides administrative services.

2. A contracting entity **[**shall not sell, assign, or otherwise**] shall only** grant **a third party** access to **[**the dental services of**]** a participating **[**provider under a health care contract unless expressly authorized by the health care contract. The health care contract shall specifically provide that one purpose of the contract is the selling, assigning, or giving the contracting entity rights to the services of the participating provider, including network plans**] provider's health care services or contractual discounts provided in accordance with a contract between a participating provider and a contracting entity and only if:**

(1) The contract specifically states that the contracting entity may enter into an agreement with a third party allowing the third party to obtain the contracting entity's rights and responsibilities

as if the third party were the contracting entity, and the contract allows the provider to choose not to participate in third-party access at the time the contract is entered into or renewed or when there are material modifications to the contract. The third-party access provision of any provider network contract shall also specifically state that the contract grants third-party access to the provider's health care services and that the provider has the right to choose not to participate in third-party access to the contract or to enter into a contract directly with the third party. A provider's decision not to participate in third-party access shall not permit the contracting entity to cancel or otherwise end a contractual relationship with the provider. When initially contracting with a provider, a contracting entity shall accept a qualified provider even if the provider chooses not to participate in the third-party access provision;

(2) The third party accessing the contract agrees to comply with all of the contract's terms;

(3) The contracting entity identifies, in writing or electronic form to the provider, all third parties in existence as of the date the contract is entered into or renewed;

(4) The contracting entity identifies all third parties in existence in a list on its internet website that is updated at least once every ninety days;

(5) The contracting entity notifies providers that a new third party is accessing a provider network contract at least thirty days in advance of the relationship taking effect;

(6) The contracting entity notifies the third party of the termination of a provider network contract no later than thirty days from the termination date with the contracting entity;

(7) A third party's right to a provider's discounted rate ceases as of the termination date of the provider network contract;

(8) The provider is not already a participating provider of the third party; and

(9) The contracting entity makes available a copy of the provider network contract relied on in the adjudication of a claim to a participating provider within thirty days of a request from the provider.

3. **[**Upon entering a contract with a participating provider and upon request by a participating provider, a contracting entity shall properly identify any third party that has been granted access to the dental services of the participating provider**] No provider shall be bound by or required to perform health care services under a provider network contract that has been granted to a third party in violation of the provisions of this section**.

4. A contracting entity that sells, assigns, or otherwise grants **a third party** access to **[**the dental services of**]** a participating **[**provider**] provider's health care services** shall maintain an internet website or a toll-free telephone number through which the participating provider may obtain information which identifies the **[**insurance carrier] **third party** to be used to reimburse the participating provider for the covered **[**dental**] health care** services.

5. A contracting entity that sells, assigns, or otherwise grants **a third party** access to a participating provider's **[**dental**] health care** services shall ensure that an explanation of benefits or remittance advice

furnished to the participating provider that delivers **[**dental**] health care** services **[**under the health care contract**] for the third party** identifies the contractual source of any applicable discount.

6. **[**All third parties that have contracted with a contracting entity to purchase, be assigned, or otherwise be granted access to the participating provider's discounted rate shall comply with the participating provider's contract, including all requirements to encourage access to the participating provider, and pay the participating provider pursuant to the rates of payment and methodology set forth in that contract, unless otherwise agreed to by a participating provider.

7. A contracting entity is deemed in compliance with this section when the insured's identification card provides information which identifies the insurance carrier to be used to reimburse the participating provider for the covered dental services**] (1) The provisions of this section shall not apply if access to a provider network contract is granted to any entity operating in accordance with the same brand licensee program as the contracting entity or to any entity that is an affiliate of the contracting entity. A list of the contracting entity's affiliates shall be made available to a provider on the contracting entity's website.**

(2) The provisions of this section shall not apply to a provider network contract for health care services provided to beneficiaries of any state-sponsored health insurance programs including, but not limited to, MO HealthNet and the state children's health insurance program authorized in sections 208.631 to 208.658."; and

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

HOUSE AMENDMENT NO. 9

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

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

(2) Neither the department of health and senior services nor any public school districts shall require any student to receive a COVID-19 vaccination or receive a dose of messenger ribonucleic acid.

2. It is unlawful for any student to attend school unless he has been immunized as required under the rules and regulations of the department of health and senior services, and can provide satisfactory evidence of such immunization; except that if he produces satisfactory evidence of having begun the process of immunization, he may continue to attend school as long as the immunization process is being

accomplished in the prescribed manner. It is unlawful for any parent or guardian to refuse or neglect to have his child immunized as required by this section, unless the child is properly exempted.

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

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

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

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

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

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

HOUSE AMENDMENT NO. 10

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill Nos. 45 and 90, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"**9.381. October second of each year is hereby designated as "Premenstrual Dysphoric Disorder (PMDD) Awareness Day" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to raise PMDD awareness.**"; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SB 247**, entitled:

An Act to repeal sections 135.010, 135.025, 135.030, 137.115, 143.011, 143.071, 143.114, 143.124, 143.125, 144.030, 144.615, 273.050, and 273.060, RSMo, and to enact in lieu thereof thirteen new sections relating to taxation, with an emergency clause for a certain section.

With HA 1, HA 2 and HA 3, adopted.

Emergency Clause Defeated.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Bill No. 247, Page 16, Section 143.011, Line 89, by inserting after all of said section and line the following:

"143.022. 1. As used in this section, "business income" means the income greater than zero arising from transactions in the regular course of all of a taxpayer's trade or business and shall be limited to the Missouri source net profit from the combination of the following:

(1) The total combined profit as properly reported to the Internal Revenue Service on each Schedule C, or its successor form, filed; **[**and**]**

(2) The total partnership and S corporation income or loss properly reported to the Internal Revenue Service on Part II of Schedule E, or its successor form**;**

(3) The total combined profit as properly reported to the Internal Revenue Service on each Schedule F, or its successor form, filed; and

(4) The total combined profit as properly reported to the Internal Revenue Service on each Form 4835, or its successor form, filed.

2. In addition to all other modifications allowed by law, there shall be subtracted from the federal adjusted gross income of an individual taxpayer a percentage of such individual's business income, to the extent that such amounts are included in federal adjusted gross income when determining such individual's Missouri adjusted gross income **and are not otherwise subtracted or deducted in determining such individual's Missouri taxable income**.

3. In the case of an S corporation described in section 143.471 or a partnership computing the deduction allowed under subsection 2 of this section, taxpayers described in subdivision (1) or (2) of this

subsection shall be allowed such deduction apportioned in proportion to their share of ownership of the business as reported on the taxpayer's Schedule K-1, or its successor form, for the tax period for which such deduction is being claimed when determining the Missouri adjusted gross income of:

(1) The shareholders of an S corporation as described in section 143.471;

(2) The partners in a partnership.

4. The percentage to be subtracted under subsection 2 of this section shall be increased over a period of years. Each increase in the percentage shall be by five percent and no more than one increase shall occur in a calendar year. The maximum percentage that may be subtracted is twenty percent of business income. Any increase in the percentage that may be subtracted shall take effect on January first of a calendar year and such percentage shall continue in effect until the next percentage increase occurs. An increase shall only apply to tax years that begin on or after the increase takes effect.

5. An increase in the percentage that may be subtracted under subsection 2 of this section shall only occur if the amount of net general revenue collected in the previous fiscal year exceeds the highest amount of net general revenue collected in any of the three fiscal years prior to such fiscal year by at least one hundred fifty million dollars.

6. The first year that a taxpayer may make the subtraction under subsection 2 of this section is 2017, provided that the provisions of subsection 5 of this section are met. If the provisions of subsection 5 of this section are met, the percentage that may be subtracted in 2017 is five percent."; and

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

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Bill No. 247, Page 19, Section 143.114, Line 47, by inserting after all of said section and line the following:

"143.121. 1. The Missouri adjusted gross income of a resident individual shall be the taxpayer's federal adjusted gross income subject to the modifications in this section.

2. There shall be added to the taxpayer's federal adjusted gross income:

(1) The amount of any federal income tax refund received for a prior year which resulted in a Missouri income tax benefit. The amount added pursuant to this subdivision shall not include any amount of a federal income tax refund attributable to a tax credit reducing a taxpayer's federal tax liability pursuant to Public Law 116-136 or 116-260, enacted by the 116th United States Congress, for the tax year beginning on or after January 1, 2020, and ending on or before December 31, 2020, and deducted from Missouri adjusted gross income pursuant to section 143.171. The amount added under this subdivision shall also not include any amount of a federal income tax refund attributable to a tax credit reducing a taxpayer's federal tax liability under any other federal law that provides direct economic impact payments to taxpayers to mitigate financial challenges related to the COVID-19 pandemic, and deducted from Missouri adjusted gross income under section 143.171;

(2) Interest on certain governmental obligations excluded from federal gross income by 26 U.S.C. Section 103 of the Internal Revenue Code, as amended. The previous sentence shall not apply to interest on obligations of the state of Missouri or any of its political subdivisions or authorities and shall not apply to the interest described in subdivision (1) of subsection 3 of this section. The amount added pursuant to this subdivision shall be reduced by the amounts applicable to such interest that would have been deductible in computing the taxable income of the taxpayer except only for the application of 26 U.S.C. Section 265 of the Internal Revenue Code, as amended. The reduction shall only be made if it is at least five hundred dollars;

(3) The amount of any deduction that is included in the computation of federal taxable income pursuant to 26 U.S.C. Section 168 of the Internal Revenue Code as amended by the Job Creation and Worker Assistance Act of 2002 to the extent the amount deducted relates to property purchased on or after July 1, 2002, but before July 1, 2003, and to the extent the amount deducted exceeds the amount that would have been deductible pursuant to 26 U.S.C. Section 168 of the Internal Revenue Code of 1986 as in effect on January 1, 2002;

(4) The amount of any deduction that is included in the computation of federal taxable income for net operating loss allowed by 26 U.S.C. Section 172 of the Internal Revenue Code of 1986, as amended, other than the deduction allowed by 26 U.S.C. Section 172(b)(1)(G) and 26 U.S.C. Section 172(i) of the Internal Revenue Code of 1986, as amended, for a net operating loss the taxpayer claims in the tax year in which the net operating loss occurred or carries forward for a period of more than twenty years and carries backward for more than two years. Any amount of net operating loss taken against federal taxable income but disallowed for Missouri income tax purposes pursuant to this subdivision after June 18, 2002, may be carried forward and taken against any income on the Missouri income tax return for a period of not more than twenty years from the year of the initial loss; and

(5) For nonresident individuals in all taxable years ending on or after December 31, 2006, the amount of any property taxes paid to another state or a political subdivision of another state for which a deduction was allowed on such nonresident's federal return in the taxable year unless such state, political subdivision of a state, or the District of Columbia allows a subtraction from income for property taxes paid to this state for purposes of calculating income for the income tax for such state, political subdivision of a state, or the District of Columbia;

(6) For all tax years beginning on or after January 1, 2018, any interest expense paid or accrued in a previous taxable year, but allowed as a deduction under 26 U.S.C. Section 163, as amended, in the current taxable year by reason of the carryforward of disallowed business interest provisions of 26 U.S.C. Section 163(j), as amended. For the purposes of this subdivision, an interest expense is considered paid or accrued only in the first taxable year the deduction would have been allowable under 26 U.S.C. Section 163, as amended, if the limitation under 26 U.S.C. Section 163(j), as amended, did not exist.

3. There shall be subtracted from the taxpayer's federal adjusted gross income the following amounts to the extent included in federal adjusted gross income:

(1) Interest received on deposits held at a federal reserve bank or interest or dividends on obligations of the United States and its territories and possessions or of any authority, commission or instrumentality of the United States to the extent exempt from Missouri income taxes pursuant to the laws of the United States. The amount subtracted pursuant to this subdivision shall be reduced by any interest on indebtedness

incurred to carry the described obligations or securities and by any expenses incurred in the production of interest or dividend income described in this subdivision. The reduction in the previous sentence shall only apply to the extent that such expenses including amortizable bond premiums are deducted in determining the taxpayer's federal adjusted gross income or included in the taxpayer's Missouri itemized deduction. The reduction shall only be made if the expenses total at least five hundred dollars;

(2) The portion of any gain, from the sale or other disposition of property having a higher adjusted basis to the taxpayer for Missouri income tax purposes than for federal income tax purposes on December 31, 1972, that does not exceed such difference in basis. If a gain is considered a long-term capital gain for federal income tax purposes, the modification shall be limited to one-half of such portion of the gain;

(3) The amount necessary to prevent the taxation pursuant to this chapter of any annuity or other amount of income or gain which was properly included in income or gain and was taxed pursuant to the laws of Missouri for a taxable year prior to January 1, 1973, to the taxpayer, or to a decedent by reason of whose death the taxpayer acquired the right to receive the income or gain, or to a trust or estate from which the taxpayer received the income or gain;

(4) Accumulation distributions received by a taxpayer as a beneficiary of a trust to the extent that the same are included in federal adjusted gross income;

(5) The amount of any state income tax refund for a prior year which was included in the federal adjusted gross income;

(6) The portion of capital gain specified in section 135.357 that would otherwise be included in federal adjusted gross income;

(7) The amount that would have been deducted in the computation of federal taxable income pursuant to 26 U.S.C. Section 168 of the Internal Revenue Code as in effect on January 1, 2002, to the extent that amount relates to property purchased on or after July 1, 2002, but before July 1, 2003, and to the extent that amount exceeds the amount actually deducted pursuant to 26 U.S.C. Section 168 of the Internal Revenue Code as amended by the Job Creation and Worker Assistance Act of 2002;

(8) For all tax years beginning on or after January 1, 2005, the amount of any income received for military service while the taxpayer serves in a combat zone which is included in federal adjusted gross income and not otherwise excluded therefrom. As used in this section, "combat zone" means any area which the President of the United States by Executive Order designates as an area in which Armed Forces of the United States are or have engaged in combat. Service is performed in a combat zone only if performed on or after the date designated by the President by Executive Order as the date of the commencing of combat activities in such zone, and on or before the date designated by the President by Executive Order as the date of the termination of combatant activities in such zone;

(9) For all tax years ending on or after July 1, 2002, with respect to qualified property that is sold or otherwise disposed of during a taxable year by a taxpayer and for which an additional modification was made under subdivision (3) of subsection 2 of this section, the amount by which additional modification made under subdivision (3) of subsection 2 of this section on qualified property has not been recovered through the additional subtractions provided in subdivision (7) of this subsection;

(10) For all tax years beginning on or after January 1, 2014, the amount of any income received as payment from any program which provides compensation to agricultural producers who have suffered a loss as the result of a disaster or emergency, including the:

(a) Livestock Forage Disaster Program;

(b) Livestock Indemnity Program;

(c) Emergency Assistance for Livestock, Honeybees, and Farm-Raised Fish;

(d) Emergency Conservation Program;

(e) Noninsured Crop Disaster Assistance Program;

(f) Pasture, Rangeland, Forage Pilot Insurance Program;

(g) Annual Forage Pilot Program;

(h) Livestock Risk Protection Insurance Plan;

(i) Livestock Gross Margin Insurance Plan;

(11) For all tax years beginning on or after January 1, 2018, any interest expense paid or accrued in the current taxable year, but not deducted as a result of the limitation imposed under 26 U.S.C. Section 163(j), as amended. For the purposes of this subdivision, an interest expense is considered paid or accrued only in the first taxable year the deduction would have been allowable under 26 U.S.C. Section 163, as amended, if the limitation under 26 U.S.C. Section 163(j), as amended, did not exist; **[**and**]**

(12) One hundred percent of any retirement benefits received by any taxpayer as a result of the taxpayer's service in the Armed Forces of the United States, including reserve components and the National Guard of this state, as defined in 32 U.S.C. Sections 101(3) and 109, and any other military force organized under the laws of this state**; and**

(13) For all tax years ending on or after December 31, 2022, the amount of any federal, state, or local grant received by the taxpayer, and the amount of any discharged federal, state, or local indebtedness incurred by the taxpayer, for purposes of providing or expanding access to broadband services in this state.

4. There shall be added to or subtracted from the taxpayer's federal adjusted gross income the taxpayer's share of the Missouri fiduciary adjustment provided in section 143.351.

5. There shall be added to or subtracted from the taxpayer's federal adjusted gross income the modifications provided in section 143.411.

6. In addition to the modifications to a taxpayer's federal adjusted gross income in this section, to calculate Missouri adjusted gross income there shall be subtracted from the taxpayer's federal adjusted gross income any gain recognized pursuant to 26 U.S.C. Section 1033 of the Internal Revenue Code of 1986, as amended, arising from compulsory or involuntary conversion of property as a result of condemnation or the imminence thereof.

7. (1) As used in this subsection, "qualified health insurance premium" means the amount paid during the tax year by such taxpayer for any insurance policy primarily providing health care coverage for the taxpayer, the taxpayer's spouse, or the taxpayer's dependents.

(2) In addition to the subtractions in subsection 3 of this section, one hundred percent of the amount of qualified health insurance premiums shall be subtracted from the taxpayer's federal adjusted gross income to the extent the amount paid for such premiums is included in federal taxable income. The taxpayer shall provide the department of revenue with proof of the amount of qualified health insurance premiums paid.

8. (1) Beginning January 1, 2014, in addition to the subtractions provided in this section, one hundred percent of the cost incurred by a taxpayer for a home energy audit conducted by an entity certified by the department of natural resources under section 640.153 or the implementation of any energy efficiency recommendations made in such an audit shall be subtracted from the taxpayer's federal adjusted gross income to the extent the amount paid for any such activity is included in federal taxable income. The taxpayer shall provide the department of revenue with a summary of any recommendations made in a qualified home energy audit, the name and certification number of the qualified home energy auditor who conducted the audit, and proof of the amount paid for any activities under this subsection for which a deduction is claimed. The taxpayer shall also provide a copy of the summary of any recommendations made in a qualified home energy audit to the department of natural resources.

(2) At no time shall a deduction claimed under this subsection by an individual taxpayer or taxpayers filing combined returns exceed one thousand dollars per year for individual taxpayers or cumulatively exceed two thousand dollars per year for taxpayers filing combined returns.

(3) Any deduction claimed under this subsection shall be claimed for the tax year in which the qualified home energy audit was conducted or in which the implementation of the energy efficiency recommendations occurred. If implementation of the energy efficiency recommendations occurred during more than one year, the deduction may be claimed in more than one year, subject to the limitations provided under subdivision (2) of this subsection.

(4) A deduction shall not be claimed for any otherwise eligible activity under this subsection if such activity qualified for and received any rebate or other incentive through a state-sponsored energy program or through an electric corporation, gas corporation, electric cooperative, or municipally owned utility.

9. The provisions of subsection 8 of this section shall expire on December 31, 2020."; and

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

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Bill No. 247, Page 9, Section 137.115, Line 117, by deleting the number "**2023**" and inserting in lieu thereof the number "**2024**"; and

Further amend said bill, page, and section, Line 131, by deleting the number "**2024**" and inserting in lieu thereof the number "**2025**"; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SCR 7**.

In which the concurrence of the Senate is respectfully requested.

Read 1st time.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SS** for **SB 111**, entitled:

An Act to repeal sections 33.100, 36.020, 36.030, 36.050, 36.060, 36.070, 36.080, 36.090, 36.100, 36.120, 36.140, 36.250, 36.440, 36.510, 37.010, 105.950, 105.1114, and 288.220, RSMo, and to enact in lieu thereof seventeen new sections relating to the administration of state employees.

With HA 1, adopted.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Substitute for Senate Bill No. 111, Page 5, Section 36.060, Line 1, by deleting the words "upon it" and inserting in lieu thereof the following:

"[upon it]"; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **SS** for **SCS** for **HCS** for **HBs 903**, **465**, **430**, and **499**, as amended. Representatives: Haffner, Pollitt, O'Donnell, Ingle, Strickler.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SB 20** with HA 1, HA 2, HA 3, HA 4, HA 5, HA 6, HA 7, HA 8, HA 9, and HA 10.

HOUSE AMENDMENT NO. 1

Amend Senate Bill No. 20, Page 1, In the Title, Lines 2 to 4, by deleting the phrase “the board of trustees of the Missouri department of transportation and highway patrol employees’ retirement system” and inserting in lieu thereof the phrase “retirement systems”; and

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

HOUSE AMENDMENT NO. 2

Amend Senate Bill No. 20, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"57.952. **1.** There is hereby authorized a "Sheriffs' Retirement Fund" which shall be under the management of a board of directors described in section 57.958. The board of directors shall be responsible for the administration and the investment of the funds of such sheriffs' retirement fund. **[**Neither**]** The general assembly **[**nor**] and** the governing body of a county **[**shall**] may** appropriate funds for deposit in the sheriffs' retirement fund. If insufficient funds are generated to provide the benefits payable pursuant to the provisions of sections 57.949 to 57.997, the board shall proportion the benefits according to the funds available.

2. The board may accept gifts, donations, grants, and bequests from public or private sources to the sheriffs' retirement fund.

3. Each county shall make the payroll deductions for member contributions mandated under section 57.961, and the county shall transmit such moneys to the board for deposit into the sheriffs' retirement fund.

57.961. 1. On and after the effective date of the establishment of the system, as an incident to his **or her** employment or continued employment, each person employed as an elected or appointed sheriff of a county shall become a member of the system. Such membership shall continue as long as the person continues to be an employee, or receives or is eligible to receive benefits under the provisions of sections 57.949 to 57.997.

2. Notwithstanding any other provision of law to the contrary, each person who is a member of the system on or after January 1, 2024, shall be required to contribute five percent of the member's pay to the retirement system. Such contribution shall be made notwithstanding that the minimum salary or wages provided by law for any member shall thereby be changed. Each member shall be deemed to consent and agree to the deduction made and provided for herein. Payment of a member's compensation less such deduction shall be a full and complete discharge and acquittance of all claims and demands whatsoever for services rendered by him or her to a county, except as to benefits provided by this system.

3. The officer or officers responsible for making up the payrolls for each county shall cause the contribution provided for in this section to be deducted from the compensation of the member in the employ of the county, on each and every payroll, for each and every payroll to the date his or her membership terminates. When deducted, each contribution shall be paid by the county to the system; the payments shall be made in the manner and shall be accompanied by such supporting data as the board shall from time to time prescribe. When paid to the system, each of the contributions shall be credited to the member from whose compensation the contributions were deducted. The contributions so deducted shall be treated as employee contributions for purposes of determining the member's pay that is includable in the member's gross income for federal income tax purposes.

4. Member contributions deducted and paid into the system by the county shall be paid from the same source of funds used for the payment of pay to a member. A deduction shall be made from each member's pay equal to the amount of the member's contributions picked up by the employer. This deduction, however, shall not reduce the member's pay for purposes of computing benefits under the retirement system under this chapter.

5. The contributions, although designated as employee contributions, shall be paid by the county in lieu of the contributions by the member. The member shall not have the option of choosing to receive the contributed amounts directly instead of having them paid by the county to the retirement system.

6. A former member who is not vested may request a refund of his or her contributions. Such refund shall be paid by the system after ninety days from the date of termination of employment or the request, whichever is later, and shall include all contributions made to any retirement plan administered by the system.

[2.**]** **7.** Beginning September 1, 1986, any city not within a county and any county having a charter form of government may elect, by a majority vote of its governing body, to come under the provisions of sections 57.949 to 57.997 except for the provisions of section 57.955. Notice in writing of such election shall be given to the board, and the person employed as sheriff of such county, as an incident of his contract of employment or continued employment, shall become a member of the system on the first day of the month immediately following the date the board receives notice. Such membership shall continue as long as the person continues to be an employee, or receives or is eligible to receive benefits under the provisions of sections 57.949 to 57.997, and upon becoming a member he shall receive credit for all prior service as if he had become a member on December 22, 1983.

8. Subject to the limitations under sections 57.949 to 57.997, the board shall have the authority to formulate and adopt rules and regulations for the administration of these provisions.

57.967. 1. The normal annuity of a retired member shall equal two percent of the final average compensation of the retired member multiplied by the number of years of creditable service of the retired member, except that the normal annuity shall not exceed seventy-five percent of the retired member's average final compensation. **Such annuity shall be not less than one thousand dollars per month.**

2. The board, at its last meeting of each calendar year, shall determine the monthly amount for medical insurance premiums to be paid to each retired member during the next following calendar year. The monthly amount shall not exceed four hundred fifty dollars. The monthly payments are at the discretion of the board on the advice of the actuary. The anticipated sum of all such payments during the year plus the annual normal cost plus the annual amount to amortize the unfunded actuarial accrued liability in no more than thirty years shall not exceed the anticipated moneys credited to the system pursuant to **[**section**]** **sections 57.952 and** 57.955. The money amount granted here shall not be continued to any survivor.

3. If a member with eight or more years of service dies before becoming eligible for retirement, the member's surviving spouse, if he or she has been married to the member for at least two years prior to the member's death, shall be entitled to survivor benefits under option 1 as set forth in section 57.979 as if the member had retired on the date of the member's death. The member's monthly benefit shall be calculated as the member's accrued benefit at his or her death reduced by one-fourth of one percent per

month for an early commencement from the member's normal retirement date: age fifty-five with twelve or more years of creditable service or age sixty-two with eight years of creditable service, to the member's date of death. Such benefit shall be payable on the first day of the month following the member's death and shall be payable during the surviving spouse's lifetime.

57.991. **1. For members of the system prior to December 31, 2023,** the benefits provided for by sections 57.949 to 57.997 shall in no way affect any person's eligibility for retirement benefits under the local government employees' retirement system, sections 70.600 to 70.755, or any other local government retirement or pension system, or in any way have the effect of reducing retirement benefits in such systems, or reducing compensation or mileage reimbursement of employees, anything to the contrary notwithstanding.

2. Any new members employed under this section, on or after January 1, 2024, shall be subject to the following provisions:

(1) A member of another state or local retirement or pension system who begins employment in a position covered by the sheriffs' retirement system shall become a member of the sheriffs' retirement system upon employment. Any membership in any other state or local retirement or pension system shall cease, except that the member shall be entitled to benefits accrued through December 31, 2023, or the commencement of membership in the sheriffs' retirement system, whichever is later; and

(2) Subject to the limitations under sections 57.949 to 57.997, the board shall have the authority to formulate and adopt rules and regulations for the administration of these provisions."; and

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

HOUSE AMENDMENT NO. 3

Amend Senate Bill No. 20, Page 2, Section 104.160, Line 43, by inserting after all of said section and line the following:

"104.436. 1. The board intends to follow a financing pattern which computes and requires contribution amounts which, expressed as percents of active member payroll, will remain approximately level from year to year and from one generation of citizens to the next generation. Such contribution determinations require regular actuarial valuations, which shall be made by the board's actuary, using assumptions and methods adopted by the board after consulting with its actuary. The entry age normal cost valuation method shall be used in determining **the** normal cost**[**, and contributions for unfunded accrued liabilities shall be determined using level percent-of-payroll amortization**] calculation**.

2. At least ninety days before each regular session of the general assembly, the board shall certify to the division of budget the contribution rate necessary to cover the liabilities of the plan administered by the system, including costs of administration, expected to accrue during the next appropriation period. The commissioner of administration shall request appropriation of the amount calculated pursuant to the provisions of this subsection. Following each pay period, the commissioner of administration shall requisition and certify the payment to the executive director of the Missouri state employees' retirement

system. The executive director shall promptly deposit the amounts certified to the credit of the Missouri state employees' retirement fund.

3. The employers of members of the system who are not paid out of funds that have been deposited in the state treasury shall remit promptly to the executive director an amount equal to the amount which the state would have paid if those members had been paid entirely from state funds. The executive director shall promptly deposit the amounts certified to the credit of the Missouri state employees' retirement system fund.

4. These amounts are funds of the system, and shall not be commingled with any funds in the state treasury.

285.1000. For purposes of sections 285.1000 to 285.1055, the following terms shall mean:

(1) "Administrative fund" or "Show-Me MyRetirement Savings administrative fund", the Show-Me MyRetirement Savings administrative fund described in section 285.1045;

(2) "Association", any legal association of individuals, corporations, limited liability companies, partnerships, associations, or other entities that has been in continuous existence for at least one year;

(3) "Board", the Show-Me MyRetirement Savings board established under section 285.1005;

(4) "Eligible employee", an individual who is employed by a participating employer, who has wages or other compensation that is allocable to the state, and who is eighteen years of age or older. "Eligible employee" shall not include any of the following:

(a) Any employee covered under the federal Railway Labor Act, 45 U.S.C. Section 151;

(b) Any employee on whose behalf an employer makes contributions to a multiemployer pension trust fund under 29 U.S.C. Section 186; or

(c) Any individual who is an employee of:

a. The federal government;

b. Any state government in the United States; or

c. Any county, municipal corporation, or political subdivision of any state in the United States;

(5) "Eligible employer", a person or entity engaged in a business, industry, profession, trade, or other enterprise in the state of Missouri, whether for profit or not for profit, provided that such a person or entity employs no more than fifty employees. A person or entity that qualifies as an eligible employer but that later employs more than fifty employees shall be permitted to remain an eligible employer for a period of five years, beginning on the date on which the person or entity first employs more than fifty employees. After such five-year period has ended, the person or entity shall immediately cease to qualify as an eligible employer and shall be prohibited from further participation in the plan unless the employer no longer has more than fifty employees. An employer includes an association and its members. For purposes of this subdivision, an eligible employer shall not include:

(a) The federal government;

(b) The state of Missouri;

(c) Any county, municipal corporation, or political subdivision of the state of Missouri; or

(d) Five years after the commencement of the program, an employer that maintains a specified tax-favored retirement plan, other than the Show-Me MyRetirement Savings plan, for its employees or that has effectively done so in form and operation at any time within the current or two preceding calendar years. If an employer does not maintain a specified tax-favored retirement plan, other than the Show-Me MyRetirement Savings plan, for a portion of a calendar year ending on or after the effective date of sections 285.1000 to 285.1055 and adopts such a plan effective for the remainder of that calendar year, the employer shall not be treated as an eligible employer for that remainder of the year;

(6) "ERISA", the Employee Retirement Income Security Act of 1974, as amended, 29 U.S.C. Section 1001 et seq.;

(7) "Internal Revenue Code", the Internal Revenue Code of 1986, as amended;

(8) "Participant", an eligible employee or other individual who has a balance credited to his or her account under the plan;

(9) "Participating employer", an eligible employer that is participating in the plan provided for by sections 285.1000 to 285.1055;

(10) "Plan" or "Show-Me MyRetirement Savings plan", the multiple-employer retirement savings plan established by sections 285.1000 to 285.1055, which shall be treated as a single plan under Title I of ERISA and is described in Sections 401(a), 401(k), and 413(c) of the Internal Revenue Code of 1986, as amended, in which multiple employers may choose to participate regardless of whether any relationship exists between and among the employers other than their participation in the plan. Based on the context, the term "plan" may also refer to multiple plans if multiple plans are established under sections 285.1000 to 285.1055;

(11) "Self-employed individual", an individual who is eighteen years of age or older, is self-employed, and has self-employment income or other compensation from self-employment that is allocable to the state of Missouri;

(12) "Specified tax-favored retirement plan", a retirement plan that is tax-qualified under, or is described in and satisfies the requirements of, Section 401(a), 401(k), 403(a), 403(b), 408(k)(Simplified Employee Pension), or 408(p)(SIMPLE-IRA) of the Internal Revenue Code of 1986, as amended;

(13) "Total fees and expenses", all fees, costs, and expenses including, but not limited to, administrative expenses, investment expenses, investment advice expenses, accounting costs, actuarial costs, legal costs, marketing expenses, education expenses, trading costs, insurance annuitization costs, and other miscellaneous costs;

(14) "Trust", the trust in which the assets of the plan are held.

285.1005. 1. The "Show-Me MyRetirement Savings Board" is hereby established in the office of the state treasurer.

2. The board shall consist of the following members, with the state treasurer, or his or her designee, serving as chair:

(1) The state treasurer, or his or her designee;

(2) An individual who has skill, knowledge, and experience in the field of retirement savings and investments, to be appointed by the governor with the advice and consent of the senate;

(3) An individual who has skill, knowledge, and experience relating to small business, to be appointed by the governor with the advice and consent of the senate;

(4) Three members of the house of representatives, to be appointed by the speaker of the house of representatives, to include one representative from the minority party; and

(5) Three members of the senate, to be appointed by the president pro tempore of the senate, to include one senator from the minority party.

3. The governor, the president pro tempore of the senate, and the speaker of the house of representatives shall make the respective initial appointments to the board for terms of office beginning on January 1, 2024.

4. Members of the board appointed by the governor, the president pro tempore of the senate, and the speaker of the house of representatives shall serve at the pleasure of the appointing authority.

5. The term of office of each member of the board shall be four years. Any member is eligible to be reappointed. If there is a vacancy for any reason, the appropriate appointing authority shall make an appointment, to become immediately effective, for the unexpired term.

6. All members of the board shall serve without compensation and shall be reimbursed from the administrative fund for necessary travel expenses incurred in carrying out the duties of the board.

7. A majority of the voting members of the board shall constitute a quorum for the transaction of business.

285.1010. 1. The board, subject to the authority granted under sections 285.1000 to 285.1055, shall design, develop, and implement the plan and, to that end, may conduct market, legal, and feasibility analyses.

2. The members of the board shall be fiduciaries of the plan under ERISA, and the board shall have the following powers, authorities, and duties:

(1) To establish, implement, and maintain the plan, in each case acting on behalf of the state of Missouri, including, in its discretion, more than one plan;

(2) To cause the plan, trust, and arrangements and accounts established under the plan to be designed, established, and operated:

(a) In accordance with best practices for retirement savings vehicles;

(b) To encourage participation, saving, sound investment practices, and appropriate selection of default investments;

(c) To maximize simplicity and ease of administration for eligible employers;

(d) To minimize costs, including by collective investment and economies of scale; and

(e) To promote portability of benefits;

(3) To arrange for collective, common, and pooled investment of assets of the plan and trust, including investments in conjunction with other funds with which assets are permitted to be collectively invested, to save costs through efficiencies and economies of scale;

(4) To develop and disseminate educational information designed to educate participants and citizens about the benefits of planning and saving for retirement and to help participants and citizens decide the level of participation and savings strategies that may be appropriate, including information in furtherance of financial capability and financial literacy;

(5) To adopt rules and regulations necessary or advisable for the implementation of sections 285.1000 to 285.1055 and the administration and operation of the plan consistent with the Internal Revenue Code and regulations thereunder, including to ensure that the plan satisfies all criteria for favorable federal tax-qualified treatment, and complies, to the extent necessary, with ERISA and any other applicable federal or Missouri law. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void;

(6) To arrange for and facilitate compliance with the plan or arrangements established thereunder with all applicable requirements for the plan under the Internal Revenue Code, ERISA, and any other applicable federal or Missouri law and accounting requirements, and to provide or arrange for assistance to eligible employers, eligible employees, and self-employed individuals in complying with applicable law and tax-related requirements in a cost-effective manner. The board may establish any processes deemed reasonably necessary or advisable to verify whether a person or entity is an eligible employer, including reference to online data and possible use of questions in employer tax filings;

(7) To employ or retain a plan administrator; executive director; staff; trustee; record-keeper; investment managers; investment advisors; and other administrative, professional, and expert advisors and service providers, none of whom shall be members of the board and all of whom shall serve at the pleasure of the board, which shall determine their duties and compensation. The board may authorize the executive director and other officials to oversee requests for proposals or other public competitions and enter into contracts on behalf of the board or conduct any business necessary for the efficient operation of the plan or the board;

(8) To establish procedures for the timely and fair resolution of participant and other disputes related to accounts or program operation and, if necessary, determine the eligibility of an employer, employee, or other individual to participate in the plan;

(9) To develop and implement an investment policy that defines the plan's investment objectives, consistent with the objectives of the plan, and that provides for policies and procedures consistent with those investment objectives;

(10) (a) To designate appropriate default investments that include a mix of asset classes, such as target date and balanced funds;

(b) To seek to minimize participant fees and expenses of investment and administration;

(c) To strive to design and implement investment options available to holders of accounts established as part of the plan and other plan features that are intended to achieve maximum possible income replacement balanced with an appropriate level of risk, consistent with the investment objectives under the investment policy. The investment options may encompass a range of risk and return opportunities and allow for a rate of return commensurate with an appropriate level of risk in view of the investment objectives under the policy. The menu of investment options shall be determined taking into account the nature and objectives of the plan, the desirability of limiting investment choices under the plan to a reasonable number, based on behavioral research findings, and the extensive investment choices available to participants in the event that funds roll over to an individual retirement account (IRA) outside the program; and

(d) In accordance with subdivision (7) of this subsection, the board, to the extent it deems necessary or advisable, in carrying out its responsibilities and exercising its powers under sections 285.1000 to 285.1055, shall employ or retain appropriate entities or personnel to assist or advise it or to whom to delegate the carrying out of such responsibilities and exercising of such powers;

(11) To discharge its duties and see that the members of the board discharge their duties with respect to the plan solely in the interests of the participants as follows:

(a) For the exclusive purpose of providing benefits to participants and defraying reasonable expenses of administering the plan; and

(b) With the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with those matters would use in the conduct of an enterprise of a like character and with like aims;

(12) To cause expenses incurred to initiate, implement, maintain, and administer the plan to be paid from contributions to, or investment returns or assets of the plan or other moneys collected by or for the plan or pursuant to arrangements established under the plan to the extent permitted under federal and Missouri law;

(13) To collect application, account, or administrative fees and to accept any grants, gifts, legislative appropriations, loans, and other moneys from the state of Missouri; any unit of federal, state, or local government; or any other person, firm, or entity to defray the costs of administering and operating the plan;

(14) To make and enter into competitively procured contracts, agreements, or arrangements with; to collaborate and cooperate with; and to retain, employ, and contract with or for any of the following to the extent necessary or desirable for the effective and efficient design, implementation, and administration of the plan consistent with the purposes set forth in sections 285.1000 to 285.1055 and to maximize outreach to eligible employers and eligible employees:

(a) Services of private and public financial institutions, depositories, consultants, actuaries, counsel, auditors, investment advisors, investment administrators, investment management firms, other investment firms, third-party administrators, other professionals and service providers, and state public retirement systems;

(b) Research, technical, financial, administrative, and other services; and

(c) Services of other state agencies to assist the board in the exercise of its powers and duties;

(15) To develop and implement an outreach plan to gain input and disseminate information regarding the plan and retirement savings in general;

(16) To cause moneys to be held and invested and reinvested under the plan;

(17) To ensure that all contributions under the plan shall be used only to:

(a) Pay benefits to participants under the plan;

(b) Pay the costs of administering the plan; and

(c) Make investments for the benefit of the plan, and ensure that no assets of the plan or trust are transferred to the general revenue fund or to any other fund of the state or are otherwise encumbered or used for any purpose other than those specified in this paragraph or section 285.1045;

(18) To make provisions for the payment of costs of administration and operation of the program and trust;

(19) To evaluate the need for and procure as needed insurance against any and all loss in connection with the property, assets, or activities of the program, including fiduciary liability coverage;

(20) To evaluate the need for and procure as needed pooled private insurance;

(21) To indemnify, including procurement of insurance as needed for this purpose, each member of the board from personal loss or liability resulting from a member's action or inaction as a member of the board and as a fiduciary;

(22) To collaborate with and evaluate the role of financial advisors or other financial professionals, including in assisting and providing guidance for covered employees; and

(23) To carry out the powers and duties of the program under sections 285.1000 to 285.1055 and exercise any and all other powers as are appropriate to effect the purposes, objectives, and provisions of such sections pertaining to the program.

3. A board member, program administrator, or other staff of the board shall not:

(1) Directly or indirectly, have any interest in the making of any investment under the program or in any gains or profits accruing from any such investment;

(2) Borrow any program-related funds or deposits, or use any such funds or deposits in any manner, for himself or herself or as an agent or partner of others; or

(3) Become an endorser, surety, or obligor on investments made under the program.

4. Each board member shall be subject to the provisions of sections 105.452 and 105.454.

285.1015. 1. The board shall, consistent with federal law and regulation, adopt and implement the plan, which shall remain in compliance with federal law and regulations once implemented and shall be called the "Show-Me MyRetirement Savings Plan".

2. In accordance with terms and conditions specified and regulations promulgated by the board, the plan shall:

(1) Be set forth in documents prescribing the terms and conditions of the plan;

(2) Be available on a voluntary basis to eligible employers and self-employed individuals;

(3) Be available to eligible members of an association who may elect to participate in the plan if the association or its members do not maintain a plan or a specified tax-favored retirement plan, other than the Show-Me MyRetirement Savings plan;

(4) Enroll self-employed individuals who wish to participate;

(5) Provide participants the option to terminate their participation at any time;

(6) Allow voluntary pre-tax or designated Roth 401(k) contributions;

(7) Allow voluntary employer contributions;

(8) Be overseen by the board and its designees;

(9) Be administered and managed by one or more trustees, other fiduciaries, custodians, third-party administrators, investment managers, record-keepers, or other service providers;

(10) Provide on a uniform basis, if and when the board so determines, in its discretion, for an increase of each participant's contribution rate, by a minimum increment of one percent of salary or wages per year, for each additional year the participant is employed or is participating in the plan up to the maximum percentage of such participant's salary or wages that may be contributed to the plan under federal law. Any such increases shall apply to participants, as determined by the board, by default or only if initiated by affirmative participant election;

(11) Provide for direct deposit of contributions into investments under the plan. To the extent consistent with ERISA, the investment alternatives under the plan shall be limited to an automatic investment for participants who do not actively and affirmatively elect a particular investment option, which unless the board provides otherwise, shall be a diversified target date fund, including a series of such diversified funds to apply to different participants depending on their choice or their

target retirement dates, a principal-protected option, and at least four additional investment alternatives as may be selected by the board in its discretion. To the extent consistent with ERISA, the investment options may, at the discretion of the board, include a principal-protection fund as a temporary "security corridor" option that applies as the sole initial investment before participants may choose other investments or as the initial default investment for a specified period of time or up to a specified dollar amount of contributions or account balance;

(12) Be professionally managed;

(13) Provide for reports on the status of each participant's account to be provided to each participant at least quarterly and make best efforts to provide participants frequent or continual online access to information on the status of their accounts;

(14) When possible and practicable, use existing employer and public infrastructure to facilitate contributions, record keeping, and outreach and use pooled or collective investment arrangements;

(15) Provide that each account holder owns the contributions to or earnings on amounts contributed to his or her account under the plan and that the state and employers have no proprietary interest in those contributions or earnings;

(16) Be designed and implemented in a manner consistent with federal law to the extent that it applies;

(17) Make provisions for the participation in the plan of individuals who are not employees, if allowed under federal law;

(18) Establish rules and procedures governing the distribution of funds from the plan, including such distributions as may be permitted or required by the plan and any applicable provisions of ERISA, the tax-qualification rules, and the other tax laws, with the objectives of maximizing financial security in retirement, protecting spousal rights, and assisting participants to effectively manage the decumulation of their savings and to receive payment of their benefits under the plan. The board shall have the authority, in its discretion, to provide for one or more reasonably priced distribution options to provide a source of fixed regular retirement income, including income for life or for the participant's life expectancy, or for joint lives and life expectancies, as applicable;

(19) Establish rules and procedures promoting portability of benefits, including the ability to make roll-overs or transfers to and from the plan that are exempt from federal income tax, provided that any roll-over is initiated by participants; and

(20) Encourage choices by employers in the state to adopt a specified tax-favored retirement plan, including the plan.

285.1020. The board shall adopt rules to implement the plan that:

(1) Establish the processes for enrollment and contributions under the plan, including withholding by participating employers of employee payroll deduction contributions from wages and remittance for deposit to the plan; voluntary contributions by others, including self-employed individuals and independent contractors, through payroll deduction or otherwise; the making of default contributions using default investments; and participant selection of alternative

contribution rates or amounts and alternative investments from among the options offered under the plan;

(2) Conduct outreach to individuals, employers, other stakeholders, and the public regarding the plan. The rules shall specify the contents, frequency, timing, and means of required disclosures from the plan to eligible employees, participants, and self-employed individuals, eligible employers, participating employers, and other interested parties. These disclosures shall include, but not be limited to:

(a) The benefits associated with tax-favored retirement saving;

(b) The potential advantages and disadvantages associated with participating in the plan;

(c) Instructions for enrolling and making contributions;

(d) The potential availability of a saver's tax credit, including the eligibility conditions for the credit and instructions on how to claim it;

(e) A disclaimer that employees seeking tax, investment, or other financial advice should contact appropriate professional advisors, and that participating employers are not in a position to provide such advice and are not liable for decisions individuals make in relation to the plan;

(f) The potential implications of account balances under the plan for the application of asset limits under certain public assistance programs;

(g) A disclaimer that the account owner is solely responsible for investment performance, including market gains and losses, and that plan accounts and rates of return are not guaranteed by any employer, the state, the board, any board member or state official, or the plan;

(h) Any additional information about retirement and saving and other information designed to promote financial literacy and capability, which may take the form of links to, or explanations of how to obtain, such information; and

(i) Instructions on how to obtain additional information about the plan; and

(3) Ensure that the assets of the trust and plan shall at all times be preserved, invested, and expended only for the purposes set forth in sections 285.1000 to 285.1055, and that no property rights therein shall exist in favor of the state, except as provided under section 285.1045.

285.1025. An eligible employer, a participating employer, or other employer is not and shall not be liable for or bear responsibility for:

(1) An employee's decision as to which investments to choose;

(2) Participants' or the board's investment decisions;

(3) The administration, investment, investment returns, or investment performance of the plan including, but not limited to, any interest rate or other rate of return on any contribution or account balance, provided that the eligible employer, participating employer, or other employer is not involved in the administration or investment of the plan;

(4) The plan design or the benefits paid to participants; or

(5) Any loss, failure to realize any gain, or any other adverse consequences including, but not limited to, any adverse tax consequences or loss of favorable tax treatment, public assistance, or other benefits, incurred by any person solely and directly as a result of participating in the plan.

285.1030. 1. The state of Missouri; the board; each member of the board; any other state official, state board, commission, and agency; any member, officer, and employee thereof; and the plan:

(1) Shall not guarantee any interest rate or other rate of return on or investment performance of any contribution or account balance; and

(2) Shall not be liable or responsible for any loss, deficiency, failure to realize any gain, or any other adverse consequences including, but not limited to, any adverse tax consequences or loss of favorable tax treatment, public assistance, or other benefits, incurred by any person as a result of participating in the plan.

2. The debts, contracts, and obligations of the plan or the board are not the debts, contracts, and obligations of the state, and neither the faith and credit nor the taxing power of the state is pledged directly or indirectly to the payment of the debts, contracts, and obligations of the plan or the board.

3. Nothing in sections 285.1000 to 285.1055 shall be construed to guarantee any interest rate or other rate of return on or investment performance of any contribution or account balance.

285.1035. 1. Individual account information relating to accounts under the plan and relating to individual participants including, but not limited to, names, addresses, telephone numbers, email addresses, personal identification information, investments, contributions, and earnings shall be confidential and shall be maintained as confidential, provided that such information may be disclosed:

(1) To the extent necessary to administer the plan in a manner consistent with sections 285.1000 to 285.1055, ERISA, the Internal Revenue Code, or any other federal or Missouri law; or

(2) If the individual who provides the information or who is the subject of the information expressly agrees in writing to the disclosure of the information.

2. Information required to be confidential under subsection 1 of this section shall be considered a "closed record" as that term is defined in section 610.010, regardless as to whether such information has been disclosed as allowed by subsection 1 of this section.

285.1040. The board may enter into an intergovernmental agreement or memorandum of understanding with the state of Missouri, another state or states, and any agency thereof to receive outreach, technical assistance, enforcement and compliance services, collection or dissemination of information pertinent to the plan, subject to such obligations of confidentiality as may be agreed or required by law, or other services or assistance. The state of Missouri, another state or states, and any agency thereof that enters into such agreements or memoranda of understanding shall collaborate to provide the outreach, assistance, information, and compliance or other services or assistance to the board. The memoranda of understanding may cover the sharing of costs incurred

in gathering and disseminating information and the reimbursement of costs for any enforcement activities or assistance.

285.1045. 1. There is hereby created in the state treasury the "Show-Me MyRetirement Savings Administrative Fund", which shall consist of moneys collected under this section. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. Subject to appropriation, moneys in the fund shall be distributed by the state treasurer solely for the administration of sections 285.1000 to 285.1055.

2. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

3. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

4. The Show-Me MyRetirement Savings administrative fund shall consist of:

(1) Moneys appropriated to the administrative fund by the general assembly;

(2) Moneys transferred to the administrative fund from the federal government, other state agencies, or local governments;

(3) Moneys from the payment of application, account, administrative, or other fees and the payment of other moneys due to the board;

(4) Any gifts, donations, or grants made to the state of Missouri for deposit in the administrative fund;

(5) Moneys collected for the administrative fund from contributions to, or investment returns or assets of, the plan or other moneys collected by or for the plan or pursuant to arrangements established under the plan to the extent permitted under federal and Missouri law; and

(6) Earnings on moneys in the administrative fund.

5. To the extent consistent with ERISA, the tax qualification rules, and other federal law, the board shall accept any grants, gifts, appropriations, or other moneys from the state; any unit of federal, state, or local government; or any other person, firm, partnership, corporation, or other entity solely for deposit into the administrative fund, whether for investment or administrative expenses.

6. To enable or facilitate the start-up and continuing operation, maintenance, administration, and management of the program until the plan accumulates sufficient balances and can generate sufficient funding through fees assessed on program accounts for the plan to become financially self-sustaining:

(1) The board may borrow from the state of Missouri; any unit of federal, state, or local government; or any other person, firm, partnership, corporation, or other entity working capital funds and other funds as may be necessary for this purpose, provided that such funds are borrowed in the name of the plan and board only and that any such borrowings shall be payable solely from the revenues of the plan; and

(2) The board may enter into long-term procurement contracts with one or more financial providers that provide a fee structure that would assist the plan in avoiding or minimizing the need to borrow or to rely upon general assets of the state.

7. Subject to appropriation, the state of Missouri may pay administrative costs associated with the creation, maintenance, operation, and management of the plan and trust until sufficient assets are available in the administrative fund for that purpose. Thereafter, all administrative costs of the administrative fund, including any repayment of start-up funds provided by the state of Missouri, shall be repaid only out of moneys on deposit therein. However, private funds or federal funding received in order to implement the program until the administrative fund is self-sustaining shall not be repaid unless those funds were offered contingent upon the promise of such repayment.

8. The board may use the moneys in the administrative fund solely to pay the administrative costs and expenses of the plan and the administrative costs and expenses the board incurs in the performance of its duties under sections 285.1000 to 285.1055.

9. The state treasurer's office shall follow the competitive bids procedure adopted by the office of administration for the following:

(1) The contracting or hiring of a contractor with the relevant skills, knowledge, and expertise determined by the board for managing the program, every five years; and

(2) At the state treasurer's discretion, the contracting or hiring of a contractor who has qualified staff with the relevant skills, knowledge, and expertise as determined by the state treasurer's office when the number of the participants in the plan reaches fifty thousand participants.

The office of administration is authorized to provide the state treasurer's office with the necessary assistance and services as may be needed.

285.1050. 1. The board shall keep an accurate account of all the activities, operations, receipts, and expenditures of the plan, the trust, and the board. Each year, a full audit of the books and accounts of the board pertaining to those activities, operations, receipts and expenditures, personnel, services, or facilities shall be conducted by a certified public accountant and shall include, but not be limited to, direct and indirect costs attributable to the use of outside consultants, independent contractors, and any other persons who are not state employees for the administration of the plan. For the purposes of the audit, the auditors shall have access to the properties and records of the plan and board and may prescribe methods of accounting and the rendering of periodic reports in relation to projects undertaken by the plan.

2. By August first of each year, the board shall submit to the governor, the state treasurer, the president pro tempore of the senate, and the speaker of the house of representatives a public report on the operation of the plan and trust and activities of the board, including an audited financial report, prepared in accordance with generally accepted accounting principles, detailing the activities, operations, receipts, and expenditures of the plan and board during the preceding calendar year. The report shall also include a summary of the benefits provided by the plan, the number of participants, average account balance, the number of participating employers, the contribution formulas and amounts of contributions made by participants and by each participating employer, the withdrawals, the account balances, total assets under management, investments,

investment returns, fees and expenses associated with the investments and with the administration of the plan, projected activities of the plan for the current calendar year, and any other information regarding the plan and its operations that the board may determine to provide.

285.1055. 1. The board shall establish the plan so that individuals are able to begin contributing under the plan on or before September 1, 2025.

2. The board may, in its discretion, phase in the plan so that the ability to contribute first applies on different dates for different classes of individuals, including employees of employers of different sizes or types and individuals who are not employees; provided that, any such staged or phased-in implementation schedule shall be substantially completed on or before September 1, 2025." ; and

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

HOUSE AMENDMENT NO. 4

Amend Senate Bill No. 20, Page 2, Section 104.160, Line 43, by inserting after all of the said section and line the following:

"169.070. 1. The retirement allowance of a member whose age at retirement is sixty years or more and whose creditable service is five years or more, or whose sum of age and creditable service equals eighty years or more, or who has attained age fifty-five and whose creditable service is twenty-five years or more or whose creditable service is thirty years or more regardless of age, may be the sum of the following items, not to exceed one hundred percent of the member's final average salary:

(1) Two and five-tenths percent of the member's final average salary for each year of membership service;

(2) Six-tenths of the amount payable for a year of membership service for each year of prior service not exceeding thirty years.

In lieu of the retirement allowance otherwise provided in subdivisions (1) and (2) of this subsection, a member may elect to receive a retirement allowance of:

(3) Two and four-tenths percent of the member's final average salary for each year of membership service, if the member's creditable service is twenty-nine years or more but less than thirty years, and the member has not attained age fifty-five;

(4) Two and thirty-five-hundredths percent of the member's final average salary for each year of membership service, if the member's creditable service is twenty-eight years or more but less than twenty-nine years, and the member has not attained age fifty-five;

(5) Two and three-tenths percent of the member's final average salary for each year of membership service, if the member's creditable service is twenty-seven years or more but less than twenty-eight years, and the member has not attained age fifty-five;

(6) Two and twenty-five-hundredths percent of the member's final average salary for each year of membership service, if the member's creditable service is twenty-six years or more but less than twenty-seven years, and the member has not attained age fifty-five;

(7) Two and two-tenths percent of the member's final average salary for each year of membership service, if the member's creditable service is twenty-five years or more but less than twenty-six years, and the member has not attained age fifty-five;

(8) **[**Between July 1, 2001, and July 1, 2014,**]** Two and fifty-five hundredths percent of the member's final average salary for each year of membership service, if the member's creditable service is **[**thirty-one**]** **thirty-two** years or more regardless of age.

2. In lieu of the retirement allowance provided in subsection 1 of this section, a member whose age is sixty years or more on September 28, 1975, may elect to have the member's retirement allowance calculated as a sum of the following items:

(1) Sixty cents plus one and five-tenths percent of the member's final average salary for each year of membership service;

(2) Six-tenths of the amount payable for a year of membership service for each year of prior service not exceeding thirty years;

(3) Three-fourths of one percent of the sum of subdivisions (1) and (2) of this subsection for each month of attained age in excess of sixty years but not in excess of age sixty-five.

3. (1) In lieu of the retirement allowance provided either in subsection 1 or 2 of this section, collectively called "option 1", a member whose creditable service is twenty-five years or more or who has attained the age of fifty-five with five or more years of creditable service may elect in the member's application for retirement to receive the actuarial equivalent of the member's retirement allowance in reduced monthly payments for life during retirement with the provision that:

Option 2.

Upon the member's death the reduced retirement allowance shall be continued throughout the life of and paid to such person as has an insurable interest in the life of the member as the member shall have nominated in the member's election of the option, and provided further that if the person so nominated dies before the retired member, the retirement allowance will be increased to the amount the retired member would be receiving had the retired member elected option 1; or

Option 3.

Upon the death of the member three-fourths of the reduced retirement allowance shall be continued throughout the life of and paid to such person as has an insurable interest in the life of the member and as the member shall have nominated in an election of the option, and provided further that if the person so nominated dies before the retired member, the retirement allowance will be increased to the amount the retired member would be receiving had the member elected option 1; or

Option 4.

Upon the death of the member one-half of the reduced retirement allowance shall be continued throughout the life of, and paid to, such person as has an insurable interest in the life of the member and as the member shall have nominated in an election of the option, and provided further that if the person

so nominated dies before the retired member, the retirement allowance shall be increased to the amount the retired member would be receiving had the member elected option 1; or

Option 5.

Upon the death of the member prior to the member having received one hundred twenty monthly payments of the member's reduced allowance, the remainder of the one hundred twenty monthly payments of the reduced allowance shall be paid to such beneficiary as the member shall have nominated in the member's election of the option or in a subsequent nomination. If there is no beneficiary so nominated who survives the member for the remainder of the one hundred twenty monthly payments, the total of the remainder of such one hundred twenty monthly payments shall be paid to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the last person, in that order of precedence, to receive a monthly allowance in a lump sum payment. If the total of the one hundred twenty payments paid to the retired individual and the beneficiary of the retired individual is less than the total of the member's accumulated contributions, the difference shall be paid to the beneficiary in a lump sum; or

Option 6.

Upon the death of the member prior to the member having received sixty monthly payments of the member's reduced allowance, the remainder of the sixty monthly payments of the reduced allowance shall be paid to such beneficiary as the member shall have nominated in the member's election of the option or in a subsequent nomination. If there is no beneficiary so nominated who survives the member for the remainder of the sixty monthly payments, the total of the remainder of such sixty monthly payments shall be paid to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the last person, in that order of precedence, to receive a monthly allowance in a lump sum payment. If the total of the sixty payments paid to the retired individual and the beneficiary of the retired individual is less than the total of the member's accumulated contributions, the difference shall be paid to the beneficiary in a lump sum.

(2) The election of an option may be made only in the application for retirement and such application must be filed prior to the date on which the retirement of the member is to be effective. If either the member or the person nominated to receive the survivorship payments dies before the effective date of retirement, the option shall not be effective, provided that:

(a) If the member or a person retired on disability retirement dies after acquiring twenty-five or more years of creditable service or after attaining the age of fifty-five years and acquiring five or more years of creditable service and before retirement, except retirement with disability benefits, and the person named by the member as the member's beneficiary has an insurable interest in the life of the deceased member, the designated beneficiary may elect to receive either survivorship benefits under option 2 or a payment of the accumulated contributions of the member. If survivorship benefits under option 2 are elected and the member at the time of death would have been eligible to receive an actuarial equivalent of the member's retirement allowance, the designated beneficiary may further elect to defer the option 2 payments until the date the member would have been eligible to receive the retirement allowance provided in subsection 1 or 2 of this section;

(b) If the member or a person retired on disability retirement dies before attaining age fifty-five but after acquiring five but fewer than twenty-five years of creditable service, and the person named as the

member's beneficiary has an insurable interest in the life of the deceased member, the designated beneficiary may elect to receive either a payment of the member's accumulated contributions, or survivorship benefits under option 2 to begin on the date the member would first have been eligible to receive an actuarial equivalent of the member's retirement allowance, or to begin on the date the member would first have been eligible to receive the retirement allowance provided in subsection 1 or 2 of this section.

4. If the total of the retirement or disability allowance paid to an individual before the death of the individual is less than the accumulated contributions at the time of retirement, the difference shall be paid to the beneficiary of the individual, or to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the individual in that order of precedence. If an optional benefit as provided in option 2, 3 or 4 in subsection 3 of this section had been elected, and the beneficiary dies after receiving the optional benefit, and if the total retirement allowance paid to the retired individual and the beneficiary of the retired individual is less than the total of the contributions, the difference shall be paid to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the beneficiary, in that order of precedence, unless the retired individual designates a different recipient with the board at or after retirement.

5. If a member dies and his or her financial institution is unable to accept the final payment or payments due to the member, the final payment or payments shall be paid to the beneficiary of the member or, if there is no beneficiary, to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the member, in that order of precedence, unless otherwise stated. If the beneficiary of a deceased member dies and his or her financial institution is unable to accept the final payment or payments, the final payment or payments shall be paid to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the member, in that order of precedence, unless otherwise stated.

6. If a member dies before receiving a retirement allowance, the member's accumulated contributions at the time of the death of the member shall be paid to the beneficiary of the member or, if there is no beneficiary, to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or to the estate of the member, in that order of precedence; except that, no such payment shall be made if the beneficiary elects option 2 in subsection 3 of this section, unless the beneficiary dies before having received benefits pursuant to that subsection equal to the accumulated contributions of the member, in which case the amount of accumulated contributions in excess of the total benefits paid pursuant to that subsection shall be paid to the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the beneficiary, in that order of precedence.

7. If a member ceases to be a public school employee as herein defined and certifies to the board of trustees that such cessation is permanent, or if the membership of the person is otherwise terminated, the member shall be paid the member's accumulated contributions with interest.

8. Notwithstanding any provisions of sections 169.010 to 169.141 to the contrary, if a member ceases to be a public school employee after acquiring five or more years of membership service in Missouri, the member may at the option of the member leave the member's contributions with the retirement system and claim a retirement allowance any time after reaching the minimum age for voluntary retirement. When the member's claim is presented to the board, the member shall be granted an allowance as provided in

sections 169.010 to 169.141 on the basis of the member's age, years of service, and the provisions of the law in effect at the time the member requests the member's retirement to become effective.

9. The retirement allowance of a member retired because of disability shall be nine-tenths of the allowance to which the member's creditable service would entitle the member if the member's age were sixty, or fifty percent of one-twelfth of the annual salary rate used in determining the member's contributions during the last school year for which the member received a year of creditable service immediately prior to the member's disability, whichever is greater, except that no such allowance shall exceed the retirement allowance to which the member would have been entitled upon retirement at age sixty if the member had continued to teach from the date of disability until age sixty at the same salary rate.

10. Notwithstanding any provisions of sections 169.010 to 169.141 to the contrary, from October 13, 1961, the contribution rate pursuant to sections 169.010 to 169.141 shall be multiplied by the factor of two-thirds for any member of the system for whom federal Old Age and Survivors Insurance tax is paid from state or local tax funds on account of the member's employment entitling the person to membership in the system. The monetary benefits for a member who elected not to exercise an option to pay into the system a retroactive contribution of four percent on that part of the member's annual salary rate which was in excess of four thousand eight hundred dollars but not in excess of eight thousand four hundred dollars for each year of employment in a position covered by this system between July 1, 1957, and July 1, 1961, as provided in subsection 10 of this section as it appears in RSMo, 1969, shall be the sum of:

(1) For years of service prior to July 1, 1946, six-tenths of the full amount payable for years of membership service;

(2) For years of membership service after July 1, 1946, in which the full contribution rate was paid, full benefits under the formula in effect at the time of the member's retirement;

(3) For years of membership service after July 1, 1957, and prior to July 1, 1961, the benefits provided in this section as it appears in RSMo, 1959; except that if the member has at least thirty years of creditable service at retirement the member shall receive the benefit payable pursuant to that section as though the member's age were sixty-five at retirement;

(4) For years of membership service after July 1, 1961, in which the two-thirds contribution rate was paid, two-thirds of the benefits under the formula in effect at the time of the member's retirement.

11. The monetary benefits for each other member for whom federal Old Age and Survivors Insurance tax is or was paid at any time from state or local funds on account of the member's employment entitling the member to membership in the system shall be the sum of:

(1) For years of service prior to July 1, 1946, six-tenths of the full amount payable for years of membership service;

(2) For years of membership service after July 1, 1946, in which the full contribution rate was paid, full benefits under the formula in effect at the time of the member's retirement;

(3) For years of membership service after July 1, 1957, in which the two-thirds contribution rate was paid, two-thirds of the benefits under the formula in effect at the time of the member's retirement.

12. Any retired member of the system who was retired prior to September 1, 1972, or beneficiary receiving payments under option 1 or option 2 of subsection 3 of this section, as such option existed prior to September 1, 1972, will be eligible to receive an increase in the retirement allowance of the member of two percent for each year, or major fraction of more than one-half of a year, which the retired member has been retired prior to July 1, 1975. This increased amount shall be payable commencing with January, 1976, and shall thereafter be referred to as the member's retirement allowance. The increase provided for in this subsection shall not affect the retired member's eligibility for compensation provided for in section 169.580 or 169.585, nor shall the amount being paid pursuant to these sections be reduced because of any increases provided for in this section.

13. If the board of trustees determines that the cost of living, as measured by generally accepted standards, increases two percent or more in the preceding fiscal year, the board shall increase the retirement allowances which the retired members or beneficiaries are receiving by two percent of the amount being received by the retired member or the beneficiary at the time the annual increase is granted by the board with the provision that the increases provided for in this subsection shall not become effective until the fourth January first following the member's retirement or January 1, 1977, whichever later occurs, or in the case of any member retiring on or after July 1, 2000, the increase provided for in this subsection shall not become effective until the third January first following the member's retirement, or in the case of any member retiring on or after July 1, 2001, the increase provided for in this subsection shall not become effective until the second January first following the member's retirement. Commencing with January 1, 1992, if the board of trustees determines that the cost of living has increased five percent or more in the preceding fiscal year, the board shall increase the retirement allowances by five percent. The total of the increases granted to a retired member or the beneficiary after December 31, 1976, may not exceed eighty percent of the retirement allowance established at retirement or as previously adjusted by other subsections. If the cost of living increases less than five percent, the board of trustees may determine the percentage of increase to be made in retirement allowances, but at no time can the increase exceed five percent per year. If the cost of living decreases in a fiscal year, there will be no increase in allowances for retired members on the following January first.

14. The board of trustees may reduce the amounts which have been granted as increases to a member pursuant to subsection 13 of this section if the cost of living, as determined by the board and as measured by generally accepted standards, is less than the cost of living was at the time of the first increase granted to the member; except that, the reductions shall not exceed the amount of increases which have been made to the member's allowance after December 31, 1976.

15. Any application for retirement shall include a sworn statement by the member certifying that the spouse of the member at the time the application was completed was aware of the application and the plan of retirement elected in the application.

16. Notwithstanding any other provision of law, any person retired prior to September 28, 1983, who is receiving a reduced retirement allowance under option 1 or option 2 of subsection 3 of this section, as such option existed prior to September 28, 1983, and whose beneficiary nominated to receive continued retirement allowance payments under the elected option dies or has died, shall upon application to the board of trustees have his or her retirement allowance increased to the amount he or she would have been receiving had the option not been elected, actuarially adjusted to recognize any excessive benefits which would have been paid to him or her up to the time of application.

17. Benefits paid pursuant to the provisions of the public school retirement system of Missouri shall not exceed the limitations of Section 415 of Title 26 of the United States Code except as provided pursuant to this subsection. Notwithstanding any other law to the contrary, the board of trustees may establish a benefit plan pursuant to Section 415(m) of Title 26 of the United States Code. Such plan shall be created solely for the purpose described in Section 415(m)(3)(A) of Title 26 of the United States Code. The board of trustees may promulgate regulations necessary to implement the provisions of this subsection and to create and administer such benefit plan.

18. Notwithstanding any other provision of law to the contrary, any person retired before, on, or after May 26, 1994, shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such requests. As compensation for such duties the person shall receive an amount based on the person's years of service so that the total amount received pursuant to sections 169.010 to 169.141 shall be at least the minimum amounts specified in subdivisions (1) to (4) of this subsection. In determining the minimum amount to be received, the amounts in subdivisions (3) and (4) of this subsection shall be adjusted in accordance with the actuarial adjustment, if any, that was applied to the person's retirement allowance. In determining the minimum amount to be received, beginning September 1, 1996, the amounts in subdivisions (1) and (2) of this subsection shall be adjusted in accordance with the actuarial adjustment, if any, that was applied to the person's retirement allowance due to election of an optional form of retirement having a continued monthly payment after the person's death. Notwithstanding any other provision of law to the contrary, no person retired before, on, or after May 26, 1994, and no beneficiary of such a person, shall receive a retirement benefit pursuant to sections 169.010 to 169.141 based on the person's years of service less than the following amounts:

(1) Thirty or more years of service, one thousand two hundred dollars;

(2) At least twenty-five years but less than thirty years, one thousand dollars;

(3) At least twenty years but less than twenty-five years, eight hundred dollars;

(4) At least fifteen years but less than twenty years, six hundred dollars.

19. Notwithstanding any other provisions of law to the contrary, any person retired prior to May 26, 1994, and any designated beneficiary of such a retired member who was deceased prior to July 1, 1999, shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement or aging and upon request shall give written or oral opinions to the board in response to such requests. Beginning September 1, 1996, as compensation for such service, the member shall have added, pursuant to this subsection, to the member's monthly annuity as provided by this section a dollar amount equal to the lesser of sixty dollars or the product of two dollars multiplied by the member's number of years of creditable service. Beginning September 1, 1999, the designated beneficiary of the deceased member shall as compensation for such service have added, pursuant to this subsection, to the monthly annuity as provided by this section a dollar amount equal to the lesser of sixty dollars or the product of two dollars multiplied by the member's number of years of creditable service. The total compensation provided by this section including the compensation provided by this subsection shall be used in calculating any future cost-of-living adjustments provided by subsection 13 of this section.

20. Any member who has retired prior to July 1, 1998, and the designated beneficiary of a deceased retired member shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such requests. As compensation for such duties the person shall receive a payment equivalent to eight and seven-tenths percent of the previous month's benefit, which shall be added to the member's or beneficiary's monthly annuity and which shall not be subject to the provisions of subsections 13 and 14 of this section for the purposes of the limit on the total amount of increases which may be received.

21. Any member who has retired shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such request. As compensation for such duties, the beneficiary of the retired member, or, if there is no beneficiary, the surviving spouse, surviving children in equal shares, surviving parents in equal shares, or estate of the retired member, in that order of precedence, shall receive as a part of compensation for these duties a death benefit of five thousand dollars.

22. Any member who has retired prior to July 1, 1999, and the designated beneficiary of a retired member who was deceased prior to July 1, 1999, shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such requests. As compensation for such duties, the person shall have added, pursuant to this subsection, to the monthly annuity as provided by this section a dollar amount equal to five dollars times the member's number of years of creditable service.

23. Any member who has retired prior to July 1, 2000, and the designated beneficiary of a deceased retired member shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such requests. As compensation for such duties, the person shall receive a payment equivalent to three and five-tenths percent of the previous month's benefit, which shall be added to the member or beneficiary's monthly annuity and which shall not be subject to the provisions of subsections 13 and 14 of this section for the purposes of the limit on the total amount of increases which may be received.

24. Any member who has retired prior to July 1, 2001, and the designated beneficiary of a deceased retired member shall be made, constituted, appointed and employed by the board as a special consultant on the matters of education, retirement and aging, and upon request shall give written or oral opinions to the board in response to such requests. As compensation for such duties, the person shall receive a dollar amount equal to three dollars times the member's number of years of creditable service, which shall be added to the member's or beneficiary's monthly annuity and which shall not be subject to the provisions of subsections 13 and 14 of this section for the purposes of the limit on the total amount of increases which may be received.

169.331. 1. Notwithstanding any other provision of sections 169.270 to 169.400 to the contrary, a retired certificated teacher receiving a retirement benefit from the retirement system established pursuant to sections 169.270 to 169.400 may, without losing his or her retirement benefit, teach full time for up to [two] **four** years for a school district covered by such retirement system; provided that the school district

has a shortage of certified teachers, as determined by the school district. The total number of such retired certificated teachers shall not exceed, at any one time, [fifteen] **thirty** certificated teachers.

2. The employer's contribution rate shall be paid by the hiring school district and the employee's contribution rate shall be paid by the employee.

3. Any additional actuarial costs resulting from the hiring of a retired certificated teacher pursuant to the provisions of this section shall be paid by the hiring school district.

4. In order to hire teachers pursuant to the provisions of this section, the school district shall:

(1) Show a good faith effort to fill positions with nonretired certificated teachers;

(2) Post the vacancy for at least one month;

(3) Have not offered early retirement incentives for either of the previous two years;

(4) Solicit applications through the local newspaper, other media, or teacher education programs;

(5) Determine there is an insufficient number of eligible applicants for the advertised position; and

(6) Declare a critical shortage of certificated teachers that is active for one year.

5. Any person hired pursuant to this section shall be included in the State Director of New Hires for purposes of income and eligibility verification pursuant to 42 U.S.C. Section 1320b-7.

169.560. 1. Any person retired and currently receiving a retirement allowance pursuant to sections 169.010 to 169.141, other than for disability, may be employed in any capacity for an employer included in the retirement system created by those sections on either a part-time or temporary-substitute basis not to exceed a total of five hundred fifty hours in any one school year, and through such employment may earn up to fifty percent of the annual compensation payable under the employer's salary schedule for the position or positions filled by the retiree, given such person's level of experience and education, without a discontinuance of the person's retirement allowance. If the employer does not utilize a salary schedule, or if the position in question is not subject to the employer's salary schedule, a retiree employed in accordance with the provisions of this subsection may earn up to fifty percent of the annual compensation paid to the person or persons who last held such position or positions. If the position or positions did not previously exist, the compensation limit shall be determined in accordance with rules duly adopted by the board of trustees of the retirement system; provided that, it shall not exceed fifty percent of the annual compensation payable for the position by the employer that is most comparable to the position filled by the retiree. In any case where a retiree fills more than one position during the school year, the fifty-percent limit on permitted earning shall be based solely on the annual compensation of the highest paid position occupied by the retiree for at least one-fifth of the total hours worked during the year. Such a person shall not contribute to the retirement system or to the public education employee retirement system established by sections 169.600 to 169.715 because of earnings during such period of employment. If such a person is employed in any capacity by such an employer in excess of the limitations set forth in this subsection, the person shall not be eligible to receive the person's retirement allowance for any month during which the person is so employed. In addition, such person shall contribute to the retirement system if the person satisfies the retirement system's membership eligibility requirements. In addition to the conditions set forth above, this subsection shall apply to any person retired and currently receiving a retirement

allowance under sections 169.010 to 169.141, other than for disability, who is employed by a third party or is performing work as an independent contractor, if such person is performing work for an employer included in the retirement system as a temporary or long-term substitute teacher or in any other position that would normally require that person to be duly certificated under the laws governing the certification of teachers in Missouri if such person was employed by the district. The retirement system may require the employer, the third-party employer, the independent contractor, and the retiree subject to this subsection to provide documentation showing compliance with this subsection. If such documentation is not provided, the retirement system may deem the retiree to have exceeded the limitations provided in this subsection.

2. Notwithstanding any other provision of this section, any person retired and currently receiving a retirement allowance in accordance with sections 169.010 to 169.141, other than for disability, may be employed by an employer included in the retirement system created by those sections in a position that does not normally require a person employed in that position to be duly certificated under the laws governing the certification of teachers in Missouri, and through such employment may earn**, beginning on August 28, 2023, and ending on June 30, 2028,** up to **[**sixty percent of the minimum teacher's salary as set forth in section 163.172**] one hundred thirty-three percent of the annual earnings exemption amount applicable to a Social Security recipient before the calendar year of attainment of full retirement age under 20 CFR 404.430, and, after June 30, 2028, up to the annual earnings exemption amount applicable to a Social Security retirement recipient before the calendar year of attainment of full retirement age under 20 CFR 404.430**, without a discontinuance of the person's retirement allowance **from the retirement system. The Social Security annual earnings exemption amount applied shall be the exemption amount in effect for the calendar year in which the school year begins**. Such person shall not contribute to the retirement system or to the public education employee retirement system established by sections 169.600 to 169.715 because of earnings during such period of employment, and such person shall not earn membership service for such employment. The employer's contribution rate shall be paid by the hiring employer into the public education employee retirement system established by sections 169.600 to 169.715. If such a person is employed in any capacity by an employer in excess of the limitations set forth in this subsection, the person shall not be eligible to receive the person's retirement allowance for any month during which the person is so employed. In addition, such person shall become a member of and contribute to any retirement system described in this subsection if the person satisfies the retirement system's membership eligibility requirements. The provisions of this subsection shall not apply to any person retired and currently receiving a retirement allowance in accordance with sections 169.010 to 169.141 employed by a public community college **or employer under subsection 4 of section 169.130**.

169.596. 1. Notwithstanding any other provision of this chapter to the contrary, a retired certificated teacher receiving a retirement benefit from the retirement system established pursuant to sections 169.010 to 169.141 may, without losing his or her retirement benefit, teach full time for up to **[**two**] four** years for a school district covered by such retirement system; provided that the school district has a shortage of certified teachers, as determined by the school district, and provided that no such retired certificated teacher shall be employed as a superintendent. The total number of such retired certificated teachers shall not exceed, at any one time, the **[**lesser of ten**] greater of one** percent of the total **[**teacher**] certificated teachers and noncertificated** staff for that school district, or five certificated teachers.

2. Notwithstanding any other provision of this chapter to the contrary, a person receiving a retirement benefit from the retirement system established pursuant to sections 169.600 to 169.715 may, without losing his or her retirement benefit, be employed full time for up to **[**two**] four** years for a school district covered by such retirement system; provided that the school district has a shortage of noncertificated employees, as determined by the school district. The total number of such retired noncertificated employees shall not exceed, at any one time, the lesser of ten percent of the total noncertificated staff for that school district, or five employees.

3. The employer's contribution rate shall be paid by the hiring school district.

4. In order to hire teachers and noncertificated employees pursuant to the provisions of this section, the school district shall:

(1) Show a good faith effort to fill positions with nonretired certificated teachers or nonretired noncertificated employees;

(2) Post the vacancy for at least one month;

(3) Have not offered early retirement incentives for either of the previous two years;

(4) Solicit applications through the local newspaper, other media, or teacher education programs;

(5) Determine there is an insufficient number of eligible applicants for the advertised position; and

(6) Declare a critical shortage of certificated teachers or noncertificated employees that is active for one year.

5. Any person hired pursuant to this section shall be included in the State Directory of New Hires for purposes of income and eligibility verification pursuant to 42 U.S.C. Section 1320b-7."; and

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

HOUSE AMENDMENT NO. 5

Amend Senate Bill No. 20, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"86.253. 1. Upon termination of employment as a police officer and actual retirement for service, a member shall receive a service retirement allowance which shall be an amount equal to two percent of the member's average final compensation multiplied by the number of years of the member's creditable service, up to twenty-five years, plus an amount equal to four percent of the member's average final compensation for each year of creditable service in excess of twenty-five years but not in excess of thirty years; plus an additional five percent of the member's average final compensation for any creditable service in excess of thirty years. Notwithstanding the foregoing, the service retirement allowance of a member who does not earn any creditable service after August 11, 1999, shall not exceed an amount equal to seventy percent of the member's average final compensation, and the service retirement allowance of a member who earns creditable service on or after August 12, 1999, shall not exceed an amount equal to seventy-five percent of the member's average final compensation; provided, however, that the service retirement allowance of a member who is participating in the DROP pursuant to section 86.251 on August

12, 1999, who returns to active participation in the system pursuant to section 86.251, and who terminates employment as a police officer and actually retires for reasons other than death or disability before earning at least two years of creditable service after such return shall be the sum of (1) the member's service retirement allowance as of the date the member entered DROP and (2) an additional service retirement allowance based solely on the creditable service earned by the member following the member's return to active participation. The member's total years of creditable service shall be taken into account for the purpose of determining whether the additional allowance attributable to such additional creditable service is two percent, four percent or five percent of the member's average final compensation.

2. If, at any time since first becoming a member of the retirement system, the member has served in the Armed Forces of the United States, and has subsequently been reinstated as a policeman within ninety days after the member's discharge, the member shall be granted credit for such service as if the member's service in the police department of such city had not been interrupted by the member's induction into the Armed Forces of the United States. If earnable compensation is needed for such period in computation of benefits it shall be calculated on the basis of the compensation payable to the officers of the member's rank during the period of the member's absence. Notwithstanding any provision of sections 86.200 to 86.366 to the contrary, the retirement system governed by sections 86.200 to 86.366 shall be operated and administered in accordance with the applicable provisions of the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended.

3. The service retirement allowance of each present and future retired member who terminated employment as a police officer and actually retired from service after attaining age fifty-five or after completing twenty years of creditable service shall be increased annually at a rate not to exceed three percent as approved by the board of trustees beginning with the first increase in the second October following the member's retirement and subsequent increases in each October thereafter, provided that each increase is subject to a determination by the board of trustees that the consumer price index (United States City Average Index) as published by the United States Department of Labor shows an increase of not less than the approved rate during the latest twelve-month period for which the index is available at the date of determination; and provided further, that if the increase is in excess of the approved rate for any year, such excess shall be accumulated as to any retired member and increases may be granted in subsequent years subject to a maximum of three percent for each full year from October following the member's retirement but not to exceed a total percentage increase of thirty percent. In no event shall the increase described under this subsection be applied to the amount, if any, paid to a member or surviving spouse of a deceased member for services as a special consultant under subsection 5 of this section **[**or, if applicable, subsection 6 of this section**]**. If the board of trustees determines that the index has decreased for any year, the benefits of any retired member that have been increased shall be decreased but not below the member's initial benefit. No annual increase shall be made of less than one percent and no decrease of less than three percent except that any decrease may be limited in amount by the initial benefit.

4. In addition to any other retirement allowance payable under this section and section 86.250, a member, upon termination of employment as police officer and actual service retirement, may request payment of the total amount of the member's mandatory contributions to the retirement system without interest. Upon receipt of such request, the board shall pay the retired member such total amount of the member's mandatory contributions to the retirement system to be paid pursuant to this subsection within

sixty days after such retired member's date of termination of employment as a police officer and actual retirement.

5. Any person who is receiving retirement benefits from the retirement system, upon application to the board of trustees, shall be made, constituted, appointed and employed by the board of trustees as a special consultant on the problems of retirement, aging and other matters, for the remainder of the person's life or, in the case of a deceased member's surviving spouse, until **[**the earlier of**]** the person's death **[**or remarriage**]**, and upon request of the board of trustees shall give opinions and be available to give opinions in writing or orally, in response to such requests, as may be required. For such services the special consultant shall be compensated monthly, in an amount which, when added to any monthly retirement benefits being received from the retirement system, including any cost-of-living increases under subsection 3 of this section, shall total six hundred fifty dollars a month. This employment shall in no way affect any person's eligibility for retirement benefits under this chapter, or in any way have the effect of reducing retirement benefits, notwithstanding any provisions of law to the contrary.

86.254. 1. Beginning July 1, 1994, in addition to any other annuity, benefits, or retirement allowance provided pursuant to sections 86.200 to 86.366, each present and future retired member after attaining the age of sixty years shall, upon application to the board of trustees, be made, constituted, appointed and employed by the board of trustees as an advisor on the problems of retirement, aging and other matters, for the remainder of the retired member's life, and upon request of the board of trustees shall give opinions in writing or orally in response to such requests as may be required.

2. For the performance of duties required in subsection 1 of this section, each retired member employed as an advisor by the board of trustees shall be compensated monthly in an amount of ten dollars per month multiplied by the number of years the retired member is past the age of sixty years. The compensation provided by this subsection shall be adjusted annually. No funding shall be required prior to the effective date of this benefit.

3. Beginning October 1, 1999, in addition to any other benefit provided to any surviving spouse pursuant to sections 86.200 to 86.366, each present and future surviving spouse of a member after attaining the age of sixty years shall upon application to the board of trustees, be made, constituted, appointed and employed by the board of trustees as an advisor on the problems of retirement, aging and other matters for the remainder of the surviving spouse's life **[**or until the surviving spouse remarries, whichever is earlier**]**, and upon request of the board of trustees shall give opinions in writing or orally in response to such requests as may be required.

4. For the performance of duties required in subsection 3 of this section, each surviving spouse of a member employed as an advisor by the board of trustees shall be compensated monthly in an amount of ten dollars per month multiplied by the number of years the surviving spouse is past the age of sixty years. The compensation provided by this subsection shall be adjusted annually.

86.280. Upon the receipt of proper proofs of the death of a member in service and provided no other benefits are payable under the retirement system, there shall be paid the following benefits:

(1) Effective October 1, 1999, a pension to the surviving spouse until the surviving spouse dies **[**or remarries, whichever is earlier**]**, of forty percent of the deceased member's average final compensation plus fifteen percent of such compensation to, or for the benefit of, each unmarried dependent child of the

deceased member, who is either under the age of eighteen, or who, regardless of age, is totally and permanently mentally or physically disabled and incapacitated from engaging in gainful occupation sufficient to support himself or herself;

(2) Any surviving spouse or unmarried dependent child receiving benefits pursuant to the provisions of this section immediately prior to October 1, 1999, shall, upon application to the board of trustees, be made, constituted, appointed and employed by the board of trustees as a special consultant on the problems of retirement, aging and other matters while the surviving spouse or unmarried dependent child is receiving such benefits, and upon request of the board of trustees shall give opinions in writing or orally in response to such requests as may be required. Beginning October 1, 1999, for such services as may be required, the surviving spouse shall receive additional monthly compensation in an amount equal to fifteen percent of the deceased member's average final compensation, and there shall be payable an additional monthly compensation of one hundred dollars or five percent of the member's average final compensation, whichever is greater, for each unmarried dependent child of the member. The additional monthly compensation payable to a surviving spouse pursuant to this subdivision shall be adjusted for any cost-of-living increases that apply, pursuant to subdivision (8) of this section, to the benefit the surviving spouse was receiving prior to October 1, 1999;

(3) If no surviving spouse benefits are payable pursuant to subdivisions (1) and (2) of this section, such total pension as would have been paid pursuant to subdivisions (1) and (2) of this section had there been a surviving spouse shall be divided among the unmarried dependent children under age eighteen and such unmarried dependent children, regardless of age, who are totally and permanently mentally or physically disabled and incapacitated from engaging in a gainful occupation sufficient to support themselves. The benefit shall be divided equally among the eligible dependent children, and the share of a child who is no longer eligible shall be divided equally among the remaining eligible dependent children; provided that not more than one-half of the surviving spouse's benefit shall be paid for one child;

(4) If there is no surviving spouse or dependent children, the return of accumulated contributions to the designated beneficiary as set forth in section 86.293;

(5) No benefits pursuant to this section shall be paid to a child over eighteen years of age who is totally and permanently disabled if such child is a patient or resident of a public-supported institution, nor shall such benefits be paid unless such disability occurred prior to such child reaching the age of eighteen;

(6) Wherever any dependent child designated by the board of trustees to receive benefits pursuant to this section is in the care of the surviving spouse of the deceased member, such benefits may be paid to such surviving spouse for the child;

(7) Any benefit payable to, or for the benefit of, a child or children under the age of eighteen years pursuant to subdivisions (1) to (3) of this section shall continue to be paid beyond the age of eighteen years through the age of twenty-two years if the child is a full-time student at a regularly accredited college, business school, nursing school, school for technical or vocational training, or university, but such extended benefit shall cease whenever the child ceases to be a student. A college or university shall be deemed to be regularly accredited which maintains membership in good standing in a national or regional accrediting agency recognized by any state college or university;

(8) The benefits payable pursuant to this section to the surviving spouse of a member who died in service after attaining the age of fifty-five or completing twenty years of creditable service shall be increased in the same percentages and pursuant to the same method as is provided in section 86.253 for adjustments in the service retirement allowance of a retired member**;**

(9) In the event a surviving spouse receiving death benefits as a result of a prior marriage to a deceased member subsequently remarries another member who also predeceases the surviving spouse, the surviving spouse shall receive a single death benefit pension, which, upon application to the board of trustees, shall be computed under subdivision (1) of this section using the highest of the average final compensations of the deceased members to which the surviving spouse was previously married;

(10) Beginning on August 28, 2023, any surviving spouse that had, prior to August 28, 2023, become ineligible for benefits under subdivisions (1) and (2) of this section as a result of remarrying shall, upon application to the board of trustees, have reinstated all future benefits under subdivisions (1) and (2) of this section. Any such reinstatement shall be as to future benefits only and shall not be retroactive prior to August 28, 2023.

86.283. Upon receipt of proper proofs of the death of a retired member who retired while in service, including retirement for service, ordinary disability or accidental disability, and provided no other benefits are payable from the retirement system, there shall be paid the following benefits:

(1) Effective October 1, 1999, a pension to the surviving spouse until the surviving spouse dies **[**or remarries, whichever is earlier**]**, of forty percent of the deceased member's average final compensation plus fifteen percent of such compensation to, or for the benefit of, each unmarried dependent child of the deceased member, who is either under the age of eighteen, or who, regardless of age, is totally and permanently mentally or physically disabled and incapacitated from engaging in a gainful occupation sufficient to support himself or herself;

(2) Any surviving spouse or unmarried dependent child receiving benefits pursuant to this section immediately prior to October 1, 1999, shall upon application to the board of trustees be made, constituted, appointed and employed by the board of trustees as a special consultant on the problems of retirement, aging and other matters while the surviving spouse or unmarried dependent child is receiving such benefits, and upon request of the board of trustees shall give opinions in writing or orally in response to such requests as may be required. Beginning October 1, 1999, for such services as may be required, a surviving spouse shall receive additional monthly compensation equal to the amount which when added to the benefits the surviving spouse was receiving pursuant to this section prior to October 1, 1999, determined without regard to any increase applied to such benefits prior to October 1, 1999, pursuant to subdivision (8) of this section, will increase the surviving spouse's total monthly payment pursuant to this section to forty percent of the deceased member's average final compensation, and there shall be payable an additional monthly compensation of one hundred dollars or five percent of the member's average final compensation, whichever is greater, for each unmarried dependent child of the member. The additional monthly compensation payable to a surviving spouse pursuant to this subdivision shall be adjusted for any cost-of-living increases that apply to the benefit the surviving spouse was receiving prior to October 1, 1999;

(3) If no surviving spouse benefits are payable pursuant to subdivisions (1) and (2) of this section, such total pension as would have been paid pursuant to subdivisions (1) and (2) of this section had there been a surviving spouse, determined without regard to any increase which would have applied to the surviving spouse's benefits pursuant to subdivision (8) of this section, shall be divided among the unmarried dependent children under age eighteen and unmarried dependent children, regardless of age, who are totally and permanently mentally or physically disabled and incapacitated from engaging in a gainful occupation sufficient to support themselves. The benefit shall be divided equally among the eligible dependent children, and the share of a child who is no longer eligible shall be divided equally among the remaining eligible dependent children; provided that not more than one-half of the surviving spouse's benefits shall be paid for one child;

(4) No benefits pursuant to this section shall be paid to a child over eighteen years of age who is totally and permanently disabled if such child is a patient or resident of a public-supported institution, nor shall such benefits be paid unless such disability occurred prior to such child reaching the age of eighteen;

(5) Whenever any dependent child designated by the board of trustees to receive benefits pursuant to this section is in the care of the surviving spouse of the deceased member, such benefits may be paid to such surviving spouse for the child;

(6) In the event of the death of a retired member receiving accidental disability benefits before such benefits have been paid for five years, the member's surviving spouse until the surviving spouse dies **[**or remarries, whichever is earlier**]**, shall receive an additional pension of ten percent of the deceased member's final average compensation;

(7) Any benefit payable to, or for the benefit of, a child or children under the age of eighteen years pursuant to subdivisions (1) to (3) of this section shall continue to be paid beyond the age of eighteen years through the age of twenty-two years if the child is a full-time student at a regularly accredited college, business school, nursing school, school for technical or vocational training, or university, but such extended benefit shall cease whenever the child ceases to be a student. A college or university shall be deemed to be regularly accredited which maintains membership in good standing in a national or regional accrediting agency recognized by any state college or university;

(8) The benefits payable pursuant to this section to the surviving spouse of a retired member who received or was entitled to receive a service retirement allowance shall be increased in the same percentages and pursuant to the same method as is provided in section 86.253 for adjustments in the service retirement allowance of a retired member**;**

(9) In the event a surviving spouse receiving death benefits as a result of a prior marriage to a deceased member subsequently remarries another member who also predeceases the surviving spouse, the surviving spouse shall receive a single death benefit pension, which, upon application to the board of trustees, shall be computed under subdivision (1) of this section using the highest of the average final compensations of the deceased members to which the surviving spouse was previously married;

(10) Beginning on August 28, 2023, any surviving spouse that had, prior to August 28, 2023, become ineligible for benefits under subdivisions (1), (2), and (6) of this section as a result of remarrying shall, upon application to the board of trustees, have reinstated all future benefits under

subdivisions (1), (2), and (6) of this section. Any such reinstatement shall be as to future benefits only and shall not be retroactive prior to August 28, 2023.

86.287. Upon the receipt by the board of trustees of evidence and proof that the death of a member was the natural and proximate result of an accident occurring at some definite time and place while the member was in the actual performance of duty and not caused by negligence on the part of the member, there shall be paid in lieu of the benefits pursuant to sections 86.280 to 86.283:

(1) Effective October 1, 1999, a pension to the surviving spouse until the surviving spouse dies **[**or remarries, whichever is earlier**]**, of seventy-five percent of the deceased member's average final compensation plus fifteen percent of such compensation to, or for the benefit of, each unmarried dependent child of the deceased member, who is either under the age of eighteen, or who, regardless of age, is totally and permanently disabled and incapacitated from engaging in a gainful occupation sufficient to support himself or herself;

(2) Any surviving spouse or unmarried dependent child receiving benefits pursuant to this section immediately prior to October 1, 1999, shall upon application to the board of trustees be made, constituted, appointed and employed by the board of trustees as a special consultant on the problems of retirement, aging and other matters while the surviving spouse or unmarried dependent child is receiving such benefits, and upon request of the board of trustees shall give opinions in writing or orally in response to such requests as may be required. Beginning October 1, 1999, for such services as may be required, a surviving spouse shall receive additional monthly compensation equal to the amount which when added to the benefits the surviving spouse was receiving pursuant to this section prior to October 1, 1999, will increase the surviving spouse's total monthly benefit payment pursuant to this section to seventy-five percent of the deceased member's average final compensation, and there shall be payable an additional monthly compensation of one hundred dollars or five percent of the member's average final compensation, whichever is greater, for each unmarried dependent child of the member;

(3) If no surviving spouse benefits are payable pursuant to subdivisions (1) and (2) of this section, such total pension as would have been paid pursuant to subdivisions (1) and (2) of this section had there been a surviving spouse shall be divided among the unmarried dependent children under age eighteen and such unmarried dependent children, regardless of age, who are totally and permanently disabled and incapacitated from engaging in a gainful occupation sufficient to support themselves. The benefit shall be divided equally among the eligible dependent children, and the share of a child who is no longer eligible shall be divided equally among the remaining eligible dependent children; provided that not more than one-half of the surviving spouse's benefit shall be paid for one child;

(4) If there is no surviving spouse or unmarried dependent children of either class mentioned in subdivision (3) of this section, then an amount equal to the surviving spouse's benefit shall be paid to the member's dependent father or dependent mother to continue until remarriage or death;

(5) No benefits pursuant to this section shall be paid to a child over eighteen years of age who is totally and permanently disabled if such child is a patient or resident of a public-supported institution, nor shall such benefits be paid unless such disability occurred prior to such child reaching the age of eighteen;

(6) Wherever any dependent child designated by the board of trustees to receive benefits pursuant to this section is in the care of the surviving spouse of the deceased member, such benefits may be paid to such surviving spouse for the child;

(7) Any benefit payable to, or for the benefit of, a child or children under the age of eighteen years pursuant to subdivisions (1) to (3) of this section shall continue to be paid beyond the age of eighteen years through the age of twenty-two years in those cases where the child is a full-time student at a regularly accredited college, business school, nursing school, school for technical or vocational training, or university, but such extended benefit shall cease whenever the child ceases to be a student. A college or university shall be deemed to be regularly accredited which maintains membership in good standing in a national or regional accrediting agency recognized by any state college or university**;**

(8) In the event a surviving spouse receiving death benefits as a result of a prior marriage to a deceased member subsequently remarries another member who also predeceases the surviving spouse, the surviving spouse shall receive a single death benefit pension, which, upon application to the board of trustees, shall be computed under subdivision (1) of this section using the highest of the average final compensations of the deceased members to which the surviving spouse was previously married;

(9) Beginning on August 28, 2023, any surviving spouse that had, prior to August 28, 2023, become ineligible for benefits under subdivisions (1) and (2) of this section as a result of remarrying shall, upon application to the board of trustees, have reinstated all future benefits under subdivisions (1) and (2) of this section. Any such reinstatement shall be as to future benefits only and shall not be retroactive prior to August 28, 2023.”; and

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

HOUSE AMENDMENT NO. 6

Amend Senate Bill No. 20, Page 2, Section 104.160, Line 43, by inserting after all of said section and line the following:

“173.1205. 1. Notwithstanding any other provision of law, a for-profit or not-for-profit entity in which a public institution of higher education holds an ownership or membership interest shall not be deemed to be a public governmental body, quasi-public governmental body, or part of a public governmental body or quasi-public governmental body or otherwise subject to chapter 610, if such entity is engaged primarily in activities involving current or prospective commercialization of the skills or knowledge of the institution’s faculty or of the institution’s research, research capabilities, intellectual property, technology, or technological resources, provided that the public institution of higher education maintains as an open record an annual report, available no later than October first each year, identifying:

(1) The name and address of the entity, the amount of funds paid to such entity by the institution, any nonmonetary benefits received by the entity from the institution, and the purpose for which such funds were paid or benefits provided;

(2) The amount of funds received by the institution from such entity; and

(3) Any employees of the institution who received funds or other things of value from such entity and the purpose and amount of such funds or other things of value.

2. This provision shall not be construed to broaden the definition of public governmental body found in section 610.010, nor shall it otherwise be construed to mean, imply, or suggest that any entity constitutes a public governmental body unless such entity meets the definition of that term found in section 610.010.

3. Notwithstanding any other provision of law, meetings, records, and votes may be closed to the extent that they relate to records or information submitted by an individual, corporation, or other business entity to a public institution of higher education in connection with a proposal or agreement to license intellectual property or perform sponsored research, in connection with opportunities for or results of collaboration involving students, faculty, or staff, **in connection with investments in or financial transactions with business entities for investment purposes,** or in connection with activities by the public institution of higher education to promote or pursue economic development and which contain sales projections or other business plan, financial information, or trade secrets the disclosure of which may endanger the competitiveness of a business."; and

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

HOUSE AMENDMENT NO. 7

Amend Senate Bill No. 20, Page 2, Section 104.160, Line 43, by inserting after all of said section and line the following:

"104.380. **1.** If a retired member is elected to any state office or is appointed to any state office or is employed by a department in a position normally requiring the performance by the person of duties during not less than one thousand forty hours per year, the member shall not receive an annuity for any month or part of a month for which the member serves as an officer or employee**[**, but**] except, notwithstanding the provisions of section 105.684 to the contrary, those retired members serving as a member of the general assembly under section 104.370 or an elected state official under section 104.371.**

2. Upon reemployment under subsection 1 of this section, the member shall be considered to be a new employee with no previous creditable service and must accrue creditable service continuously for at least one year in order to receive any additional annuity. Any retired member who again becomes an employee and who accrues additional creditable service and later retires shall receive an additional amount of monthly annuity calculated to include only the creditable service and the average compensation earned by the member since such employment or creditable service earned as a member of the general assembly. Years of membership service and twelfths of a year are to be used in calculating any additional annuity except for creditable service earned as a member of the general assembly, and such additional annuity shall be based on the type of service accrued. In either event, the original annuity and the additional annuity, if any, shall be paid commencing with the end of the first month after the month during which the member's term of office has been completed, or the member's employment terminated. If a retired member is employed by a department in a position that does not normally require the person to perform duties during at least one thousand forty hours per year, the member shall not be considered an employee as defined pursuant to section 104.010. A retired member who becomes reemployed as an employee on or after August 28, 2001, in a position covered by the Missouri department of transportation and highway

patrol employees' retirement system shall not be eligible to receive retirement benefits or additional creditable service from the state employees' retirement system. Annual benefit increases paid under section 104.415 shall not accrue while a retired member is employed as described in this section **except, notwithstanding the provisions of section 105.684 to the contrary, those retired members serving as a member of the general assembly under section 104.370 or an elected state official under section 104.371**. Any future annual benefit increases paid after the member terminates such employment will be paid in the same month as the member's original annual benefit increases were paid. Benefits paid under subsection 3 of section 104.374 are not applicable to any additional annuity paid under this section.

104.1039. If a retiree is employed as an employee by a department, the retiree shall not receive an annuity payment for any calendar month in which the retiree is so employed **except, notwithstanding the provisions of section 105.684 to the contrary, those retirees serving as a member of the general assembly or as a statewide elected official under section 104.1084**. While reemployed the retiree shall be considered to be a new employee with no previous credited service and must accrue credited service continuously for at least one year in order to receive any additional annuity. Such retiree shall receive an additional annuity in addition to the original annuity, calculated based only on the credited service and the pay earned by such retiree during reemployment and paid in accordance with the annuity option originally elected; provided such retiree who ceases to receive an annuity pursuant to this section shall not receive such additional annuity if such retiree is employed by a department in a position that is covered by a state-sponsored defined benefit retirement plan not created pursuant to this chapter. The original annuity and any additional annuity shall be paid commencing as of the end of the first month after the month during which the retiree's reemployment terminates. Cost-of-living adjustments paid under section 104.1045 shall not accrue while a retiree is employed as described in this section **except, notwithstanding the provisions of section 105.684 to the contrary, those retirees serving as a member of the general assembly or as a statewide elected official under section 104.1084**. Any future cost-of-living adjustments paid after the retiree terminates such employment will be paid in the same month as the retiree's original annual benefit increases were paid."; and

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

HOUSE AMENDMENT NO. 8

Amend Senate Bill No. 20, Page 2, Section 104.160, Line 43, by inserting after all of said section and line the following:

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

(1) "Commercial domicile", the principal place from which the trade or business of the taxpayer is directed or managed;

(2) "Deduction", an amount subtracted from the taxpayer's Missouri adjusted gross income to determine Missouri taxable income for the tax year in which such deduction is claimed;

(3) "Employer securities", the same meaning as defined under Section 409(l) of the Internal Revenue Code **of 1986, as amended**;

(4) "Missouri corporation", a corporation whose commercial domicile is in this state;

(5) "Qualified Missouri employee stock ownership plan", an employee stock ownership plan, as defined under Section 4975(e)(7) of the Internal Revenue Code **of 1986, as amended**, and trust that is established by a Missouri corporation for the benefit of the employees of the corporation;

(6) "Taxpayer", an individual, firm, partner in a firm, corporation, partnership, shareholder in an S corporation, or member of a limited liability company subject to the income tax imposed under chapter 143, excluding withholding tax imposed by sections 143.191 to 143.265.

2. For all tax years beginning on or after January 1, **[**2017**] 2023**, in addition to all other modifications allowed by law, a taxpayer shall be allowed a deduction from the taxpayer's federal adjusted gross income when determining Missouri adjusted gross income in an amount equal to fifty percent of the net capital gain from the sale or exchange of employer securities of a Missouri corporation to a qualified Missouri employee stock ownership plan if, upon completion of the transaction, the qualified Missouri employee stock ownership plan owns at least thirty percent of all outstanding employer securities issued by the Missouri corporation.

3. Whenever an employee leaves a Missouri corporation with a qualified Missouri employee stock ownership plan, the Missouri corporation shall inform the former employee of the deadline for when the former employee shall decide whether they will receive their shares of employer securities or compensation for their shares of employer securities.

4. The department of revenue may promulgate rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.

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

(1) The provisions of the new program authorized under this section shall automatically sunset on December thirty-first, six years after October 14, 2016, unless reauthorized by an act of the general assembly;

(2) If such program is reauthorized, the program authorized under this section shall automatically sunset on December thirty-first, twelve years after the effective date of the reauthorization of this section; and

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

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

HOUSE AMENDMENT NO. 9

Amend Senate Bill No. 20, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"104.010. 1. The following words and phrases as used in sections 104.010 to 104.800, unless a different meaning is plainly required by the context, shall mean:

(1) "Accumulated contributions", the sum of all deductions for retirement benefit purposes from a member's compensation which shall be credited to the member's individual account and interest allowed thereon;

(2) "Active armed warfare", any declared war, or the Korean or Vietnamese Conflict;

(3) "Actuarial equivalent", a benefit which, when computed upon the basis of specified actuarial assumptions approved by the board, is equal in value to a certain amount or other benefit;

(4) "Actuarial tables", the actuarial tables approved and in use by a board at any given time;

(5) "Actuary", the actuary who is a member of the American Academy of Actuaries or who is an enrolled actuary under the Employee Retirement Income Security Act of 1974 and who is employed by a board at any given time;

(6) "Annuity", annual payments, made in equal monthly installments, to a retired member from funds provided for in, or authorized by, this chapter;

(7) "Annuity starting date", the first day of the first month with respect to which an amount is paid as an annuity under sections 104.010 to 104.800, and the terms retirement, time of retirement, and date of retirement shall mean annuity starting date as defined in this subdivision unless the context in which the term is used indicates otherwise;

(8) "Average compensation", the average compensation of a member for the thirty-six consecutive months of service prior to retirement when the member's compensation was greatest; or if the member is on workers' compensation leave of absence or a medical leave of absence due to an employee illness, the amount of compensation the member would have received may be used, as reported and verified by the employing department; or if the member had less than thirty-six months of service, the average annual compensation paid to the member during the period up to thirty-six months for which the member received creditable service when the member's compensation was the greatest; or if the member is on military leave, the amount of compensation the member would have received may be used as reported and verified by the employing department or, if such amount is not determinable, the amount of the employee's average rate of compensation during the twelve-month period immediately preceding such period of leave, or if shorter, the period of employment immediately preceding such period of leave. The board of each system may promulgate rules for purposes of calculating average compensation and other retirement provisions to accommodate for any state payroll system in which compensation is received on a monthly, semimonthly, biweekly, or other basis;

(9) "Beneficiary", any persons or entities entitled to or nominated by a member or retiree who may be legally entitled to receive benefits pursuant to this chapter;

(10) "Biennial assembly", the completion of no less than two years of creditable service or creditable prior service by a member of the general assembly;

(11) "Board of trustees", "board", or "trustees", a board of trustees as established for the applicable system pursuant to this chapter;

(12) "Chapter", sections 104.010 to 104.800;

(13) "Compensation":

(a) All salary and wages payable out of any state, federal, trust, or other funds to an employee for personal services performed for a department; but including only amounts for which contributions have been made in accordance with section 104.436, or section 104.070, whichever is applicable, and excluding any nonrecurring single sum payments or amounts paid after the member's termination of employment unless such amounts paid after such termination are a final installment of salary or wages at the same rate as in effect immediately prior to termination of employment in accordance with a state payroll system adopted on or after January 1, 2000, or any other one-time payments made as a result of such payroll system;

(b) All salary and wages which would have been payable out of any state, federal, trust or other funds to an employee on workers' compensation leave of absence during the period the employee is receiving a weekly workers' compensation benefit, as reported and verified by the employing department;

(c) Effective December 31, 1995, compensation in excess of the limitations set forth in Internal Revenue Code Section 401(a)(17) shall be disregarded. The limitation on compensation for eligible employees shall not be less than the amount which was allowed to be taken into account under the system as in effect on July 1, 1993. For this purpose, an "eligible employee" is an individual who was a member of the system before the first plan year beginning after December 31, 1995;

(d) The board by its rules may further define "compensation" in a manner consistent with this definition;

(14) "Consumer price index", the Consumer Price Index for All Urban Consumers for the United States, or its successor index, as approved by a board, as such index is defined and officially reported by the United States Department of Labor, or its successor agency;

(15) "Creditable prior service", the service of an employee which was either rendered prior to the establishment of a system, or prior to the date the employee last became a member of a system, and which is recognized in determining the member's eligibility and for the amount of the member's benefits under a system;

(16) "Creditable service", the sum of membership service and creditable prior service, to the extent such service is standing to a member's credit as provided in this chapter; except that in no case shall more than one day of creditable service or creditable prior service be credited any member for any one calendar day of eligible service credit as provided by law;

(17) "Deferred normal annuity", the annuity payable to any former employee who terminated employment as an employee or otherwise withdrew from service with a vested right to a normal annuity, payable at a future date;

(18) "Department", any department or agency of the executive, legislative or judicial branch of the state of Missouri receiving state appropriations, including allocated funds from the federal government but not including any body corporate or politic unless its employees are eligible for retirement coverage from a system pursuant to this chapter as otherwise provided by law;

(19) "Disability benefits", benefits paid to any employee while totally disabled as provided in this chapter;

(20) "Early retirement age", a member's attainment of fifty-five years of age and the completion of ten or more years of creditable service, except for uniformed members of the water patrol;

(21) "Employee":

(a) Effective August 28, 2007, any elective or appointive officer or person employed by the state who is employed, promoted or transferred by a department into a new or existing position and earns a salary or wage in a position normally requiring the performance by the person of duties during not less than one thousand forty hours per year, including each member of the general assembly but not including any patient or inmate of any state, charitable, penal or correctional institution. However, persons who are members of the public school retirement system and who are employed by a state agency other than an institution of higher learning shall be deemed employees for purposes of participating in all insurance programs administered by a board established pursuant to section 104.450. This definition shall not exclude any employee as defined in this subdivision who is covered only under the federal Old Age and Survivors' Insurance Act, as amended. As used in this chapter, the term "employee" shall include:

a. Persons who are currently receiving annuities or other retirement benefits from some other retirement or benefit fund, so long as they are not simultaneously accumulating creditable service in another retirement or benefit system which will be used to determine eligibility for or the amount of a future retirement benefit;

b. Persons who have elected to become or who have been made members of a system pursuant to section 104.342;

(b) Any person who is not a retiree and has performed services in the employ of the general assembly or either house thereof, or any employee of any member of the general assembly while acting in the person's official capacity as a member, and whose position does not normally require the person to perform duties during at least one thousand forty hours per year, with a month of service being any monthly pay period in which the employee was paid for full-time employment for that monthly period; except that persons described in this paragraph shall not include any such persons who are employed on or after August 28, 2007, and who have not previously been employed in such positions;

(c) "Employee" does not include special consultants employed pursuant to section 104.610;

(d) The system shall consider a person who is employed in multiple positions simultaneously within a single agency to be working in a single position for purposes of determining whether the person is an employee as defined in this subdivision;

(22) "Employer", a department of the state;

(23) "Executive director", the executive director employed by a board established pursuant to the provisions of this chapter;

(24) "Fiscal year", the period beginning July first in any year and ending June thirtieth the following year;

(25) "Full biennial assembly", the period of time beginning on the first day the general assembly convenes for a first regular session until the last day of the following year;

(26) "Fund", the benefit fund of a system established pursuant to this chapter;

(27) "Interest", interest at such rate as shall be determined and prescribed from time to time by a board;

(28) "Member", as used in sections 104.010 to 104.272 or 104.601 to 104.800 shall mean an employee, retiree, or former employee entitled to a deferred annuity covered by the Missouri department of transportation and highway patrol employees' retirement system. "Member", as used in this section and sections 104.312 to 104.800, shall mean an employee, retiree, or former employee entitled to deferred annuity covered by the Missouri state employees' retirement system;

(29) "Membership service", the service after becoming a member that is recognized in determining a member's eligibility for and the amount of a member's benefits under a system;

(30) "Military service", all active service performed in the United States Army, Air Force, Navy, Marine Corps, Coast Guard, and members of the United States Public Health Service or any women's auxiliary thereof; and service in the Army National Guard and Air National Guard when engaged in active duty for training, inactive duty training or full-time National Guard duty, and service by any other category of persons designated by the President in time of war or emergency;

(31) "Normal annuity", the annuity provided to a member upon retirement at or after the member's normal retirement age;

(32) "Normal retirement age", an employee's attainment of sixty-five years of age and the completion of four years of creditable service or the attainment of age sixty-five years of age and the completion of five years of creditable service by a member who has terminated employment and is entitled to a deferred normal annuity or the member's attainment of age sixty and the completion of fifteen years of creditable service, except that normal retirement age for uniformed members of the highway patrol shall be fifty-five years of age and the completion of four years of creditable service and uniformed employees of the water patrol shall be fifty-five years of age and the completion of four years of creditable service or the attainment of age fifty-five and the completion of five years of creditable service by a member of the water patrol who has terminated employment and is entitled to a deferred normal annuity and members of the general assembly shall be fifty-five years of age and the completion of three full biennial assemblies. Notwithstanding any other provision of law to the contrary, a member of the Missouri department of transportation and highway patrol employees' retirement system or a member of the Missouri state employees' retirement system shall be entitled to retire with a normal annuity and shall be entitled to elect any of the survivor benefit options and shall also be entitled to any other provisions of this chapter that relate to retirement with a normal annuity if the sum of the member's age and creditable service equals eighty years or more and if the member is at least forty-eight years of age;

(33) "Payroll deduction", deductions made from an employee's compensation;

(34) "Prior service credit", the service of an employee rendered prior to the date the employee became a member which service is recognized in determining the member's eligibility for benefits from a system but not in determining the amount of the member's benefit;

(35) "Reduced annuity", an actuarial equivalent of a normal annuity;

(36) "Retiree", a member who is not an employee and who is receiving an annuity from a system pursuant to this chapter;

(37) "System" or "retirement system", the Missouri department of transportation and highway patrol employees' retirement system, as created by sections 104.010 to 104.270, or sections 104.601 to 104.800, or the Missouri state employees' retirement system as created by sections 104.320 to 104.800;

(38) "Uniformed members of the highway patrol", the superintendent, lieutenant colonel, majors, captains, director of radio, lieutenants, sergeants, corporals, and patrolmen of the Missouri state highway patrol who normally appear in uniform;

(39) "Uniformed members of the water patrol", employees of the Missouri state water patrol of the department of public safety who are classified as water patrol officers who have taken the oath of office prescribed by the provisions of chapter 306 and who have those peace officer powers given by the provisions of chapter 306;

(40) "Vesting service", the sum of a member's prior service credit and creditable service which is recognized in determining the member's eligibility for benefits under the system.

2. Benefits paid pursuant to the provisions of this chapter shall not exceed the limitations of Internal Revenue Code Section 415, the provisions of which are hereby incorporated by reference. Notwithstanding any other law to the contrary, the board of trustees may establish a benefit plan under Section 415(m) of the Internal Revenue Code of 1986, as amended. Such plan shall be created solely for the purposes described in Section 415(m)(3)(A) of the Internal Revenue Code of 1986, as amended. The board of trustees may promulgate regulations necessary to implement the provisions of this subsection and to create and administer such benefit plan.

104.020. There is hereby created the "Missouri Department of Transportation and Highway Patrol Employees' Retirement System", which shall be a body corporate and an instrumentality of the state. In such system shall be vested the powers and duties specified in sections 104.010 to **[**104.270**] 104.312** and such other powers as may be necessary or proper to enable it, its officers, employees, and agents to carry out fully and effectively all the purposes of sections 104.010 to **[**104.270**] 104.312**.

104.035. 1. Any member whose employment terminated prior to August 13, 1976, and who had served twenty years or more as an employee shall be entitled to a deferred normal annuity based on his creditable service, average compensation, and the act in effect at the time his employment was terminated.

2. Any member whose employment terminates on or after August 13, 1976, and prior to June 1, 1981, and who had served fifteen or more years' creditable service as an employee or had served ten or more years of creditable service as an employee and was at least thirty-five years of age at the date of termination of employment shall be entitled to a deferred normal annuity based on his creditable service, average compensation, and the act in effect at the time his employment was terminated.

3. Any member whose employment terminates on or after June 1, 1981, and who has ten or more years of creditable service at the date of termination of employment shall be entitled to a deferred normal annuity based on the member's creditable service, average compensation and the act in effect at the time the member's employment is terminated.

4. Any member entitled to a deferred normal annuity as provided in subsection 1, 2, 3 or 5 of this section who reenters the service of a department and again becomes a member of the system **[**and thereafter serves for one continuous year**]** shall have his prior period of service restored, so that benefits determined by reason of his retirement or subsequent withdrawal from service will include the sum of all periods of creditable service, and his annuity shall be based on his creditable service, average compensation, and the act in effect at the time of his retirement or subsequent withdrawal from service.

5. Notwithstanding any other law to the contrary, any member of the transportation department and highway patrol retirement system whose employment terminated on or after September 28, 1992, who has five or more years of vesting service as an employee at the date of termination of employment shall be entitled to a deferred normal annuity based on the member's creditable service, average compensation, and the act in effect at the time the member's employment was terminated.

104.090. 1. The normal annuity of a member shall equal one and six-tenths percent of the average compensation of the member multiplied by the number of years of creditable service of such member. In addition, the normal annuity of a uniformed member of the patrol shall be increased by thirty-three and one-third percent.

2. In addition, a uniformed member of the highway patrol who is retiring with a normal annuity after attaining normal retirement age shall receive an additional sum of ninety dollars per month as a contribution by the system until such member attains the age of sixty-five years, when such contribution shall cease. To qualify for the contribution provided in this subsection by the system, the retired uniformed member of the highway patrol is made, constituted, appointed and employed by the board as a special consultant on the problems of retirement, aging and other state matters. Such additional contribution shall be reduced each month by such amount earned by the retired uniformed member of the highway patrol in gainful employment. In order to qualify for the additional contribution provided in this subsection, the retired uniformed member of the highway patrol shall have been:

(1) Hired by the Missouri state highway patrol prior to January 1, 1995; and

(2) Employed by the Missouri state highway patrol or receiving long-term disability or work-related disability benefits on the day before the effective date of the member's retirement.

3. In lieu of the annuity payable to the member pursuant to section 104.100, a member whose age at retirement is forty-eight or more may elect in the member's application for retirement to receive one of the following:

Option 1.

An actuarial reduction approved by the board of the member's annuity in reduced monthly payments for life during retirement with the provision that upon the member's death the reduced annuity at date of death shall be continued throughout the life of, and be paid to, the member's spouse; or

Option 2.

The member's normal annuity in regular monthly payments for life during retirement with the provision that upon the member's death a survivor's benefit equal to one-half the member's normal annuity at date of death shall be paid to the member's spouse in regular monthly payments for life; or

Option 3.

An actuarial reduction approved by the board of the member's normal annuity in reduced monthly payments for the member's life with the provision that if the member dies prior to the member's having received one hundred twenty monthly payments of the member's reduced annuity, the member's reduced allowance to which the member would have been entitled had the member lived shall be paid for the remainder of the one hundred twenty-month period to such beneficiary as the member shall have nominated by written designation duly executed and filed with the board. If there is no beneficiary surviving the retiree, the reserve for such allowance for the remainder of such one hundred twenty-month period shall be paid to the retiree's estate; or

Option 4.

An actuarial reduction approved by the board of the member's normal annuity in reduced monthly payments for the member's life with the provision that if the member dies prior to the member having received sixty monthly payments of the member's reduced annuity, the member's reduced allowance to which the member would have been entitled had the member lived shall be paid for the remainder of the sixty-month period to such beneficiary as the member shall have nominated by written designation duly executed and filed with the board. If there is no beneficiary surviving the retiree, the reserve for such allowance for the remainder of such sixty-month period shall be paid to the retiree's estate.

4. The election may be made only in the application for retirement, and such application shall be filed at least thirty days but not more than ninety days prior to the date on which the retirement of the member is to be effective, provided that if either the member or the spouse nominated to receive the survivorship payment dies before the effective date of retirement, the election shall not be effective. If after the reduced annuity commences, the spouse predeceases the retired member, the reduced annuity continues to the retired member during the member's lifetime.

5. Effective July 1, 2000, a member may make an election under option 1 or 2 after the date retirement benefits are initiated if the member makes the election within one year from the date of marriage or July 1, 2000, whichever is later, under any of the following circumstances:

(1) The member elected to receive a normal annuity and was not eligible to elect option 1 or 2 on the date retirement benefits were initiated; or

(2) The member's annuity reverted to a normal annuity pursuant to subsection 7 of this section or subsection **[**7 or**]** 8 of section 104.103 and the member remarried; or

(3) The member elected option 1 or 2 but the member's spouse at the time of retirement has died and the member has remarried.

6. Any person who terminates employment or retires prior to July 1, 2000, shall be made, constituted, appointed and employed by the board as a special consultant on the problems of retirement, aging and other state matters, and for such services shall be eligible to elect to receive the benefits described in subsection 5 of this section.

7. For retirement applications filed on or after August 28, 2004, the beneficiary for either option 1 or option 2 of subsection 3 of this section shall be the member's spouse at the time of retirement. If the member's marriage ends after retirement as a result of a dissolution of marriage, such dissolution shall not

affect the option election and the former spouse shall continue to be eligible to receive survivor benefits upon death of the member, except a member may cancel his or her election if:

(1) The dissolution of marriage of the member and former spouse occurred on or after January 1, 2021, and the dissolution decree provides for sole retention by the member of all rights in the annuity and provides that the former spouse shall not be entitled to any survivor benefits pursuant to this chapter; or

(2) The dissolution of marriage of the member and former spouse occurred prior to January 1, 2021, and:

(a) The dissolution decree provided for the sole retention by the member of all rights in the annuity pursuant to this chapter, and the parties obtained an amended or modified dissolution decree after January 1, 2021, providing for immediate removal of the former spouse as the beneficiary entitled to survivor benefits to the satisfaction of the system; or

(b) The dissolution decree does not provide for the sole retention by the member of all rights in the annuity and the parties obtained an amended or modified dissolution decree after January 1, 2021, which provides for the sole retention by the member of all rights in the annuity and provides that the former spouse shall not be entitled to any survivor benefits pursuant to this chapter.

Upon meeting the requirements of subdivision (1) or (2) of this subsection, the monthly benefit payable for the lifetime of the member shall be the actuarial equivalent of the annuity payable pursuant to the provisions of option 1 or option 2 of subsection 3 of this section, as adjusted for early retirement if applicable. In no event shall the monthly benefit payable for the lifetime of the member be greater than the amount that would have been payable to the member under subsection 7 or 8 of section 104.103, whichever is applicable, had the former spouse died on the date of the dissolution of marriage. Any increase in the annuity amount pursuant to this subsection shall be prospective and effective the first of the month following the date of receipt by the system of a certified copy of the dissolution decree that meets the requirements of this subsection.

8. Any application for retirement shall only become effective on the first day of the month."; and

Further amend said bill, Page 2, Section 104.160, Line 43, by inserting after all of said section and line the following:

"104.170. 1. The board shall elect **[**by secret ballot**]** one member as chair and one member as vice chair at the first board meeting of each year. The chair may not serve more than two consecutive terms beginning after August 13, 1988. The chair shall preside over meetings of the board and perform such other duties as may be required by action of the board. The vice chair shall perform the duties of the chair in the absence of the latter or upon the chair's inability or refusal to act.

2. The board shall appoint a full-time executive director, who shall not be compensated for any other duties under the state highways and transportation commission. The executive director shall have charge of the offices and records and shall hire such employees that the executive director deems necessary subject to the direction of the board. The executive director and all other employees of the system shall be members of the system and the board shall make contributions to provide the insurance benefits available pursuant to section 104.270 on the same basis as provided for other state employees pursuant to the

provisions of section 104.515, and also shall make contributions to provide the retirement benefits on the same basis as provided for other employees pursuant to the provisions of sections 104.090 to 104.260. The executive director is authorized to execute all documents including contracts necessary to carry out any and all actions of the board.

3. Any summons or other writ issued by the courts of the state shall be served upon the executive director or, in the executive director's absence, on the assistant director.

104.200. Should any error in any records result in any **[**member's**] member** or **[**beneficiary's**] beneficiary** receiving more or less than he **or she** would have been entitled to receive had the records been correct, the board shall correct such error, and, as far as practicable, make future payments in such a manner that the actuarial equivalent of the benefit to which such member or beneficiary was entitled shall be paid, and to this end may recover any overpayments. In all cases in which such error has been made, no such error shall be corrected unless the system discovers or is notified of such error within ten years after the **[**initial**] member's annuity starting date or** date of error**, whichever occurs later. In cases of fraud, any error discovered shall be corrected without concern for the amount of time that has passed**.

104.312. 1. The provisions of subsection 2 of section 104.250, subsection 2 of section 104.540, subsection 2 of section 287.820, and section 476.688 to the contrary notwithstanding, any pension, annuity, benefit, right, or retirement allowance provided pursuant to this chapter, chapter 287, or chapter 476 is marital property and after August 28, 1994, a court of competent jurisdiction may divide the pension, annuity, benefits, rights, and retirement allowance provided pursuant to this chapter, chapter 287, or chapter 476 between the parties to any action for dissolution of marriage. A division of benefits order issued pursuant to this section:

(1) Shall not require the applicable retirement system to provide any form or type of annuity or retirement plan not selected by the member and not normally made available by that system;

(2) Shall not require the applicable retirement system to commence payments until the member submits a valid application for an annuity and the annuity becomes payable in accordance with the application;

(3) Shall identify the monthly amount to be paid to the alternate payee, which shall be expressed as a percentage and which shall not exceed fifty percent of the amount of the member's annuity accrued during all or part of the time while the member and alternate payee were married **excluding service accrued under 104.601**; and which shall be based on the member's vested annuity on the date of the dissolution of marriage or an earlier date as specified in the order, which amount shall be adjusted proportionately if the member's annuity is reduced due to early retirement or the member's annuity is reduced pursuant to section 104.395 under an annuity option in which the member named the alternate payee as beneficiary prior to the dissolution of marriage or pursuant to section 104.090 under an annuity option in which the member on or after August 28, 2007, named the alternative payee as beneficiary prior to the dissolution of marriage, and the percentage established shall be applied to the pro rata portion of any lump sum distribution pursuant to subsection 6 of section 104.335, accrued during the time while the member and alternate payee were married;

(4) Shall not require the payment of an annuity amount to the member and alternate payee which in total exceeds the amount which the member would have received without regard to the order;

(5) Shall provide that any benefit formula increases, additional years of service, increased average compensation or other type of increases accrued after the date of the dissolution of marriage shall accrue solely to the benefit of the member; except that on or after September 1, 2001, any annual benefit increase **paid after the member's annuity starting date** shall not be considered to be an increase accrued after the date of termination of marriage and shall be part of the monthly amount subject to division pursuant to any order issued after September 1, 2001;

(6) Shall terminate upon the death of either the member or the alternate payee, whichever occurs first;

(7) Shall not create an interest which is assignable or subject to any legal process;

(8) Shall include the name, address, and date of birth of both the member and the alternate payee, and the identity of the retirement system to which it applies;

(9) Shall be consistent with any other division of benefits orders which are applicable to the same member;

(10) Shall not require the applicable retirement system to continue payments to the alternate payee if the member's retirement benefit is suspended or waived as provided by this chapter but such payments shall resume when the retiree begins to receive retirement benefits in the future.

2. A system established by this chapter shall provide the court having jurisdiction of a dissolution of marriage proceeding or the parties to the proceeding with information necessary to issue a division of benefits order concerning a member of the system, upon written request from either the court, the member or the member's spouse, which cites this section and identifies the case number and parties.

3. A system established by this chapter shall have the discretionary authority to reject a division of benefits order for the following reasons:

(1) The order does not clearly state the rights of the member and the alternate payee;

(2) The order is inconsistent with any law governing the retirement system.

4. The amount paid to an alternate payee under an order issued pursuant to this section shall be based on the plan the member was in on the date of the dissolution of marriage; except that any annual benefit increases subject to division shall be based on the actual annual benefit increases received after the retirement plan election.

5. Any annuity payable under section 104.625 that is subject to a division of benefit order under this section shall be calculated as follows:

(1) In instances of divorce after retirement, any service or compensation of a member between the retroactive starting date and the annuity starting date shall not be considered creditable service or compensation; and

(2) The lump-sum payment described in subdivision (3) of section 104.625 shall not be subject to any division of benefit order.

104.410. 1. Any uniformed member of the water patrol who shall be affirmatively found by the board to be wholly and permanently incapable of holding any position of gainful employment as a result of injuries or illness incurred in the performance of the member's duties shall be entitled to receive disability benefits in an amount equal to one-half of the compensation that the employee was receiving at the time of the occurrence of the injury entitling the employee to such disability benefits. Any disability benefit payable pursuant to this subsection shall be decreased by any amount paid to such uniformed member of the water patrol by reason of the workers' compensation laws of this state. After termination of payment under workers' compensation, however, any such reduction and disability benefits shall be restored.

2. The board of trustees may require a medical examination of any uniformed member of the water patrol who is receiving disability benefits pursuant to this section at any time by a designated physician, and disability benefits shall be discontinued if the board finds that such member is able to perform the duties of the member's former position, or if such member refuses to submit to such an examination.

3. The disability benefits described in this section shall not be paid to any uniformed member of the water patrol who has retained or regained more than fifty percent of the member's earning capacity. If any uniformed member of the water patrol who has been receiving disability benefits again becomes an employee, the member's disability benefits shall be discontinued, the member's prior period of creditable service shall be restored, and any subsequent determination of benefits due the member or the member's survivors shall be based on the sum of the member's creditable service accrued to the date the member's disability benefits commenced and the period of creditable service after the member's return to employment.

4. Any uniformed member of the water patrol receiving benefits pursuant to the provisions of this section for five or more years immediately prior to attainment of age fifty-five shall be considered a normal retirant at age fifty-five, and may elect, within thirty days preceding the attainment of age fifty-five, option 1 of section 104.395, but only for the member's spouse who was the member's spouse for two or more years prior to the member's attainment of age fifty-five.

5. Any member who is receiving disability benefits as of December 31, 1985, or any member who is disabled on December 31, 1985, and would have been entitled to receive disability benefits pursuant to this section as the provisions of this section existed immediately prior to September 28, 1985, shall be eligible to receive or shall continue to receive benefits in accordance with such prior provisions of this section until the member again becomes an employee; however, all employees of the department of conservation who are disabled shall receive benefits pursuant only to this section or section 104.518, whichever is applicable, and shall not be eligible for benefits under any other plan or program purchased or provided after September 28, 1985.

6. Any member who qualifies for disability benefits pursuant to subsection 1 of this section or pursuant to the provisions of section 104.518, or under a long-term disability program provided by the member's employing department as a consequence of employment by the department, shall continue to accrue creditable service based on the member's rate of pay immediately prior to the date the member became disabled in accordance with sections 104.370, 104.371, 104.374 and 104.615, until the date the member's retirement benefit goes into pay status, the disability benefits cease being paid to the member, or the member is no longer disabled, whichever comes first. Persons covered by the provisions of sections 476.515 to 476.565 or sections 287.812 to 287.855, who qualify for disability benefits pursuant to the

provisions of section 104.518, at the date the person becomes disabled, shall continue to accrue creditable service based on the person's rate of pay immediately prior to the date the person becomes disabled until the date the person's retirement benefit goes into pay status, the disability benefits cease being paid to the person or the person is no longer disabled, whichever comes first. Members or persons continuing to accrue creditable service pursuant to this subsection shall be entitled to continue their life insurance coverage subject to the provisions of the life insurance plan administered by the board pursuant to section 104.517. The rate of pay for purposes of calculating retirement benefits for a member or person described in this subsection who becomes disabled and retires on or after August 28, 1999, shall be the member's or person's regular monthly compensation received at the time of disablement, increased thereafter for any increases in the consumer price index. Such increases in the member's monthly pay shall be made annually beginning twelve months after disablement and shall be equal to eighty percent of the increase in the consumer price index during the calendar year prior to the adjustment, but not more than five percent of the member's monthly pay immediately before the increase. Such accruals shall continue until the earliest of: receipt of an early retirement annuity, attainment of normal retirement eligibility or termination of disability benefits.

7. A member or person who continues to be disabled as provided in subsection 6 of this section until the member's normal retirement age shall be eligible to retire on the first day of the month next following the member's or person's final payment pursuant to section 104.518 or, if applicable, subsection 1 of this section. A member or person who retires pursuant to this subsection shall receive the greater of the normal annuity or the minimum annuity, if applicable, determined pursuant to sections 104.370, 104.371, 104.374 and 104.615, and section 287.820, and section 476.530 as if the member or person had continued in the active employ of the employer until the member's or person's retirement benefit goes into pay status, the disability benefits cease being paid to the member or person, or the member or person is no longer disabled, whichever comes first and the member's or person's compensation for such period had been the member's or person's rate of pay immediately preceding the date the member or person became disabled.

8. If a member who has been disabled becomes an employee again and if the member was disabled during the entire period of the member's absence, then the member shall resume active participation as of the date of reemployment. Such a member shall receive creditable service for the entire period the member was disabled as provided in subsection 6 of this section.

9. If a member ceases to be disabled and if the member does not return to work as provided in subsection 8 of this section, the member's rights to further benefits shall be determined in accordance with sections 104.335, 104.380, 104.400, 104.420 and 104.615 as though the member had withdrawn from service as of the date the member ceased to be disabled, as determined by the system.

10. Members of the general assembly who are accruing service under subsection 6 of this section shall continue to accrue service until the earliest of attainment of normal retirement age eligibility, termination of disability benefits, or the end of the member's constitutionally mandated limit on service as a member of the general assembly for the chamber in which the member was serving at the time of disablement.

11. Statewide elected officials who are accruing service under subsection 6 of this section shall continue to accrue service until the earliest of attainment of normal retirement age eligibility, termination of disability benefits, or the end of the statewide elected official's constitutionally

mandated limit on service as a statewide elected official for the office in which the statewide elected official was serving at the time of disablement.

104.436. 1. The board intends to follow a financing pattern which computes and requires contribution amounts which, expressed as percents of active member payroll, will remain approximately level from year to year and from one generation of citizens to the next generation. Such contribution determinations require regular actuarial valuations, which shall be made by the board's actuary, using assumptions and methods adopted by the board after consulting with its actuary. The entry age normal cost valuation method shall be used in determining **the** normal cost**[**, and contributions for unfunded accrued liabilities shall be determined using level percent-of-payroll amortization**] calculation**.

2. At least ninety days before each regular session of the general assembly, the board shall certify to the division of budget the contribution rate necessary to cover the liabilities of the plan administered by the system, including costs of administration, expected to accrue during the next appropriation period. The commissioner of administration shall request appropriation of the amount calculated pursuant to the provisions of this subsection. Following each pay period, the commissioner of administration shall requisition and certify the payment to the executive director of the Missouri state employees' retirement system. The executive director shall promptly deposit the amounts certified to the credit of the Missouri state employees' retirement fund.

3. The employers of members of the system who are not paid out of funds that have been deposited in the state treasury shall remit promptly to the executive director an amount equal to the amount which the state would have paid if those members had been paid entirely from state funds. The executive director shall promptly deposit the amounts certified to the credit of the Missouri state employees' retirement system fund.

4. These amounts are funds of the system, and shall not be commingled with any funds in the state treasury.

104.490. 1. Should any error result in any member or beneficiary receiving more or less than he or she would have been entitled to receive had the error not occurred, the board shall correct such error, and, as far as practicable, make future payments in such a manner that the actuarial equivalent of the benefit to which such member or beneficiary was entitled shall be paid, and to this end may recover any overpayments. In all cases in which such error has been made, no such error shall be corrected unless the system discovers or is notified of such error within ten years after the **[**initial**] member's annuity starting date or** date of error**, whichever occurs later. In cases of fraud, any error discovered shall be corrected without concern to the amount of time that has passed**.

2. A person who knowingly makes a false statement, or falsifies or permits to be falsified a record of the system, in an attempt to defraud the system is subject to fine or imprisonment pursuant to the Missouri revised statutes.

3. The board of trustees of the Missouri state employees' retirement system shall cease paying benefits to any survivor or beneficiary who is charged with the intentional killing of a member without legal excuse or justification. A survivor or beneficiary who is convicted of such charge shall no longer be entitled to receive benefits. If the survivor or beneficiary is not convicted of such charge, the board shall resume

payment of benefits and shall pay the survivor or beneficiary any benefits that were suspended pending resolution of such charge.

104.515. 1. Separate accounts for medical, life insurance and disability benefits provided pursuant to sections 104.517 and 104.518 shall be established as part of the fund. The funds, property and return on investments of the separate account shall not be commingled with any other funds, property and investment return of the system. All benefits and premiums are paid solely from the separate account for medical, life insurance and disability benefits provided pursuant to this section.

2. The state shall contribute an amount as appropriated by law and approved by the governor per month for medical benefits, life insurance and long-term disability benefits as provided pursuant to this section and sections 104.517 and 104.518. Such amounts shall include the cost of providing life insurance benefits for each active employee who is a member of the Missouri state employees' retirement system, a member of the public school retirement system and who is employed by a state agency other than an institution of higher learning, a member of the retirement system established by sections 287.812 to 287.855, the judicial retirement system, each legislator and official holding an elective state office, members not on payroll status who are receiving workers' compensation benefits, and if the state highways and transportation commission so elects, those employees who are members of the state transportation department employees' and highway patrol retirement system; if the state highways and transportation commission so elects to join the plan, the state shall contribute an amount as appropriated by law for medical benefits for those employees who are members of the transportation department employees' and highway patrol retirement system; an additional amount equal to the amount required, based on competitive bidding or determined actuarially, to fund the retired members' death benefit or life insurance benefit, or both, provided in subsection 4 of this section and the disability benefits provided in section 104.518. This amount shall be reported as a separate item in the monthly certification of required contributions which the commissioner of administration submits to the state treasurer and shall be deposited to the separate account for medical, life insurance and disability benefits. All contributions made on behalf of members of the state transportation department employees' and highway patrol retirement system shall be made from highway funds. If the highways and transportation commission so elects, the spouses and unemancipated children under twenty-three years of age of employees who are members of the state transportation department employees' and highway patrol retirement system shall be able to participate in the program of insurance benefits to cover medical expenses pursuant to the provisions of subsection 3 of this section.

3. The board shall determine the premium amounts required for participating employees. The premium amounts shall be the amount, which, together with the state's contribution, is required to fund the benefits provided, taking into account necessary actuarial reserves. Separate premiums shall be established for employees' benefits and a separate premium or schedule of premiums shall be established for benefits for spouses and unemancipated children under twenty-three years of age of participating employees. The employee's premiums for spouse and children benefits shall be established to cover that portion of the cost of such benefits which is not paid for by contributions by the state. All such premium amounts shall be paid to the board of trustees at the time that each employee's wages or salary would normally be paid. The premium amounts so remitted will be placed in the separate account for medical, life insurance and disability benefits. In lieu of the availability of premium deductions, the board may establish alternative methods for the collection of premium amounts.

4. Each special consultant eligible for life benefits employed by a board of trustees of a retirement system as provided in section 104.610 who is a member of the Missouri state life insurance plan or Missouri state transportation department and Missouri state highway patrol life insurance plan shall, in addition to duties prescribed in section 104.610 or any other law, and upon request of the board of trustees, give the board, orally or in writing, a short detailed statement on life insurance and death benefit problems affecting retirees. As compensation for the extra duty imposed by this subsection, any special consultant as defined above, other than a special consultant entitled to a deferred normal annuity pursuant to section 104.035 or 104.335, who retires on or after September 28, 1985, shall receive as a part of compensation for these extra duties, a death benefit of five thousand dollars, and any special consultant who terminates employment on or after August 28, 1999, after reaching normal or early retirement age and becomes a retiree within **[**sixty**]** **sixty-five** days of such termination shall receive five thousand dollars of life insurance coverage. In addition, each special consultant who is a member of the transportation department employees' and highway patrol retirement system medical insurance plan shall also provide the board, upon request of the board, orally or in writing, a short detailed statement on physical, medical and health problems affecting retirees. As compensation for this extra duty, each special consultant as defined above shall receive, in addition to all other compensation provided by law, nine dollars, or an amount equivalent to that provided to other special consultants pursuant to the provisions of section 103.115. In addition, any special consultant as defined in section 287.820 or section 476.601 who terminates employment and immediately retires on or after August 28, 1995, shall receive as a part of compensation for these duties, a death benefit of five thousand dollars and any special consultant who terminates employment on or after August 28, 1999, after reaching the age of eligibility to receive retirement benefits and becomes a retiree within **[**sixty**]** **sixty-five** days of such termination shall receive five thousand dollars of life insurance coverage.

5. Any former employee who is receiving disability income benefits from the Missouri state employees' retirement system or the transportation department employees' and highway patrol retirement system shall, upon application with the board of trustees of the Missouri consolidated health care plan or the transportation department employees and highway patrol medical plan, be made, constituted, appointed and employed by the respective board as a special consultant on the problems of the health of disability income recipients and, upon request of the board of trustees of each medical plan, give the board, orally or in writing, a short detailed statement of physical, medical and health problems affecting disability income recipients. As compensation for the extra duty imposed by this subsection, each such special consultant as defined in this subsection may receive, in addition to all other compensation provided by law, an amount contributed toward medical benefits coverage provided by the Missouri consolidated health care plan or the transportation employees and highway patrol medical plan pursuant to appropriations.

104.625. Effective July 1, 2002, any member retiring pursuant to the provisions of sections 104.010 to 104.801, except an elected official or a member of the general assembly, who has not been paid retirement benefits and continues employment for at least two years beyond normal retirement age, may elect to receive an annuity and lump sum payment or payments, determined as follows:

(1) A retroactive starting date shall be established which shall be a date selected by the member; provided, however, that the retroactive starting date selected by the member shall not be a date which is earlier than the date when a normal annuity would have first been payable. In addition, the retroactive

starting date shall not be more than five years prior to the annuity starting date, which shall be the first day of the month with respect to which an amount is paid as an annuity pursuant to this section. The member's selection of a retroactive starting date shall be done in twelve-month increments, except this restriction shall not apply when the member selects the total available time between the retroactive starting date and the annuity starting date;

(2) The prospective annuity payable as of the annuity starting date shall be determined pursuant to the provisions otherwise applicable under the law, with the exception that it shall be the amount which would have been payable had the member actually retired on the retroactive starting date under the retirement plan selected by the member. Other than for the lump sum payment or payments specified in subdivision (3) of this section, no other amount shall be due for the period between the retroactive starting date and the annuity starting date;

(3) The lump sum payable shall be ninety percent of the annuity amounts which would have been paid to the member from the retroactive starting date to the annuity starting date had the member actually retired on the retroactive starting date and received a normal annuity. The member shall **[**elect to**]** receive the lump sum amount **[**either**]** in its entirety at the same time as the initial annuity payment is made **[**or in three equal annual installments with the first payment made at the same time as the initial annuity payment**]**; **and**

(4) **[**Any annuity payable pursuant to this section that is subject to a division of benefit order pursuant to section 104.312 shall be calculated as follows:

(a) Any service of a member between the retroactive starting date and the annuity starting date shall not be considered creditable service except for purposes of calculating the division of benefit; and

(b) The lump sum payment described in subdivision (3) of this section shall not be subject to any division of benefit order; and

(5)**]** For purposes of determining annual benefit increases payable as part of the lump sum and annuity provided pursuant to this section, the retroactive starting date shall be considered the member's date of retirement.

104.810. 1. Employees of the Missouri state water patrol who are earning creditable service in the closed plan of the Missouri state employees' retirement system and who are transferred to the division of water patrol with the Missouri state highway patrol shall elect within ninety days of January 1, 2011, to either remain a member of the Missouri state employees' retirement system or transfer membership and creditable service to the closed plan of the Missouri department of transportation and highway patrol employees' retirement system. The election shall be made in writing after the employee has received a detailed analysis comparing retirement, life insurance, disability benefits, and medical benefits of a member of the Missouri state employees' retirement system with the corresponding benefits provided an employee of the highway patrol covered by the closed plan of the Missouri department of transportation and highway patrol employees' retirement system. In electing plan membership the employee shall acknowledge and agree that an election made under this subsection is irrevocable, and constitutes a waiver to receive retirement, life insurance, disability benefits, and medical benefits except as provided by the system elected by the employee. Furthermore, in connection with the election, the employee shall be required to acknowledge that the benefits provided by virtue of membership in either system, and any

associated costs to the employee, may be different now or in the future as a result of the election and that the employee agrees to hold both systems harmless with regard to benefit differences resulting from the election. **In the event an employee terminates employment and later returns to the same position, the employee shall be a member of the system in which he or she was a member prior to termination. If the employee returns to any other position, the employee shall be a member of the system that currently covers that position.**

2. Employees of the Missouri state water patrol who are earning credited service in the year 2000 plan of the Missouri state employees' retirement system and who are transferred to the division of water patrol with the Missouri state highway patrol shall elect within ninety days of January 1, 2011, to either remain a member of the Missouri state employees' retirement system or transfer membership and creditable service to the year 2000 plan of the Missouri department of transportation and highway patrol employees' retirement system. The election shall be made in writing after the employee has received a detailed analysis comparing retirement, life insurance, disability benefits, and medical benefits of a member of the Missouri state employees' retirement system with the corresponding benefits provided an employee of the highway patrol covered by the year 2000 plan of the Missouri department of transportation and highway patrol employees' retirement system. In electing plan membership the employee shall acknowledge and agree that an election made under this subsection is irrevocable, and constitutes a waiver to receive retirement, life insurance, disability benefits, and medical benefits except as provided by the system elected by the employee. Furthermore, in connection with the election, the employee shall be required to acknowledge that the benefits provided by virtue of membership in either system, and any associated costs to the employee, may be different now or in the future as a result of the election and that the employee agrees to hold both systems harmless with regard to benefit differences resulting from the election.

3. The Missouri state employees' retirement system shall pay to the Missouri department of transportation and highway patrol employees' retirement system, by June 30, 2011, an amount actuarially determined to equal the liability at the time of the transfer for any employee who elects under subsection 1 or 2 of this section to transfer to the Missouri department of transportation and highway patrol employees' retirement system, to the extent that liability is funded as of the most recent actuarial valuation and based on the actuarial value of assets not to exceed one hundred percent.

4. In no event shall any employee receive service credit for the same period of service under more than one retirement system as a result of the provisions of this section.

5. The only medical coverage available for any employee who elects under subsection 1 or 2 of this section to transfer to the Missouri department of transportation and highway patrol employees' retirement system shall be the medical coverage provided in section 104.270. The effective date for commencement of medical coverage shall be July 1, 2011. However, this does not preclude medical coverage for the transferred employee as a dependent under any other health care plan.

6. Any employee who elects under subsection 1 or 2 of this section to transfer to the Missouri department of transportation and highway patrol employees' retirement system and who is also thereafter a uniformed member of the highway patrol shall be subject to the mandatory retirement age stated in section 104.081.

104.1003. 1. Unless a different meaning is plainly required by the context, the following words and phrases as used in sections 104.1003 to 104.1093 shall mean:

(1) "Act", the year 2000 plan created by sections 104.1003 to 104.1093;

(2) "Actuary", an actuary who is experienced in retirement plan financing and who is either a member of the American Academy of Actuaries or an enrolled actuary under the Employee Retirement Income Security Act of 1974;

(3) "Annuity", annual benefit amounts, paid in equal monthly installments, from funds provided for in, or authorized by, sections 104.1003 to 104.1093;

(4) "Annuity starting date" means the first day of the first month with respect to which an amount is paid as an annuity pursuant to sections 104.1003 to 104.1093;

(5) "Beneficiary", any persons or entities entitled to receive an annuity or other benefit pursuant to sections 104.1003 to 104.1093 based upon the employment record of another person;

(6) "Board of trustees", "board", or "trustees", a governing body or bodies established for the year 2000 plan pursuant to sections 104.1003 to 104.1093;

(7) "Closed plan", a benefit plan created pursuant to this chapter and administered by a system prior to July 1, 2000. No person first employed on or after July 1, 2000, shall become a member of the closed plan, but the closed plan shall continue to function for the benefit of persons covered by and remaining in the closed plan and their beneficiaries;

(8) "Consumer price index", the Consumer Price Index for All Urban Consumers for the United States, or its successor index, as approved by the board, as such index is defined and officially reported by the United States Department of Labor, or its successor agency;

(9) "Credited service", the total credited service to a member's credit as provided in sections 104.1003 to 104.1093; except that in no case shall more than one day of credited service be credited to any member or vested former member for any one calendar day of eligible credit as provided by law;

(10) "Department", any department or agency of the executive, legislative, or judicial branch of the state of Missouri receiving state appropriations, including allocated funds from the federal government but not including any body corporate or politic unless its employees are eligible for retirement coverage from a system pursuant to this chapter as otherwise provided by law;

(11) "Early retirement eligibility", a member's attainment of fifty-seven years of age and the completion of at least five years of credited service;

(12) "Effective date", July 1, 2000;

(13) "Employee" shall be any person who is employed by a department and is paid a salary or wage by a department in a position normally requiring the performance of duties of not less than one thousand forty hours per year, provided:

(a) The term "employee" shall not include any patient or inmate of any state, charitable, penal or correctional institution, or any person who is employed by a department in a position that is covered by a state-sponsored defined benefit retirement plan not created by this chapter;

(b) The term "employee" shall be modified as provided by other provisions of sections 104.1003 to 104.1093;

(c) The system shall consider a person who is employed in multiple positions simultaneously within a single agency to be working in a single position for purposes of determining whether the person is an employee as defined in this subdivision;

(d) **[**Beginning September 1, 2001, the term "year" as used in this subdivision shall mean the twelve-month period beginning on the first day of employment;

(e)**]** The term "employee" shall include any person as defined under paragraph (b) of subdivision (21) of subsection 1 of section 104.010 who is first employed on or after July 1, 2000, but prior to August 28, 2007;

(14) "Employer", a department;

(15) "Executive director", the executive director employed by a board established pursuant to the provisions of sections 104.1003 to 104.1093;

(16) "Final average pay", the average pay of a member for the thirty-six full consecutive months of service before termination of employment when the member's pay was greatest; or if the member was on workers' compensation leave of absence or a medical leave of absence due to an employee illness, the amount of pay the member would have received but for such leave of absence as reported and verified by the employing department; or if the member was employed for less than thirty-six months, the average monthly pay of a member during the period for which the member was employed. The board of each system may promulgate rules for purposes of calculating final average pay and other retirement provisions to accommodate for any state payroll system in which pay is received on a monthly, semimonthly, biweekly, or other basis;

(17) "Fund", a fund of the year 2000 plan established pursuant to sections 104.1003 to 104.1093;

(18) "Investment return", or "interest", rates as shall be determined and prescribed from time to time by a board;

(19) "Member", a person who is included in the membership of the system, as set forth in section 104.1009;

(20) "Normal retirement eligibility", a member's attainment of at least sixty-two years of age and the completion of at least five or more years of credited service or, the attainment of at least forty-eight years of age with a total of years of age and years of credited service which is at least eighty or, in the case of a member of the highway patrol who shall be subject to the mandatory retirement provisions of section **[**104.080**]** **104.081**, the mandatory retirement age and completion of five years of credited service or, the attainment of at least forty-eight years of age with a total of years of age and years of credited service which is at least eighty;

(21) "Pay" shall include:

(a) All salary and wages payable to an employee for personal services performed for a department; but excluding:

a. Any amounts paid after an employee's employment is terminated, unless the payment is made as a final installment of salary or wages at the same rate as in effect immediately prior to termination of employment in accordance with a state payroll system adopted on or after January 1, 2000;

b. Any amounts paid upon termination of employment for unused annual leave or unused sick leave;

c. Pay in excess of the limitations set forth in Section 401(a)(17) of the Internal Revenue Code of 1986 as amended and other applicable federal laws or regulations;

d. Any nonrecurring single sum payments; and

e. Any amounts for which contributions have not been made in accordance with section 104.1066;

(b) All salary and wages which would have been payable to an employee on workers' compensation leave of absence during the period the employee is receiving a weekly workers' compensation benefit, as reported and verified by the employing department;

(c) All salary and wages which would have been payable to an employee on a medical leave due to employee illness, as reported and verified by the employing department;

(d) For purposes of members of the general assembly, pay shall be the annual salary provided to each senator and representative pursuant to section 21.140, plus any salary adjustment pursuant to section 21.140;

(e) The board by its rules may further define "pay" in a manner consistent with this definition;

(22) "Retiree", a person receiving an annuity from the year 2000 plan based upon the person's employment record;

(23) "State", the state of Missouri;

(24) "System" or "retirement system", the Missouri state employees' retirement system or the Missouri department of transportation and highway patrol employees' retirement system, as the case may be;

(25) "Vested former member", a person entitled to receive a deferred annuity pursuant to section 104.1036;

(26) "Year 2000 plan", the benefit plan created by sections 104.1003 to 104.1093.

2. Benefits paid under the provisions of this chapter shall not exceed the limitations of Internal Revenue Code Section 415, the provisions of which are hereby incorporated by reference. Notwithstanding any other law to the contrary, the board of trustees may establish a benefit plan under Section 415(m) of the Internal Revenue Code of 1986, as amended. Such plan shall be created solely for the purposes described in Section 415(m)(3)(A) of the Internal Revenue Code of 1986, as amended. The board of trustees may promulgate regulations necessary to implement the provisions of this subsection and to create and administer such benefit plan.

104.1018. 1. When a member is no longer employed in a position covered by the system, membership in the system shall thereupon cease. If a member has five or more years of credited service upon such member's termination of membership, such member shall be a vested former member entitled to a deferred

annuity pursuant to section 104.1036**, except as otherwise provided in subsection 7 of section 104.1024**. If a member has fewer than five years of credited service upon termination of membership, such former member's credited service shall be forfeited, provided that if such former member becomes reemployed in a position covered by the system, such former member shall again become a member of the system and the forfeited credited service shall be restored after receiving creditable service continuously for one year.

2. Upon a member becoming a retiree, membership shall cease and, except as otherwise provided in section 104.1039, the person shall not again become a member of the system.

3. If a vested former member becomes reemployed in a position covered by the system before such vested former member's annuity starting date, membership shall be restored with the previous credited service and increased by such reemployment.

104.1024. 1. Any member who terminates employment may retire on or after attaining normal retirement eligibility by making application in written form and manner approved by the appropriate board. The written application shall set forth the annuity starting date which shall not be earlier than the first day of the second month following the month of the execution and filing of the member's application for retirement nor later than the first day of the fourth month following the month of the execution and filing of the member's application for retirement. The payment of the annuity shall be made the last working day of each month, providing all documentation required under section 104.1027 for the calculation and payment of the benefits is received by the board.

2. A member's annuity shall be paid in the form of a life annuity, except as provided in section 104.1027, and shall be an amount for life equal to one and seven-tenths percent of the final average pay of the member multiplied by the member's years of credited service.

3. The life annuity defined in subsection 2 of this section shall not be less than a monthly amount equal to fifteen dollars multiplied by the member's full years of credited service.

4. If as of the annuity starting date of a member who has attained normal retirement eligibility the sum of the member's years of age and years of credited service equals eighty or more years and if the member's age is at least forty-eight years but less than sixty-two years, or, in the case of a member of the highway patrol who shall be subject to the mandatory retirement provision of section **[**104.080**]** **104.081**, the mandatory retirement age and completion of five years of credited service, then in addition to the life annuity described in subsection 2 of this section, the member shall receive a temporary annuity equal to eight-tenths of one percent of the member's final average pay multiplied by the member's years of credited service. The temporary annuity and any cost-of-living adjustments attributable to the temporary annuity pursuant to section 104.1045 shall terminate at the end of the calendar month in which the earlier of the following events occurs: the member's death or the member's attainment of the earliest age of eligibility for reduced Social Security retirement benefits, but no later than age sixty-two.

5. The annuity described in subsection 2 of this section for any person who has credited service not covered by the federal Social Security Act, as provided in **[**sections 105.300 to 105.430**]** **subdivision (1) of subsection 7 of section 104.342**, shall be calculated as follows: the life annuity shall be an amount equal to two and five-tenths percent of the final average pay of the member multiplied by the number of years of service not covered by the federal Social Security Act in addition to one and seven-tenths percent

of the final average pay of the member multiplied by the member's years of credited service covered by the federal Social Security Act.

6. Effective July 1, 2002, any member, except an elected official or a member of the general assembly, who has not been paid retirement benefits and continues employment for at least two years beyond the date of normal retirement eligibility, may elect to receive an annuity and lump sum payment or payments, determined as follows:

(1) A retroactive starting date shall be established which shall be a date selected by the member; provided, however, that the retroactive starting date selected by the member shall not be a date which is earlier than the date when a normal annuity would have first been payable. In addition, the retroactive starting date shall not be more than five years prior to the annuity starting date. The member's selection of a retroactive starting date shall be done in twelve-month increments, except this restriction shall not apply when the member selects the total available time between the retroactive starting date and the annuity starting date;

(2) The prospective annuity payable as of the annuity starting date shall be determined pursuant to the provisions of this section, with the exception that it shall be the amount which would have been payable at the annuity starting date had the member actually retired on the retroactive starting date under the retirement plan selected by the member. Other than for the lump sum payment or payments specified in subdivision (3) of this subsection, no other amount shall be due for the period between the retroactive starting date and the annuity starting date;

(3) The lump sum payable shall be ninety percent of the annuity amounts which would have been paid to the member from the retroactive starting date to the annuity starting date had the member actually retired on the retroactive starting date and received a life annuity. The member shall **[**elect to**]** receive the lump sum amount **[**either**]** in its entirety at the same time as the initial annuity payment is made **[**or in three equal annual installments with the first payment made at the same time as the initial annuity payment**]**; **and**

(4) **[**Any annuity payable pursuant to this section that is subject to a division of benefit order pursuant to section 104.1051 shall be calculated as follows:

(a) Any service of a member between the retroactive starting date and the annuity starting date shall not be considered credited service except for purposes of calculating the division of benefit; and

(b) The lump sum payment described in subdivision (3) of this section shall not be subject to any division of benefit order; and

(5)**]** For purposes of determining annual benefit increases payable as part of the lump sum and annuity provided pursuant to this section, the retroactive starting date shall be considered the member's date of retirement.

7. Any vested former member who terminated employment after attaining normal retirement eligibility shall be considered a member for the purposes of this section.

104.1051. 1. Any annuity provided pursuant to the year 2000 plan is marital property and a court of competent jurisdiction may divide such annuity between the parties to any action for dissolution of

marriage if at the time of the dissolution the member has at least five years of credited service pursuant to sections 104.1003 to 104.1093. A division of benefits order issued pursuant to this section:

(1) Shall not require the applicable retirement system to provide any form or type of annuity or retirement plan not selected by the member;

(2) Shall not require the applicable retirement system to commence payments until the member's annuity starting date;

(3) Shall identify the monthly amount to be paid to the former spouse, which shall be expressed as a percentage and which shall not exceed fifty percent of the amount of the member's annuity accrued during all or part of the period of the marriage of the member and former spouse **excluding service accrued under subsection 2 of section 104.1021;** and which shall be based on the member's vested annuity on the date of the dissolution of marriage or an earlier date as specified in the order, which amount shall be adjusted proportionately upon the annuity starting date if the member's annuity is reduced due to the receipt of an early retirement annuity or the member's annuity is reduced pursuant to section 104.1027 under an annuity option in which the member named the alternate payee as beneficiary prior to the dissolution of marriage;

(4) Shall not require the payment of an annuity amount to the member and former spouse which in total exceeds the amount which the member would have received without regard to the order;

(5) Shall provide that any annuity increases, additional years of credited service, increased final average pay, increased pay pursuant to subsections 2 and 5 of section 104.1084, or other type of increases accrued after the date of the dissolution of marriage and any temporary annuity received pursuant to subsection 4 of section 104.1024 shall accrue solely to the benefit of the member; except that on or after September 1, 2001, any cost-of-living adjustment (COLA) due after the annuity starting date shall not be considered to be an increase accrued after the date of termination of marriage and shall be part of the monthly amount subject to division pursuant to any order issued after September 1, 2001;

(6) Shall terminate upon the death of either the member or the former spouse, whichever occurs first;

(7) Shall not create an interest which is assignable or subject to any legal process;

(8) Shall include the name, address, and date of birth of both the member and the former spouse, and the identity of the retirement system to which it applies;

(9) Shall be consistent with any other division of benefits orders which are applicable to the same member;

(10) Shall not require the applicable retirement system to continue payments to the alternate payee if the member's retirement benefit is suspended or waived as provided by this chapter but such payments shall resume when the retiree begins to receive retirement benefits in the future.

2. A system shall provide the court having jurisdiction of a dissolution of a marriage proceeding or the parties to the proceeding with information necessary to issue a division of benefits order concerning a member of the system, upon written request from either the court, the member, or the member's spouse, citing this section and identifying the case number and parties.

3. A system shall have the discretionary authority to reject a division of benefits order for the following reasons:

(1) The order does not clearly state the rights of the member and the former spouse;

(2) The order is inconsistent with any law governing the retirement system.

4. Any member of the closed plan who elected the year 2000 plan pursuant to section 104.1015 and then becomes divorced and subject to a division of benefits order shall have the division of benefits order calculated pursuant to the provisions of the year 2000 plan.

5. Any annuity payable under section 104.1024 that is subject to a division of benefit order under this section shall be calculated as follows:

(1) In instances of divorce after retirement, any service or pay of a member between the retroactive starting date and the annuity starting date shall not be considered creditable service or pay; and

(2) The lump-sum payment described in subdivision (3) of subsection 6 of section 104.1024 shall not be subject to any division of benefit order.

104.1060. 1. Should any error result in any person receiving more or less than the person would have been entitled to receive had the error not occurred, the board shall correct such error, and, as far as practicable, make future payments in such a manner that the actuarial equivalent of the annuity to which such person was entitled shall be paid, and to this end may recover any overpayments. In all cases in which such error has been made, no such error shall be corrected unless the system discovers or is notified of such error within ten years after the **[**initial**] member's annuity starting date or the** date of error**, whichever occurs later. In cases of fraud, any error discovered shall be corrected without concern to the amount of time that has passed**.

2. A person who knowingly makes a false statement, or falsifies or permits to be falsified a record of the system, in an attempt to defraud the system shall be subject to fine or imprisonment under the Missouri revised statutes.

3. A board shall not pay an annuity to any survivor or beneficiary who is charged with the intentional killing of a member, retiree or survivor without legal excuse or justification. A survivor or beneficiary who is convicted of such charge shall no longer be entitled to receive an annuity. If the survivor or beneficiary is not convicted of such charge, the board shall resume annuity payments and shall pay the survivor or beneficiary any annuity payments that were suspended pending resolution of such charge.

104.1066. 1. The year 2000 plan intends to follow a financing pattern which computes and requires contribution amounts which, expressed as percents of active member payroll, will remain approximately level from year to year and from one generation of citizens to the next generation. Such contribution determinations require regular actuarial valuations, which shall be made by the board's actuary, using assumptions and methods adopted by the board after consulting with its actuary. The entry age-normal cost valuation method shall be used in determining **the** normal cost**[**, and contributions for unfunded accrued liabilities shall be determined using level percent-of-payroll amortization**] calculation**. For purposes of this subsection and section 104.436, the actuary shall determine a single contribution rate

applicable to both closed plan and year 2000 plan participants and, in determining such rate, make estimates of the probabilities of closed plan participants transferring to the year 2000 plan.

2. At least ninety days before each regular session of the general assembly, the board of the Missouri state employees' retirement system shall certify to the division of budget the contribution rate necessary to cover the liabilities of the year 2000 plan administered by such system, including costs of administration, expected to accrue during the next appropriation period. The commissioner of administration shall request appropriations based upon the contribution rate so certified. From appropriations so made, the commissioner of administration shall certify contribution amounts to the state treasurer who in turn shall immediately pay the contributions to the year 2000 plan.

3. The employers of members covered by the Missouri state employees' retirement system who are not paid out of funds that have been deposited in the state treasury shall remit following each pay period to the year 2000 plan an amount equal to the amount which the state would have paid if those members had been paid entirely from state funds. Such employers shall maintain payroll records for a minimum of five years and shall produce all such records as requested by the system. The system is authorized to request from the state office of administration an appropriation out of the annual budget of any such employer in the event such records indicate that such employer has not contributed the amounts required by this section. The office of administration shall request such appropriation which shall be equal to the amount necessary to replace any shortfall in contributions as determined by the system. From appropriations so made, the commissioner of administration shall certify contribution amounts to the state treasurer who in turn shall immediately pay such contributions to the year 2000 plan.

4. At least ninety days before each regular session of the general assembly, the board of the transportation department and highway patrol retirement system shall certify to the department of transportation and the department of public safety the contribution rate necessary to cover the liabilities of the year 2000 plan administered by such system, including costs of administration, expected to accrue during the next biennial or other appropriation period. Each department shall include in its budget and in its request for appropriations for personal service the sum so certified to it by such board, and shall present the same to the general assembly for allowance. The sums so certified and appropriated, when available, shall be immediately paid to the system and deposited in the highway and transportation employees' and highway patrol retirement and benefit fund.

5. These amounts are funds of the year 2000 plan and shall not be commingled with any funds in the state treasury.

104.1072. 1. Each board shall provide or contract, or both, for life insurance benefits for employees covered pursuant to the year 2000 plan as follows:

(1) Employees shall be provided fifteen thousand dollars of life insurance until December 31, 2000. Effective January 1, 2001, the system shall provide or contract or both for basic life insurance for employees covered under any retirement plan administered by the system pursuant to this chapter, persons covered by sections 287.812 to 287.856, for employees who are members of the judicial retirement system as provided in section 476.590, and, at the election of the state highways and transportation commission, employees who are members of the **[**highways and**]** **Missouri department of** transportation **[**employees'**]** and highway patrol **employees'** retirement system, in the amount equal to one times annual pay, subject to a minimum amount of fifteen thousand dollars. The board shall establish by rule or contract the method

for determining the annual rate of pay and any other terms of such insurance as it deems necessary to implement the requirements pursuant to this section. Annual rate of pay shall not include overtime or any other irregular payments as determined by the board. Such life insurance shall provide for triple indemnity in the event the cause of death is a proximate result of a personal injury or disease arising out of and in the course of actual performance of duty as an employee;

(2) Any member who terminates employment after reaching normal or early retirement eligibility and becomes a retiree within **[**sixty**] sixty-five** days of such termination shall receive five thousand dollars of life insurance coverage.

2. (1) In addition to the life insurance authorized by the provisions of subsection 1 of this section, any person for whom life insurance is provided or contracted for pursuant to such subsection may purchase, at the person's own expense and only if monthly voluntary payroll deductions are authorized, additional life insurance at a cost to be stipulated in a contract with a private insurance company or as may be required by a system if the board of trustees determines that the system should provide such insurance itself. The maximum amount of additional life insurance which may be so purchased prior to January 1, 2004, is that amount which equals six times the amount of the person's annual rate of pay, subject to any maximum established by a board, except that if such maximum amount is not evenly divisible by one thousand dollars, then the maximum amount of additional insurance which may be purchased is the next higher amount evenly divisible by one thousand dollars. The maximum amount of additional life insurance which may be so purchased on or after January 1, 2004, is an amount to be stipulated in a contract with a private insurance company or as may be required by the system if the board of trustees determines that the system should provide the insurance itself.

(2) Any person defined in subdivision (1) of this subsection may retain an amount not to exceed sixty thousand dollars of life insurance following the date of his or her retirement if such person becomes a retiree the month following termination of employment and makes written application for such life insurance at the same time such person's application is made to the board for retirement benefits. Such life insurance shall only be provided if such person pays the entire cost of the insurance, as determined by the board, by allowing voluntary deductions from the member's annuity.

(3) In addition to the life insurance authorized in subdivision (1) of this subsection, any person for whom life insurance is provided or contracted for pursuant to this subsection may purchase, at the person's own expense and only if monthly voluntary payroll deductions are authorized, life insurance covering the person's children or the person's spouse or both at coverage amounts to be determined by the board at a cost to be stipulated in a contract with a private insurer or as may be required by the system if the board of trustees determines that the system should provide such insurance itself.

(4) Effective July 1, 2000, any member who applies and is eligible to receive an annuity based on the attainment of at least forty-eight years of age with a total of years of age and years of credited service which is at least eighty shall be eligible to retain any optional life insurance described in subdivision (1) of this subsection. The amount of such retained insurance shall not be greater than the amount in effect during the month prior to termination of employment. Such insurance may be retained until the member's attainment of the earliest age for eligibility for reduced Social Security retirement benefits but no later than age sixty-two, at which time the amount of such insurance that may be retained shall be that amount permitted pursuant to subdivision (2) of this subsection.

3. The state highways and transportation commission may provide for insurance benefits to cover medical expenses for members of the **[**highways and**]** **Missouri department of** transportation **[**employees'**]** and highway patrol **employees'** retirement system. The state highways and transportation commission may provide medical benefits for dependents of members and for retired members. Contributions by the state highways and transportation commission to provide the benefits shall be on the same basis as provided for other state employees pursuant to the provisions of section 104.515. Except as otherwise provided by law, the cost of benefits for dependents of members and for retirees and their dependents shall be paid by the members or retirees. The commission may contract with other persons or entities including but not limited to third-party administrators, health network providers and health maintenance organizations for all, or any part of, the benefits provided for in this section. The commission may require reimbursement of any medical claims paid by the commission's medical plan for which there was third-party liability.

4. The **[**highways and**]** **Missouri department of** transportation **[**employees'**]** and highway patrol **employees'** retirement system may request the state highways and transportation commission to provide life insurance benefits as required in subsections 1 and 2 of this section. If the state highways and transportation commission agrees to the request, the **[**highways and**]** **Missouri department of** transportation **[**employees'**]** and highway patrol **employees'** retirement system shall reimburse the state highways and transportation commission for any and all costs for life insurance provided pursuant to subdivision (2) of subsection 1 of this section. The person who is covered pursuant to subsection 2 of this section shall be solely responsible for the costs of any additional life insurance. In lieu of the life insurance benefit in subdivision (2) of subsection 1 of this section, the **[**highways and**]** **Missouri department of** transportation **[**employees'**]** and highway patrol **employees'** retirement system is authorized in its sole discretion to provide a death benefit of five thousand dollars.

5. To the extent that the board enters or has entered into any contract with any insurer or service organization to provide life insurance provided for pursuant to this section:

(1) The obligation to provide such life insurance shall be primarily that of the insurer or service organization and secondarily that of the board;

(2) Any member who has been denied life insurance benefits by the insurer or service organization and has exhausted all appeal procedures provided by the insurer or service organization may appeal such decision by filing a petition against the insurer or service organization in a court of law in the member's county of residence; and

(3) The board and the system shall not be liable for life insurance benefits provided by an insurer or service organization pursuant to this section and shall not be subject to any cause of action with regard to life insurance benefits or the denial of life insurance benefits by the insurer or service organization unless the member has obtained judgment against the insurer or service organization for life insurance benefits and the insurer or service organization is unable to satisfy that judgment.

104.1084. 1. For members of the general assembly, the provisions of this section shall supplement or replace the indicated other provisions of the year 2000 plan. "Normal retirement eligibility" means attainment of age fifty-five for a member who has served at least three full biennial assemblies or the attainment of at least age fifty for a member who has served at least three full biennial assemblies with a total of years of age and years of credited service which is at least eighty. A member shall receive two

years of credited service for every full biennial assembly served. A full biennial assembly shall be equal to the period of time beginning on the first day the general assembly convenes for a first regular session until the last day of the following year. If a member serves less than a full biennial assembly, the member shall receive credited service for the pro rata portion of the full biennial assembly served.

2. For the purposes of section 104.1024, the normal retirement annuity of a member of the general assembly shall be an amount for life equal to one twenty-fourth of the monthly pay for a senator or representative on the annuity starting date multiplied by the years of credited service as a member of the general assembly. In no event shall any such member or eligible beneficiary receive annuity amounts in excess of one hundred percent of pay.

3. To be covered by the provisions of section 104.1030, or section 104.1036, a member of the general assembly must have served at least three full biennial assemblies.

4. For members who are statewide elected officials, the provisions of this section shall supplement or replace the indicated other provisions of the year 2000 plan. "Normal retirement eligibility" means attainment of age fifty-five for a member who has served at least four years as a statewide elected official, or the attainment of age fifty with a total of years of age and years of such credited service which is at least eighty.

5. For the purposes of section 104.1024, the normal retirement annuity of a member who is a statewide elected official shall be an amount for life equal to one twenty-fourth of the monthly pay in the highest office held by such member on the annuity starting date multiplied by the years of credited service as a statewide elected official not to exceed twelve years.

6. To be covered by the provisions of sections 104.1030 and 104.1036, a member who is a statewide elected official must have at least four years as a statewide elected official.

7. The provisions of section 104.1045 shall not apply to persons covered by the general assembly and statewide elected official provisions of this section. Persons covered by the general assembly provisions and receiving a year 2000 plan annuity shall be entitled to a cost-of-living adjustment (COLA) when there are increases in pay for members of the general assembly. Persons covered by the statewide elected official provisions and receiving a year 2000 plan annuity shall be entitled to COLAs when there are increases in the pay for statewide elected officials in the highest office held by such person. The COLA described in this subsection shall be equal to and concurrent with the percentage increase in pay as described in section 105.005. No COLA shall be less than zero.

8. Any member who serves under this chapter as a member of the general assembly or as a statewide elected official on or after August 28, 1999, shall not be eligible to receive any retirement benefits from the system under either the closed plan or the year 2000 plan based on service rendered on or after August 28, 1999, as a member of the general assembly or as a statewide elected official if such member is convicted of a felony that is determined by a court of law to have been committed in connection with the member's duties either as a member of the general assembly or as a statewide elected official, unless such conviction is later reversed by a court of law.

9. A member of the general assembly who has purchased or transferred creditable service shall not be subject to the cap on benefits pursuant to subsection 2 of this section for that portion of the benefit attributable to the purchased or transferred service.

10. For the purposes of section 104.1042, the service credit accrued by a member of the general assembly while receiving long-term disability benefits shall continue to accrue until the earliest receipt of attainment of normal retirement age eligibility, termination of disability benefits, or the end of the member's constitutionally mandated limit on service as a member of the general assembly for the chamber in which the member was serving at the time of disablement.

11. For the purposes of section 104.1042, the service credit accrued by a statewide elected official while receiving long-term disability benefits shall continue to accrue until the earliest of attainment of normal retirement age eligibility, termination of disability benefits, or the end of the statewide elected official's constitutionally mandated limit on service as a statewide elected official for the office in which the statewide elected official was serving at the time of disablement.

104.1091. 1. Notwithstanding any provision of the year 2000 plan to the contrary, each person who first becomes an employee on or after January 1, 2011, shall be a member of the year 2000 plan subject to the provisions of this section.

2. A member's normal retirement eligibility shall be as follows:

(1) The member's attainment of at least age sixty-seven and the completion of at least ten years of credited service; or the member's attainment of at least age fifty-five with the sum of the member's age and credited service equaling at least ninety; or, in the case of a member who is serving as a uniformed member of the highway patrol and subject to the mandatory retirement provisions of section 104.081, such member's attainment of at least age sixty or the attainment of at least age fifty-five with ten years of credited service;

(2) For members of the general assembly, the member's attainment of at least age sixty-two and the completion of at least three full biennial assemblies; or the member's attainment of at least age fifty-five with the sum of the member's age and credited service equaling at least ninety;

(3) For statewide elected officials, the official's attainment of at least age sixty-two and the completion of at least four years of credited service; or the official's attainment of at least age fifty-five with the sum of the official's age and credited service equaling at least ninety.

3. A vested former member's normal retirement eligibility shall be based on the attainment of at least age sixty-seven and the completion of at least ten years of credited service.

4. A temporary annuity paid pursuant to subsection 4 of section 104.1024 shall be payable if the member has attained at least age fifty-five with the sum of the member's age and credited service equaling at least ninety; or in the case of a member who is serving as a uniformed member of the highway patrol and subject to the mandatory retirement provisions of section 104.081, the temporary annuity shall be payable if the member has attained at least age sixty, or at least age fifty-five with ten years of credited service.

5. A member, other than a member who is serving as a uniformed member of the highway patrol and subject to the mandatory retirement provisions of section 104.081, shall be eligible for an early retirement annuity upon the attainment of at least age sixty-two and the completion of at least ten years of credited service. A vested former member **who terminated employment prior to the attainment of early retirement eligibility** shall not be eligible for early retirement.

6. The provisions of subsection 6 of section 104.1021 and section 104.344 as applied pursuant to subsection 7 of section 104.1021 and section 104.1090 shall not apply to members covered by this section.

7. The minimum credited service requirements of five years contained in sections 104.1018, 104.1030, 104.1036, and 104.1051 shall be ten years for members covered by this section. The normal and early retirement eligibility requirements in this section shall apply for purposes of administering section 104.1087.

8. A member shall be required to contribute four percent of the member's pay to the retirement system, which shall stand to the member's credit in his or her individual account with the system, together with investment credits thereon, for purposes of funding retirement benefits payable under the year 2000 plan, subject to the following provisions:

(1) The state of Missouri employer, pursuant to the provisions of 26 U.S.C. Section 414(h)(2), shall pick up and pay the contributions that would otherwise be payable by the member under this section. The contributions so picked up shall be treated as employer contributions for purposes of determining the member's pay that is includable in the member's gross income for federal income tax purposes;

(2) Member contributions picked up by the employer shall be paid from the same source of funds used for the payment of pay to a member. A deduction shall be made from each member's pay equal to the amount of the member's contributions picked up by the employer. This deduction, however, shall not reduce the member's pay for purposes of computing benefits under the retirement system pursuant to this chapter;

(3) Member contributions so picked up shall be credited to a separate account within the member's individual account so that the amounts contributed pursuant to this section may be distinguished from the amounts contributed on an after-tax basis;

(4) The contributions, although designated as employee contributions, shall be paid by the employer in lieu of the contributions by the member. The member shall not have the option of choosing to receive the contributed amounts directly instead of having them paid by the employer to the retirement system;

(5) Interest shall be credited annually on June thirtieth based on the value in the account as of July first of the immediately preceding year at a rate of four percent. Effective June 30, 2014, and each June thirtieth thereafter, the interest crediting rate shall be equal to the investment rate that is published by the United States Department of Treasury, or its successor agency, for fifty-two week treasury bills for the relevant auction that is nearest to the preceding July first, or a successor treasury bill investment rate as approved by the board if the fifty-two week treasury bill is no longer issued. Interest credits shall cease upon termination of employment if the member is not a vested former member. Otherwise, interest credits shall cease upon retirement or death;

(6) A vested former member or a former member who is not vested may request a refund of his or her contributions and interest credited thereon. If such member is married at the time of such request, such request shall not be processed without consent from the spouse. Such member is not eligible to request a refund if such member's retirement benefit is subject to a division of benefit order pursuant to section 104.1051. Such refund shall be paid by the system **[**after**] within an administratively reasonable period, but no sooner than** ninety days from the date of termination of employment **[**or the request, whichever is later, and**]. The amount refunded** shall include all **employee** contributions made to any retirement plan

administered by the system and interest credited thereon. A vested former member may not request a refund after such member becomes eligible for normal retirement. A vested former member or a former member who is not vested who receives a refund shall forfeit all the member's credited service and future rights to receive benefits from the system and shall not be eligible to receive any **[**long-term**]** disability benefits; provided that any member or vested former member receiving **[**long-term**]** disability benefits shall not be eligible for a refund. If such member subsequently becomes an employee and works continuously for at least one year, the credited service previously forfeited shall be restored if the member returns to the system the amount previously refunded plus interest at a rate established by the board;

(7) The beneficiary of any member who made contributions shall receive a refund upon the member's death equal to the amount, if any, of such contributions and interest credited thereon less any retirement benefits received by the member unless an annuity is payable to a survivor or beneficiary as a result of the member's death. In that event, the beneficiary of the survivor or beneficiary who received the annuity shall receive a refund upon the survivor's or beneficiary's death equal to the amount, if any, of the member's contributions less any annuity amounts received by the member and the survivor or beneficiary.

9. The employee contribution rate, the benefits provided under the year 2000 plan to members covered under this section, and any other provision of the year 2000 plan with regard to members covered under this section may be altered, amended, increased, decreased, or repealed, but only with respect to services rendered by the member after the effective date of such alteration, amendment, increase, decrease, or repeal, or, with respect to interest credits, for periods of time after the effective date of such alteration, amendment, increase, decrease, or repeal.

10. For purposes of members covered by this section, the options under section 104.1027 shall be as follows:

Option 1.

A retiree's life annuity shall be reduced to a certain percent of the annuity otherwise payable. Such percent shall be eighty-eight and one half percent adjusted as follows: if the retiree's age on the annuity starting date is younger than sixty-seven years, an increase of three-tenths of one percent for each year the retiree's age is younger than age sixty-seven years; and if the beneficiary's age is younger than the retiree's age on the annuity starting date, a decrease of three-tenths of one percent for each year of age difference; and if the retiree's age is younger than the beneficiary's age on the annuity starting date, an increase of three-tenths of one percent for each year of age difference; provided, after all adjustments the option 1 percent cannot exceed ninety-four and one quarter percent. Upon the retiree's death, fifty percent of the retiree's reduced annuity shall be paid to such beneficiary who was the retiree's spouse on the annuity starting date or as otherwise provided by subsection 5 of this section.

Option 2.

A retiree's life annuity shall be reduced to a certain percent of the annuity otherwise payable. Such percent shall be eighty-one percent adjusted as follows: if the retiree's age on the annuity starting date is younger than sixty-seven years, an increase of four-tenths of one percent for each year the retiree's age is younger than sixty-seven years; and if the beneficiary's age is younger than the retiree's age on the annuity starting date, a decrease of five-tenths of one percent for each year of age difference; and if the retiree's age is younger than the beneficiary's age on the annuity starting date, an increase of five-tenths of one

percent for each year of age difference; provided, after all adjustments the option 2 percent cannot exceed eighty-seven and three quarter percent. Upon the retiree's death one hundred percent of the retiree's reduced annuity shall be paid to such beneficiary who was the retiree's spouse on the annuity starting date or as otherwise provided by subsection 5 of this section.

Option 3.

A retiree's life annuity shall be reduced to ninety-three percent of the annuity otherwise payable. If the retiree dies before having received one hundred twenty monthly payments, the reduced annuity shall be continued for the remainder of the one hundred twenty-month period to the retiree's designated beneficiary provided that if there is no beneficiary surviving the retiree, the present value of the remaining annuity payments shall be paid as provided under subsection 3 of section 104.620. If the beneficiary survives the retiree but dies before receiving the remainder of such one hundred twenty monthly payments, the present value of the remaining annuity payments shall be paid as provided under subsection 3 of section 104.620.

Option 4.

A retiree's life annuity shall be reduced to eighty-six percent of the annuity otherwise payable. If the retiree dies before having received one hundred eighty monthly payments, the reduced annuity shall be continued for the remainder of the one hundred eighty-month period to the retiree's designated beneficiary provided that if there is no beneficiary surviving the retiree, the present value of the remaining annuity payments shall be paid as provided under subsection 3 of section 104.620. If the beneficiary survives the retiree but dies before receiving the remainder of such one hundred eighty monthly payments, the present value of the remaining annuity payments shall be paid as provided under subsection 3 of section 104.620.

11. The provisions of subsection 6 of section 104.1024 shall not apply to members covered by this section.

12. Effective January 1, 2018, a member who is not a statewide elected official or a member of the general assembly shall be eligible for retirement under this subsection subject to the following conditions:

(1) A member's normal retirement eligibility shall be based on the attainment of at least age sixty-seven and the completion of at least five years of credited service; or the member's attainment of at least age fifty-five with the sum of the member's age and credited service equaling at least ninety; or in the case of a member who is serving as a uniformed member of the highway patrol and subject to the mandatory retirement provisions of section 104.081, such member's attainment of at least age sixty or the attainment of at least age fifty-five with five years of credited service;

(2) A vested former member's normal retirement eligibility shall be based on the attainment of at least age sixty-seven and the completion of at least five years of credited service; **except that, a vested former member who terminates employment after the attainment of normal retirement eligibility as defined in subdivision (1) of this subsection shall be covered under such subdivision;**

(3) A temporary annuity paid under subsection 4 of section 104.1024 shall be payable if the member has attained at least age fifty-five with the sum of the member's age and credited service equaling at least ninety; or in the case of a member who is serving as a uniformed member of the highway patrol and subject

to the mandatory retirement provisions of section 104.081, the temporary annuity shall be payable if the member has attained at least age sixty, or at least age fifty-five with five years of credited service;

(4) A member, other than a member who is serving as a uniformed member of the highway patrol and subject to the mandatory retirement provisions of section 104.081, shall be eligible for an early retirement annuity upon the attainment of at least age sixty-two and the completion of at least five years of credited service. A vested former member **who terminated employment prior to the attainment of early retirement eligibility** shall not be eligible for early retirement;

(5) The normal and early retirement eligibility requirements in this subsection shall apply for purposes of administering section 104.1087;

(6) The survivor annuity payable under section 104.1030 for vested former members **who terminated employment prior to the attainment of early retirement eligibility and who are** covered by this section shall not be payable until the deceased member would have reached his or her normal retirement eligibility under this subsection;

(7) The annual cost-of-living adjustment payable under section 104.1045 shall not commence until the second anniversary of **[**a vested former member's**] the** annuity starting date for **vested former** members **who terminated employment prior to the attainment of early retirement eligibility and who are** covered by this subsection;

(8) The unused sick leave credit granted under subsection 2 of section 104.1021 shall not apply to members covered by this subsection unless the member terminates employment after reaching normal retirement eligibility or becoming eligible for an early retirement annuity under this subsection; and

(9) The minimum credited service requirements of five years contained in sections 104.1018, 104.1030, 104.1036, and 104.1051 shall be five years for members covered by this subsection.

476.521. 1. Notwithstanding any provision of chapter 476 to the contrary, each person who first becomes a judge on or after January 1, 2011, and continues to be a judge may receive benefits as provided in sections 476.445 to 476.688 subject to the provisions of this section.

2. Any person who is at least sixty-seven years of age, has served in this state an aggregate of at least twelve years, continuously or otherwise, as a judge, and ceases to hold office by reason of the expiration of the judge's term, voluntary resignation, or retirement pursuant to the provisions of Subsection 2 of Section 24 of Article V of the Constitution of Missouri may receive benefits as provided in sections 476.515 to 476.565. The twelve-year requirement of this subsection may be fulfilled by service as judge in any of the courts covered, or by service in any combination as judge of such courts, totaling an aggregate of twelve years. Any judge who is at least sixty-seven years of age and who has served less than twelve years and is otherwise qualified under sections 476.515 to 476.565 may retire after reaching age sixty-seven, or thereafter, at a reduced retirement compensation in a sum equal to the proportion of the retirement compensation provided in section 476.530 that his or her period of judicial service bears to twelve years.

3. Any person who is at least sixty-two years of age or older, has served in this state an aggregate of at least twenty years, continuously or otherwise, as a judge, and ceases to hold office by reason of the expiration of the judge's term, voluntary resignation, or retirement pursuant to the provisions of

Subsection 2 of Section 24 of Article V of the Constitution of Missouri may receive benefits as provided in sections 476.515 to 476.565. The twenty-year requirement of this subsection may be fulfilled by service as a judge in any of the courts covered, or by service in any combination as judge of such courts, totaling an aggregate of twenty years. Any judge who is at least sixty-two years of age and who has served less than twenty years and is otherwise qualified under sections 476.515 to 476.565 may retire after reaching age sixty-two, at a reduced retirement compensation in a sum equal to the proportion of the retirement compensation provided in section 476.530 that his or her period of judicial service bears to twenty years.

4. All judges under this section required by the provisions of Section 26 of Article V of the Constitution of Missouri to retire at the age of seventy years shall retire upon reaching that age.

5. The provisions of sections 104.344, 476.524, and 476.690 shall not apply to judges covered by this section.

6. A judge shall be required to contribute four percent of the judge's compensation to the retirement system, which shall stand to the judge's credit in his or her individual account with the system, together with investment credits thereon, for purposes of funding retirement benefits payable as provided in sections 476.515 to 476.565, subject to the following provisions:

(1) The state of Missouri employer, pursuant to the provisions of 26 U.S.C. Section 414(h)(2), shall pick up and pay the contributions that would otherwise be payable by the judge under this section. The contributions so picked up shall be treated as employer contributions for purposes of determining the judge's compensation that is includable in the judge's gross income for federal income tax purposes;

(2) Judge contributions picked up by the employer shall be paid from the same source of funds used for the payment of compensation to a judge. A deduction shall be made from each judge's compensation equal to the amount of the judge's contributions picked up by the employer. This deduction, however, shall not reduce the judge's compensation for purposes of computing benefits under the retirement system pursuant to this chapter;

(3) Judge contributions so picked up shall be credited to a separate account within the judge's individual account so that the amounts contributed pursuant to this section may be distinguished from the amounts contributed on an after-tax basis;

(4) The contributions, although designated as employee contributions, are being paid by the employer in lieu of the contributions by the judge. The judge shall not have the option of choosing to receive the contributed amounts directly instead of having them paid by the employer to the retirement system;

(5) Interest shall be credited annually on June thirtieth based on the value in the account as of July first of the immediately preceding year at a rate of four percent. **Effective June 30, 2024, and each June thirtieth thereafter, the interest crediting rate shall be equal to the investment rate that is published by the United States Department of Treasury, or its successor agency, for fifty-two-week treasury bills for the relevant auction that is nearest to the preceding July first, or a successor treasury bill investment rate as approved by the board if the fifty-two-week treasury bill is no longer issued.** Interest credits shall cease upon retirement **or death** of the judge;

(6) A judge whose employment is terminated may request a refund of his or her contributions and interest credited thereon. If such judge is married at the time of such request, such request shall not be

processed without consent from the spouse. A judge is not eligible to request a refund if the judge's retirement benefit is subject to a division of benefit order pursuant to section 104.312. Such refund shall be paid by the system after ninety days from the date of termination of employment or the request, whichever is later and shall include all contributions made to any retirement plan administered by the system and interest credited thereon. A judge may not request a refund after such judge becomes eligible for retirement benefits under sections 476.515 to 476.565. A judge who receives a refund shall forfeit all the judge's service and future rights to receive benefits from the system and shall not be eligible to receive any long-term disability benefits; provided that any judge or former judge receiving long-term disability benefits shall not be eligible for a refund. If such judge subsequently becomes a judge and works continuously for at least one year, the service previously forfeited shall be restored if the judge returns to the system the amount previously refunded plus interest at a rate established by the board;

(7) The beneficiary of any judge who made contributions shall receive a refund upon the judge's death equal to the amount, if any, of such contributions **and interest credited thereon,** less any retirement benefits received by the judge unless an annuity is payable to a survivor or beneficiary as a result of the judge's death. In that event, the beneficiary of the survivor or beneficiary who received the annuity shall receive a refund upon the survivor's or beneficiary's death equal to the amount, if any, of the judge's contributions less any annuity amounts received by the judge and the survivor or beneficiary.

7. The employee contribution rate, the benefits provided under sections 476.515 to 476.565 to judges covered under this section, and any other provision of sections 476.515 to 476.565 with regard to judges covered under this section may be altered, amended, increased, decreased, or repealed, but only with respect to services rendered by the judge after the effective date of such alteration, amendment, increase, decrease, or repeal, or, with respect to interest credits, for periods of time after the effective date of such alteration, amendment, increase, decrease, or repeal.

8. Any judge who is receiving retirement compensation under section 476.529 or 476.530 who becomes employed as an employee eligible to participate in the closed plan or in the year 2000 plan under chapter 104, shall not receive such retirement compensation for any calendar month in which the retired judge is so employed. Any judge who is receiving retirement compensation under section 476.529 or section 476.530 who subsequently serves as a judge as defined pursuant to subdivision (4) of subsection 1 of section 476.515 shall not receive such retirement compensation for any calendar month in which the retired judge is serving as a judge; except that upon retirement such judge's annuity shall be recalculated to include any additional service or salary accrued based on the judge's subsequent service. A judge who is receiving compensation under section 476.529 or 476.530 may continue to receive such retirement compensation while serving as a senior judge or senior commissioner and shall receive additional credit and salary for such service pursuant to section 476.682.

[104.130. Upon the death of a retired member, the board shall pay to such member's designated beneficiaries or to his estate a death benefit equal to the excess, if any, of the accumulated contributions of the member at retirement over the total amount of retirement benefits received by such member prior to his death.**]**"; and

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

HOUSE AMENDMENT NO. 10

Amend Senate Bill No. 20, Page 2, Section 104.160, Line 43, by inserting after all of said section and line the following:

"**168.082. Any person who was employed as a speech implementer before August 1, 2022, that is employed in a position on or after August 28, 2023 as a speech-language pathology assistant, shall be considered a speech implementer for purposes of certification that the department of elementary and secondary education required such person to hold before August 1, 2022, and for purposes of consideration of Social Security coverage. Such person shall not be considered a speech implementer, as described in this section, when such person dies, retires, or no longer works in a speech-language pathology assistant position. The term "speech-language pathology assistant" as used in this section shall have the same meaning as such term is defined in section 345.015.**"; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SS** for **SCS** for **SB 106**, entitled:

An Act to repeal sections 208.151, 208.662, 376.782, 441.740, 552.020, 552.050, 630.045, 630.140, 630.175, 631.120, 631.135, 631.140, 631.150, 631.165, 632.005, 632.150, 632.155, 632.300, 632.305, 632.310, 632.315, 632.320, 632.325, 632.330, 632.335, 632.340, 632.345, 632.350, 632.355, 632.370, 632.375, 632.385, 632.390, 632.392, 632.395, 632.400, 632.410, 632.415, 632.420, 632.430, 632.440, 632.455, 633.125, 701.336, 701.340, 701.342, 701.344, and 701.348, RSMo, and to enact in lieu thereof fifty-one new sections relating to public health, with an emergency clause for certain sections.

With HA 1 to HA 1, HA 2 to HA 1, HA 3 to HA 1, HA 4 to HA 1, HA 5 to HA 1, HA 6 to HA 1, HA 7 to HA 1, HA 8 to HA 1, and HA 1, as amended.

Emergency Clause Adopted.

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 1

Amend House Amendment No. 1 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 106, Page 7, Line 2, by deleting said line and inserting in lieu thereof the following:

"and the legal successors thereof.

208.035. 1. Subject to appropriations and any necessary waivers or approvals, the department of social services shall develop and implement a transitional benefits program for temporary assistance for needy families (TANF) and the supplemental nutrition assistance program (SNAP) that is designed in such a way that a TANF or SNAP beneficiary will not experience an immediate loss of benefits should the beneficiary's income exceed the maximum allowable income for such program. The transitional benefits offered shall provide for a transition to self-sufficiency while incentivizing work and financial stability.

2. The transitional benefits offered shall gradually step down the beneficiary's monthly benefit proportionate to the increase in the beneficiary's income. The determination for a beneficiary's transitional benefit shall be as follows:

(1) One hundred percent of the monthly benefit for beneficiaries with monthly household incomes less than or equal to one hundred thirty-eighty percent of the federal poverty level;

(2) Eighty percent of the monthly benefit for beneficiaries with monthly household incomes greater than one hundred thirty-eight percent but less than or equal to one hundred fifty percent of the federal poverty level;

(3) Sixty percent of the monthly benefit for beneficiaries with monthly household incomes greater than one hundred fifty percent but less than or equal to one hundred seventy percent of the federal poverty level;

(4) Forty percent of the monthly benefit for beneficiaries with monthly household incomes greater than one hundred seventy percent but less than or equal to one hundred ninety percent of the federal poverty level; and

(5) Twenty percent of the monthly benefit for beneficiaries with monthly household incomes greater than one hundred ninety percent but less than or equal to two hundred percent of the federal poverty level.

Notwithstanding any provision of this section to the contrary, any beneficiary where monthly household income exceeds five thousand eight hundred twenty-two dollars, as adjusted for inflation, shall not be eligible for any transitional benefit under this section.

3. Beneficiaries receiving transitional benefits under this section shall comply with all requirements of each program for which they are eligible, including work requirements. Transitional benefits received under this section shall not be included in the lifetime limit for receipt of TANF benefits under section 208.040.

4. The department may promulgate any rules or regulations necessary for the implementation of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void.

208.053. 1. **[**The provisions of this section shall be known as the "Low-Wage Trap Elimination Act".**]** In order to more effectively transition persons receiving state-funded child care subsidy benefits under this chapter, the department of elementary and secondary education**[**, in conjunction with the department of revenue,**]** shall, subject to appropriations, by July 1, **[**2022**]** **2024**, implement a **[**pilot**]** program **[**in a county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants, a county of the first classification with more than two hundred sixty thousand but fewer than three hundred thousand inhabitants, and a county of the first classification with

more than two hundred thousand but fewer than two hundred sixty thousand inhabitants, to be called the "Hand-Up Program",**]** to allow **[**applicants in the program**]** **recipients** to receive transitional child care benefits without the requirement that such **[**applicants**]** **recipients** first be eligible for full child care benefits.

(1) For purposes of this section, "full child care benefits" shall be the full benefits awarded to a recipient based on the income eligibility amount established by the department through the annual appropriations process as of August 28, **[**2021**]** **2023**, to qualify for the benefits and shall not include the transitional child care benefits that are awarded to recipients whose income surpasses the eligibility level for full benefits to continue. The **[**hand-up**]** program shall be voluntary and shall be designed such that **[**an applicant**]** **a recipient** may begin receiving the transitional child care benefit without having first qualified for the full child care benefit or any other tier of the transitional child care benefit. **[**Under no circumstances shall any applicant be eligible for the hand-up program if the applicant's income does not fall within the transitional child care benefit income limits established through the annual appropriations process.**]**

(2) **Transitional child care benefits shall be determined on a sliding scale as follows for recipients with household incomes in excess of the eligibility level for full benefits:**

(a) Eighty percent of the state base rate for recipients with household incomes greater than the eligibility level for full benefits but less than or equal to one hundred fifty percent of the federal poverty level;

(b) Sixty percent of the state base rate for recipients with household incomes greater than one hundred fifty percent but less than or equal to one hundred seventy percent of the federal poverty level;

(c) Forty percent of the state base rate for recipients with household incomes greater than one hundred seventy percent but less than or equal to one hundred ninety percent of the federal poverty level; and

(d) Twenty percent of the state base rate for recipients with household incomes greater than one hundred ninety percent but less than or equal to two hundred percent of the federal poverty level, but not greater than eighty-five percent of the state median income.

(3) As used in this section, "state base rate" shall refer to the rate established by the department for provider payments that accounts for geographic area, type of facility, duration of care, and age of the child, as well as any enhancements reflecting after-hours or weekend care, accreditation, or licensure status, as determined by the department. Recipients shall be responsible for paying the remaining sliding fee to the child care provider.

(4) A participating recipient shall be allowed to opt out of the program at any time, but such person shall not be allowed to participate in the program a second time.

2. The department shall track the number of participants in the **[**hand-up**]** program and shall issue an annual report to the general assembly by September 1, **[**2023**]** **2025**, and annually on September first thereafter, detailing the effectiveness of the **[**pilot**]** program in encouraging recipients to secure employment earning an income greater than the maximum wage eligible for the full child care benefit. The report shall also detail the costs of administration and the increased amount of state income tax paid

as a result of the program**[**, as well as an analysis of whether the pilot program could be expanded to include other types of benefits, including, but not limited to, food stamps, temporary assistance for needy families, low-income heating assistance, women, infants and children supplemental nutrition program, the state children's health insurance program, and MO HealthNet benefits**]**.

3. The department shall pursue all necessary waivers from the federal government to implement the **[**hand-up**]** program. If the department is unable to obtain such waivers, the department shall implement the program to the degree possible without such waivers.

4. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated under this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2012, shall be invalid and void.

[5. Pursuant to section 23.253 of the Missouri sunset act:

(1) The provisions of the new program authorized under this section shall sunset automatically three years after August 28, 2021, unless reauthorized by an act of the general assembly; and

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

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

208.066. 1. Upon approval by the Centers for Medicare and Medicaid Services, the Food and Nutrition Services within the Unites States Department of Agriculture, or any other relevant federal agency, the department of social services shall limit any initial application for the Supplemental Nutrition Assistance Program (SNAP), the Temporary Assistance for Needy Families program (TANF), the child care assistance program, or MO HealthNet to a one-page form that is easily accessible on the department of social services' website.

2. Persons who are participants in a program listed in subsection 1 of this section who are required to complete a periodic eligibility review form may submit such form as an attachment to their Missouri state individual income tax return if the person's eligibility review form is due before or at the same time that he or she files such state tax return. The department of social services shall limit periodic eligibility review forms associated with the programs listed in subsection 1 of this section to a one-page form that is easily accessible on both the department of social services' website and the department of revenue's website.

3. Notwithstanding the provisions of section 32.057 to the contrary, the department of revenue shall share any eligibility form submitted under this section with the department of social services.

4. The department of revenue may promulgate all necessary rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies

with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void."; and"; and

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

HOUSE AMENDMENT NO. 2 TO
HOUSE AMENDMENT NO. 1

Amend House Amendment No. 1 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 106, Page 6, Line 2, by inserting after all of said line the following:

"Further amend said bill, Page 3, Section 191.240, Line 23, by inserting after all of said section and line the following:

"**191.430. 1. There is hereby established within the department of health and senior services the "Health Professional Loan Repayment Program" to provide forgivable loans for the purpose of repaying existing loans related to applicable educational expenses for health care, mental health, and public health professionals. The department of health and senior services shall be the administrative agency for the implementation of the program established by this section.**

2. The department of health and senior services shall prescribe the form and the time and method of filing applications and supervise the processing, including oversight and monitoring of the program, and shall promulgate rules to implement the provisions of sections 191.430 to 191.450. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void.

3. The director of the department of health and senior services shall have the discretion to determine the health professionals and practitioners who will receive forgivable health professional loans from the department to pay their existing loans. The director shall make such determinations each fiscal year based on evidence associated with the greatest needs in the best interests of the public. The health care, mental health, and public health professionals or disciplines funded in any given year shall be contingent upon consultation with the office of workforce development in the department of higher education and workforce development and the department of mental health, or their successor agencies.

4. The department of health and senior services shall enter into a contract with each selected applicant who receives a health professional loan under this section. Each selected applicant shall apply the loan award to his or her educational debt. The contract shall detail the methods of

forgiveness associated with a service obligation and the terms associated with the principal and interest accruing on the loan at the time of the award. The contract shall contain details concerning how forgiveness is earned, including when partial forgiveness is earned through a service obligation, and the terms and conditions associated with repayment of the loans for any obligation not served.

5. All health professional loans shall be made from funds appropriated by the general assembly to the health professional loan incentive fund established in section 191.445.

191.435. The department of health and senior services shall designate counties, communities, or sections of areas in the state as areas of defined need for health care, mental health, and public health services. If a county, community, or section of an area has been designated or determined as a professional shortage area, a shortage area, or a health care, mental health, or public health professional shortage area by the federal Department of Health and Human Services or its successor agency, the department of health and senior services shall designate it as an area of defined need under this section. If the director of the department of health and senior services determines that a county, community, or section of an area has an extraordinary need for health care professional services without a corresponding supply of such professionals, the department of health and senior services may designate it as an area of defined need under this section.

191.440. 1. The department of health and senior services shall enter into a contract with each individual qualifying for a forgivable loan under sections 191.430 to 191.450. The written contract between the department and the individual shall contain, but not be limited to, the following:

(1) An agreement that the state agrees to award a loan and the individual agrees to serve for a period equal to two years, or a longer period as the individual may agree to, in an area of defined need as designated by the department, with such service period to begin on the date identified on the signed contract;

(2) A provision that any financial obligations arising out of a contract entered into and any obligation of the individual that is conditioned thereon is contingent upon funds being appropriated for loans;

(3) The area of defined need where the person will practice;

(4) A statement of the damages to which the state is entitled for the individual's breach of the contract; and

(5) Such other statements of the rights and liabilities of the department and of the individual not inconsistent with sections 191.430 to 191.450.

2. The department of health and senior services may stipulate specific practice sites, contingent upon department-generated health care, mental health, and public health professional need priorities, where applicants shall agree to practice for the duration of their participation in the program.

191.445. There is hereby created in the state treasury the "Health Professional Loan Incentive Fund", which shall consist of any appropriations made by the general assembly, all funds recovered from an individual under section 191.450, and all funds generated by loan repayments received under sections 191.430 to 191.450. The state treasurer shall be custodian of the fund. In accordance

with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, moneys in this fund shall be used solely by the department of health and senior services to provide loans under sections 191.430 to 191.450. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

191.450. 1. An individual who enters into a written contract with the department of health and senior services, as described in section 191.440, and who fails to maintain an acceptable employment status shall be liable to the state for any amount awarded as a loan by the department directly to the individual who entered into the contract that has not yet been forgiven.

2. An individual fails to maintain an acceptable employment status under this section when the contracted individual involuntarily or voluntarily terminates qualifying employment, is dismissed from such employment before completion of the contractual service obligation within the specific time frame outlined in the contract, or fails to respond to requests made by the department.

3. If an individual breaches the written contract of the individual by failing to begin or complete such individual's service obligation, the state shall be entitled to recover from the individual an amount equal to the sum of:

(1) The total amount of the loan awarded by the department or, if the department had already awarded partial forgiveness at the time of the breach, the amount of the loan not yet forgiven;

(2) The interest on the amount that would be payable if at the time the loan was awarded it was a loan bearing interest at the maximum prevailing rate as determined by the Treasurer of the United States;

(3) An amount equal to any damages incurred by the department as a result of the breach; and

(4) Any legal fees or associated costs incurred by the department or the state of Missouri in the collection of damages.

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

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

(2) "Eligible entity", an entity that operates a physician medical residency program in this state and that is accredited by the Accreditation Council for Graduate Medical Education;

(3) "General primary care and psychiatry", family medicine, general internal medicine, general pediatrics, internal medicine-pediatrics, general obstetrics and gynecology, or general psychiatry;

(4) "Grant-funded residency position", a position that is accredited by the Accreditation Council for Graduate Medical Education, that is established as a result of funding awarded to an eligible entity for the purpose of establishing an additional medical resident position beyond the currently existing medical resident positions, and that is within the fields of general primary care and psychiatry. Such position shall end when the medical residency funding under this section is

completed or when the resident in the medical grant-funded residency position is no longer employed by the eligible entity, whichever is earlier;

(5) "Participating medical resident", an individual who is a medical school graduate with a doctor of medicine degree or doctor of osteopathic medicine degree, who is participating in a postgraduate training program at an eligible entity, and who is filling a grant-funded residency position.

2. (1) Subject to appropriation, the department shall establish a medical residency grant program to award grants to eligible entities for the purpose of establishing and funding new general primary care and psychiatry medical residency positions in this state and continuing the funding of such new residency positions for the duration of the funded residency.

(2) (a) Funding shall be available for three years for residency positions in family medicine, general internal medicine, and general pediatrics.

(b) Funding shall be available for four years for residency positions in general obstetrics and gynecology, internal medicine-pediatrics, and general psychiatry.

3. (1) There is hereby created in the state treasury the "Medical Residency Grant Program Fund". Moneys in the fund shall be used to implement and fund grants to eligible entities.

(2) The medical residency grant program fund shall include funds appropriated by the general assembly, reimbursements from awarded eligible entities who were not able to fill the residency position or positions with an individual medical resident or residents, and any gifts, contributions, grants, or bequests received from federal, private, or other sources.

(3) The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, moneys in the fund shall be used solely as provided in this section.

(4) Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

(5) The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

4. Subject to appropriation, the department shall expend moneys in the medical residency grant program fund in the following order:

(1) Necessary costs of the department to implement this section;

(2) Funding of grant-funded residency positions of individuals in the fourth year of their residency, as applicable to residents in general obstetrics and gynecology, internal medicine-pediatrics, and general psychiatry;

(3) Funding of grant-funded residency positions of individuals in the third year of their residency;

(4) Funding of grant-funded residency positions of individuals in the second year of their residency;

(5) Funding of grant-funded residency positions of individuals in the first year of their residency; and

(6) The establishment of new grant-funded residency positions at awarded eligible entities.

5. The department shall establish criteria to evaluate which eligible entities shall be awarded grants for new grant-funded residency positions, criteria for determining the amount and duration of grants, the contents of the grant application, procedures and timelines by which eligible entities may apply for grants, and all other rules needed to implement the purposes of this section. Such criteria shall include a preference for eligible entities located in areas of highest need for general primary care and psychiatric care physicians, as determined by the health professional shortage area score.

6. Eligible entities that receive grants under this section shall:

(1) Agree to supplement awarded funds under this section, if necessary, to establish or maintain a grant-funded residency position for the duration of the funded resident's medical residency; and

(2) Agree to abide by other requirements imposed by rule.

7. Annual funding per participating medical resident shall be limited to:

(1) Direct graduate medical education costs including, but not limited to:

(a) Salaries and benefits for residents, faculty, and program staff;

(b) Malpractice insurance, licenses, and other required fees; and

(c) Program administration and educational materials; and

(2) Indirect costs of graduate medical education necessary to meet the standards of the Accreditation Council for Graduate Medical Education.

8. No new grant-funded residency positions under this section shall be established after the tenth fiscal year in which grants are awarded. However, any residency positions funded under this section may continue to be funded until the completion of the resident's medical residency.

9. The department shall submit an annual report to the general assembly regarding the implementation of the program developed under this section.

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

11. The provisions of this section shall expire on January 1, 2038.

191.600. 1. Sections 191.600 to 191.615 establish a loan repayment program for graduates of approved medical schools, schools of osteopathic medicine, schools of dentistry and accredited chiropractic colleges who practice in areas of defined need and shall be known as the "Health Professional Student Loan Repayment Program". Sections 191.600 to 191.615 shall apply to graduates of accredited chiropractic colleges when federal guidelines for chiropractic shortage areas are developed.

2. The "Health Professional Student Loan and Loan Repayment Program Fund" is hereby created in the state treasury. All funds recovered from an individual pursuant to section 191.614 and all funds generated by loan repayments and penalties received pursuant to section 191.540 shall be credited to the fund. The moneys in the fund shall be used by the department of health and senior services to provide loan repayments pursuant to section 191.611 in accordance with sections 191.600 to 191.614 **[**and to provide loans pursuant to sections 191.500 to 191.550**]**.

191.828. 1. The following departments shall conduct on-going evaluations of the effect of the initiatives enacted by the following sections:

(1) The department of commerce and insurance shall evaluate the effect of revising section 376.782 and sections 143.999, 208.178, 374.126, and 376.891 to 376.894;

(2) The department of health and senior services shall evaluate the effect of revising sections 105.711 and **[**sections 191.520 and**]** 191.600 and enacting section 191.411, and sections 167.600 to 167.621, 191.231, 208.177, 431.064, and 660.016. In collaboration with the state board of registration for the healing arts, the state board of nursing, and the state board of pharmacy, the department of health and senior services shall also evaluate the effect of revising section 195.070, section 334.100, and section 335.016, and of sections 334.104 and 334.112, and section 338.095 and 338.198;

(3) The department of social services shall evaluate the effect of revising section 198.090, and sections 208.151, 208.152 and 208.215, and section 383.125, and of sections 167.600 to 167.621, 208.177, 208.178, 208.179, 208.181, and 211.490;

(4) The office of administration shall evaluate the effect of revising sections 105.711 and 105.721;

(5) The Missouri consolidated health care plan shall evaluate the effect of section 103.178; and

(6) The department of mental health shall evaluate the effect of section 191.831 as it relates to substance abuse treatment and of section 191.835.

2. The department of revenue and office of administration shall make biannual reports to the general assembly and the governor concerning the income received into the health initiatives fund and the level of funding required to operate the programs and initiatives funded by the health initiatives fund at an optimal level.

191.831. 1. There is hereby established in the state treasury a "Health Initiatives Fund", to which shall be deposited all revenues designated for the fund under subsection 8 of section 149.015, and subsection 3 of section 149.160, and section 167.609, and all other funds donated to the fund or otherwise deposited pursuant to law. The state treasurer shall administer the fund. Money in the fund shall be appropriated to provide funding for implementing the new programs and initiatives established by sections 105.711 and

105.721. The moneys in the fund may further be used to fund those programs established by sections 191.411**[**, 191.520**]** and 191.600, sections 208.151 and 208.152, and sections 103.178, 143.999, 167.600 to 167.621, 188.230, 191.211, 191.231, 191.825 to 191.839, 192.013, 208.177, 208.178, 208.179 and 208.181, 211.490, 285.240, 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016, 660.017 and 660.018; in addition, not less than fifteen percent of the proceeds deposited to the health initiative fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to provide funding for the C-STAR substance abuse rehabilitation program of the department of mental health, or its successor program, and a C-STAR pilot project developed by the director of the division of alcohol and drug abuse and the director of the department of corrections as an alternative to incarceration, as provided in subsections 2, 3, and 4 of this section. Such pilot project shall be known as the "Alt-care" program. In addition, some of the proceeds deposited to the health initiatives fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to the division of alcohol and drug abuse of the department of mental health to be used for the administration and oversight of the substance abuse traffic **[**offenders**]** **offender** program defined in section 302.010 **[**and section 577.001**]**. The provisions of section 33.080 to the contrary notwithstanding, money in the health initiatives fund shall not be transferred at the close of the biennium to the general revenue fund.

2. The director of the division of alcohol and drug abuse and the director of the department of corrections shall develop and administer a pilot project to provide a comprehensive substance abuse treatment and rehabilitation program as an alternative to incarceration, hereinafter referred to as "Alt-care". Alt-care shall be funded using money provided under subsection 1 of this section through the Missouri Medicaid program, the C-STAR program of the department of mental health, and the division of alcohol and drug abuse's purchase-of-service system. Alt-care shall offer a flexible combination of clinical services and living arrangements individually adapted to each client and her children. Alt-care shall consist of the following components:

(1) Assessment and treatment planning;

(2) Community support to provide continuity, monitoring of progress and access to services and resources;

(3) Counseling from individual to family therapy;

(4) Day treatment services which include accessibility seven days per week, transportation to and from the Alt-care program, weekly drug testing, leisure activities, weekly events for families and companions, job and education preparedness training, peer support and self-help and daily living skills; and

(5) Living arrangement options which are permanent, substance-free and conducive to treatment and recovery.

3. Any female who is pregnant or is the custodial parent of a child or children under the age of twelve years, and who has pleaded guilty to or found guilty of violating the provisions of chapter 195, and whose controlled substance abuse was a precipitating or contributing factor in the commission of the offense, and who is placed on probation may be required, as a condition of probation, to participate in Alt-care, if space is available in the pilot project area. Determinations of eligibility for the program, placement, and continued participation shall be made by the division of alcohol and drug abuse, in consultation with the department of corrections.

4. The availability of space in Alt-care shall be determined by the director of the division of alcohol and drug abuse in conjunction with the director of the department of corrections. If the sentencing court is advised that there is no space available, the court shall consider other authorized dispositions."; and"; and

Further amend said amendment, Page 7, Line 15, by deleting said line and inserting in lieu thereof the following:

"**legal guardian's child's records.**

335.203. 1. There is hereby established the "Nursing Education Incentive Program" within the state board of nursing.

2. Subject to appropriation and board disbursement, grants shall be awarded through the nursing education incentive program to eligible institutions of higher education based on criteria jointly determined by the board and the department of higher education and workforce development. **[**Grant award amounts shall not exceed one hundred fifty thousand dollars.**]** No campus shall receive more than one grant per year.

3. To be considered for a grant, an eligible institution of higher education shall offer a program of nursing that meets the predetermined category and area of need as established by the board and the department under subsection 4 of this section.

4. The board and the department shall determine categories and areas of need for designating grants to eligible institutions of higher education. In establishing categories and areas of need, the board and department may consider criteria including, but not limited to:

(1) Data generated from licensure renewal data and the department of health and senior services; and

(2) National nursing statistical data and trends that have identified nursing shortages.

5. The board shall be the administrative agency responsible for implementation of the program established under sections 335.200 to 335.203, and shall promulgate reasonable rules for the exercise of its functions and the effectuation of the purposes of sections 335.200 to 335.203. The board shall, by rule, prescribe the form, time, and method of filing applications and shall supervise the processing of such applications.

6. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2011, shall be invalid and void.

335.205. The board, in addition to any other duties it may have regarding licensure of nurses, shall collect, at the time of any initial license application or license renewal application, a nursing education incentive program surcharge from each person licensed or relicensed under chapter 335, in the amount of one dollar per year for practical nurses and five dollars per year for registered

professional nurses. These funds shall be deposited in the state board of nursing fund described in section 335.036."; and"; and

Further amend said amendment and page, Line 21, by inserting after all of said line the following:

"Further amend said bill, Page 52, Section 701.348, Line 5, by inserting after all of said section and line the following:

"**[**191.500. As used in sections 191.500 to 191.550, unless the context clearly indicates otherwise, the following terms mean:

(1) "Area of defined need", a community or section of an urban area of this state which is certified by the department of health and senior services as being in need of the services of a physician to improve the patient-doctor ratio in the area, to contribute professional physician services to an area of economic impact, or to contribute professional physician services to an area suffering from the effects of a natural disaster;

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

(3) "Eligible student", a full-time student accepted and enrolled in a formal course of instruction leading to a degree of doctor of medicine or doctor of osteopathy, including psychiatry, at a participating school, or a doctor of dental surgery, doctor of dental medicine, or a bachelor of science degree in dental hygiene;

(4) "Financial assistance", an amount of money paid by the state of Missouri to a qualified applicant pursuant to sections 191.500 to 191.550;

(5) "Participating school", an institution of higher learning within this state which grants the degrees of doctor of medicine or doctor of osteopathy, and which is accredited in the appropriate degree program by the American Medical Association or the American Osteopathic Association, or a degree program by the American Dental Association or the American Psychiatric Association, and applicable residency programs for each degree type and discipline;

(6) "Primary care", general or family practice, internal medicine, pediatric , psychiatric, obstetric and gynecological care as provided to the general public by physicians licensed and registered pursuant to chapter 334, dental practice, or a dental hygienist licensed and registered pursuant to chapter 332;

(7) "Resident", any natural person who has lived in this state for one or more years for any purpose other than the attending of an educational institution located within this state;

(8) "Rural area", a town or community within this state which is not within a standard metropolitan statistical area, and has a population of six thousand or fewer inhabitants as determined by the last preceding federal decennial census or any unincorporated area not within a standard metropolitan statistical area.**]**

[191.505. The department of health and senior services shall be the administrative agency for the implementation of the program established by sections 191.500 to 191.550. The department shall promulgate reasonable rules and regulations for the exercise of its functions in the effectuation of the

purposes of sections 191.500 to 191.550. It shall prescribe the form and the time and method of filing applications and supervise the processing thereof.**]**

[191.510. The department shall enter into a contract with each applicant receiving a state loan under sections 191.500 to 191.550 for repayment of the principal and interest and for forgiveness of a portion thereof for participation in the service areas as provided in sections 191.500 to 191.550.**]**

[191.515. An eligible student may apply to the department for a loan under sections 191.500 to 191.550 only if, at the time of his application and throughout the period during which he receives the loan, he has been formally accepted as a student in a participating school in a course of study leading to the degree of doctor of medicine or doctor of osteopathy, including psychiatry, or a doctor of dental surgery, a doctor of dental medicine, or a bachelor of science degree in dental hygiene, and is a resident of this state.**]**

[191.520. No loan to any eligible student shall exceed twenty-five thousand dollars for each academic year, which shall run from August first of any year through July thirty-first of the following year. All loans shall be made from funds appropriated to the medical school loan and loan repayment program fund created by section 191.600, by the general assembly.**]**

[191.525. No more than twenty-five loans shall be made to eligible students during the first academic year this program is in effect. Twenty-five new loans may be made for the next three academic years until a total of one hundred loans are available. At least one-half of the loans shall be made to students from rural areas as defined in section 191.500. An eligible student may receive loans for each academic year he is pursuing a course of study directly leading to a degree of doctor of medicine or doctor of osteopathy, doctor of dental surgery, or doctor of dental medicine, or a bachelor of science degree in dental hygiene.**]**

[191.530. Interest at the rate of nine and one-half percent per year shall be charged on all loans made under sections 191.500 to 191.550 but one-fourth of the interest and principal of the total loan at the time of the awarding of the degree shall be forgiven for each year of participation by an applicant in the practice of his profession in a rural area or an area of defined need. The department shall grant a deferral of interest and principal payments to a loan recipient who is pursuing an internship or a residency in primary care. The deferral shall not exceed three years. The status of each loan recipient receiving a deferral shall be reviewed annually by the department to ensure compliance with the intent of this provision. The loan recipient will repay the loan beginning with the calendar year following completion of his internship or his primary care residency in accordance with the loan contract.**]**

[191.535. If a student ceases his study prior to receiving a degree, interest at the rate specified in section 191.530 shall be charged on the amount received from the state under the provisions of sections 191.500 to 191.550.**]**

[191.540. 1. The department shall establish schedules and procedures for repayment of the principal and interest of any loan made under the provisions of sections 191.500 to 191.550 and not forgiven as provided in section 191.530.

2. A penalty shall be levied against a person in breach of contract. Such penalty shall be twice the sum of the principal and the accrued interest.**]**

[191.545. When necessary to protect the interest of the state in any loan transaction under sections 191.500 to 191.550, the board may institute any action to recover any amount due.**]**

[191.550. The contracts made with the participating students shall be approved by the attorney general.**]**

[335.212. As used in sections 335.212 to 335.242, the following terms mean:

(1) "Board", the Missouri state board of nursing;

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

(3) "Director", director of the Missouri department of health and senior services;

(4) "Eligible student", a resident who has been accepted as a full-time student in a formal course of instruction leading to an associate degree, a diploma, a bachelor of science, a master of science in nursing (M.S.N.), a doctorate in nursing (Ph.D. or D.N.P.), or a student with a master of science in nursing seeking a doctorate in education (Ed.D.), or leading to the completion of educational requirements for a licensed practical nurse. The doctoral applicant may be a part-time student;

(5) "Participating school", an institution within this state which is approved by the board for participation in the professional and practical nursing student loan program established by sections 335.212 to 335.242, having a nursing department and offering a course of instruction based on nursing theory and clinical nursing experience;

(6) "Qualified applicant", an eligible student approved by the board for participation in the professional and practical nursing student loan program established by sections 335.212 to 335.242;

(7) "Qualified employment", employment on a full-time basis in Missouri in a position requiring licensure as a licensed practical nurse or registered professional nurse in any hospital as defined in section 197.020 or in any agency, institution, or organization located in an area of need as determined by the department of health and senior services. Any forgiveness of such principal and interest for any qualified applicant engaged in qualified employment on a less than full-time basis may be prorated to reflect the amounts provided in this section;

(8) "Resident", any person who has lived in this state for one or more years for any purpose other than the attending of an educational institution located within this state.**]**

[335.215. 1. The department of health and senior services shall be the administrative agency for the implementation of the professional and practical nursing student loan program established under sections 335.212 to 335.242, and the nursing student loan repayment program established under sections 335.245 to 335.259.

2. An advisory panel of nurses shall be appointed by the director. It shall be composed of not more than eleven members representing practical, associate degree, diploma, baccalaureate and graduate nursing education, community health, primary care, hospital, long-term care, a consumer, and the Missouri state board of nursing. The panel shall make recommendations to the director on the content of any rules, regulations or guidelines prior to their promulgation. The panel may make recommendations to the director regarding fund allocations for loans and loan repayment based on current nursing shortage needs.

3. The department of health and senior services shall promulgate reasonable rules and regulations for the exercise of its function pursuant to sections 335.212 to 335.259. It shall prescribe the form, the time

and method of filing applications and supervise the proceedings thereof. No rule or portion of a rule promulgated under the authority of sections 335.212 to 335.257 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

4. Ninety-five percent of funds loaned pursuant to sections 335.212 to 335.242 shall be loaned to qualified applicants who are enrolled in professional nursing programs in participating schools and five percent of the funds loaned pursuant to sections 335.212 to 335.242 shall be loaned to qualified applicants who are enrolled in practical nursing programs. Priority shall be given to eligible students who have established financial need. All loan repayment funds pursuant to sections 335.245 to 335.259 shall be used to reimburse successful associate, diploma, baccalaureate or graduate professional nurse applicants' educational loans who agree to serve in areas of defined need as determined by the department.**]**

[335.218. There is hereby established the "Professional and Practical Nursing Student Loan and Nurse Loan Repayment Fund". All fees pursuant to section 335.221, general revenue appropriations to the student loan or loan repayment program, voluntary contributions to support or match the student loan and loan repayment program activities, funds collected from repayment and penalties, and funds received from the federal government shall be deposited in the state treasury and be placed to the credit of the professional and practical nursing student loan and nurse loan repayment fund. The fund shall be managed by the department of health and senior services and all administrative costs and expenses incurred as a result of the effectuation of sections 335.212 to 335.259 shall be paid from this fund.**]**

[335.221. The board, in addition to any other duties it may have regarding licensure of nurses, shall collect, at the time of licensure or licensure renewal, an education surcharge from each person licensed or relicensed pursuant to sections 335.011 to 335.096, in the amount of one dollar per year for practical nurses and five dollars per year for professional nurses. These funds shall be deposited in the professional and practical nursing student loan and nurse loan repayment fund. All expenditures authorized by sections 335.212 to 335.259 shall be paid from funds appropriated by the general assembly from the professional and practical nursing student loan and nurse loan repayment fund. The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue.**]**

[335.224. The department of health and senior services shall enter into a contract with each qualified applicant receiving financial assistance under the provisions of sections 335.212 to 335.242 for repayment of the principal and interest.**]**

[335.227. An eligible student may apply to the department for financial assistance under the provisions of sections 335.212 to 335.242 if, at the time of his application for a loan, the eligible student has formally applied for acceptance at a participating school. Receipt of financial assistance is contingent upon acceptance and continued enrollment at a participating school.**]**

[335.230. Financial assistance to any qualified applicant shall not exceed ten thousand dollars for each academic year for a professional nursing program and shall not exceed five thousand dollars for each academic year for a practical nursing program. All financial assistance shall be made from funds credited to the professional and practical nursing student loan and nurse loan repayment fund. A qualified applicant may receive financial assistance for each academic year he remains a student in good standing at a participating school.**]**

[335.233. The department shall establish schedules for repayment of the principal and interest on any financial assistance made under the provisions of sections 335.212 to 335.242. Interest at the rate of nine and one-half percent per annum shall be charged on all financial assistance made under the provisions of sections 335.212 to 335.242, but the interest and principal of the total financial assistance granted to a qualified applicant at the time of the successful completion of a nursing degree, diploma program or a practical nursing program shall be forgiven through qualified employment.**]**

[335.236. The financial assistance recipient shall repay the financial assistance principal and interest beginning not more than six months after completion of the degree for which the financial assistance was made in accordance with the repayment contract. If an eligible student ceases his study prior to successful completion of a degree or graduation at a participating school, interest at the rate specified in section 335.233 shall be charged on the amount of financial assistance received from the state under the provisions of sections 335.212 to 335.242, and repayment, in accordance with the repayment contract, shall begin within ninety days of the date the financial aid recipient ceased to be an eligible student. All funds repaid by recipients of financial assistance to the department shall be deposited in the professional and practical nursing student loan and nurse loan repayment fund for use pursuant to sections 335.212 to 335.259.**]**

[335.239. The department shall grant a deferral of interest and principal payments to a financial assistance recipient who is pursuing an advanced degree, special nursing program, or upon special conditions established by the department. The deferral shall not exceed four years. The status of each deferral shall be reviewed annually by the department of health and senior services to ensure compliance with the intent of this section.**]**

[335.242. When necessary to protect the interest of the state in any financial assistance transaction under sections 335.212 to 335.259, the department of health and senior services may institute any action to recover any amount due.**]**

[335.245. As used in sections 335.245 to 335.259, the following terms mean:

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

(2) "Eligible applicant", a Missouri licensed nurse who has attained either an associate degree, a diploma, a bachelor of science, or graduate degree in nursing from an accredited institution approved by the board of nursing or a student nurse in the final year of a full-time baccalaureate school of nursing leading to a baccalaureate degree or graduate nursing program leading to a master's degree in nursing and has agreed to serve in an area of defined need as established by the department;

(3) "Participating school", an institution within this state which grants an associate degree in nursing, grants a bachelor or master of science degree in nursing or provides a diploma nursing program which is accredited by the state board of nursing, or a regionally accredited institution in this state which provides a bachelor of science completion program for registered professional nurses;

(4) "Qualified employment", employment on a full-time basis in Missouri in a position requiring licensure as a licensed practical nurse or registered professional nurse in any hospital as defined in section 197.020 or public or nonprofit agency, institution, or organization located in an area of need as determined by the department of health and senior services. Any forgiveness of such principal and interest for any qualified applicant engaged in qualified employment on a less than full-time basis may be prorated to reflect the amounts provided in this section.**]**

[335.248. Sections 335.245 to 335.259 shall be known as the "Nursing Student Loan Repayment Program". The department of health and senior services shall be the administrative agency for the implementation of the authority established by sections 335.245 to 335.259. The department shall promulgate reasonable rules and regulations necessary to implement sections 335.245 to 335.259. Promulgated rules shall include, but not be limited to, applicant eligibility, selection criteria, prioritization of service obligation sites and the content of loan repayment contracts, including repayment schedules for those in default and penalties. The department shall promulgate rules regarding recruitment opportunities for minority students into nursing schools. Priority for student loan repayment shall be given to eligible applicants who have demonstrated financial need. All funds collected by the department from participants not meeting their contractual obligations to the state shall be deposited in the professional and practical nursing student loan and nurse loan repayment fund for use pursuant to sections 335.212 to 335.259.**]**

[335.251. Upon proper verification to the department by the eligible applicant of securing qualified employment in this state, the department shall enter into a loan repayment contract with the eligible applicant to repay the interest and principal on the educational loans of the applicant to the limit of the contract, which contract shall provide for instances of less than full-time qualified employment consistent with the provisions of section 335.233, out of any appropriation made to the professional and practical nursing student loan and nurse loan repayment fund. If the applicant breaches the contract by failing to begin or complete the qualified employment, the department is entitled to recover the total of the loan repayment paid by the department plus interest on the repaid amount at the rate of nine and one-half percent per annum.**]**

[335.254. Sections 335.212 to 335.259 shall not be construed to require the department to enter into contracts with individuals who qualify for nursing education loans or nursing loan repayment programs when federal, state and local funds are not available for such purposes.**]**

[335.257. Successful applicants for whom loan payments are made under the provisions of sections 335.245 to 335.259 shall verify to the department twice each year in the manner prescribed by the department that qualified employment in this state is being maintained.**]**"; and

Further amend said bill, Page 53, Section B, Lines 1-7, by deleting all of said lines and inserting in lieu thereof the following:

"Section B. Because immediate action is necessary to address the shortage of health care providers in this state, and because of the importance of ensuring healthy pregnancies and healthy women and children in Missouri in the face of growing maternal mortality, the enactment of section 191.592, and the repeal and reenactment of sections 208.151 and 208.662 of this act, are deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the enactment of section 191.592, and the repeal and reenactment of sections 208.151 and 208.662 of section A of this act shall be in full force and effect upon its passage and approval."; and"; and

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

HOUSE AMENDMENT NO. 3 TO
HOUSE AMENDMENT NO. 1

Amend House Amendment No. 1 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 106, Page 7, Line 21, by inserting after all of said line the following:

"Further amend said bill, Page 34, Section 632.305, Line 16, by inserting after the word "affidavits," the words "**declarations, or other supporting documentation,**"; and

Further amend said bill and section, Page 35, Lines 46-47, by deleting said lines and inserting in lieu thereof the following:

"5. **[**Any oath required by the provisions of this section**] No notarization shall be required for an application or for any affidavits, declarations, or other documents supporting an application. The application and any affidavits, declarations, or other documents supporting the application** shall be subject to the provisions of section 492.060 **allowing for declaration under penalty of perjury**."; and"; and

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

HOUSE AMENDMENT NO. 4 TO
HOUSE AMENDMENT NO. 1

Amend House Amendment No. 1 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 106, Page 1, Line 28, by deleting said line and inserting in lieu thereof the following:

"sections 37.700 to 37.730, or where otherwise required by court order.

37.980. 1. The office of administration shall submit a report to the general assembly before December thirty-first of each year, beginning in 2023, describing the progress made by the state with respect to the directives issued as part of the "Missouri as a Model Employer" initiative described in executive order 19-16.

2. The report shall include, but not be limited to, the data described in the following subdivisions, which shall be collected through voluntary self-disclosure. To the extent possible, for each subdivision, the report shall include general data for all relevant employees, in addition to data comparing the employees of each agency within the state workforce:

(1) The baseline number of employees in the state workforce who disclosed disabilities when the initiative began;

(2) The number of employees in the state workforce who disclose disabilities at the time of the compiling of the annual report and statistics providing the size and the percentage of any increase or decrease in such numbers since the initiative began and since the compilation of any previous annual report;

(3) The baseline percentage of employees in the state workforce who disclosed disabilities when the initiative began;

(4) The percentage of employees in the state workforce who disclose disabilities at the time of the compiling of the annual report and statistics providing the size of any increase or decrease in such percentage since the initiative began and since the compilation of any previous annual report;

(5) A description and analysis of any disparity that may exist from the time the initiative began and the time of the compiling of the annual reports, and of any disparity that may exist from the time of the most recent previous annual report, if any, and the time of the current annual report, between the percentage of individuals in the state of working age who disclose disabilities and the percentage of individuals in the state workforce who disclose or have disabilities; and

(6) A description and analysis of any pay differential that may exist in the state workforce between individuals who disclose disabilities and individuals who do not disclose disabilities.

3. The report shall also include descriptions of specific efforts made by state agencies to recruit, hire, advance, and retain individuals with disabilities including, but not limited to, individuals with the most significant disabilities, as defined in 5 CSR 20-500.160. Such descriptions shall include, but not be limited to, best, promising, and emerging practices related to:

(1) Setting annual goals;

(2) Analyzing barriers to recruiting, hiring, advancing, and retaining individuals with disabilities;

(3) Establishing and maintaining contacts with entities and organizations that specialize in providing education, training, or assistance to individuals with disabilities in securing employment;

(4) Using internships, apprenticeships, and job shadowing;

(5) Using supported employment, individual placement with support services, customized employment, telework, mentoring and management training, stay-at-work and return-to-work programs, and exit interviews;

(6) Adopting, posting, and making available to all job applicants and employees reasonable accommodation procedures in written and accessible formats;

(7) Providing periodic disability awareness training to employees to build and sustain a culture of inclusion in the workplace, including rights to reasonable accommodation in the workplace;

(8) Providing periodic training to human resources and hiring managers in disability rights, hiring, and workplace policies designed to promote a diverse and inclusive workforce; and

(9) Making web-based hiring portals accessible to and usable by applicants with disabilities."; and"; and

Further amend said amendment, Page 7, Line 2, by deleting said line and inserting in lieu thereof the following:

"and the legal successors thereof.

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

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

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

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

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

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

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

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

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

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

(c) Retirement accounts including, but not limited to, individual accounts, 401(k) plans, 403(b) plans, Keogh plans, and pension plans, provided that income from such accounts be calculated as income under subdivision (4) of subsection 1 of this section.

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

(a) **[**All earned income of the disabled worker;

(b)**]** The first **[**sixty-five dollars and one-half**] fifty thousand dollars** of **[**the remaining**]** earned income of **[**a nondisabled spouse's earned income**] the person's spouse**;

[(c)**] (b)** A twenty dollar standard deduction;

[(d)**] (c)** Health insurance premiums;

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

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

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

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

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

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

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

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

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

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

the medical assistance provided under this section shall be provided to an eligible person as a secondary or supplemental policy for only personal care assistance services, as defined in section 208.900, and related costs and nonemergency medical transportation to any employer-sponsored benefits that may be available to such person.

7. **The department of social services shall provide to the general assembly an annual report that identifies the number of participants in the program and describes the outreach and education efforts to increase awareness and enrollment in the program.**

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

9. The provisions of this section shall expire August 28, 2025."; and

Further amend said bill, Pages 3-10, Section 208.151, Lines 1-263, by deleting all of said lines and inserting in lieu thereof the following:

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

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

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

(3) All participants receiving blind pension benefits;

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

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

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

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

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

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

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

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

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

(13) Children who have attained one year of age but have not attained six years of age who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) (42 U.S.C. Sections 1396a to 1396b). The family support division shall use an income eligibility standard equal to one hundred thirty-three percent of the federal poverty level established by the Department of Health and Human Services, or its successor agency;

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

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

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

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

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

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

(20) Pregnant women who are eligible for, have applied for and have received MO HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided under section 208.152 until the end of the sixty-day period beginning on the last day of their pregnancy. Pregnant women receiving mental health treatment for postpartum depression or related mental health conditions within sixty days of giving birth shall, subject to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for mental health services for the treatment of postpartum depression and related mental health conditions for up to twelve additional months. Pregnant women receiving substance abuse treatment

within sixty days of giving birth shall, subject to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for substance abuse treatment and mental health services for the treatment of substance abuse for no more than twelve additional months, as long as the woman remains adherent with treatment. The department of mental health and the department of social services shall seek any necessary waivers or state plan amendments from the Centers for Medicare and Medicaid Services and shall develop rules relating to treatment plan adherence. No later than fifteen months after receiving any necessary waiver, the department of mental health and the department of social services shall report to the house of representatives budget committee and the senate appropriations committee on the compliance with federal cost neutrality requirements;

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

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

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

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

(b) All persons who would be determined to be eligible for aid to the blind benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section 1396a(f), or less restrictive

methodologies as contained in the MO HealthNet state plan as of January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal poverty level;

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

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

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

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

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

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

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

(28) (a) Subject to approval of any necessary state plan amendments or waivers, beginning on the effective date of this act, pregnant women who are eligible for, have applied for, and have received MO HealthNet benefits under subdivision (2), (10), (11), or (12) of this subsection shall be eligible for medical assistance during the pregnancy and during the twelve-month period that begins on the last day of the woman's pregnancy and ends on the last day of the month in which such twelve-month period ends, consistent with the provisions of 42 U.S.C. Section 1396a(e)(16). The department shall submit a state plan amendment to the Centers for Medicare and Medicaid Services when the number of ineligible MO HealthNet participants removed from the program in 2023 pursuant to section 208.239 exceeds the projected number of beneficiaries likely to enroll in benefits in 2023 under this subdivision and subdivision (2) of subsection 6 of section 208.662, as determined by the department, by at least one hundred individuals;

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

2. Rules and regulations to implement this section shall be promulgated in accordance with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of

the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid and void.

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

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

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

6. Notwithstanding any other provision of law to the contrary, in any given fiscal year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of subsection 1 of this section

shall only be eligible if annual appropriations are made for such eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section 1396a(a)(10)(A)(i).

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

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

208.186. The state shall not provide payments, add-ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 42 CFR 435.403, or any amendments or successor regulations thereto.

208.239. The department of social services shall resume annual MO HealthNet eligibility redeterminations, renewals, and postenrollment verifications no later than thirty days after the effective date of this act."; and"; and

Further amend said amendment, Page 7, Lines 4-7, by deleting said lines and inserting in lieu thereof the following:

"Further amend said bill, Pages 10-13, Section 208.662, Lines 1-92, by deleting all of said lines and inserting in lieu thereof the following:

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

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

3. Coverage for an unborn child enrolled in the show-me healthy babies program shall include all prenatal care and pregnancy-related services that benefit the health of the unborn child and that promote

healthy labor, delivery, and birth. Coverage need not include services that are solely for the benefit of the pregnant mother, that are unrelated to maintaining or promoting a healthy pregnancy, and that provide no benefit to the unborn child. However, the department may include pregnancy-related assistance as defined in 42 U.S.C. Section 1397ll.

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

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

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

(2) (a) Subject to approval of any necessary state plan amendments or waivers, beginning on the effective date of this act, mothers eligible to receive coverage under this section shall receive medical assistance benefits during the pregnancy and during the twelve-month period that begins on the last day of the woman's pregnancy and ends on the last day of the month in which such twelve-month period ends, consistent with the provisions of 42 U.S.C. Section 1397gg(e)(1)(J). The department shall seek any necessary state plan amendments or waivers to implement the provisions of this subdivision when the number of ineligible MO HealthNet participants removed from the program in 2023 pursuant to section 208.239 exceeds the projected number of beneficiaries likely to enroll in benefits in 2023 under this subdivision and subdivision (28) of subsection 1 of section 208.151, as determined by the department, by at least one hundred individuals.

(b) The provisions of this subdivision shall remain in effect for any period of time during which the federal authority under 42 U.S.C. Section 1397gg(e)(1)(J), as amended, or any successor statutes or implementing regulations, is in effect.

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

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

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

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

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

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

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

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

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

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

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

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

209.700. 1. This section shall be known and may be cited as the "Missouri Employment First Act".

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

(1) "Competitive integrated employment", work that:

(a) Is performed on a full-time or part-time basis, including self-employment, and for which a person is compensated at a rate that:

a. Is no less than the higher of the rate specified in 29 U.S.C. Section 206(a)(1) or the rate required under any applicable state or local minimum wage law for the place of employment;

b. Is no less than the customary rate paid by the employer for the same or similar work performed by other employees who are not persons with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills;

c. In the case of a person who is self-employed, yields an income that is comparable to the income received by other persons who are not persons with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and

d. Is eligible for the level of benefits provided to other employees;

(b) Is at a location:

a. Typically found in the community; and

b. Where the employee with a disability interacts for the purpose of performing the duties of the position with other employees within the particular work unit and the entire work site and, as appropriate to the work performed, other persons, such as customers and vendors, who are not persons with disabilities, other than supervisory personnel or persons who are providing services to such employee, to the same extent that employees who are not persons with disabilities and who are in comparable positions interact with these persons; and

(c) Presents, as appropriate, opportunities for advancement that are similar to those for other employees who are not persons with disabilities and who have similar positions;

(2) "Customized employment", competitive integrated employment for a person with a significant disability that is:

(a) Based on an individualized determination of the unique strengths, needs, and interests of the person with a significant disability;

(b) Designed to meet the specific abilities of the person with a significant disability and the business needs of the employer; and

(c) Carried out through flexible strategies, such as:

a. Job exploration by the person; and

b. Working with an employer to facilitate placement, including:

(i) Customizing a job description based on current employer needs or on previously unidentified and unmet employer needs;

(ii) Developing a set of job duties, a work schedule and job arrangement, and specifics of supervision, including performance evaluation and review, and determining a job location;

(iii) Using a professional representative chosen by the person or self-representation, if elected, to work with an employer to facilitate placement; and

(iv) Providing services and supports at the job location;

(3) "Disability", a physical or mental impairment that substantially limits one or more major life activities of a person, as defined in the Americans with Disabilities Act of 1990, as amended. The term "disability" does not include brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to any alcohol or drug;

(4) "Employment first", a concept to facilitate the full inclusion of persons with disabilities in the workplace and community in which community-based, competitive integrated employment is the first and preferred outcome for employment services for persons with disabilities;

(5) "Employment-related services", services provided to persons, including persons with disabilities, to assist them in finding employment. The term "employment-related services" includes, but is not limited to, resume development, job fairs, and interview training;

(6) "Integrated setting", a setting:

(a) Typically found in the community; and

(b) Where the employee with a disability interacts for the purpose of performing the duties of the position with other employees within the particular work unit and the entire work site and, as appropriate to the work performed, other persons, such as customers and vendors, who are not persons with disabilities, other than supervisory personnel or persons who are providing services to such employee, to the same extent that employees who are not persons with disabilities and who are in comparable positions interact with these persons;

(7) "Outcome", with respect to a person entering, advancing in, or retaining full-time or, if appropriate, part-time competitive integrated employment, including customized employment, self-employment, telecommuting, or business ownership, or supported employment that is consistent with a person's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice;

(8) "Sheltered workshop", the same meaning given to the term in section 178.900;

(9) "State agency", an authority, board, branch, commission, committee, department, division, or other instrumentality of the executive branch of state government;

(10) "Supported employment", competitive integrated employment, including customized employment, or employment in an integrated setting in which persons are working toward a competitive integrated employment, that is individualized and customized consistent with the strengths, abilities, interests, and informed choice of the persons involved who, because of the nature and severity of their disabilities, need intensive supported employment services and extended services in order to perform the work involved;

(11) "Supported employment services", ongoing support services, including customized employment, needed to support and maintain a person with a most significant disability in supported employment, that:

(a) Are provided singly or in combination and are organized and made available in such a way as to assist an eligible person to achieve competitive integrated employment; and

(b) Are based on a determination of the needs of an eligible person, as specified in an individualized plan for employment;

(12) "Working age", sixteen years of age or older;

(13) "Youth with a disability", any person fourteen years of age or older and under eighteen years of age who has a disability.

3. All state agencies that provide employment-related services or that provide services or support to persons with disabilities shall:

(1) Develop collaborative relationships with each other, confirmed by a written memorandum of understanding signed by each such state agency; and

(2) Implement coordinated strategies to promote competitive integrated employment including, but not limited to, coordinated service planning, job exploration, increased job training, and internship opportunities.

4. All state agencies that provide employment-related services or that provide services or support to persons with disabilities shall:

(1) Implement an employment first policy by considering competitive integrated employment as the first and preferred outcome when planning or providing services or supports to persons with disabilities who are of working age;

(2) Offer information on competitive integrated employment to all working-age persons with disabilities. The information offered shall include an explanation of the relationship between a person's earned income and his or her public benefits, information on Achieving a Better Life Experience (ABLE) accounts, and information on accessing assistive technology;

(3) Ensure that persons with disabilities receive the opportunity to understand and explore education and training as pathways to employment, including postsecondary, graduate, and postgraduate education; vocational and technical training; and other training. State agencies shall not be required to fund any education or training unless otherwise required by law;

(4) Promote the availability and accessibility of individualized training designed to prepare a person with a disability for the person's preferred employment;

(5) Promote partnerships with private agencies that offer supported employment services, if appropriate;

(6) Promote partnerships with employers to overcome barriers to meeting workforce needs with the creative use of technology and innovation;

(7) Ensure that staff members of public schools, vocational service programs, and community providers receive the support, guidance, and training that they need to contribute to attainment of the goal of competitive integrated employment for all persons with disabilities;

(8) Ensure that competitive integrated employment, while the first and preferred outcome when planning or providing services or supports to persons with disabilities who are of working age, is

not required of a person with a disability to secure or maintain public benefits for which the person is otherwise eligible; and

(9) At least once each year, discuss basic information about competitive integrated employment with the parents or guardians of a youth with a disability. If the youth with a disability has been emancipated, state agencies shall discuss this information with the youth with a disability. The information offered shall include an explanation of the relationship between a person's earned income and his or her public benefits, information about ABLE accounts, and information about accessing assistive technology.

5. Nothing in this section shall require a state agency to perform any action that would interfere with the state agency's ability to fulfill duties and requirements mandated by federal law.

6. Nothing in this section shall be construed to limit or disallow any disability benefits to which a person with a disability who is unable to engage in competitive integrated employment would otherwise be entitled.

7. Nothing in this section shall be construed to eliminate any supported employment services or sheltered workshop settings as options.

8. (1) Nothing in this section shall be construed to require any state agency or other employer to give a preference in hiring to persons with disabilities or to prohibit any employment relationship or program that is otherwise permitted under applicable law.

(2) Any person who is employed by a state agency shall meet the minimum qualifications and requirements for the position in which the person is employed.

9. All state agencies that provide employment-related services or that provide services or support to persons with disabilities shall coordinate efforts and collaborate within and among each other to ensure that state programs, policies, and procedures support competitive integrated employment for persons with disabilities who are of working age. All such state agencies, when feasible, shall share data and information across systems in order to track progress toward full implementation of this section. All such state agencies are encouraged to adopt measurable goals and objectives to promote assessment of progress in implementing this section.

10. State agencies may promulgate all necessary rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void.

210.1360. 1. Any personally identifiable information regarding any child under eighteen"; and

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

HOUSE AMENDMENT NO. 5 TO
HOUSE AMENDMENT NO. 1

Amend House Amendment No. 1 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 106, Page 7, Line 15, by deleting said line and inserting in lieu thereof the following:

"**legal guardian's child's records.**

334.100. 1. The board may refuse to issue or renew any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of the applicant's right to file a complaint with the administrative hearing commission as provided by chapter 621. As an alternative to a refusal to issue or renew any certificate, registration or authority, the board may, at its discretion, issue a license which is subject to probation, restriction or limitation to an applicant for licensure for any one or any combination of causes stated in subsection 2 of this section. The board's order of probation, limitation or restriction shall contain a statement of the discipline imposed, the basis therefor, the date such action shall become effective, and a statement that the applicant has thirty days to request in writing a hearing before the administrative hearing commission. If the board issues a probationary, limited or restricted license to an applicant for licensure, either party may file a written petition with the administrative hearing commission within thirty days of the effective date of the probationary, limited or restricted license seeking review of the board's determination. If no written request for a hearing is received by the administrative hearing commission within the thirty-day period, the right to seek review of the board's decision shall be considered as waived.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered the person's certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by this chapter;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated pursuant to this chapter, for any offense involving fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to this chapter or in obtaining permission to take any examination given or required pursuant to this chapter;

(4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to, the following:

(a) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation; willfully and continually overcharging or overtreating patients; or charging for visits to the physician's office which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;

(b) Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;

(c) Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests or medical or surgical services;

(d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience or licensure to perform such responsibilities;

(e) Misrepresenting that any disease, ailment or infirmity can be cured by a method, procedure, treatment, medicine or device;

(f) Performing or prescribing medical services which have been declared by board rule to be of no medical or osteopathic value;

(g) Final disciplinary action by any professional medical or osteopathic association or society or licensed hospital or medical staff of such hospital in this or any other state or territory, whether agreed to voluntarily or not, and including, but not limited to, any removal, suspension, limitation, or restriction of the person's license or staff or hospital privileges, failure to renew such privileges or license for cause, or other final disciplinary action, if the action was in any way related to unprofessional conduct, professional incompetence, malpractice or any other violation of any provision of this chapter;

(h) Signing a blank prescription form; or dispensing, prescribing, administering or otherwise distributing any drug, controlled substance or other treatment without sufficient examination including failing to establish a valid physician-patient relationship pursuant to section 334.108, or for other than medically accepted therapeutic or experimental or investigative purposes duly authorized by a state or federal agency, or not in the course of professional practice, or not in good faith to relieve pain and suffering, or not to cure an ailment, physical infirmity or disease, except as authorized in section 334.104;

(i) Exercising influence within a physician-patient relationship for purposes of engaging a patient in sexual activity;

(j) Being listed on any state or federal sexual offender registry;

(k) Terminating the medical care of a patient without adequate notice or without making other arrangements for the continued care of the patient;

(l) Failing to furnish details of a patient's medical records to other treating physicians or hospitals upon proper request; or failing to comply with any other law relating to medical records;

(m) Failure of any applicant or licensee to cooperate with the board during any investigation;

(n) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;

(o) Failure to timely pay license renewal fees specified in this chapter;

(p) Violating a probation agreement, order, or other settlement agreement with this board or any other licensing agency;

(q) Failing to inform the board of the physician's current residence and business address;

(r) Advertising by an applicant or licensee which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physician. An applicant or licensee shall also be in violation of this provision if the applicant or licensee has a financial interest in any organization, corporation or association which issues or conducts such advertising;

(s) Any other conduct that is unethical or unprofessional involving a minor;

(5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence or repeated negligence in the performance of the functions or duties of any profession licensed or regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

(6) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling any person to violate, any provision of this chapter or chapter 324, or of any lawful rule or regulation adopted pursuant to this chapter or chapter 324;

(7) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;

(8) Revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation or other final disciplinary action against the holder of or applicant for a license or other right to practice any profession regulated by this chapter by another state, territory, federal agency or country, whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, the denial of licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or limiting the practice of medicine while subject to an investigation or while actually under investigation by any licensing authority, medical facility, branch of the Armed Forces of the United States of America, insurance company, court, agency of the state or federal government, or employer;

(9) A person is finally adjudged incapacitated or disabled by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by this chapter who is not registered and currently eligible to practice pursuant to this chapter; or knowingly performing any act which in any way aids, assists, procures, advises, or encourages any person to practice medicine who is not registered and currently eligible to practice pursuant to this chapter. A physician who works in accordance with standing orders or protocols or in accordance with the provisions of section 334.104 shall not be in violation of this subdivision;

(11) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

(12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated pursuant to this chapter;

(13) Violation of the drug laws or rules and regulations of this state, including but not limited to any provision of chapter 195, any other state, or the federal government;

(14) Knowingly making, or causing to be made, or aiding, or abetting in the making of, a false statement in any birth, death or other certificate or document executed in connection with the practice of the person's profession;

(15) Knowingly making a false statement, orally or in writing to the board;

(16) Soliciting patronage in person or by agents or representatives, or by any other means or manner, under the person's own name or under the name of another person or concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or necessity for or appropriateness of health care services for all patients, or the qualifications of an individual person or persons to diagnose, render, or perform health care services;

(17) Using, or permitting the use of, the person's name under the designation of "Doctor", "Dr.", "M.D.", or "D.O.", or any similar designation with reference to the commercial exploitation of any goods, wares or merchandise;

(18) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208 or chapter 630 or for payment from Title XVIII or Title XIX of the Social Security Act;

(19) Failure or refusal to properly guard against contagious, infectious or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty days after the discovery thereof;

(20) Any candidate for licensure or person licensed to practice as a physical therapist, paying or offering to pay a referral fee or**[**, notwithstanding section 334.010 to the contrary, practicing or offering to practice professional physical therapy independent of the prescription and direction of a person licensed and registered as a physician and surgeon pursuant to this chapter, as a dentist pursuant to chapter 332, as a podiatrist pursuant to chapter 330, as an advanced practice registered nurse under chapter 335, or any licensed and registered physician, dentist, podiatrist, or advanced practice registered nurse practicing in another jurisdiction, whose license is in good standing**] evaluating or treating a patient in a manner inconsistent with section 334.506**;

(21) Any candidate for licensure or person licensed to practice as a physical therapist, treating or attempting to treat ailments or other health conditions of human beings other than by professional physical therapy and as authorized by sections 334.500 to 334.620;

(22) Any person licensed to practice as a physician or surgeon, requiring, as a condition of the physician-patient relationship, that the patient receive prescribed drugs, devices or other professional

services directly from facilities of that physician's office or other entities under that physician's ownership or control. A physician shall provide the patient with a prescription which may be taken to the facility selected by the patient and a physician knowingly failing to disclose to a patient on a form approved by the advisory commission for professional physical therapists as established by section 334.625 which is dated and signed by a patient or guardian acknowledging that the patient or guardian has read and understands that the physician has a pecuniary interest in a physical therapy or rehabilitation service providing prescribed treatment and that the prescribed treatment is available on a competitive basis. This subdivision shall not apply to a referral by one physician to another physician within a group of physicians practicing together;

(23) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed or administered by another physician who is authorized by law to do so;

(24) Habitual intoxication or dependence on alcohol, evidence of which may include more than one alcohol-related enforcement contact as defined by section 302.525;

(25) Failure to comply with a treatment program or an aftercare program entered into as part of a board order, settlement agreement or licensee's professional health program;

(26) Revocation, suspension, limitation, probation, or restriction of any kind whatsoever of any controlled substance authority, whether agreed to voluntarily or not, or voluntary termination of a controlled substance authority while under investigation;

(27) For a physician to operate, conduct, manage, or establish an abortion facility, or for a physician to perform an abortion in an abortion facility, if such facility comes under the definition of an ambulatory surgical center pursuant to sections 197.200 to 197.240, and such facility has failed to obtain or renew a license as an ambulatory surgical center.

3. Collaborative practice arrangements, protocols and standing orders shall be in writing and signed and dated by a physician prior to their implementation.

4. After the filing of such complaint before the administrative hearing commission, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, warn, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten years, or may suspend the person's license, certificate or permit for a period not to exceed three years, or restrict or limit the person's license, certificate or permit for an indefinite period of time, or revoke the person's license, certificate, or permit, or administer a public or private reprimand, or deny the person's application for a license, or permanently withhold issuance of a license or require the person to submit to the care, counseling or treatment of physicians designated by the board at the expense of the individual to be examined, or require the person to attend such continuing educational courses and pass such examinations as the board may direct.

5. In any order of revocation, the board may provide that the person may not apply for reinstatement of the person's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll this time period.

6. Before restoring to good standing a license, certificate or permit issued pursuant to this chapter which has been in a revoked, suspended or inactive state for any cause for more than two years, the board may require the applicant to attend such continuing medical education courses and pass such examinations as the board may direct.

7. In any investigation, hearing or other proceeding to determine a licensee's or applicant's fitness to practice, any record relating to any patient of the licensee or applicant shall be discoverable by the board and admissible into evidence, regardless of any statutory or common law privilege which such licensee, applicant, record custodian or patient might otherwise invoke. In addition, no such licensee, applicant, or record custodian may withhold records or testimony bearing upon a licensee's or applicant's fitness to practice on the ground of privilege between such licensee, applicant or record custodian and a patient.

8. The act of lawfully dispensing, prescribing, administering, or otherwise distributing ivermectin tablets or hydroxychloroquine sulfate tablets for human use shall not be grounds for denial, suspension, revocation, or other disciplinary action by the board.

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

(1) "Approved health care provider" **[**means**],** a person holding a current and active license as a physician and surgeon under this chapter, a chiropractor under chapter 331, a dentist under chapter 332, a podiatrist under chapter 330, a physician assistant under this chapter, an advanced practice registered nurse under chapter 335, or any licensed and registered physician, chiropractor, dentist, or podiatrist practicing in another jurisdiction whose license is in good standing**;**

(2) "Consult" or "consultation", communication by telephone, by fax, in writing, or in person with the patient's personally approved licensed health care provider or a licensed health care provider of the patient's designation.

2. A physical therapist **[**shall not**] may evaluate and** initiate treatment **[**for a new injury or illness**] on a patient** without a prescription **or referral** from an approved health care provider**, provided that the physical therapist has a doctorate of physical therapy degree or has five years of clinical practice as a physical therapist**.

3. A physical therapist may provide educational resources and training, develop fitness or wellness programs **[**for asymptomatic persons**]**, or provide screening or consultative services within the scope of physical therapy practice without **[**the**] a** prescription **[**and direction of**] or referral from** an approved health care provider.

4. **[**A physical therapist may examine and treat without the prescription and direction of an approved health care provider any person with a recurring self-limited injury within one year of diagnosis by an approved health care provider or a chronic illness that has been previously diagnosed by an approved health care provider. The physical therapist shall:**]**

(1) **[**Contact the patient's current approved health care provider within seven days of initiating physical therapy services under this subsection;**] A physical therapist shall refer to an approved health care provider any patient whose condition at the time of evaluation or treatment is determined to be beyond the scope of practice of physical therapy. The physical therapist shall not provide physical therapy services or treatment after this referral has been made.**

(2) **[**Not change an existing physical therapy referral available to the physical therapist without approval of the patient's current approved health care provider;**] A physical therapist shall refer to an approved health care provider any patient who does not demonstrate measurable or functional improvement after ten visits or thirty days, whichever occurs first. The physical therapist shall not provide further therapy services or treatment after this referral has been made.**

(3) **[**Refer to an approved health care provider any patient whose medical condition at the time of examination or treatment is determined to be beyond the scope of practice of physical therapy;

(4) Refer to an approved health care provider any patient whose condition for which physical therapy services are rendered under this subsection has not been documented to be progressing toward documented treatment goals after six visits or fourteen days, whichever first occurs;

(5) Notify the patient's current approved health care provider prior to the continuation of treatment if treatment rendered under this subsection is to continue beyond thirty days. The physical therapist shall provide such notification for each successive period of thirty days. **] (a) A physical therapist shall consult with an approved health care provider if, after every ten visits or thirty days, whichever occurs first, the patient has demonstrated measurable or functional improvement from the course of physical therapy services or treatment provided and the physical therapist believes that continuation of the course of physical therapy services or treatment is reasonable and necessary based on the physical therapist's evaluation of the patient. The physical therapist shall not provide further physical therapy services or treatment until the consultation has occurred.**

(b) The consultation with the approved health care provider shall include information concerning:

a. The patient's condition for which physical therapy services or treatments were provided;

b. The basis for the course of services or treatment indicated, as determined from the physical therapy evaluation of the patient;

c. The physical therapy services or treatment provided before the date of the consultation;

d. The patient's demonstrated measurable or functional improvement from the services or treatment provided before the date of the consultation;

e. The continuing physical therapy services or treatment proposed to be provided following the consultation; and

f. The professional physical therapy basis for the continued physical therapy services or treatment to be provided.

(c) Continued physical therapy services or treatment following the consultation with and approval by an approved health care provider shall proceed in accordance with any feedback, advice, opinion, or direction of the approved health care provider. The physical therapist shall notify the consulting approved health care provider of continuing physical therapy services or treatment and the patient's progress at least every ten visits or thirty days after the initial consultation unless the consulting approved health care provider directs otherwise.

(d) The provisions of this subdivision shall not apply to physical therapy services performed within a primary or secondary school for individuals within ages not in excess of twenty-one years.

5. The provision of physical therapy services of evaluation and screening pursuant to this section shall be limited to a physical therapist, and any authority for evaluation and screening granted within this section may not be delegated. Upon each reinitiation of physical therapy services, a physical therapist shall provide a full physical therapy evaluation prior to the reinitiation of physical therapy treatment. **[**Physical therapy treatment provided pursuant to the provisions of subsection 4 of this section may be delegated by physical therapists to physical therapist assistants only if the patient's current approved health care provider has been so informed as part of the physical therapist's seven-day notification upon reinitiation of physical therapy services as required in subsection 4 of this section.**]** Nothing in this subsection shall be construed as to limit the ability of physical therapists or physical therapist assistants to provide physical therapy services in accordance with the provisions of this chapter, and upon the referral of an approved health care provider. Nothing in this subsection shall prohibit an approved health care provider from acting within the scope of their practice as defined by the applicable chapters of RSMo.

6. No person licensed to practice, or applicant for licensure, as a physical therapist or physical therapist assistant shall make a medical diagnosis.

7. A physical therapist shall only delegate physical therapy treatment to a physical therapist assistant or to a person in an entry level of a professional education program approved by the Commission on Accreditation in Physical Therapy Education (CAPTE) who satisfies supervised clinical education requirements related to the person's physical therapist or physical therapist assistant education. The entry-level person shall be under the supervision of a physical therapist.

334.613. 1. The board may refuse to issue or renew a license to practice as a physical therapist or physical therapist assistant for one or any combination of causes stated in subsection 2 of this section. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of the applicant's right to file a complaint with the administrative hearing commission as provided by chapter 621. As an alternative to a refusal to issue or renew a license to practice as a physical therapist or physical therapist assistant, the board may, at its discretion, issue a license which is subject to probation, restriction, or limitation to an applicant for licensure for any one or any combination of causes stated in subsection 2 of this section. The board's order of probation, limitation, or restriction shall contain a statement of the discipline imposed, the basis therefor, the date such action shall become effective, and a statement that the applicant has thirty days to request in writing a hearing before the administrative hearing commission. If the board issues a probationary, limited, or restricted license to an applicant for licensure, either party may file a written petition with the administrative hearing commission within thirty days of the effective date of the probationary, limited, or restricted license seeking review of the board's determination. If no written request for a hearing is received by the administrative hearing commission within the thirty-day period, the right to seek review of the board's decision shall be considered as waived.

2. The board may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621 against any holder of a license to practice as a physical therapist or physical therapist assistant who has failed to renew or has surrendered his or her license for any one or any combination of the following causes:

(1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of a physical therapist or physical therapist assistant;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state, of the United States, or of any country, for any offense directly related to the duties and responsibilities of the occupation, as set forth in section 324.012, regardless of whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation, or bribery in securing any certificate of registration or authority, permit, or license issued under this chapter or in obtaining permission to take any examination given or required under this chapter;

(4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or unprofessional conduct in the performance of the functions or duties of a physical therapist or physical therapist assistant, including but not limited to the following:

(a) Obtaining or attempting to obtain any fee, charge, tuition, or other compensation by fraud, deception, or misrepresentation; willfully and continually overcharging or overtreating patients; or charging for sessions of physical therapy which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;

(b) Attempting, directly or indirectly, by way of intimidation, coercion, or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;

(c) Willfully and continually performing inappropriate or unnecessary treatment or services;

(d) Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, or licensure to perform such responsibilities;

(e) Misrepresenting that any disease, ailment, or infirmity can be cured by a method, procedure, treatment, medicine, or device;

(f) Performing services which have been declared by board rule to be of no physical therapy value;

(g) Final disciplinary action by any professional association, professional society, licensed hospital or medical staff of the hospital, or physical therapy facility in this or any other state or territory, whether agreed to voluntarily or not, and including but not limited to any removal, suspension, limitation, or restriction of the person's professional employment, malpractice, or any other violation of any provision of this chapter;

(h) Administering treatment without sufficient examination, or for other than medically accepted therapeutic or experimental or investigative purposes duly authorized by a state or federal agency, or not in the course of professional physical therapy practice;

(i) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, while a physical therapist or physical therapist assistant/patient relationship exists; making sexual advances, requesting sexual favors, or engaging in other verbal conduct or physical contact of a sexual nature with patients or clients;

(j) Terminating the care of a patient without adequate notice or without making other arrangements for the continued care of the patient;

(k) Failing to furnish details of a patient's physical therapy records to treating physicians, other physical therapists, or hospitals upon proper request; or failing to comply with any other law relating to physical therapy records;

(l) Failure of any applicant or licensee, other than the licensee subject to the investigation, to cooperate with the board during any investigation;

(m) Failure to comply with any subpoena or subpoena duces tecum from the board or an order of the board;

(n) Failure to timely pay license renewal fees specified in this chapter;

(o) Violating a probation agreement with this board or any other licensing agency;

(p) Failing to inform the board of the physical therapist's or physical therapist assistant's current telephone number, residence, and business address;

(q) Advertising by an applicant or licensee which is false or misleading, or which violates any rule of the board, or which claims without substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physical therapist or physical therapist assistant. An applicant or licensee shall also be in violation of this provision if the applicant or licensee has a financial interest in any organization, corporation, or association which issues or conducts such advertising;

(5) Any conduct or practice which is or might be harmful or dangerous to the mental or physical health of a patient or the public; or incompetency, gross negligence, or repeated negligence in the performance of the functions or duties of a physical therapist or physical therapist assistant. For the purposes of this subdivision, "repeated negligence" means the failure, on more than one occasion, to use that degree of skill and learning ordinarily used under the same or similar circumstances by the member of the applicant's or licensee's profession;

(6) Violation of, or attempting to violate, directly or indirectly, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule adopted under this chapter;

(7) Impersonation of any person licensed as a physical therapist or physical therapist assistant or allowing any person to use his or her license or diploma from any school;

(8) Revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation, or other final disciplinary action against a physical therapist or physical therapist assistant for a license or other right to practice as a physical therapist or physical therapist assistant by another state, territory, federal agency or country, whether or not voluntarily agreed to by the licensee or applicant, including but not limited to the denial of licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or limiting the practice of physical therapy while subject to an investigation or while actually under investigation by any licensing authority, medical facility, branch of the Armed Forces of the United States of America, insurance company, court, agency of the state or federal government, or employer;

(9) A person is finally adjudged incapacitated or disabled by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice who is not licensed and currently eligible to practice under this chapter; or knowingly performing any act which in any way aids, assists, procures, advises, or encourages any person to practice physical therapy who is not licensed and currently eligible to practice under this chapter;

(11) Issuance of a license to practice as a physical therapist or physical therapist assistant based upon a material mistake of fact;

(12) Failure to display a valid license pursuant to practice as a physical therapist or physical therapist assistant;

(13) Knowingly making, or causing to be made, or aiding, or abetting in the making of, a false statement in any document executed in connection with the practice of physical therapy;

(14) Soliciting patronage in person or by agents or representatives, or by any other means or manner, under the person's own name or under the name of another person or concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or necessity for or appropriateness of physical therapy services for all patients, or the qualifications of an individual person or persons to render, or perform physical therapy services;

(15) Using, or permitting the use of, the person's name under the designation of "physical therapist", "physiotherapist", "registered physical therapist", "P.T.", "Ph.T.", "P.T.T.", "D.P.T.", "M.P.T." or "R.P.T.", "physical therapist assistant", "P.T.A.", "L.P.T.A.", "C.P.T.A.", or any similar designation with reference to the commercial exploitation of any goods, wares or merchandise;

(16) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment under chapter 208 or chapter 630 or for payment from Title XVIII or Title XIX of the Social Security Act;

(17) Failure or refusal to properly guard against contagious, infectious, or communicable diseases or the spread thereof; maintaining an unsanitary facility or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in any physical therapy facility to the board, in writing, within thirty days after the discovery thereof;

(18) Any candidate for licensure or person licensed to practice as a physical therapist or physical therapist assistant paying or offering to pay a referral fee or**[**, notwithstanding section 334.010 to the contrary, practicing or offering to practice professional physical therapy independent of the prescription and direction of a person licensed and registered as a physician and surgeon under this chapter, as a physician assistant under this chapter, as a chiropractor under chapter 331, as a dentist under chapter 332, as a podiatrist under chapter 330, as an advanced practice registered nurse under chapter 335, or any licensed and registered physician, chiropractor, dentist, podiatrist, or advanced practice registered nurse practicing in another jurisdiction, whose license is in good standing**] evaluating or treating a patient in a manner inconsistent with section 334.506**;

(19) Any candidate for licensure or person licensed to practice as a physical therapist or physical therapist assistant treating or attempting to treat ailments or other health conditions of human beings other than by professional physical therapy and as authorized by sections 334.500 to 334.685;

(20) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed, or administered by a physician who is authorized by law to do so;

(21) Failing to maintain adequate patient records under section 334.602;

(22) Attempting to engage in conduct that subverts or undermines the integrity of the licensing examination or the licensing examination process, including but not limited to utilizing in any manner recalled or memorized licensing examination questions from or with any person or entity, failing to comply with all test center security procedures, communicating or attempting to communicate with any other examinees during the test, or copying or sharing licensing examination questions or portions of questions;

(23) Any candidate for licensure or person licensed to practice as a physical therapist or physical therapist assistant who requests, receives, participates or engages directly or indirectly in the division, transferring, assigning, rebating or refunding of fees received for professional services or profits by means of a credit or other valuable consideration such as wages, an unearned commission, discount or gratuity with any person who referred a patient, or with any relative or business associate of the referring person;

(24) Being unable to practice as a physical therapist or physical therapist assistant with reasonable skill and safety to patients by reasons of incompetency, or because of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or physical condition. The following shall apply to this subdivision:

(a) In enforcing this subdivision the board shall, after a hearing by the board, upon a finding of probable cause, require a physical therapist or physical therapist assistant to submit to a reexamination for the purpose of establishing his or her competency to practice as a physical therapist or physical therapist assistant conducted in accordance with rules adopted for this purpose by the board, including rules to allow the examination of the pattern and practice of such physical therapist's or physical therapist assistant's professional conduct, or to submit to a mental or physical examination or combination thereof by a facility or professional approved by the board;

(b) For the purpose of this subdivision, every physical therapist and physical therapist assistant licensed under this chapter is deemed to have consented to submit to a mental or physical examination when directed in writing by the board;

(c) In addition to ordering a physical or mental examination to determine competency, the board may, notwithstanding any other law limiting access to medical or other health data, obtain medical data and health records relating to a physical therapist, physical therapist assistant or applicant without the physical therapist's, physical therapist assistant's or applicant's consent;

(d) Written notice of the reexamination or the physical or mental examination shall be sent to the physical therapist or physical therapist assistant, by registered mail, addressed to the physical therapist or physical therapist assistant at the physical therapist's or physical therapist assistant's last known address. Failure of a physical therapist or physical therapist assistant to submit to the examination when directed shall constitute an admission of the allegations against the physical therapist or physical therapist assistant, in which case the board may enter a final order without the presentation of evidence, unless the failure was due to circumstances beyond the physical therapist's or physical therapist assistant's control. A physical therapist or physical therapist assistant whose right to practice has been affected under this

subdivision shall, at reasonable intervals, be afforded an opportunity to demonstrate that the physical therapist or physical therapist assistant can resume the competent practice as a physical therapist or physical therapist assistant with reasonable skill and safety to patients;

(e) In any proceeding under this subdivision neither the record of proceedings nor the orders entered by the board shall be used against a physical therapist or physical therapist assistant in any other proceeding. Proceedings under this subdivision shall be conducted by the board without the filing of a complaint with the administrative hearing commission;

(f) When the board finds any person unqualified because of any of the grounds set forth in this subdivision, it may enter an order imposing one or more of the disciplinary measures set forth in subsection 3 of this section.

3. After the filing of such complaint before the administrative hearing commission, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds provided in subsection 2 of this section for disciplinary action are met, the board may, singly or in combination:

(1) Warn, censure or place the physical therapist or physical therapist assistant named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten years;

(2) Suspend the physical therapist's or physical therapist assistant's license for a period not to exceed three years;

(3) Restrict or limit the physical therapist's or physical therapist assistant's license for an indefinite period of time;

(4) Revoke the physical therapist's or physical therapist assistant's license;

(5) Administer a public or private reprimand;

(6) Deny the physical therapist's or physical therapist assistant's application for a license;

(7) Permanently withhold issuance of a license;

(8) Require the physical therapist or physical therapist assistant to submit to the care, counseling or treatment of physicians designated by the board at the expense of the physical therapist or physical therapist assistant to be examined;

(9) Require the physical therapist or physical therapist assistant to attend such continuing educational courses and pass such examinations as the board may direct.

4. In any order of revocation, the board may provide that the physical therapist or physical therapist assistant shall not apply for reinstatement of the physical therapist's or physical therapist assistant's license for a period of time ranging from two to seven years following the date of the order of revocation. All stay orders shall toll this time period.

5. Before restoring to good standing a license issued under this chapter which has been in a revoked, suspended, or inactive state for any cause for more than two years, the board may require the applicant to attend such continuing medical education courses and pass such examinations as the board may direct.

6. In any investigation, hearing or other proceeding to determine a physical therapist's, physical therapist assistant's or applicant's fitness to practice, any record relating to any patient of the physical therapist, physical therapist assistant, or applicant shall be discoverable by the board and admissible into evidence, regardless of any statutory or common law privilege which such physical therapist, physical therapist assistant, applicant, record custodian, or patient might otherwise invoke. In addition, no such physical therapist, physical therapist assistant, applicant, or record custodian may withhold records or testimony bearing upon a physical therapist's, physical therapist assistant's, or applicant's fitness to practice on the grounds of privilege between such physical therapist, physical therapist assistant, applicant, or record custodian and a patient."; and"; and

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

HOUSE AMENDMENT NO. 6 TO
HOUSE AMENDMENT NO. 1

Amend House Amendment No. 1 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 106, Page 7, Line 2, by deleting said line and inserting in lieu thereof the following:

"and the legal successors thereof.

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

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

(2) Is a resident of Missouri.

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

3. The amount of supplemental payment made to persons who do not meet the eligibility requirements for federal supplemental security income benefits, but who do meet the December, 1973, eligibility

standards for old age assistance, permanent and total disability and aid to the blind or less restrictive requirements as established by rule or regulation of the family support division, shall be in an amount established by rule and regulation of the family support division sufficient to, when added to all other income, equal the amount of cash income received in December, 1973; except, in establishing the amount of the supplemental payment, there shall be disregarded cost-of-living increases provided for in Titles II and XVI of the federal Social Security Act and any other benefits or income required to be disregarded by an act of Congress of the United States or any regulation duly promulgated thereunder. The minimum supplemental payments for those persons who continue to meet the December, 1973, eligibility standards for aid to the blind shall be a blind pension payment as prescribed in chapter 209.

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

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

facility personal needs allowance. The exact amount of the additional payment shall be determined by rule of the department. This additional payment shall not be used to pay for any supplies or services, or for any other items that would have been paid for by the family support division if that person would have been receiving medical assistance benefits under Title XIX of the federal Social Security Act for nursing home services pursuant to the provisions of section 208.159. Notwithstanding the previous part of this subsection, the person eligible shall not receive this additional payment if such eligible person is receiving funds for personal expenses from some other state or federal program."; and"; and

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

HOUSE AMENDMENT NO. 7 TO
HOUSE AMENDMENT NO. 1

Amend House Amendment No. 1 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 106, Page 1, Line 30, by inserting after the word "Line" the following:

"6, by inserting after the word "**amended;**" the word "**and**"; and

Further amend said bill, page, and section, Lines 8-12, by deleting said lines and inserting in lieu thereof the following:

"**1973, 29 U.S.C. Section 794, as amended.**"; and

Further amend said bill, page, and section, Line 17, by inserting after the word "**child's**" the words "**most recent**"; and

Further amend said bill, page, and section, Line"; and

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

HOUSE AMENDMENT NO. 8 TO
HOUSE AMENDMENT NO. 1

Amend House Amendment No. 1 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 106, Page 7, Line 21, by inserting after all of said section and line the following:

"Further amend said bill, Page 22, Section 552.020, Line 214, by inserting after all of said section and line the following:

"552.030. 1. A person is not responsible for criminal conduct if, at the time of such conduct, as a result of mental disease or defect such person was incapable of knowing and appreciating the nature, quality, or wrongfulness of such person's conduct.

2. Evidence of mental disease or defect excluding responsibility shall not be admissible at trial of the accused unless the accused, at the time of entering such accused's plea to the charge, pleads not guilty by reason of mental disease or defect excluding responsibility, or unless within ten days after a plea of not

guilty, or at such later date as the court may for good cause permit, the accused files a written notice of such accused's purpose to rely on such defense. Such a plea or notice shall not deprive the accused of other defenses. The state may accept a defense of mental disease or defect excluding responsibility, whether raised by plea or written notice, if the accused has no other defense and files a written notice to that effect. The state shall not accept a defense of mental disease or defect excluding responsibility in the absence of any pretrial evaluation as described in this section or section 552.020. Upon the state's acceptance of the defense of mental disease or defect excluding responsibility, the court shall proceed to order the commitment of the accused as provided in section 552.040 in cases of persons acquitted on the ground of mental disease or defect excluding responsibility, and further proceedings shall be had regarding the confinement and release of the accused as provided in section 552.040.

3. Whenever the accused has pleaded mental disease or defect excluding responsibility or has given the written notice provided in subsection 2 of this section, and such defense has not been accepted as provided in subsection 2 of this section, the court shall, after notice and upon motion of either the state or the accused, by order of record, appoint one or more private psychiatrists or psychologists, as defined in section 632.005, or physicians with a minimum of one year training or experience in providing treatment or services to persons with an intellectual disability or developmental disability or mental illness, who are neither employees nor contractors of the department of mental health for purposes of performing the examination in question, to examine the accused, or shall direct the director of the department of mental health, or the director's designee, to have the accused so examined by one or more psychiatrists or psychologists, as defined in section 632.005, or physicians with a minimum of one year training or experience in providing treatment or services to persons with an intellectual disability or developmental disability or mental illness designated by the director, or the director's designee, as qualified to perform examinations pursuant to this chapter. The order shall direct that written report or reports of such examination be filed with the clerk of the court. No private psychiatrist, psychologist, or physician shall be appointed by the court unless such psychiatrist, psychologist or physician has consented to act. The examinations ordered shall be made at such time and place and under such conditions as the court deems proper; except that, if the order directs the director of the department of mental health to have the accused examined, the director, or the director's designee, shall determine the time, place and conditions under which the examination shall be conducted. The order may include provisions for the interview of witnesses and may require the provision of police reports to the department for use in evaluation. If an examination provided in section 552.020 was made and the report of such examination included an opinion as to whether, at the time of the alleged criminal conduct, the accused, as a result of mental disease or defect, did not know or appreciate the nature, quality or wrongfulness of such accused's conduct or as a result of mental disease or defect was incapable of conforming such accused's conduct to the requirements of law, such report may be received in evidence, and no new examination shall be required by the court unless, in the discretion of the court, another examination is necessary. If an examination is ordered pursuant to this section, the report shall contain the information required in subsections 3 and [4] **5** of section 552.020. Within ten days after receiving a copy of such report, both the accused and the state shall, upon written request, be entitled to an order granting them an examination of the accused by an examiner of such accused's or its own choosing and at such accused's or its expense. The clerk of the court shall deliver copies of the report or reports to the prosecuting or circuit attorney and to the accused or his counsel. No reports required by this subsection shall be public records or be open to the public. Any examination performed pursuant to this subsection shall be completed and the results shall be filed with the court within

sixty days of the date it is received by the department or private psychiatrist, psychologist or physician unless the court, for good cause, orders otherwise.

4. If the report contains the recommendation that the accused should be held in custody in a suitable hospital facility pending trial, and if the accused is not admitted to bail, or released on other conditions, the court may order that the accused be committed to or held in a suitable hospital facility pending trial.

5. No statement made by the accused in the course of any such examination and no information received by any physician or other person in the course thereof, whether such examination was made with or without the consent of the accused or upon the accused's motion or upon that of others, shall be admitted in evidence against the accused on the issue of whether the accused committed the act charged against the accused in any criminal proceeding then or thereafter pending in any court, state or federal. The statement or information shall be admissible in evidence for or against the accused only on the issue of the accused's mental condition, whether or not it would otherwise be deemed to be a privileged communication. If the statement or information is admitted for or against the accused on the issue of the accused's mental condition, the court shall, both orally at the time of its admission and later by instruction, inform the jury that it must not consider such statement or information as any evidence of whether the accused committed the act charged against the accused.

6. All persons are presumed to be free of mental disease or defect excluding responsibility for their conduct, whether or not previously adjudicated in this or any other state to be or to have been sexual or social psychopaths, or incompetent; provided, however, the court may admit evidence presented at such adjudication based on its probative value. The issue of whether any person had a mental disease or defect excluding responsibility for such person's conduct is one for the trier of fact to decide upon the introduction of substantial evidence of lack of such responsibility. But, in the absence of such evidence, the presumption shall be conclusive. Upon the introduction of substantial evidence of lack of such responsibility, the presumption shall not disappear and shall alone be sufficient to take that issue to the trier of fact. The jury shall be instructed as to the existence and nature of such presumption when requested by the state and, where the issue of such responsibility is one for the jury to decide, the jury shall be told that the burden rests upon the accused to show by a preponderance or greater weight of the credible evidence that the defendant was suffering from a mental disease or defect excluding responsibility at the time of the conduct charged against the defendant. At the request of the defense the jury shall be instructed by the court as to the contents of subsection 2 of section 552.040.

7. When the accused is acquitted on the ground of mental disease or defect excluding responsibility, the verdict and the judgment shall so state as well as state the offense for which the accused was acquitted. The clerk of the court shall furnish a copy of any judgment or order of commitment to the department of mental health pursuant to this section to the criminal records central repository pursuant to section 43.503.

552.040. 1. For the purposes of this section, the following words mean:

(1) "Prosecutor of the jurisdiction", the prosecuting attorney in a county or the circuit attorney of a city not within a county;

(2) "Secure facility", a state mental health facility, state developmental disability facility, private facility under contract with the department of mental health, or a section within any of these facilities, in which persons committed to the department of mental health pursuant to this chapter shall not be permitted

to move about the facility or section of the facility, nor to leave the facility or section of the facility, without approval by the head of the facility or such head's designee and adequate supervision consistent with the safety of the public and the person's treatment, habilitation or rehabilitation plan;

(3) "Tried and acquitted" includes both pleas of mental disease or defect excluding responsibility that are accepted by the court and acquittals on the ground of mental disease or defect excluding responsibility following the proceedings set forth in section 552.030.

2. When an accused is tried and acquitted on the ground of mental disease or defect excluding responsibility, the court shall order such person committed to the director of the department of mental health for custody. The court shall also order custody and care in a state mental health or intellectual disability facility unless an immediate conditional release is granted pursuant to this section. If the accused has not been charged with a dangerous felony as defined in section 556.061, or with murder in the first degree pursuant to section 565.020, or sexual assault pursuant to section 566.040, or the attempts thereof, and the examination contains an opinion that the accused should be immediately conditionally released to the community by the court, the court shall hold a hearing to determine if an immediate conditional release is appropriate pursuant to the procedures for conditional release set out in subsections 10 to 14 of this section. Prior to the hearing, the court shall direct the director of the department of mental health, or the director's designee, to have the accused examined to determine conditions of confinement in accordance with subsection [4] **5** of section 552.020. The provisions of subsection 16 of this section shall be applicable to defendants granted an immediate conditional release and the director shall honor the immediate conditional release as granted by the court. If the court determines that an immediate conditional release is warranted, the court shall order the person committed to the director of the department of mental health before ordering such a release. The court granting the immediate conditional release shall retain jurisdiction over the case for the duration of the conditional release. This shall not limit the authority of the director of the department of mental health or the director's designee to revoke the conditional release or the trial release of any committed person pursuant to subsection 17 of this section. If the accused is committed to a mental health or developmental disability facility, the director of the department of mental health, or the director's designee, shall determine the time, place and conditions of confinement.

3. The provisions of sections 630.110, 630.115, 630.130, 630.133, 630.135, 630.140, 630.145, 630.150, 630.180, 630.183, 630.192, 630.194, 630.196, 630.198, 630.805, 632.370, 632.395, and 632.435 shall apply to persons committed pursuant to subsection 2 of this section. If the department does not have a treatment or rehabilitation program for a mental disease or defect of an individual, that fact may not be the basis for a release from commitment. Notwithstanding any other provision of law to the contrary, no person committed to the department of mental health who has been tried and acquitted by reason of mental disease or defect as provided in section 552.030 shall be conditionally or unconditionally released unless the procedures set out in this section are followed. Upon request by an indigent committed person, the appropriate court may appoint the office of the public defender to represent such person in any conditional or unconditional release proceeding under this section.

4. Notwithstanding section 630.115, any person committed pursuant to subsection 2 of this section shall be kept in a secure facility until such time as a court of competent jurisdiction enters an order granting a conditional or unconditional release to a nonsecure facility.

5. The committed person or the head of the facility where the person is committed may file an application in the court that committed the person seeking an order releasing the committed person unconditionally; except that any person who has been denied an application for a conditional release pursuant to subsection 13 of this section shall not be eligible to file for an unconditional release until the expiration of one year from such denial. In the case of a person who was immediately conditionally released after being committed to the department of mental health, the released person or the director of the department of mental health, or the director's designee, may file an application in the same court that released the committed person seeking an order releasing the committed person unconditionally. Copies of the application shall be served personally or by certified mail upon the head of the facility unless the head of the facility files the application, the committed person unless the committed person files the application, or unless the committed person was immediately conditionally released, the director of the department of mental health, and the prosecutor of the jurisdiction where the committed person was tried and acquitted. Any party objecting to the proposed release must do so in writing within thirty days after service. Within a reasonable period of time after any written objection is filed, which period shall not exceed sixty days unless otherwise agreed upon by the parties, the court shall hold a hearing upon notice to the committed person, the head of the facility, if necessary, the director of the department of mental health, and the prosecutor of the jurisdiction where the person was tried. Prior to the hearing any of the parties, upon written application, shall be entitled to an examination of the committed person, by a psychiatrist or psychologist, as defined in section 632.005, or a physician with a minimum of one year training or experience in providing treatment or services to intellectually disabled or mentally ill individuals of its own choosing and at its expense. The report of the mental condition of the committed person shall accompany the application. By agreement of all parties to the proceeding any report of the mental condition of the committed person which may accompany the application for release or which is filed in objection thereto may be received by evidence, but the party contesting any opinion therein shall have the right to summon and to cross-examine the examiner who rendered such opinion and to offer evidence upon the issue.

6. By agreement of all the parties and leave of court, the hearing may be waived, in which case an order granting an unconditional release shall be entered in accordance with subsection 8 of this section.

7. At a hearing to determine if the committed person should be unconditionally released, the court shall consider the following factors in addition to any other relevant evidence:

(1) Whether or not the committed person presently has a mental disease or defect;

(2) The nature of the offense for which the committed person was committed;

(3) The committed person's behavior while confined in a mental health facility;

(4) The elapsed time between the hearing and the last reported unlawful or dangerous act;

(5) Whether the person has had conditional releases without incident; and

(6) Whether the determination that the committed person is not dangerous to himself or others is dependent on the person's taking drugs, medicine or narcotics.

The burden of persuasion for any person committed to a mental health facility under the provisions of this section upon acquittal on the grounds of mental disease or defect excluding responsibility shall be on the

party seeking unconditional release to prove by clear and convincing evidence that the person for whom unconditional release is sought does not have, and in the reasonable future is not likely to have, a mental disease or defect rendering the person dangerous to the safety of himself or others.

8. The court shall enter an order either denying the application for unconditional release or granting an unconditional release. An order denying the application shall be without prejudice to the filing of another application after the expiration of one year from the denial of the last application.

9. No committed person shall be unconditionally released unless it is determined through the procedures in this section that the person does not have, and in the reasonable future is not likely to have, a mental disease or defect rendering the person dangerous to the safety of himself or others.

10. The committed person or the head of the facility where the person is committed may file an application in the court having probate jurisdiction over the facility where the person is detained for a hearing to determine whether the committed person shall be released conditionally. In the case of a person committed to a mental health facility upon acquittal on the grounds of mental disease or defect excluding responsibility for a dangerous felony as defined in section 556.061, murder in the first degree pursuant to section 565.020, or sexual assault pursuant to section 566.040, any such application shall be filed in the court that committed the person. In such cases, jurisdiction over the application for conditional release shall be in the committing court. In the case of a person who was immediately conditionally released after being committed to the department of mental health, the released person or the director of the department of mental health, or the director's designee, may file an application in the same court that released the person seeking to amend or modify the existing release. The procedures for application for unconditional releases set out in subsection 5 of this section shall apply, with the following additional requirements:

(1) A copy of the application shall also be served upon the prosecutor of the jurisdiction where the person is being detained, unless the released person was immediately conditionally released after being committed to the department of mental health, or unless the application was required to be filed in the court that committed the person in which case a copy of the application shall be served upon the prosecutor of the jurisdiction where the person was tried and acquitted and the prosecutor of the jurisdiction into which the committed person is to be released;

(2) The prosecutor of the jurisdiction where the person was tried and acquitted shall use their best efforts to notify the victims of dangerous felonies. Notification by the appropriate person or agency by certified mail to the most current address provided by the victim shall constitute compliance with the victim notification requirement of this section;

(3) The application shall specify the conditions and duration of the proposed release;

(4) The prosecutor of the jurisdiction where the person is being detained shall represent the public safety interest at the hearing unless the prosecutor of the jurisdiction where the person was tried and acquitted decides to appear to represent the public safety interest.

If the application for release was required to be filed in the committing court, the prosecutor of the jurisdiction where the person was tried and acquitted shall represent the public safety interest. In the case of a person who was immediately conditionally released after being committed to the department of mental health, the prosecutor of the jurisdiction where the person was tried and acquitted shall appear and represent the public safety interest.

11. By agreement of all the parties, the hearing may be waived, in which case an order granting a conditional release, stating the conditions and duration agreed upon by all the parties and the court, shall be entered in accordance with subsection 13 of this section.

12. At a hearing to determine if the committed person should be conditionally released, the court shall consider the following factors in addition to any other relevant evidence:

(1) The nature of the offense for which the committed person was committed;

(2) The person's behavior while confined in a mental health facility;

(3) The elapsed time between the hearing and the last reported unlawful or dangerous act;

(4) The nature of the person's proposed release plan;

(5) The presence or absence in the community of family or others willing to take responsibility to help the defendant adhere to the conditions of the release; and

(6) Whether the person has had previous conditional releases without incident.

The burden of persuasion for any person committed to a mental health facility under the provisions of this section upon acquittal on the grounds of mental disease or defect excluding responsibility shall be on the party seeking release to prove by clear and convincing evidence that the person for whom release is sought is not likely to be dangerous to others while on conditional release.

13. The court shall enter an order either denying the application for a conditional release or granting conditional release. An order denying the application shall be without prejudice to the filing of another application after the expiration of one year from the denial of the last application.

14. No committed person shall be conditionally released until it is determined that the committed person is not likely to be dangerous to others while on conditional release.

15. If, in the opinion of the head of a facility where a committed person is being detained, that person can be released without danger to others, that person may be released from the facility for a trial release of up to ninety-six hours under the following procedure:

(1) The head of the facility where the person is committed shall notify the prosecutor of the jurisdiction where the committed person was tried and acquitted and the prosecutor of the jurisdiction into which the committed person is to be released at least thirty days before the date of the proposed trial release;

(2) The notice shall specify the conditions and duration of the release;

(3) If no prosecutor to whom notice is required objects to the trial release, the committed person shall be released according to conditions and duration specified in the notice;

(4) If any prosecutor objects to the trial release, the head of the facility may file an application with the court having probate jurisdiction over the facility where the person is detained for a hearing under the procedures set out in subsections 5 and 10 of this section with the following additional requirements:

(a) A copy of the application shall also be served upon the prosecutor of the jurisdiction into which the committed person is to be released; and

(b) The prosecutor or prosecutors who objected to the trial release shall represent the public safety interest at the hearing; and

(5) The release criteria of subsections 12 to 14 of this section shall apply at such a hearing.

16. The department shall provide or shall arrange for follow-up care and monitoring for all persons conditionally released under this section and shall make or arrange for reviews and visits with the client at least monthly, or more frequently as set out in the release plan, and whether the client is receiving care, treatment, habilitation or rehabilitation consistent with his needs, condition and public safety. The department shall identify the facilities, programs or specialized services operated or funded by the department which shall provide necessary levels of follow-up care, aftercare, rehabilitation or treatment to the persons in geographical areas where they are released.

17. The director of the department of mental health, or the director's designee, may revoke the conditional release or the trial release and request the return of the committed person if such director or coordinator has reasonable cause to believe that the person has violated the conditions of such release. If requested to do so by the director or coordinator, a peace officer of a jurisdiction in which a patient on conditional release is found shall apprehend and return such patient to the facility. No peace officer responsible for apprehending and returning the committed person to the facility upon the request of the director or coordinator shall be civilly liable for apprehending or transporting such patient to the facility so long as such duties were performed in good faith and without negligence. If a person on conditional release is returned to a facility under the provisions of this subsection, a hearing shall be held within ninety-six hours, excluding Saturdays, Sundays and state holidays, to determine whether the person violated the conditions of the release or whether resumption of full-time hospitalization is the least restrictive alternative consistent with the person's needs and public safety. The director of the department of mental health, or the director's designee, shall conduct the hearing. The person shall be given notice at least twenty-four hours in advance of the hearing and shall have the right to have an advocate present.

18. At any time during the period of a conditional release or trial release, the court which ordered the release may issue a notice to the released person to appear to answer a charge of a violation of the terms of the release and the court may issue a warrant of arrest for the violation. Such notice shall be personally served upon the released person. The warrant shall authorize the return of the released person to the custody of the court or to the custody of the director of mental health or the director's designee.

19. The head of a mental health facility, upon any notice that a committed person has escaped confinement, or left the facility or its grounds without authorization, shall immediately notify the prosecutor and sheriff of the county wherein the committed person is detained of the escape or unauthorized leaving of grounds and the prosecutor and sheriff of the county where the person was tried and acquitted.

20. Any person committed to a mental health facility under the provisions of this section upon acquittal on the grounds of mental disease or defect excluding responsibility for a dangerous felony as defined in section 556.061, murder in the first degree pursuant to section 565.020, or sexual assault pursuant to section 566.040 shall not be eligible for conditional or unconditional release under the provisions of this section unless, in addition to the requirements of this section, the court finds that the following criteria are met:

(1) Such person is not now and is not likely in the reasonable future to commit another violent crime against another person because of such person's mental illness; and

(2) Such person is aware of the nature of the violent crime committed against another person and presently possesses the capacity to appreciate the criminality of the violent crime against another person and the capacity to conform such person's conduct to the requirements of law in the future."; and

Further amend said bill, Page 23, Section 552.050, Line 42, by inserting after all of said section and line the following:

"552.080. 1. Notwithstanding any other provisions of law, the court in which the proceedings are pending shall, upon application and approval, order the payment of or tax as costs the following expenses and fees, which in each case shall be reasonable, and so found by the court:

(1) Expenses and fees for examinations, reports and expert testimony of private psychiatrists who are neither employees nor contractors of the department of mental health for purposes of performing such services and who are appointed by the court to examine the accused under sections 552.020 and 552.030;

(2) The expenses of conveying any prisoner from a jail to a facility of the department of mental health and the expense of returning him to a jail under the provisions of section 552.020, 552.030, 552.040 or 552.050.

Such expenses and fees shall be paid, no matter how taxed as costs or collected, by the state, county or defendant, when liable for such costs under the provisions of chapter 550. Such order may be made at any time before or after the final disposition of the case and whether or not the accused is convicted or sentenced to the custody of the division of corrections or county jail, as the case may be, or placed upon probation or granted parole.

2. The expenses and fees provided in subsection 1 of this section may be levied and collected under execution; except that, if the state or county has by inadvertence or mistake paid expenses or fees as provided in subsection 1 of this section, the political entity having made such a mistake or inadvertent payment shall be entitled to recover the same from the entity responsible for such payment.

3. If a person is ordered held or hospitalized by the director of the department of mental health or in one of the facilities of the department of mental health pursuant to the following provisions, the liability for hospitalization shall be paid by the person, his estate or those responsible for his support in accordance with chapter 630:

(1) Following determination of lack of mental fitness to proceed under subsection [7] **8** of section 552.020;

(2) Following acquittal because of lack of responsibility due to mental disease or defect under section 552.030, and subsequent order of commitment to the director of the department of mental health under section 552.040.

4. The method of collecting the costs and expenses herein provided or otherwise incurred in connection with the custody, examination, trial, transportation or treatment of any person accused or convicted of any offense shall not be exclusive and same may be collected in any other manner provided by law."; and"; and

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

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 106, Page 1, Section A, Line 12, by inserting after all of said section and line the following:

"**9.388. The month of March of each year is hereby designated as "Rare Kidney Disease Awareness Month". The citizens of this state are encouraged to participate in appropriate awareness and educational activities for Rare Kidney Disease, available screening and genetic testing options, and efforts to improve treatment for patients.**

37.725. 1. Any files maintained by the advocate program shall be disclosed only at the discretion of the child advocate; except that the identity of any complainant or recipient shall not be disclosed by the office unless:

(1) The complainant or recipient, or the complainant's or recipient's legal representative, consents in writing to such disclosure; **[**or**]**

(2) Such disclosure is required by court order**; or**

(3) The child advocate determines that disclosure to law enforcement is necessary to ensure immediate child safety.

2. Any statement or communication made by the office relevant to a complaint received by, proceedings before, or activities of the office and any complaint or information made or provided in good faith by any person shall be absolutely privileged and such person shall be immune from suit.

3. Any representative of the office conducting or participating in any examination of a complaint who knowingly and willfully discloses to any person other than the office, or those persons authorized by the office to receive it, the name of any witness examined or any information obtained or given during such examination is guilty of a class A misdemeanor. However, the office conducting or participating in any examination of a complaint shall disclose the final result of the examination with the consent of the recipient.

4. The office shall not be required to testify in any court with respect to matters held to be confidential in this section except as the court may deem necessary to enforce the provisions of sections 37.700 to 37.730, or where otherwise required by court order."; and

Further amend said bill, Page 2, Section 167.027, Line 18, by inserting after all of said section and line the following:

"190.600. 1. Sections 190.600 to 190.621 shall be known and may be cited as the "Outside the Hospital Do-Not-Resuscitate Act".

2. As used in sections 190.600 to 190.621, unless the context clearly requires otherwise, the following terms shall mean:

(1) "Attending physician":

(a) A physician licensed under chapter 334 selected by or assigned to a patient who has primary responsibility for treatment and care of the patient; or

(b) If more than one physician shares responsibility for the treatment and care of a patient, one such physician who has been designated the attending physician by the patient or the patient's representative shall serve as the attending physician;

(2) "Cardiopulmonary resuscitation" or "CPR", emergency medical treatment administered to a patient in the event of the patient's cardiac or respiratory arrest, and shall include cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of cardiac resuscitation medications, and related procedures;

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

(4) "Emergency medical services personnel", paid or volunteer firefighters, law enforcement officers, first responders, emergency medical technicians, or other emergency service personnel acting within the ordinary course and scope of their professions, but excluding physicians;

(5) "Health care facility", any institution, building, or agency or portion thereof, private or public, excluding federal facilities and hospitals, whether organized for profit or not, used, operated, or designed to provide health services, medical treatment, or nursing, rehabilitative, or preventive care to any person or persons. Health care facility includes but is not limited to ambulatory surgical facilities, health maintenance organizations, home health agencies, hospices, infirmaries, renal dialysis centers, long-term care facilities licensed under sections 198.003 to 198.186, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, and residential treatment facilities;

(6) "Hospital", a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment, or care for not less than twenty-four consecutive hours in any week of three or more nonrelated individuals suffering from illness, disease, injury, deformity, or other abnormal physical conditions; or a place devoted primarily to provide for not less than twenty-four consecutive hours in any week medical or nursing care for three or more nonrelated individuals. Hospital does not include any long-term care facility licensed under sections 198.003 to 198.186;

(7) "Outside the hospital do-not-resuscitate identification" or "outside the hospital DNR identification", a standardized identification card, bracelet, or necklace of a single color, form, and design as described by rule of the department that signifies that the patient's attending physician has issued an outside the hospital do-not-resuscitate order for the patient and has documented the grounds for the order in the patient's medical file;

(8) "Outside the hospital do-not-resuscitate order" or "outside the hospital DNR order", a written physician's order signed by the patient and the attending physician, or the patient's representative and the attending physician, in a form promulgated by rule of the department which authorizes emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from the patient in the event of cardiac or respiratory arrest;

(9) "Outside the hospital do-not-resuscitate protocol" or "outside the hospital DNR protocol", a standardized method or procedure promulgated by rule of the department for the withholding or

withdrawal of cardiopulmonary resuscitation by emergency medical services personnel from a patient in the event of cardiac or respiratory arrest;

(10) "Patient", a person eighteen years of age or older who is not incapacitated, as defined in section 475.010, and who is otherwise competent to give informed consent to an outside the hospital do-not-resuscitate order at the time such order is issued, and who, with his or her attending physician, has executed an outside the hospital do-not-resuscitate order under sections 190.600 to 190.621. A person who has a patient's representative shall also be a patient for the purposes of sections 190.600 to 190.621, if the person or the person's patient's representative has executed an outside the hospital do-not-resuscitate order under sections 190.600 to 190.621**. A person under eighteen years of age shall also be a patient for purposes of sections 190.600 to 190.621 if the person has had a do-not-resuscitate order issued on his or her behalf under the provisions of section 191.250**;

(11) "Patient's representative":

(a) An attorney in fact designated in a durable power of attorney for health care for a patient determined to be incapacitated under sections 404.800 to 404.872; or

(b) A guardian or limited guardian appointed under chapter 475 to have responsibility for an incapacitated patient.

190.603. 1. A patient or patient's representative and the patient's attending physician may execute an outside the hospital do-not-resuscitate order. An outside the hospital do-not-resuscitate order shall not be effective unless it is executed by the patient or patient's representative and the patient's attending physician, and it is in the form promulgated by rule of the department.

2. **A patient under eighteen years of age is not authorized to execute an outside the hospital do-not-resuscitate order for himself or herself but may have a do-not-resuscitate order issued on his or her behalf by one parent or legal guardian or by a juvenile or family court under the provisions of section 191.250. Such do-not-resuscitate order shall also function as an outside the hospital do-not-resuscitate order for the purposes of sections 190.600 to 190.621 unless such do-not-resuscitate order authorized under the provisions of section 191.250 states otherwise.**

3. If an outside the hospital do-not-resuscitate order has been executed, it shall be maintained as the first page of a patient's medical record in a health care facility unless otherwise specified in the health care facility's policies and procedures.

[3.**]** **4.** An outside the hospital do-not-resuscitate order shall be transferred with the patient when the patient is transferred from one health care facility to another health care facility. If the patient is transferred outside of a hospital, the outside the hospital DNR form shall be provided to any other facility, person, or agency responsible for the medical care of the patient or to the patient or patient's representative.

190.606. The following persons and entities shall not be subject to civil, criminal, or administrative liability and are not guilty of unprofessional conduct for the following acts or omissions that follow discovery of an outside the hospital do-not-resuscitate identification upon a patient **or a do-not-resuscitate order functioning as an outside the hospital do-not-resuscitate order for a patient under eighteen years of age**, or upon being presented with an outside the hospital do-not-resuscitate order **[**from Missouri, another state, the District of Columbia, or a territory of the United States**]**; provided that the acts

or omissions are done in good faith and in accordance with the provisions of sections 190.600 to 190.621 and the provisions of an outside the hospital do-not-resuscitate order executed under sections 190.600 to 190.621:

(1) Physicians, persons under the direction or authorization of a physician, emergency medical services personnel, or health care facilities that cause or participate in the withholding or withdrawal of cardiopulmonary resuscitation from such patient; and

(2) Physicians, persons under the direction or authorization of a physician, emergency medical services personnel, or health care facilities that provide cardiopulmonary resuscitation to such patient under an oral or written request communicated to them by the patient or the patient's representative.

190.612. 1. Emergency medical services personnel are authorized to comply with the outside the hospital do-not-resuscitate protocol when presented with an outside the hospital do-not-resuscitate identification or an outside the hospital do-not-resuscitate order. However, emergency medical services personnel shall not comply with an outside the hospital do-not-resuscitate order or the outside the hospital do-not-resuscitate protocol when the patient or patient's representative expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated.

2. **[**Emergency medical services personnel are authorized to comply with the outside the hospital do-not-resuscitate protocol when presented with an outside the hospital do-not-resuscitate order from another state, the District of Columbia, or a territory of the United States if such order is on a standardized written form:

(1) Signed by the patient or the patient's representative and a physician who is licensed to practice in the other state, the District of Columbia, or the territory of the United States; and

(2) Such form has been previously reviewed and approved by the department of health and senior services to authorize emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from the patient in the event of a cardiac or respiratory arrest.

Emergency medical services personnel shall not comply with an outside the hospital do-not-resuscitate order from another state, the District of Columbia, or a territory of the United States or the outside the hospital do-not-resuscitate protocol when the patient or patient's representative expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated.**]**

(1) Except as provided in subdivision (2) of this subsection, emergency medical services personnel are authorized to comply with the outside the hospital do-not-resuscitate protocol when presented with a do-not-resuscitate order functioning as an outside the hospital do-not-resuscitate order for a patient under eighteen years of age if such do-not-resuscitate order has been authorized by one parent or legal guardian or by a juvenile or family court under the provisions of section 191.250.

(2) Emergency medical services personnel shall not comply with a do-not-resuscitate order or the outside the hospital do-not-resuscitate protocol when the patient under eighteen years of age, either parent of such patient, the patient's legal guardian, or the juvenile or family court expresses

to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire for the patient to be resuscitated.

3. If a physician or a health care facility other than a hospital admits or receives a patient with an outside the hospital do-not-resuscitate identification or an outside the hospital do-not-resuscitate order, and the patient or patient's representative has not expressed or does not express to the physician or health care facility the desire to be resuscitated, and the physician or health care facility is unwilling or unable to comply with the outside the hospital do-not-resuscitate order, the physician or health care facility shall take all reasonable steps to transfer the patient to another physician or health care facility where the outside the hospital do-not-resuscitate order will be complied with.

190.613. 1. A patient or patient's representative and the patient's attending physician may execute an outside the hospital do-not-resuscitate order through the presentation of a properly executed outside the hospital do-not-resuscitate order from another state, the District of Columbia, or a territory of the United States, or a Transportable Physician Orders for Patient Preferences (TPOPP)/Physician Orders for Life-Sustaining Treatment (POLST) form containing a specific do-not-resuscitate section.

2. Any outside the hospital do-not-resuscitate form identified from another state, the District of Columbia, or a territory of the United States, or a TPOPP/POLST form shall:

(1) Have been previously reviewed and approved by the department as in compliance with the provisions of sections 190.600 to 190.621;

(2) Not be accepted for a patient under eighteen years of age, except as allowed under section 191.250; and

(3) Not be effective during such time as the patient is pregnant as set forth in section 190.609.

A patient or patient's representative may express to emergency medical services personnel, at any time and by any means, the intent to revoke the outside the hospital do-not-resuscitate order.

3. The provisions of section 190.606 shall apply to the good faith acts or omissions of emergency medical services personnel under this section."; and

Further amend said bill, Page 3, Section 192.775, Line 6, by deleting the words "**United States Preventive Services Task Force**" and inserting in lieu thereof the words "**American College of Radiology**"; and

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

"196.1050. 1. The proceeds of any monetary settlement or portion of a global settlement between the attorney general of the state and any drug manufacturers, distributors, **pharmacies,** or combination thereof to resolve an opioid-related cause of action against such drug manufacturers, distributors, or combination thereof in a state or federal court shall only be utilized to pay for opioid addiction treatment and prevention services and health care and law enforcement costs related to opioid addiction treatment and prevention. Under no circumstances shall such settlement moneys be utilized to fund other services, programs, or expenses not reasonably related to opioid addiction treatment and prevention.

2. (1) There is hereby established in the state treasury the "Opioid Addiction Treatment and Recovery Fund", which shall consist of the proceeds of any settlement described in subsection 1 of this section, as well as any funds appropriated by the general assembly, or gifts, grants, donations, or bequests. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and money in the fund shall be used by the department of mental health, the department of health and senior services, the department of social services, the department of public safety, the department of corrections, and the judiciary for the purposes set forth in subsection 1 of this section.

(2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

(3) The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

197.020. 1. "Governmental unit" means any county, municipality or other political subdivision or any department, division, board or other agency of any of the foregoing.

2. "Hospital" means a place devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment or care for not less than twenty-four consecutive hours in any week of three or more nonrelated individuals suffering from illness, disease, injury, deformity or other abnormal physical conditions; or a place devoted primarily to provide for not less than twenty-four consecutive hours in any week medical or nursing care for three or more nonrelated individuals. **The term "hospital" shall include a facility designated as a rural emergency hospital by the Centers for Medicare and Medicaid Services.** The term "hospital" does not include convalescent, nursing, shelter or boarding homes as defined in chapter 198.

3. "Person" means any individual, firm, partnership, corporation, company or association and the legal successors thereof."; and

Further amend said bill, Page 13, Section 208.662, Line 92, by inserting after all of said section and line the following:

"**210.1360. 1. Any personally identifiable information regarding any child under eighteen years of age receiving child care from any provider or applying for or receiving any services through a state program shall not be subject to disclosure except as otherwise provided by law.**

2. This section shall not prohibit any state agency from disclosing personally identifiable information to governmental entities or its agents, vendors, grantees, and contractors in connection to matters relating to its official duties. The provisions of this section shall not apply to any state, county, or municipal law enforcement agency acting in its official capacity.

3. This section shall not prevent a parent or legal guardian from accessing the parent's or legal guardian's child's records."; and

Further amend said bill, Page 14, Section 376.782, Line 43, by inserting after the words "**entitled to a**" the word "**screening**"; and

Further amend said bill, page, and section, Line 45, by inserting after the word "**the**" the word "**screening**"; and

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

In which the concurrence of the Senate is respectfully requested.

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 HA 1, HA 2, HA 1 to HA 3, HA 3, as amended, HA 4, HA 1 to HA 5, HA 2 to HA 5 and HA 5, as amended to **SS** for **SCS** for **SB 127**, and grants the Senate a conference thereon.

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 **HCS** for **SS** for **SB 222**, as amended, and grants the Senate a conference thereon.

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 **HCS** for **SB 186**, and grants the Senate a conference thereon.

HOUSE BILLS ON SECOND READING

The following Bills were read the 2nd time and referred to the Committee indicated:

HB 643—Insurance and Banking.

HB 400—Local Government and Elections.

HCS for **HBs 948** and **915**—Agriculture, Food Production and Outdoor Resources.

HCS for **HB 510**—Governmental Accountability.

HB 1067—Veterans, Military Affairs and Pensions.

HS for **HCS** for **HBs 532** and **751**—General Laws.

HB 392—Transportation, Infrastructure and Public Safety.

HB 1044—Commerce, Consumer Protection, Energy and the Environment.

HCS for **HB 589**—Local Government and Elections.

PRIVILEGED MOTIONS

Senator Crawford moved that the Senate refuse to recede from its position on **HCS** for **HJR 43**, with **SS No. 3**, as amended, and grant the House a conference thereon, which motion prevailed.

Senator Brown (16) moved that the Senate refuse to concur in **SB 28**, with HA 2, HA 3, HA 4, HA 5, HA 6, HA 7, HA 8, HA 1 to HSA 1 for HA 9, HSA 1 for HA 9, as amended, HA 1 to HA 10, HA 10, as amended, HA 1 to HA 11, HA 2 to HA 11, HA 3 to HA 11, and HA 11, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Brown (16) moved that the Senate refuse to concur in **SB 247**, with **HCS**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

Senator Gannon moved that the Senate refuse to concur in **SS** for **SCS** for **SBs 45** and **90**, with **HCS**, as amended, and request the House to recede from its position or, failing to do so, grant the Senate a conference thereon, which motion prevailed.

HOUSE BILLS ON THIRD READING

Senator May requested a roll call vote be taken on the third read motion on **HCS** for **HB 301**, with **SCS**. She was joined in her request by Senators Arthur, Beck, Rizzo and Roberts.

HCS for **HB 301**, with **SCS** was taken up by Senator Luetkemeyer by the following vote:

YEAS—Senators

Bean	Bernskoetter	Black	Brattin	Brown (26th Dist.)	Carter	Cierpiot
Coleman	Crawford	Eigel	Eslinger	Fitzwater	Gannon	Hoskins
Hough	Koenig	Luetkemeyer	O'Laughlin	Rowden	Schroer	Thompson Rehder
Trent—22						

NAYS—Senators

Arthur	Beck	May	Mosley	Razer	Rizzo	Roberts
Washington	Williams—9					

Absent—Senators

Brown (16th Dist.)	McCreery—2

Absent with leave—Senator Moon—1

Vacancies—None

HCS for **HB 301**, with **SCS**, entitled:

An Act to repeal sections 301.3175, 558.019, 571.010, 571.020, 571.030, 571.070, 575.095, and 590.060, RSMo, and to enact in lieu thereof sixteen new sections relating to public safety, with penalty provisions and an emergency clause for certain sections.

Was taken up by Senator Luetkemeyer.

SCS for **HCS** for **HB 301**, entitled:

SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 301

An Act to repeal sections 301.3175, 558.019, 571.030, 575.095, and 590.060, RSMo, and to enact in lieu thereof twelve new sections relating to public safety, with penalty provisions and an emergency clause for certain sections.

Was taken up.

Senator Luetkemeyer moved that **SCS** for **HB 301** be adopted.

Senator Luetkemeyer offered **SS** for **SCS** for **HCS** for **HB 301**, entitled:

SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 301

An Act to repeal sections 43.539, 43.540, 57.280, 57.952, 57.961, 57.967, 57.991, 67.145, 70.631, 84.020, 84.030, 84.100, 84.150, 84.160, 84.170, 84.175, 84.240, 84.341, 84.342, 84.343, 84.344, 84.345, 84.346, 84.347, 84.480, 84.510, 105.500, 105.726, 170.310, 190.091, 190.100, 190.103, 190.134, 190.142, 190.147, 190.327, 190.460, 192.2405, 208.1032, 211.031, 211.071, 211.141, 217.035, 217.345, 217.650, 217.670, 217.690, 217.710, 217.720, 217.785, 217.810, 285.040, 287.067, 287.245, 301.3175, 304.820, 320.210, 320.400, 321.225, 321.620, 476.055, 488.435, 488.650, 509.520, 537.037, 544.170, 547.031, 548.241, 552.020, 556.021, 556.061, 558.016, 558.019, 558.031, 565.240, 568.045, 569.010, 569.100, 570.010, 570.030, 571.010, 571.015, 571.020, 571.030, 571.070, 574.010, 574.040, 574.050, 574.060, 574.070, 575.010, 575.095, 575.353, 578.007, 578.022, 579.065, 579.068, 590.040, 590.060, 590.080, 590.192, 590.653, 595.209, 600.042, 600.063, 610.140, 632.305, 650.058, 650.320, 650.330, and 650.340, RSMo, and to enact in lieu thereof one hundred twenty-eight new sections relating to public safety, with penalty provisions and an emergency clause for certain sections.

Senator Roberts offered **SA 1**:

SENATE AMENDMENT NO. 1

Amend Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 301, Page 227, Section 571.031, Line 40, by inserting after all of said line the following:

"**571.068. 1. A person who is less than eighteen years of age commits the offense of unlawful possession of a firearm by a minor if such person knowingly possesses a handgun or ammunition that is only suitable for a handgun.**

2. The offense of unlawful possession of a firearm by a minor is a class A misdemeanor.

3. This offense shall not apply to:

(1) A temporary transfer of a handgun or ammunition to a person under the age of eighteen or the possession or use of a handgun or ammunition by a person under the age of eighteen if the handgun and ammunition are possessed and used by such person in accordance with state law and any ordinances of a political subdivision:

(a) In the course of employment;

(b) In the course of ranching or farming related to activities at the residence of the person or on property used for ranching or farming at which the person, with the permission of the property owner or lessee, is performing activities related to the operation of the farm or ranch; or

(c) In the course of target practice, hunting, or during instruction in the safe and lawful use of a handgun.

The person under the age of eighteen shall have the prior written consent of the person's parent or guardian who is not prohibited by federal or state law or any ordinance from processing a firearm and shall transport the handgun unloaded and in a locked container directly from the place of transfer to the place at which the activity in this subdivision is to take place;

(2) A person under the age of eighteen who is a member of the Armed Forces of the United States or the National Guard who possesses or is armed with a handgun in the line of duty;

(3) A transfer by inheritance of title of a handgun or ammunition to a person under the age of eighteen; or

(4) The possession of a handgun or ammunition by a person under the age of eighteen taken in defense of the person or other persons against an intruder into the residence of the person or a residence in which the person is invited as a guest.

4. As used in this section, "handgun" shall mean a firearm which has a short stock and is designed to be held and fired by the use of a single hand, and shall not include an antique firearm as defined in section 571.010."; and

Further amend said bill and page, section 571.070, line 18, by inserting after all of said line the following:

"571.080. A person commits the **[**crime**] offense** of transfer of a concealable firearm if such person violates 18 U.S.C. Section 922(b) or 18 U.S.C. Section 922(x)**. Such offense shall be a class E felony**.

571.095. **1.** Upon conviction for or attempting to commit a felony in violation of any law perpetrated in whole or in part by the use of a firearm, the court may, in addition to the penalty provided by law for such offense, order the confiscation and disposal or sale or trade to a licensed firearms dealer of firearms and ammunition used in the commission of the crime or found in the possession or under the immediate control of the defendant at the time of his or her arrest.

2. A firearm or ammunition which is in the possession of a minor in violation of section 571.068, the possession of which is transferred to the minor in circumstances in which the transferor is not in violation of section 571.060 or section 571.080, shall not be subject to permanent confiscation if its possession by the minor subsequently becomes unlawful because of the conduct of the minor, but shall be returned to the lawful owner when such firearm is no longer required for the purposes of investigation or prosecution.

3. The proceeds of any sale or gains from trade shall be the property of the police department or sheriff's department responsible for the defendant's arrest or the confiscation of the firearms and ammunition. If such firearms or ammunition are not the property of the convicted felon, they shall be returned to their rightful owner if he or she is known and was not a participant in the crime. Any proceeds collected under this section shall be deposited with the municipality or by the county treasurer into the county sheriff's revolving fund established in section 50.535."; and

Further amend the title and enacting clause accordingly.

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

Senator Rowden assumed the Chair.

President Kehoe assumed the Chair.

Senator Beck offered **SA 2**:

SENATE AMENDMENT NO. 2

Amend Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 301, Page 227, Section 571.031, Line 40, by inserting after all of said line the following:

"571.060. 1. A person commits the offense of unlawful transfer of weapons if he **or she**:

(1) Knowingly sells, leases, loans, gives away or delivers a firearm or ammunition for a firearm to any person who, under the provisions of section 571.070, is not lawfully entitled to possess such;

(2) Knowingly sells, leases, loans, gives away or delivers a blackjack to a person less than eighteen years old without the consent of the child's custodial parent or guardian, or recklessly, as defined in section 562.016, sells, leases, loans, gives away or delivers any firearm to a person less than eighteen years old without the consent of the child's custodial parent or guardian; provided, that this does not prohibit the delivery of such weapons to any peace officer or member of the Armed Forces or National Guard while performing his **or her** official duty; **[**or**]**

(3) Recklessly, as defined in section 562.016, sells, leases, loans, gives away or delivers a firearm or ammunition for a firearm to a person who is intoxicated**;**

(4) Knowingly sells, leases, loans, gives away, or delivers a firearm to any person whose name appears on the Terrorist Screening Center's No Fly List; or

(5) Knowingly sells, leases, loans, gives away, or delivers a firearm to any person who is a member of a group of two or more individuals, regardless if organized, that engages in or has a subgroup that engages in international or domestic terrorism.

2. Unlawful transfer of weapons under subdivision (1) of subsection 1 of this section is a class E felony; unlawful transfer of weapons under subdivisions (2) **[**and**],** (3)**, (4), and (5)** of subsection 1 of this section is a class A misdemeanor.

3. For purposes of this section, "terrorism" means activities that:

(1) Involve a violent act or acts dangerous to human life that violate the criminal laws of the United States or a state thereof that would be a criminal violation if committed within the jurisdiction of the United States or a state thereof; and

(2) Appear to be intended to:

(a) Intimidate or coerce a civilian population;

(b) Influence the policy of a government by intimidation or coercion; or

(c) Affect the conduct of a government by mass destruction, assassination, or kidnapping."; and

Further amend said bill, section 571.070, page 227, by striking all of said section from the bill and inserting in lieu thereof the following:

"571.070. 1. A person commits the offense of unlawful possession of a firearm if such person knowingly has any firearm in his or her possession and:

(1) Such person has been convicted of a felony under the laws of this state, or of a crime under the laws of any state or of the United States which, if committed within this state, would be a felony; **[**or**]**

(2) Such person is a fugitive from justice, is habitually in an intoxicated or drugged condition, or is currently adjudged mentally incompetent**;**

(3) Such person's name appears on the Terrorist Screening Center's No Fly List; or

(4) Such person is a member of a group of two or more individuals, regardless if organized, that engages in or has a subgroup that engages in international or domestic terrorism. For purposes of this subdivision, "terrorism" means activities that:

(a) Involve a violent act or acts dangerous to human life that are a violation of the criminal laws of the United States or a state thereof or that would be a criminal violation if committed within the jurisdiction of the United States or a state thereof; and

(b) Appear to be intended to:

a. Intimidate or coerce a civilian population;

b. Influence the policy of a government by intimidation or coercion; or

c. Affect the conduct of a government by mass destruction, assassination, or kidnapping.

2. Unlawful possession of a firearm is a class D felony, unless a person has been convicted of a dangerous felony as defined in section 556.061, in which case it is a class C felony.

3. The provisions of subdivision (1) of subsection 1 of this section shall not apply to the possession of an antique firearm."; and

Further amend the title and enacting clause accordingly.

Senator Beck moved that the above amendment be adopted, and requested a roll call vote be taken. He was joined in his request by Senators May, Mosley, Razer, and Roberts.

Senator Bean assumed the Chair.

President Kehoe assumed the Chair.

At the request of Senator Beck, **SA 2** was withdrawn.

Senator Beck offered **SA 3**:

SENATE AMENDMENT NO. 3

Amend Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 301, Page 227, Section 571.031, Line 40, by inserting after all of said line the following:

"571.060. 1. A person commits the offense of unlawful transfer of weapons if he **or she**:

(1) Knowingly sells, leases, loans, gives away or delivers a firearm or ammunition for a firearm to any person who, under the provisions of section 571.070, is not lawfully entitled to possess such;

(2) Knowingly sells, leases, loans, gives away or delivers a blackjack to a person less than eighteen years old without the consent of the child's custodial parent or guardian, or recklessly, as defined in section 562.016, sells, leases, loans, gives away or delivers any firearm to a person less than eighteen years old without the consent of the child's custodial parent or guardian; provided, that this does not prohibit the delivery of such weapons to any peace officer or member of the Armed Forces or National Guard while performing his **or her** official duty; or

(3) Recklessly, as defined in section 562.016, sells, leases, loans, gives away or delivers a firearm or ammunition for a firearm to a person who is intoxicated.

2. Unlawful transfer of weapons under subdivision (1) of subsection 1 of this section is a class E felony; unlawful transfer of weapons under subdivisions (2) and (3) of subsection 1 of this section is a class A misdemeanor."; and

Further amend the title and enacting clause accordingly.

Senator Beck moved that the above amendment be adopted, and requested a roll call vote be taken. He was joined in his request by Senators Arthur, Mosley, Razer, and Williams.

Senator Beck offered **SA 1** to **SA 3**:

SENATE AMENDMENT NO. 1 TO
SENATE AMENDMENT NO. 3

Amend Senate Amendment No. 3 to Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 301, Page 1, Section 571.060, Line 18, by striking the word "or"; and further amend line 21 by inserting after the word "intoxicated" the following:

"**;**

(4) Knowingly sells, leases, loans, gives away, or delivers a firearm to any person whose name appears on the Terrorist Screening Center's No Fly List; or

(5) Knowingly sells, leases, loans, gives away, or delivers a firearm to any person who is a member of a group of two or more individuals, regardless if organized, that engages in or has a subgroup that engages in international or domestic terrorism"; and further amend line 24 by striking the word "and" and inserting in lieu thereof the following: "**,**"; and further amend said line by inserting after "(3)" the following: "**, (4), and (5)**"; and further amend line 25 by inserting after the word "misdemeanor." the following:

"**3. For purposes of this section, "terrorism" means activities that:**

(1) Involve a violent act or acts dangerous to human life that violate the criminal laws of the United States or a state thereof that would be a criminal violation if committed within the jurisdiction of the United States or a state thereof; and

(2) Appear to be intended to:

(a) Intimidate or coerce a civilian population;

(b) Influence the policy of a government by intimidation or coercion; or

(c) Affect the conduct of a government by mass destruction, assassination, or kidnapping."; and

Further amend said bill, section 571.070, page 227, by striking all of said section from the bill and inserting in lieu thereof the following:

"571.070. 1. A person commits the offense of unlawful possession of a firearm if such person knowingly has any firearm in his or her possession and:

(1) Such person has been convicted of a felony under the laws of this state, or of a crime under the laws of any state or of the United States which, if committed within this state, would be a felony; **[**or**]**

(2) Such person is a fugitive from justice, is habitually in an intoxicated or drugged condition, or is currently adjudged mentally incompetent**;**

(3) Such person's name appears on the Terrorist Screening Center's No Fly List; or

(4) Such person is a member of a group of two or more individuals, regardless if organized, that engages in or has a subgroup that engages in international or domestic terrorism. For purposes of this subdivision, "terrorism" means activities that:

(a) Involve a violent act or acts dangerous to human life that are a violation of the criminal laws of the United States or a state thereof or that would be a criminal violation if committed within the jurisdiction of the United States or a state thereof; and

(b) Appear to be intended to:

a. Intimidate or coerce a civilian population;

b. Influence the policy of a government by intimidation or coercion; or

c. Affect the conduct of a government by mass destruction, assassination, or kidnapping.

2. Unlawful possession of a firearm is a class D felony, unless a person has been convicted of a dangerous felony as defined in section 556.061, in which case it is a class C felony.

3. The provisions of subdivision (1) of subsection 1 of this section shall not apply to the possession of an antique firearm."; and".

Senator Beck moved that the above amendment be adopted, and requested a roll call vote be taken. He was joined in his request by Senators Arthur, Mosley, Razer, and Williams.

Senator Eslinger assumed the Chair.

President Kehoe assumed the Chair.

SA 1 to **SA 3** failed of adoption by the following vote:

YEAS—Senators

Arthur	Beck	Cierpiot	May	McCreery	Mosley	Razer
Rizzo	Roberts	Washington	Williams—11			

NAYS—Senators

Bean	Bernskoetter	Black	Brattin	Brown (16th Dist.)	Brown (26th Dist.)	Carter
Coleman	Crawford	Eigel	Eslinger	Fitzwater	Gannon	Hoskins
Hough	Koenig	Luetkemeyer	O'Laughlin	Schroer	Thompson Rehder	Trent—21

Absent—Senator Rowden—1

Absent with leave—Senator Moon—1

Vacancies—None

At the request of Senator Beck, **SA 3** was withdrawn.

Senator Mosley offered **SA 4**:

SENATE AMENDMENT NO. 4

Amend Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 301, Page 42, Section 84.510, Line 87, by inserting after all of said line the following:

"**105.451. 1. Any person shall be deemed of bad moral character, untrustworthy, and unfit for elected public office or employment with the state or any local government if the person, while holding an elected public office, and by clothing him or herself with the influence, prestige, or authority of his or her public office or through any public or private title, office, or position arising out of or associated with his or her public office, including, but not limited to, a caucus or association of elected public officials, is or has been convicted of:**

(1) Stealing campaign funds by deceit pursuant to section 570.030 or otherwise in violation of any other provision of law;

(2) Stealing the funds of a caucus or association or funds intended for a caucus or association by deceit pursuant to section 570.030 or otherwise in violation of any other provision of law;

(3) Expending campaign funds in violation of section 130.031; or

(4) Converting campaign funds to his or her personal use in violation of section 130.034.

2. Any person deemed unfit for elected public office or employment with the state or any local government as provided in subsection 1 of this section shall forfeit his or her elected public office or employment and be removed from said elected public office or employment.

3. Any elected or appointed official who knowingly, willingly, or purposefully appoints or retains a person unfit for employment with the state or any local government as provided in subsection 1 of this section shall forfeit his or her office.

4. The prosecuting attorney, circuit attorney, or attorney general, upon receipt of knowledge or information of any elected public officer or public employee who is declared unfit for elected public office or employment with the state or any local government pursuant to subsection 1 or 3 of this section, shall commence an action to remove from public employment or public office any public employee or elected public official who is disqualified from holding public employment or elected

public office or has forfeited his or her public employment or elected public office in connection with a conviction or violation described in subsection 1 of this section."; and

Further amend said bill, page 43, section 105.500, line 41, by inserting after all of said line the following:

"105.669. 1. Any participant of a plan who is convicted of a felony offense listed in subsection 3 of this section, which is committed in direct connection with or directly related to the participant's duties as an employee on or after August 28, 2014, shall not be eligible to receive any retirement benefits from the respective plan based on service rendered on or after August 28, 2014, except a participant may still request from the respective retirement system a refund of the participant's plan contributions, including interest credited to the participant's account.

2. The employer of any participant who is charged or convicted of a felony offense listed in subsection 3 of this section, which is committed in direct connection with or directly related to the participant's duties as an employee on or after August 28, 2014, shall notify the appropriate retirement system in which the offender was a participant and provide information in connection with such charge or conviction. The plans shall take all actions necessary to implement the provisions of this section.

3. A felony conviction based on any of the following offenses or a substantially similar offense provided under federal law shall result in the ineligibility of retirement benefits as provided in subsection 1 of this section:

(1) The offense of felony stealing under section 570.030 when such offense involved money, property, or services valued at five thousand dollars or more;

(2) The offense of felony receiving stolen property under section 570.080, as it existed before January 1, 2017, when such offense involved money, property, or services valued at five thousand dollars or more;

(3) The offense of forgery under section 570.090;

(4) The offense of felony counterfeiting under section 570.103;

(5) The offense of bribery of a public servant under section 576.010; or

(6) The offense of acceding to corruption under section 576.020.

4. Any participant of a plan who is unfit for elected public office or employment with the state or any local government pursuant to subsection 1 of section 105.451 shall not be eligible to receive any retirement benefits from the respective plan.

5. The employer of any participant who is declared unfit for elected public office or employment with the state or any local government pursuant to subsection 1 of section 105.451 shall notify the appropriate retirement system in which the public employee or public official was a participant and provide information in connection with a conviction or violation described in subsection 1 of section 105.451."; and

Further amend the title and enacting clause accordingly.

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

Senator Eslinger assumed the Chair.

Senator Thompson Rehder assumed the Chair.

Senator May offered **SA 5**:

SENATE AMENDMENT NO. 5

Amend Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 301, Page 28, Section 84.012, by striking all of said section from the bill; and

Further amend said bill, pages 28-29, section 84.020, by striking all of said section from the bill; and

Further amend said bill, page 29, section 84.030 by striking all of said section from the bill; and

Further amend said bill, pages 29-30, section 84.100 by striking all of said section from the bill; and

Further amend said bill, pages 30-31, section 84.150 by striking all of said section from the bill; and

Further amend said bill, pages 31-34, section 84.160 by striking all of said section from the bill; and

Further amend said bill, pages 34-35, section 84.170 by striking all of said section from the bill; and

Further amend said bill, page 36, section 84.225 by striking all of said section from the bill; and

Further amend said bill, pages 36-39, section 84.325 by striking all of said section and inserting in lieu thereof the following:

"84.344. 1. Notwithstanding any provisions of this chapter to the contrary, any city not within a county may establish a municipal police force on or after July 1, 2013, according to the procedures and requirements of this section. The purpose of these procedures and requirements is to provide for an orderly and appropriate transition in the governance of the police force and provide for an equitable employment transition for commissioned and civilian personnel.

2. Upon the establishment of a municipal police force by a city under sections 84.343 to 84.346, the board of police commissioners shall convey, assign, and otherwise transfer to the city title and ownership of all indebtedness and assets, including, but not limited to, all funds and real and personal property held in the name of or controlled by the board of police commissioners created under sections 84.010 to 84.340. The board of police commissioners shall execute all documents reasonably required to accomplish such transfer of ownership and obligations.

3. If the city establishes a municipal police force and completes the transfer described in subsection 2 of this section, the city shall provide the necessary funds for the maintenance of the municipal police force.

4. Before a city not within a county may establish a municipal police force under this section, the city shall adopt an ordinance accepting responsibility, ownership, and liability as successor-in-interest for contractual obligations, indebtedness, and other lawful obligations of the board of police commissioners subject to the provisions of subsection 2 of section 84.345.

5. A city not within a county that establishes a municipal police force shall initially employ, without a reduction in rank, salary, or benefits, all commissioned and civilian personnel of the board of police commissioners created under sections 84.010 to 84.340 that were employed by the board immediately prior to the date the municipal police force was established. Such commissioned personnel who previously were employed by the board may only be involuntarily terminated by the city not within a county for cause. The city shall also recognize all accrued years of service that such commissioned and civilian personnel had with the board of police commissioners. Such personnel shall be entitled to the same holidays, vacation, and sick leave they were entitled to as employees of the board of police commissioners.

6. (1) Commissioned and civilian personnel of a municipal police force established under this section who are hired prior to September 1, **[**2023**] 2028**, shall not be subject to a residency requirement of retaining a primary residence in a city not within a county but may be required to maintain a primary residence located within a one-hour response time.

(2) Commissioned and civilian personnel of a municipal police force established under this section who are hired after August 31, **[**2023**] 2028**, may be subject to a residency rule no more restrictive than a requirement of retaining a primary residence in a city not within a county for a total of seven years and of then allowing the personnel to maintain a primary residence outside the city not within a county so long as the primary residence is located within a one-hour response time.

7. The commissioned and civilian personnel who retire from service with the board of police commissioners before the establishment of a municipal police force under subsection 1 of this section shall continue to be entitled to the same pension benefits provided under chapter 86 and the same benefits set forth in subsection 5 of this section.

8. If the city not within a county elects to establish a municipal police force under this section, the city shall establish a separate division for the operation of its municipal police force. The civil service commission of the city may adopt rules and regulations appropriate for the unique operation of a police department. Such rules and regulations shall reserve exclusive authority over the disciplinary process and procedures affecting commissioned officers to the civil service commission; however, until such time as the city adopts such rules and regulations, the commissioned personnel shall continue to be governed by the board of police commissioner's rules and regulations in effect immediately prior to the establishment of the municipal police force, with the police chief acting in place of the board of police commissioners for purposes of applying the rules and regulations. Unless otherwise provided for, existing civil service commission rules and regulations governing the appeal of disciplinary decisions to the civil service commission shall apply to all commissioned and civilian personnel. The civil service commission's rules and regulations shall provide that records prepared for disciplinary purposes shall be confidential, closed records available solely to the civil service commission and those who possess authority to conduct investigations regarding disciplinary matters pursuant to the civil service commission's rules and regulations. A hearing officer shall be appointed by the civil service commission to hear any such appeals that involve discipline resulting in a suspension of greater than fifteen days, demotion, or termination, but the civil service commission shall make the final findings of fact, conclusions of law, and decision which shall be subject to any right of appeal under chapter 536.

9. A city not within a county that establishes and maintains a municipal police force under this section:

(1) Shall provide or contract for life insurance coverage and for insurance benefits providing health, medical, and disability coverage for commissioned and civilian personnel of the municipal police force to the same extent as was provided by the board of police commissioners under section 84.160;

(2) Shall provide or contract for medical and life insurance coverage for any commissioned or civilian personnel who retired from service with the board of police commissioners or who were employed by the board of police commissioners and retire from the municipal police force of a city not within a county to the same extent such medical and life insurance coverage was provided by the board of police commissioners under section 84.160;

(3) Shall make available medical and life insurance coverage for purchase to the spouses or dependents of commissioned and civilian personnel who retire from service with the board of police commissioners or the municipal police force and deceased commissioned and civilian personnel who receive pension benefits under sections 86.200 to 86.366 at the rate that such dependent's or spouse's coverage would cost under the appropriate plan if the deceased were living; and

(4) May pay an additional shift differential compensation to commissioned and civilian personnel for evening and night tours of duty in an amount not to exceed ten percent of the officer's base hourly rate.

10. A city not within a county that establishes a municipal police force under sections 84.343 to 84.346 shall establish a transition committee of five members for the purpose of: coordinating and implementing the transition of authority, operations, assets, and obligations from the board of police commissioners to the city; winding down the affairs of the board; making nonbinding recommendations for the transition of the police force from the board to the city; and other related duties, if any, established by executive order of the city's mayor. Once the ordinance referenced in this section is enacted, the city shall provide written notice to the board of police commissioners and the governor of the state of Missouri. Within thirty days of such notice, the mayor shall appoint three members to the committee, two of whom shall be members of a statewide law enforcement association that represents at least five thousand law enforcement officers. The remaining members of the committee shall include the police chief of the municipal police force and a person who currently or previously served as a commissioner on the board of police commissioners, who shall be appointed to the committee by the mayor of such city.”; and

Further amend said bill, pages 43-45, section 105.726 by striking all of said section from the bill; and

Further amend said bill, page 296, section 84.175 by striking all of said section from the bill; and

Further amend said bill and page, section 84.240 by striking all of said section from the bill; and

Further amend said bill, page 297, section 84.341 by striking all of said section from the bill; and

Further amend said bill and page, section 84.342 by striking all of said section from the bill; and

Further amend said bill, pages 297-298, section 84.343 by striking all of said section from the bill; and

Further amend said bill, pages 298-301, section 84.344 by striking all of said section from the bill; and

Further amend said bill, pages 301-302, section 84.345 by striking all of said section from the bill; and

Further amend said bill, page 302, section 84.346 by striking all of said section from the bill; and

Further amend said bill and page, section 84.347 by striking all of said section from the bill; and

Further amend the title and enacting clause accordingly.

Senator May moved that the above amendment be adopted.

Senator Schroer requested a roll call vote be taken. He was joined in his request by Senators Bernskoetter, Carter, Luetkemeyer, and May.

At the request of Senator Luetkemeyer, **HCS** for **HB 301**, with **SCS**, **SS** for **SCS**, and **SA 5** (pending), was placed on the Informal Calendar.

MESSAGES FROM THE HOUSE

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

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **SS** for **SCS** for **SB 127**, as amended. Representatives: Francis, Buchheit-Courtway, Sparks, Baringer, Woods.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **HCS** for **SB 186**, as amended. Representatives: Riley, Evans, Roberts, Sharp (37), Sauls.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **HCS** for **SS** for **SB 222**, as amended. Representatives: C. Brown (16), Parker, Riley, Proudie, Bangert.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **HCS** for **SS** for **SCS** for **SB 72**, entitled:

An Act to repeal sections 37.725, 43.539, 43.540, 67.145, 70.631, 115.133, 170.310, 190.091, 193.265, 208.247, 211.453, 307.175, 347.143, 435.014, 455.010, 455.035, 455.513, 475.010, 475.045, 475.050, 476.055, 485.060, 487.110, 488.426, 488.2300, 491.075, 492.304, 494.430, 494.455, 509.520, 552.020, 556.021, 558.031, 559.125, 561.026, 565.240, 566.151, 567.030, 569.010, 569.100, 570.010, 570.030, 575.095, 575.205, 579.065, 579.068, 589.401, 589.403, 589.410, 589.414, 595.045, 600.042, 610.021, 650.058, 650.320, and 650.340, RSMo, and to enact in lieu thereof one hundred new sections relating to judicial proceedings, with penalty provisions.

With HA 1, HA 2, HA 3, HA 4, HA 5, HA 6, HA 7, HA 8, HA 9, HA 10, HA 1 to HA 11, HA 11, as amended, HA 2 to HA 12, HA 3 to HA 12, HA 12, as amended, and HA 13.

Emergency Clause Defeated.

HOUSE AMENDMENT NO. 1

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 11, Section 70.631, Line 24, by inserting after said section and line the following:

"105.1500. 1. This section shall be known and may be cited as "The Personal Privacy Protection Act".

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

(1) "Personal information", any list, record, register, registry, roll, roster, or other compilation of data of any kind that directly or indirectly identifies a person as a member, supporter, or volunteer of, or donor of financial or nonfinancial support to, any entity exempt from federal income **[**tax**] taxation** under Section 501(c) of the Internal Revenue Code of 1986, as amended;

(2) "Public agency", the state and any political subdivision thereof including, but not limited to, any department, agency, office, commission, board, division, or other entity of state government; any county, city, township, village, school district, community college district; or any other local governmental unit, agency, authority, council, board, commission, state or local court, tribunal or other judicial or quasi-judicial body.

3. (1) Notwithstanding any provision of law to the contrary, but subject to the exceptions listed under **[**subsection**] subsections** 4 **and 6** of this section, a public agency shall not:

(a) Require any individual to provide the public agency with personal information or otherwise compel the release of personal information;

(b) Require any entity exempt from federal income taxation under Section 501(c) of the Internal Revenue Code **of 1986, as amended,** to provide the public agency with personal information or otherwise compel the release of personal information;

(c) Release, publicize, or otherwise publicly disclose personal information in possession of a public agency **without the express, written permission of every individual who is identifiable as a financial supporter of an entity exempt from federal income taxation under Section 501(c) of the Internal Revenue Code of 1986, as amended**; or

(d) Request or require a current or prospective contractor or grantee with the public agency to provide the public agency with a list of entities exempt from federal income taxation under Section 501(c) of the Internal Revenue Code of 1986, as amended, to which it has provided financial or nonfinancial support.

(2) All personal information in the possession of a public agency shall be considered a closed record under chapter 610 and court operating rules.

4. The provisions of this section shall not preclude any individual or entity from being required to comply with any of the following:

(1) Submitting any report or disclosure required by this chapter or chapter 130;

(2) Responding to any lawful request or subpoena for personal information from the Missouri ethics commission as a part of an investigation, or publicly disclosing personal information as a result of an

enforcement action from the Missouri ethics commission pursuant to its authority in sections 105.955 to 105.966;

(3) Responding to any lawful warrant for personal information issued by a court of competent jurisdiction;

(4) Responding to any lawful request for discovery of personal information in litigation if:

(a) The requestor demonstrates a compelling need for the personal information by clear and convincing evidence; and

(b) The requestor obtains a protective order barring disclosure of personal information to any person not named in the litigation;

(5) Applicable court rules or admitting any personal information as relevant evidence before a court of competent jurisdiction. However, a submission of personal information to a court shall be made in a manner that it is not publicly revealed and no court shall publicly reveal personal information absent a specific finding of good cause; or

(6) Any report or disclosure required by state law to be filed with the secretary of state, provided that personal information obtained by the secretary of state is otherwise subject to the requirements of paragraph (c) of subdivision (1) of subsection 3 of this section, unless expressly required to be made public by state law.

5. (1) A person or entity alleging a violation of this section may bring a civil action for appropriate injunctive relief, damages, or both. Damages awarded under this section may include one of the following, as appropriate:

(a) A sum of moneys not less than two thousand five hundred dollars to compensate for injury or loss caused by each violation of this section; or

(b) For an intentional violation of this section, a sum of moneys not to exceed three times the sum described in paragraph (a) of this subdivision.

(2) A court, in rendering a judgment in an action brought under this section, may award all or a portion of the costs of litigation, including reasonable attorney's fees and witness fees, to the complainant in the action if the court determines that the award is appropriate.

(3) A person who knowingly violates this section is guilty of a class B misdemeanor.

6. This section shall not apply to:

(1) Personal information that a person or entity exempt from federal income taxation under Section 501(c) of the Internal Revenue Code of 1986, as amended, submits or has previously submitted to a public agency for the purpose of seeking or obtaining, including acting on behalf of another to seek or obtain, a contract, grant, permit, license, benefit, tax credit, incentive, status, or any other similar item, including a renewal of the same, provided that a public agency shall not require an entity exempt from federal income taxation under Section 501(c) of the Internal Revenue Code of 1986, as amended, to provide information that directly identifies donors of financial support, but such information may be voluntarily provided to a public agency by the 501(c) entity.

If a financial donor is seeking a benefit, tax credit, incentive, or any other similar item from a public agency based upon a donation, confirmation of specific donations by an entity exempt from federal income taxation under Section 501(c) of the Internal Revenue Code of 1986, as amended, shall be considered personal information voluntarily provided to the public agency by the 501(c) entity;

(2) A disclosure of personal information among law enforcement agencies or public agency investigators pursuant to an active investigation;

(3) A disclosure of personal information voluntarily made as part of public comment, public testimony, pleading, or in a public meeting, or voluntarily provided to a public agency, for the purpose of public outreach, marketing, or education to show appreciation for or in partnership with an entity or the representatives of an entity exempt from federal income taxation under Section 501(c) of the Internal Revenue Code of 1986, as amended, provided that no public agency shall disclose information that directly identifies an individual as a donor of financial support to a 501(c) entity without the express, written permission of the individual to which the personal information relates;

(4) A disclosure of personal information to a labor union or employee association regarding employees in a bargaining unit represented by the union or association; or

(5) The collection or publishing of information contained in a financial interest statement, as required by law."; and

Further amend said bill, Page 27, Section 435.312, Line 38, by inserting after said section and line the following:

"**436.550. Sections 436.550 to 436.574 shall be known and may be cited as the "Consumer Legal Funding Act".**

436.552. As used in sections 436.550 to 436.574, the following terms mean:

(1) "Advertise", publishing or disseminating any written, electronic, or printed communication or any communication by means of recorded telephone messages or transmitted on radio, television, the internet, or similar communications media, including film strips, motion pictures, and videos, published, disseminated, circulated, or placed before the public, directly or indirectly, for the purpose of inducing a consumer to enter into a consumer legal funding contract;

(2) "Affiliate", as defined in section 515.505;

(3) "Charges", the amount of moneys to be paid to the consumer legal funding company by or on behalf of the consumer above the funded amount provided by or on behalf of the company to a consumer under sections 436.550 to 436.574. Charges include all administrative, origination, underwriting, or other fees, no matter how denominated;

(4) "Commissioner", the commissioner of the division of finance within the department of commerce and insurance;

(5) "Consumer", a natural person who has a legal claim and resides or is domiciled in Missouri;

(6) "Consumer legal funding company" or "company", a person or entity that enters into a consumer legal funding contract with a consumer for an amount less than five hundred thousand dollars. The term shall not include:

(a) An immediate family member of the consumer;

(b) A bank, lender, financing entity, or other special purpose entity:

a. That provides financing to a consumer legal funding company; or

b. To which a consumer legal funding company grants a security interest or transfers any rights or interest in a consumer legal funding; or

(c) An attorney or accountant who provides services to a consumer;

(7) "Consumer legal funding contract", a nonrecourse contractual transaction in which a consumer legal funding company purchases and a consumer assigns to the company a contingent right to receive an amount of the potential proceeds of a settlement, judgment, award, or verdict obtained in the consumer's legal claim, so long as all of the following apply:

(a) The consumer, at their sole discretion, shall use the funds to address personal needs or household expenses;

(b) The consumer shall not use the funds to pay for attorneys' fees, legal filings, legal marketing, legal document preparation or drafting, appeals, expert testimony, or other litigation-related expenses;

(8) "Division", the division of finance within the department of commerce and insurance;

(9) "Funded amount", the amount of moneys provided to or on behalf of the consumer in the consumer legal funding contract. "Funded amount" shall not include charges;

(10) "Funding date", the date on which the funded amount is transferred to the consumer by the consumer legal funding company either by personal delivery, via wire, automated clearing house transfer, or other electronic means, or by insured, certified, or registered United States mail;

(11) "Immediate family member", a parent; sibling; child by blood, adoption, or marriage; spouse; grandparent; or grandchild;

(12) "Legal claim", a bona fide civil claim or cause of action;

(13) "Medical provider", any person or business providing medical services of any kind to a consumer including, but not limited to, physicians, nurse practitioners, hospitals, physical therapists, chiropractors, or radiologists as well as any of their employees or contractors or any practice groups, partnerships, or incorporations of the same;

(14) "Resolution date", the date the amount funded to the consumer, plus the agreed-upon charges, is delivered to the consumer legal funding company.

436.554. 1. All consumer legal funding contracts shall meet the following requirements:

(1) The contract shall be completely filled in when presented to the consumer for signature;

(2) The contract shall contain, in bold and boxed type, a right of rescission allowing the consumer to cancel the contract without penalty or further obligation if, within ten business days after the funding date, the consumer either:

(a) Returns the full amount of the disbursed funds to the consumer legal funding company by delivering the company's uncashed check to the company's office in person; or

(b) Mails a notice of cancellation by insured, certified, or registered United States mail to the address specified in the contract and includes a return of the full amount of disbursed funds in such mailing in the form of the company's uncashed check or a registered or certified check or money order;

(3) The contract shall contain the initials of the consumer on each page; and

(4) The contract shall require the consumer to give nonrevocable written direction to the consumer's attorney requiring the attorney to notify the consumer legal funding company when the legal claim has been resolved. Once the consumer legal funding company confirms in writing the amount due under the contract, the consumer's attorney shall pay, from the proceeds of the resolution of the legal claim, the consumer legal funding company the amount due within ten business days.

2. The consumer legal funding company shall provide the consumer's attorney with a written notification of the consumer legal funding contract provided to the consumer within three business days of the funding date by way of postal mail, courier service, facsimile, or other means of proof of delivery method.

3. A consumer legal funding contract shall be entered into only if the contract involves an existing legal claim in which the consumer is represented by an attorney.

436.556. No consumer legal funding company shall:

(1) Pay or offer to pay commissions, referral fees, or other forms of consideration to any attorney, law firm, medical provider, chiropractor, or physical therapist or any of their employees for referring a consumer to the company;

(2) Accept any commissions, referral fees, rebates, or other forms of consideration from an attorney, law firm, medical provider, chiropractor, or physical therapist or any of their employees;

(3) Intentionally advertise materially false or misleading information regarding its products or services;

(4) Refer, in furtherance of an initial legal funding, a customer or potential customer to a specific attorney, law firm, medical provider, chiropractor, or physical therapist or any of their employees. However, the company may refer the customer to a local or state bar association referral service if a customer needs legal representation;

(5) Fail to promptly supply a copy of the executed contract to the consumer's attorney;

(6) Knowingly provide funding to a consumer who has previously assigned or sold a portion of the right to proceeds from the consumer's legal claim unless the consumer legal funding company

pays or purchases the entire unsatisfied funded amount and contracted charges from the prior consumer legal funding company or the two companies agree to a lesser amount in writing. However, multiple companies may agree to contemporaneously provide funding to a consumer, provided that the consumer and the consumer's attorney consent to the arrangement in writing;

(7) Receive any right to or make any decisions with respect to the conduct of the underlying legal claim or any settlement or resolution thereof. The right to make such decisions shall remain solely with the consumer and the attorney in the legal claim;

(8) Knowingly pay or offer to pay for court costs, filing fees, or attorney's fees either during or after the resolution of the legal claim by using funds from the consumer legal funding contract. The consumer legal funding contract shall include a provision advising the consumer that the funding shall not be used for such costs or fees; or

(9) Sell a consumer litigation funding contract in whole or in part to a third party. However, if the consumer legal funding company retains responsibility for collecting payment, administering, and otherwise enforcing the consumer legal funding contract, the provisions of this subdivision shall not apply to any of the following:

(a) An assignment to a wholly owned subsidiary of the consumer legal funding company;

(b) An assignment to an affiliate of the consumer legal funding company that is under common control;

(c) The granting of a security interest under Article 9 of the Uniform Commercial Code, or as otherwise permitted by law.

436.558. 1. The contracted amount to be paid to the consumer legal funding company shall be set as a predetermined amount based upon intervals of time from the funding date to the resolution date and shall not be determined as a percentage of the recovery from the legal claim.

2. No consumer legal funding contract shall be valid if its terms exceed a period of forty-eight months. No consumer legal funding contract shall be automatically renewed.

436.560. All consumer legal funding contracts shall contain the disclosures specified in this section, which shall constitute material terms of the contract. Unless otherwise specified, the disclosures shall be typed in at least twelve-point bold-type font and be placed clearly and conspicuously within the contract, as follows:

(1) On the front page under appropriate headings, language specifying:

(a) The funded amount to be paid to the consumer by the consumer legal funding company;

(b) An itemization of one-time charges;

(c) The total amount to be assigned by the consumer to the company, including the funded amount and all charges; and

(d) A payment schedule to include the funded amount and charges, listing all dates and the amount due at the end of each six-month period from the funding date until the date the maximum amount due to the company by the consumer to satisfy the amount due pursuant to the contract;

(2) Within the body of the contract, in accordance with the provisions under subdivision (2) of subsection 1 of section 436.554: "Consumer's Right to Cancellation: You may cancel this contract without penalty or further obligation within ten business days after the funding date if you either:

(a) Return the full amount of the disbursed funds to the consumer legal funding company by delivering the company's uncashed check to the company's office in person; or

(b) Mail a notice of cancellation by insured, certified, or registered United States mail to the company at the address specified in the contract and include a return of the full amount of disbursed funds in such mailing in the form of the company's uncashed check or a registered or certified check or money order.";

(3) Within the body of the contract, a statement that the company has no influence over any aspect of the consumer's legal claim or any settlement or resolution of the consumer's legal claim and that all decisions related to the consumer's legal claim remain solely with the consumer and the consumer's attorney;

(4) Within the body of the contract, in all capital letters and in at least twelve-point bold-type font contained within a box: "THE FUNDED AMOUNT AND AGREED-UPON CHARGES SHALL BE PAID ONLY FROM THE PROCEEDS OF YOUR LEGAL CLAIM AND SHALL BE PAID ONLY TO THE EXTENT THAT THERE ARE AVAILABLE PROCEEDS FROM YOUR LEGAL CLAIM. IF THERE IS NO RECOVERY OF ANY DAMAGES FROM YOUR LEGAL CLAIM OR IF THERE IS NOT ENOUGH MONEY TO PAY BACK THE CONSUMER LEGAL FUNDING COMPANY IN FULL, YOU WILL NOT BE OBLIGATED TO PAY THE CONSUMER LEGAL FUNDING COMPANY ANYTHING IN EXCESS OF YOUR RECOVERY UNLESS YOU HAVE VIOLATED THIS CONTRACT. YOU WILL NOT OWE (INSERT NAME OF THE CONSUMER LEGAL FUNDING COMPANY) ANYTHING IF THERE ARE NO PROCEEDS FROM YOUR LEGAL CLAIM UNLESS YOU OR YOUR ATTORNEY HAVE VIOLATED ANY MATERIAL TERM OF THIS CONTRACT OR UNLESS YOU HAVE COMMITTED FRAUD AGAINST THE CONSUMER LEGAL FUNDING COMPANY."; and

(5) Located immediately above the place on the contract where the consumer's signature is required, in twelve-point font: "Do not sign this contract before you read it completely or if it contains any blank spaces. You are entitled to a completely filled-in copy of the contract. Before you sign this contract, you should obtain the advice of an attorney. Depending on the circumstances, you may want to consult a tax, public or private benefits planning, or financial professional. You acknowledge that your attorney in the legal claim has provided no tax, public or private benefit planning, or financial advice regarding this transaction.".

436.562. 1. Nothing in sections 436.550 to 436.574 shall be construed to restrict the exercise of powers or the performance of the duties of the state attorney general that he or she is authorized to exercise or perform by law.

2. If a court of competent jurisdiction determines that a consumer legal funding company has intentionally violated the provisions of sections 436.550 to 436.574 in a consumer legal funding contract, the consumer legal funding contract shall be voided.

436.564. 1. The contingent right to receive an amount of the potential proceeds of a legal claim is assignable.

2. Nothing contained in sections 436.550 to 436.574 shall be construed to cause any consumer legal funding contract conforming to sections 436.550 to 436.574 to be deemed a loan or to be subject to any of the provisions governing loans. A consumer legal funding contract that complies with sections 436.550 to 436.574 is not subject to any other statutory or regulatory provisions governing loans or investment contracts. To the extent that sections 436.550 to 436.574 conflict with any other law, such sections shall supersede the other law for the purposes of regulating consumer legal funding in this state.

3. Only attorney's liens related to the legal claim, Medicare, or other statutory liens related to the legal claim shall take priority over claims to proceeds from the consumer legal funding company. All other liens and claims shall take priority by normal operation of law.

4. No consumer legal funding company shall report a consumer to a credit reporting agency if insufficient funds remain from the net proceeds to repay the company.

436.566. An attorney or law firm retained by the consumer in the legal claim shall not have a financial interest in the consumer legal funding company offering consumer legal funding to that consumer. Additionally, any practicing attorney who has referred the consumer to his or her retained attorney shall not have a financial interest in the consumer legal funding company offering consumer legal funding to that consumer.

436.568. No communication between the consumer's attorney in the legal claim and the consumer legal funding company necessary to ascertain the status of a legal claim or a legal claim's expected value shall be discoverable by a party with whom the claim is filed or against whom the claim is asserted. This section does not limit, waive, or abrogate the scope or nature of any statutory or common-law privilege, including the work-product doctrine and attorney-client privilege.

436.570. 1. A consumer legal funding company shall not engage in the business of consumer legal funding in this state unless it has first obtained a license from the division of finance.

2. A consumer legal funding company's initial or renewal license application shall be in writing, made under oath, and on a form provided by the commissioner.

3. Every consumer legal funding company, at the time of filing a license application, shall pay the sum of five hundred fifty dollars for the period ending the thirtieth day of June next following the date of payment; thereafter, a like fee shall be paid on or before June thirtieth of each year and shall be credited to the division of finance fund established under section 361.170.

4. A consumer legal funding license shall not be issued unless the division of finance, upon investigation, finds that the character and fitness of the applicant company, and of the officers and directors thereof, are such as to warrant belief that the business shall operate honestly and fairly within the purposes of sections 436.550 to 436.574.

5. Every applicant shall also, at the time of filing such application, file a bond satisfactory to the division of finance in an amount not to exceed fifty thousand dollars. The bond shall provide that the applicant shall faithfully conform to and abide by the provisions of sections 436.550 to 436.574, to all rules lawfully made by the commissioner under sections 436.550 to 436.574, and the bond shall act as a surety for any person or the state for any and all amount of moneys that may become due or owing from the applicant under and by virtue of sections 436.550 to 436.574, which shall include the result of any action that occurred while the bond was in place for the applicable period of limitations under statute and so long as the bond is not exhausted by valid claims.

6. If an action is commenced on a licensee's bond, the commissioner may require the filling of a new bond. Immediately upon any recovery on the bond, the licensee shall file a new bond.

7. To ensure the effective supervision and enforcement of sections 436.550 to 436.574, the commissioner may, under chapter 536:

(1) Deny, suspend, revoke, condition, or decline to renew a license for a violation of sections 436.550 to 436.574, rules issued under sections 436.550 to 436.574, or order or directive entered under sections 436.550 to 436.574;

(2) Deny, suspend, revoke, condition, or decline to renew a license if an applicant or licensee fails at any to time meet the requirements of sections 436.550 to 436.574, or withholds information or makes a material misstatement in an application for a license or renewal of a license;

(3) Order restitution against persons subject to sections 436.550 to 436.574 for violations of sections 436.550 to 436.574; and

(4) Order or direct such other affirmative action as the commissioner deems necessary.

8. Any letter issued by the commissioner and declaring grounds for denying or declining to grant or renew a license may be appealed to the circuit court of Cole County. All other matters presenting a contested case involving a licensee may be heard by the commissioner under chapter 536.

9. Notwithstanding the prior approval requirement of subsection 1 of this section, a consumer legal funding company that has applied with the division of finance between the effective date of sections 436.550 to 436.574, or when the division of finance has made applications available to the public, whichever is later, and six months thereafter may engage in consumer legal funding while the license application of the company or an affiliate of the company is awaiting approval by the division of finance and until such time as the applicant has pursued all appellate remedies and procedures for any denial of such application. All funding contracts in effect prior to the effective date of sections 436.550 to 436.574 are not subject to the terms of sections 436.550 to 436.574.

10. If it appears to the commissioner that any consumer legal funding company is failing, refusing, or neglecting to make a good faith effort to comply with the provisions of sections 436.550 to 436.574, or any laws or rules relating to consumer legal funding, the commissioner may issue an order to cease and desist, which may be enforceable by a civil penalty of not more than one thousand dollars per day for each day that the neglect, failure, or refusal continues. The penalty shall be assessed and collected by the commissioner. In determining the amount of the penalty, the

commissioner shall take into account the appropriateness of the penalty with respect to the gravity of the violation, any history of previous violations, and any other matters justice may require.

11. If any consumer legal funding company fails, refuses, or neglects to comply with the provisions of sections 436.550 to 436.574, or of any laws or rules relating to consumer legal funding, its license may be suspended or revoked by order of the commissioner after a hearing before said commissioner on any order to show cause why such order of suspension or revocation should not be entered and that specifies the grounds therefor. Such an order shall be served on the particular consumer legal funding company at least ten days prior to the hearing. Any order made and entered by the commissioner may be appealed to the circuit court of Cole County.

12. (1) The division shall conduct an examination of each consumer funding company at least once every twenty-four months and at such other times as the commissioner may determine.

(2) For any such investigation or examination, the commissioner and his or her representatives shall have free and immediate access to the place or places of business and the books and records, and shall have the authority to place under oath all persons whose testimony may be required relative to the affairs and business of the consumer legal funding company.

(3) The commissioner may also make such special investigations or examination as the commissioner deems necessary to determine whether any consumer legal funding company has violated any of the provisions of sections 436.550 to 436.574 or rules promulgated thereunder, and the commissioner may assess the reasonable costs of any investigation or examination incurred by the division to the company.

13. The division of finance shall have the authority to promulgate rules to carry out the provisions of sections 436.550 to 436.574. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023, shall be invalid and void.

436.572. 1. Within thirty calendar days of receipt of written request, a consumer shall disclose to any party to a legal claim whether the consumer has entered into a consumer legal funding contract.

2. If a consumer enters into a consumer legal funding contract after responding to a request pursuant to subsection 1 of this section, the consumer shall disclose this fact to the requesting person within thirty calendar days after the consumer entered into such consumer legal funding contract.

436.574. 1. Consumer legal funding contracts are presumed to be discoverable in a civil action, notwithstanding any agreement or provision with respect to confidentiality. A consumer may seek to rebut this presumption.

2. Consumer legal funding contracts disclosed pursuant to sections 436.550 to 436.574 and consumer legal funding contracts discovered pursuant to this act are presumed to be inadmissible as evidence. A party may seek to rebut this presumption."; and

Further amend said bill, Page 109, Section 650.340, Line 30, by inserting after said section and line the following:

"Section B. Because immediate action is necessary to protect the ability of nonprofit entities to interact with public agencies and restore transparency to governmental contracts, grant programs, and other similar items, the repeal and reenactment of section 105.1500 of section A of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the repeal and reenactment of section 105.1500 of section A of this act shall be in full force and effect upon its passage and approval."; and

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

HOUSE AMENDMENT NO. 2

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 100, Section 595.045, Line 122, by inserting after all of said section and line the following:

"595.209. 1. The following rights shall automatically be afforded to victims of dangerous felonies, as defined in section 556.061, victims of murder in the first degree, as defined in section 565.020, victims of voluntary manslaughter, as defined in section 565.023, victims of any offense under chapter 566, victims of an attempt to commit one of the preceding crimes, as defined in section 562.012, and victims of domestic assault, as defined in sections 565.072 to 565.076; and, upon written request, the following rights shall be afforded to victims of all other crimes and witnesses of crimes:

(1) For victims, the right to be present at all criminal justice proceedings at which the defendant has such right, including juvenile proceedings where the offense would have been a felony if committed by an adult, even if the victim is called to testify or may be called to testify as a witness in the case;

(2) For victims, the right to information about the crime, as provided for in subdivision (5) of this subsection;

(3) For victims and witnesses, to be informed, in a timely manner, by the prosecutor's office of the filing of charges, preliminary hearing dates, trial dates, continuances and the final disposition of the case. Final disposition information shall be provided within five days;

(4) For victims, the right to confer with and to be informed by the prosecutor regarding bail hearings, guilty pleas, pleas under chapter 552 or its successors, hearings, sentencing and probation revocation hearings and the right to be heard at such hearings, including juvenile proceedings, unless in the determination of the court the interests of justice require otherwise;

(5) The right to be informed by local law enforcement agencies, the appropriate juvenile authorities or the custodial authority of the following:

(a) The status of any case concerning a crime against the victim, including juvenile offenses;

(b) The right to be informed by local law enforcement agencies or the appropriate juvenile authorities of the availability of victim compensation assistance, assistance in obtaining documentation of the victim's losses, including, but not limited to and subject to existing law concerning protected information or closed records, access to copies of complete, unaltered, unedited investigation reports of motor vehicle, pedestrian, and other similar accidents upon request to the appropriate law enforcement agency by the victim or the victim's representative, and emergency crisis intervention services available in the community;

(c) Any release of such person on bond or for any other reason;

(d) Within twenty-four hours, any escape by such person from a municipal detention facility, county jail, a correctional facility operated by the department of corrections, mental health facility, or the division of youth services or any agency thereof, and any subsequent recapture of such person;

(6) For victims, the right to be informed by appropriate juvenile authorities of probation revocation hearings initiated by the juvenile authority and the right to be heard at such hearings or to offer a written statement, video or audio tape, counsel or a representative designated by the victim in lieu of a personal appearance, the right to be informed by the board of probation and parole of probation revocation hearings initiated by the board and of parole hearings, the right to be present at each and every phase of parole hearings, the right to be heard at probation revocation and parole hearings or to offer a written statement, video or audio tape, counsel or a representative designated by the victim in lieu of a personal appearance, and the right to have, upon written request of the victim, a partition set up in the probation or parole hearing room in such a way that the victim is shielded from the view of the probationer or parolee, and the right to be informed by the custodial mental health facility or agency thereof of any hearings for the release of a person committed pursuant to the provisions of chapter 552, the right to be present at such hearings, the right to be heard at such hearings or to offer a written statement, video or audio tape, counsel or a representative designated by the victim in lieu of personal appearance;

(7) For victims and witnesses, upon their written request, the right to be informed by the appropriate custodial authority, including any municipal detention facility, juvenile detention facility, county jail, correctional facility operated by the department of corrections, mental health facility, division of youth services or agency thereof if the offense would have been a felony if committed by an adult, postconviction or commitment pursuant to the provisions of chapter 552 of the following:

(a) The projected date of such person's release from confinement;

(b) Any release of such person on bond;

(c) Any release of such person on furlough, work release, trial release, electronic monitoring program, or to a community correctional facility or program or release for any other reason, in advance of such release;

(d) Any scheduled parole or release hearings, including hearings under section 217.362, regarding such person and any changes in the scheduling of such hearings. No such hearing shall be conducted without thirty days' advance notice;

(e) Within twenty-four hours, any escape by such person from a municipal detention facility, county jail, a correctional facility operated by the department of corrections, mental health facility, or the division of youth services or any agency thereof, and any subsequent recapture of such person;

(f) Any decision by a parole board, by a juvenile releasing authority or by a circuit court presiding over releases pursuant to the provisions of chapter 552, or by a circuit court presiding over releases under section 217.362, to release such person or any decision by the governor to commute the sentence of such person or pardon such person;

(g) Notification within thirty days of the death of such person;

(8) For witnesses who have been summoned by the prosecuting attorney and for victims, to be notified by the prosecuting attorney in a timely manner when a court proceeding will not go on as scheduled;

(9) For victims and witnesses, the right to reasonable protection from the defendant or any person acting on behalf of the defendant from harm and threats of harm arising out of their cooperation with law enforcement and prosecution efforts;

(10) For victims and witnesses, on charged cases or submitted cases where no charge decision has yet been made, to be informed by the prosecuting attorney of the status of the case and of the availability of victim compensation assistance and of financial assistance and emergency and crisis intervention services available within the community and information relative to applying for such assistance or services, and of any final decision by the prosecuting attorney not to file charges;

(11) For victims, to be informed by the prosecuting attorney of the right to restitution which shall be enforceable in the same manner as any other cause of action as otherwise provided by law;

(12) For victims and witnesses, to be informed by the court and the prosecuting attorney of procedures to be followed in order to apply for and receive any witness fee to which they are entitled;

(13) When a victim's property is no longer needed for evidentiary reasons or needs to be retained pending an appeal, the prosecuting attorney or any law enforcement agency having possession of the property shall, upon request of the victim, return such property to the victim within five working days unless the property is contraband or subject to forfeiture proceedings, or provide written explanation of the reason why such property shall not be returned;

(14) An employer may not discharge or discipline any witness, victim or member of a victim's immediate family for honoring a subpoena to testify in a criminal proceeding, attending a criminal proceeding, or for participating in the preparation of a criminal proceeding, or require any witness, victim, or member of a victim's immediate family to use vacation time, personal time, or sick leave for honoring a subpoena to testify in a criminal proceeding, attending a criminal proceeding, or participating in the preparation of a criminal proceeding;

(15) For victims, to be provided with creditor intercession services by the prosecuting attorney if the victim is unable, as a result of the crime, temporarily to meet financial obligations;

(16) For victims and witnesses, the right to speedy disposition of their cases, and for victims, the right to speedy appellate review of their cases, provided that nothing in this subdivision shall prevent the defendant from having sufficient time to prepare such defendant's defense. The attorney general shall

provide victims, upon their written request, case status information throughout the appellate process of their cases. The provisions of this subdivision shall apply only to proceedings involving the particular case to which the person is a victim or witness;

(17) For victims and witnesses, to be provided by the court, a secure waiting area during court proceedings and to receive notification of the date, time and location of any hearing conducted by the court for reconsideration of any sentence imposed, modification of such sentence or recall and release of any defendant from incarceration;

(18) For victims, the right to receive upon request from the department of corrections a photograph taken of the defendant prior to release from incarceration.

2. The provisions of subsection 1 of this section shall not be construed to imply any victim who is incarcerated by the department of corrections or any local law enforcement agency has a right to be released to attend any hearing or that the department of corrections or the local law enforcement agency has any duty to transport such incarcerated victim to any hearing.

3. Those persons entitled to notice of events pursuant to the provisions of subsection 1 of this section shall provide the appropriate person or agency with their current addresses**, electronic mail addresses,** and telephone numbers or the addresses**, electronic mail addresses,** or telephone numbers at which they wish notification to be given.

4. Notification by the appropriate person or agency utilizing the statewide automated crime victim notification system as established in section 650.310 shall constitute compliance with the victim notification requirement of this section. If notification utilizing the statewide automated crime victim notification system cannot be used, then written notification shall be sent by certified mail **or electronic mail** to the most current address **or electronic mail address** provided by the victim.

5. Victims' rights as established in Section 32 of Article I of the Missouri Constitution or the laws of this state pertaining to the rights of victims of crime shall be granted and enforced regardless of the desires of a defendant and no privileges of confidentiality shall exist in favor of the defendant to exclude victims or prevent their full participation in each and every phase of parole hearings or probation revocation hearings. The rights of the victims granted in this section are absolute and the policy of this state is that the victim's rights are paramount to the defendant's rights. The victim has an absolute right to be present at any hearing in which the defendant is present before a probation and parole hearing officer."; and

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

HOUSE AMENDMENT NO. 3

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 71, Section 559.125, Lines 11-12, by deleting all of said lines and inserting in lieu thereof the following:

"2. [Information and data obtained by a probation or parole officer shall be privileged information and shall not be receivable in any court.] **Except in criminal proceedings, information and data obtained by a probation or parole officer is privileged information not receivable in any court unless for lawful criminal matters.** Such"; and

Further amend said bill, Page 106, Section 610.021, Line 137, by inserting after said section and line the following:

"632.305. 1. An application for detention for evaluation and treatment may be executed by any adult person, who need not be an attorney or represented by an attorney, including the mental health coordinator, on a form provided by the court for such purpose, and shall allege under oath, without a notarization requirement, that the applicant has reason to believe that the respondent is suffering from a mental disorder and presents a likelihood of serious harm to himself or herself or to others. The application shall specify the factual information on which such belief is based and should contain the names and addresses of all persons known to the applicant who have knowledge of such facts through personal observation.

2. The filing of a written application in court by any adult person, who need not be an attorney or represented by an attorney, including the mental health coordinator, shall authorize the applicant to bring the matter before the court on an ex parte basis to determine whether the respondent should be taken into custody and transported to a mental health facility. The application may be filed in the court having probate jurisdiction in any county where the respondent may be found. If the court finds that there is probable cause, either upon testimony under oath or upon a review of affidavits, **declarations, or other supporting documentation,** to believe that the respondent may be suffering from a mental disorder and presents a likelihood of serious harm to himself or herself or others, it shall direct a peace officer to take the respondent into custody and transport him or her to a mental health facility for detention for evaluation and treatment for a period not to exceed ninety-six hours unless further detention and treatment is authorized pursuant to this chapter. Nothing herein shall be construed to prohibit the court, in the exercise of its discretion, from giving the respondent an opportunity to be heard.

3. A mental health coordinator may request a peace officer to take or a peace officer may take a person into custody for detention for evaluation and treatment for a period not to exceed ninety-six hours only when such mental health coordinator or peace officer has reasonable cause to believe that such person is suffering from a mental disorder and that the likelihood of serious harm by such person to himself or herself or others is imminent unless such person is immediately taken into custody. Upon arrival at the mental health facility, the peace officer or mental health coordinator who conveyed such person or caused him or her to be conveyed shall either present the application for detention for evaluation and treatment upon which the court has issued a finding of probable cause and the respondent was taken into custody or complete an application for initial detention for evaluation and treatment for a period not to exceed ninety-six hours which shall be based upon his or her own personal observations or investigations and shall contain the information required in subsection 1 of this section.

4. If a person presents himself or herself or is presented by others to a mental health facility and a licensed physician, a registered professional nurse or a mental health professional designated by the head of the facility and approved by the department for such purpose has reasonable cause to believe that the person is mentally disordered and presents an imminent likelihood of serious harm to himself or herself or others unless he or she is accepted for detention, the licensed physician, the mental health professional or the registered professional nurse designated by the facility and approved by the department may complete an application for detention for evaluation and treatment for a period not to exceed ninety-six hours. The application shall be based on his or her own personal observations or investigation and shall contain the information required in subsection 1 of this section.

5. **[**Any oath required by the provisions of this section**] No notarization shall be required for an application or for any affidavits, declarations, or other documents supporting an application. The application and any affidavits, declarations, or other documents supporting the application** shall be subject to the provisions of section 492.060 **allowing for declaration under penalty of perjury**."; and

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

HOUSE AMENDMENT NO. 4

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Pages 58-59, Section 509.520, Lines 1-46, by deleting said lines and inserting in lieu thereof the following:

"509.520. 1. Notwithstanding any provision of law to the contrary, beginning August 28, **[**2009**] 2023**, pleadings, attachments, **[**or**]** exhibits filed with the court in any case, as well as any judgments **or orders** issued by the court, **or other records of the court** shall not include **the following confidential and personal identifying information**:

(1) The full Social Security number of any party or any child **[**who is the subject to an order of custody or support**]**;

(2) The full credit card number **[**or other**],** financial **institution** account number**, personal identification number, or password used to secure an account** of any party**;**

(3) The full motor vehicle operator license number;

(4) Victim information, including the name, address, and other contact information of the victim;

(5) Witness information, including the name, address, and other contact information of the witness;

(6) Any other full state identification number;

(7) The name, address, and date of birth of a minor and, if applicable, any next friend; or

(8) The full date of birth of any party; however, the year of birth shall be made available, except for a minor.

2. **The information provided under subsection 1 of this section shall be provided in a confidential information filing sheet contemporaneously filed with the court or entered by the court, which shall not be subject to public inspection or availability.**

3. Nothing in this section shall preclude an entity including, but not limited to, a financial institution, insurer, insurance support organization, or consumer reporting agency that is otherwise permitted by law to access state court records from using a person's unique identifying information to match such information contained in a court record to validate that person's record.

4. The Missouri supreme court shall promulgate rules to administer this section.

5. Contemporaneously with the filing of every petition for dissolution of marriage, legal separation, motion for modification, action to establish paternity, and petition or motion for support or custody of a minor child, the filing party shall file a confidential case filing sheet with the court which shall not be subject to public inspection and which provides:

(1) The name and address of the current employer and the Social Security number of the petitioner or movant, if a person;

(2) If known to the petitioner or movant, the name and address of the current employer and the Social Security number of the respondent; and

(3) The names, dates of birth, and Social Security numbers of any children subject to the action.

[3.**] 6.** Contemporaneously with the filing of every responsive pleading petition for dissolution of marriage, legal separation, motion for modification, action to establish paternity, and petition or motion for support or custody of a minor child, the responding party shall file a confidential case filing sheet with the court which shall not be subject to public inspection and which provides:

(1) The name and address of the current employer and the Social Security number of the responding party, if a person;

(2) If known to the responding party, the name and address of the current employer and the Social Security number of the petitioner or movant; and

(3) The names, dates of birth, and Social Security numbers of any children subject to the action.

[4.**] 7.** The full Social Security number of any party or child subject to an order of custody or support shall be retained by the court on the confidential case filing sheet or other confidential record maintained in conjunction with the administration of the case. The full credit card number or other financial account number of any party may be retained by the court on a confidential record if it is necessary to maintain the number in conjunction with the administration of the case.

[5.**] 8.** Any document described in subsection 1 of this section shall, in lieu of the full number, include only the last four digits of any such number.

[6.**] 9.** Except as provided in section 452.430, the clerk shall not be required to redact any document described in subsection 1 of this section issued or filed before August 28, 2009, prior to releasing the document to the public.

[7.**] 10.** For good cause shown, the court may release information contained on the confidential case filing sheet; except that, any state agency acting under authority of chapter 454 shall have access to information contained herein without court order in carrying out their official duty.”; and

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

HOUSE AMENDMENT NO. 5

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 18, Section 211.453, Line 17, by inserting after all of said section and line the following:

"301.218. 1. No person shall, except as an incident to the sale, repair, rebuilding or servicing of vehicles by a licensed franchised motor vehicle dealer, carry on or conduct the following business unless licensed to do so by the department of revenue under sections 301.217 to 301.229:

(1) Selling used parts of or used accessories for vehicles as a used parts dealer, as defined in section 301.010;

(2) Salvaging, wrecking**,** or dismantling vehicles for resale of the parts thereof as a salvage dealer **[**or**]** **and** dismantler, as defined in section 301.010**, or otherwise engaging in the buying or selling of catalytic converters or the component parts of catalytic converters**;

(3) Rebuilding and repairing four or more wrecked or dismantled vehicles in a calendar year as a rebuilder or body shop, as defined in section 301.010;

(4) Processing scrapped vehicles or vehicle parts as a scrap processor, as defined in section 301.010.

2. Sales at a salvage pool or a salvage disposal sale shall be open only to and made to persons actually engaged in and holding a current license under sections 301.217 to 301.221 and 301.550 to 301.573 or any person from another state or jurisdiction who is legally allowed in his or her state of domicile to purchase for resale, rebuild, dismantle, crush, or scrap either motor vehicles or salvage vehicles, and to persons who reside in a foreign country that are purchasing salvage vehicles for export outside of the United States. Operators of salvage pools or salvage disposal sales shall keep a record, for three years, of sales of salvage vehicles with the purchasers' name and address, and the year, make, and vehicle identification number for each vehicle. These records shall be open for inspection as provided in section 301.225. Such records shall be submitted to the department on a quarterly basis.

3. The operator of a salvage pool or salvage disposal sale, or subsequent purchaser, who sells a nonrepairable motor vehicle or a salvage motor vehicle to a person who is not a resident of the United States at a salvage pool or a salvage disposal sale shall:

(1) Stamp on the face of the title so as not to obscure any name, date, or mileage statement on the title the words "FOR EXPORT ONLY" in capital letters that are black; and

(2) Stamp in each unused reassignment space on the back of the title the words "FOR EXPORT ONLY" and print the number of the dealer's salvage vehicle license, name of the salvage pool, or the name of the governmental entity, as applicable.

The words "FOR EXPORT ONLY" required under subdivisions (1) and (2) of this subsection shall be at least two inches wide and clearly legible. Copies of the stamped titles shall be forwarded to the department.

4. The director of revenue shall issue a separate license for each kind of business described in subsection 1 of this section, to be entitled and designated as either "used parts dealer"; "salvage dealer or dismantler"; "rebuilder or body shop"; or "scrap processor" license."; and

Further amend said bill, Page 20, Section 347.143, Line 23, by inserting after all of said section and line the following:

"407.300. 1. Every purchaser or collector of, or dealer in, junk, scrap metal, or any secondhand property who obtains items for resale or profit shall keep a register containing a written or electronic

record for each purchase or **[**trade in which**] trade-in of** each type of material subject to the provisions of this section **[**is**]** obtained for value. There shall be a separate record for each transaction involving any:

(1) Copper, brass, or bronze;

(2) Aluminum wire, cable, pipe, tubing, bar, ingot, rod, fitting, or fastener;

(3) Material containing copper or aluminum that is knowingly used for farming purposes as farming is defined in section 350.010; whatever may be the condition or length of such metal;

(4) Detached catalytic converter; or

(5) Motor vehicle, heavy equipment, or tractor battery.

2. The record required by this section shall contain the following data:

(1) A copy of the driver's license**,** or **other** photo identification issued by the state or by the United States government or agency thereof**,** of the person from whom the material is obtained;

(2) The current address, gender, birth date, and a color photograph of the person from whom the material is obtained if not included or are different from the identification required in subdivision (1) of this subsection;

(3) The date, time, and place of the transaction;

(4) The license plate number of the vehicle used by the seller during the transaction; **[**and**]**

(5) A full description of the material, including the weight and purchase price**; and**

(6) If the purchase or trade-in includes a detached catalytic converter:

(a) Either proof the seller is a bona fide automobile repair shop or an affidavit that attests the detached catalytic converter was acquired lawfully; and

(b) The make, model, year, and vehicle identification number of the vehicle from which the detached catalytic converter originated.

3. **(1)** The records required under this section shall be maintained **in order of transaction date** for a minimum of **[**thirty-six months**] four years** from when such material is obtained and shall be available for inspection by any law enforcement officer.

(2) The department of revenue shall create and make available on the department website a standardized form for recording the records required under this section.

(3) At least monthly, a purchaser or collector of, or dealer in, junk, scrap metal, or any secondhand property shall submit to the department of revenue the records required under this section on the department's form, with copies of the purchaser's, collector's, or dealer's other records, if any, attached. The submission may be in either a paper or electronic format. The department of revenue may prescribe the format of forms submitted electronically.

4. No transaction that includes a detached catalytic converter shall occur at any location other than the fixed place of business of the purchaser or collector of, or dealer in, junk, scrap metal, or any secondhand

property. No detached catalytic converter shall be altered, modified, disassembled, or destroyed until it has been in the purchaser's, collector's, or dealer's possession for five business days.

5. Anyone **[**licensed under section 301.218 who knowingly purchases a stolen detached catalytic converter shall be subject to the following penalties:

(1) For a first violation, a fine in the amount of five thousand dollars;

(2) For a second violation, a fine in the amount of ten thousand dollars; and

(3) For a third violation, revocation of the**] convicted of violating this section shall be guilty of a class E felony and shall be subject to having any** license for a business described under section 301.218 **revoked**.

6. This section shall not apply to **[**either of**]** the following transactions:

(1) Any transaction for which the seller has an existing business relationship with the scrap metal dealer and is known to the scrap metal dealer making the purchase to be an established business or political subdivision that operates a business with a fixed location that can be reasonably expected to generate regulated scrap metal and can be reasonably identified as such a business, and for which the seller is paid by check or by electronic funds transfer, or the seller produces an acceptable identification, which shall be a copy of the driver's license or photo identification issued by the state or by the United States government or agency thereof, and a copy is retained by the purchaser; or

(2) Any transaction for which the type of metal subject to subsection 1 of this section is a minor part of a larger item, except **[**for**] that minor parts of** heating and cooling equipment or **of** equipment used in the generation and transmission of electrical power or telecommunications**, including any catalytic converter of such equipment, shall remain subject to this section**.

7. As used in this section, "catalytic converter" means any device designed to be used as an emissions control device when connected to an internal combustion engine, including the constituent parts of such a device, whether assembled into a complete unit or disassembled into separate constituent parts or components."; and

Further amend said bill, Page 78, Section 570.030, Line 6, by deleting the word "or" and inserting in lieu thereof the word "**[**or**]**"; and

Further amend said bill, page, and section, Line 9, by deleting said line and inserting in lieu thereof the following:

"had been stolen**; or**

(4) For the purpose of depriving the owner of a lawful interest therein, receives, retains, or disposes of a catalytic converter, as defined in subsection 7 of section 407.300, and knows that it has been stolen, believes that it has been stolen, or reasonably should suspect that it has been stolen."; and

Further amend said bill and section, Page 80, Line 71, by inserting after the word "converter" the phrase "**, as defined in subsection 7 of section 407.300**"; and

Further amend said bill, page, and section, Line 94, by inserting after all of said section and line the following:

"**570.031. 1. A person commits the offense of unlawful possession of a detached catalytic converter if the person possesses a catalytic converter that is detached from a motor vehicle with the intent to sell the catalytic converter unless:**

(1) The detached catalytic converter is possessed in the course of a legitimate business purpose;

(2) The detached catalytic converter is a component or constituent part of an item or equipment owned by the person; or

(3) The possession of the detached catalytic converter is for some other lawful purpose.

2. The offense of unlawful possession of a detached catalytic converter is a class E felony."; and

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

HOUSE AMENDMENT NO. 6

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 109, Section 650.340, Line 30, by inserting after all of said section and line the following:

"**[**217.785. 1. As used in this section, the term "Missouri postconviction drug treatment program" means a program of noninstitutional and institutional correctional programs for the monitoring, control and treatment of certain drug abuse offenders.

2. The department of corrections shall establish by regulation the "Missouri Postconviction Drug Treatment Program". The program shall include noninstitutional and institutional placement. The institutional phase of the program may include any offender under the supervision and control of the department of corrections. The department shall establish rules determining how, when and where an offender shall be admitted into or removed from the program.

3. Any first-time offender who has been found guilty of violating the provisions of chapter 195 or 579, or whose controlled substance abuse was a precipitating or contributing factor in the commission of his offense, and who is placed on probation may be required to participate in the noninstitutional phase of the program, which may include education, treatment and rehabilitation programs. Persons required to attend a program pursuant to this section may be charged a reasonable fee to cover the costs of the program. Failure of an offender to complete successfully the noninstitutional phase of the program shall be sufficient cause for the offender to be remanded to the sentencing court for assignment to the institutional phase of the program or any other authorized disposition.

4. A probationer shall be eligible for assignment to the institutional phase of the postconviction drug treatment program if he has failed to complete successfully the noninstitutional phase of the program. If space is available, the sentencing court may assign the offender to the institutional phase of the program as a special condition of probation, without the necessity of formal revocation of probation.

5. The availability of space in the institutional program shall be determined by the department of corrections. If the sentencing court is advised that there is no space available, then the court shall consider other authorized dispositions.

6. Any time after ninety days and prior to one hundred twenty days after assignment of the offender to the institutional phase of the program, the department shall submit to the court a report outlining the performance of the offender in the program. If the department determines that the offender will not participate or has failed to complete the program, the department shall advise the sentencing court, who shall cause the offender to be brought before the court for consideration of revocation of the probation or other authorized disposition. If the offender successfully completes the program, the department shall release the individual to the appropriate probation and parole district office and so advise the court.

7. Time spent in the institutional phase of the program shall count as time served on the sentence.**]**"; and

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

HOUSE AMENDMENT NO. 7

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 50, Section 476.1313, Line 56, by inserting after all of the said section and line the following:

"478.600. 1. There shall be four circuit judges in the eleventh judicial circuit. These judges shall sit in divisions numbered one, two, three and four. Beginning on January 1, 2007, there shall be six circuit judges in the eleventh judicial circuit and these judges shall sit in divisions numbered one, two, three, four, five, and seven. The division five associate circuit judge position and the division seven associate circuit judge position shall become circuit judge positions beginning January 1, 2007, and shall be numbered as divisions five and seven.

2. The circuit judge in division two shall be elected in 1980. The circuit judge in division four shall be elected in 1982. The circuit judge in division one shall be elected in 1984. The circuit judge in division three shall be elected in 1992. The circuit judges in divisions five and seven shall be elected for a six-year term in 2006.

3. Beginning January 1, 2007, the family court commissioner positions in the eleventh judicial circuit appointed under section 487.020 shall become associate circuit judge positions in all respects and shall be designated as divisions nine and ten respectively. These positions may retain the duties and responsibilities with regard to the family court. The associate circuit judges in divisions nine and ten shall be elected in 2006 for full four-year terms.

4. Beginning on January 1, 2007, the treatment court commissioner position in the eleventh judicial circuit appointed under section 478.003 shall become an associate circuit judge position in all respects and shall be designated as division eleven. This position **[**retains**]** **may retain** the duties and responsibilities with regard to the treatment court. Such associate circuit judge shall be elected in 2006 for a full four-year term. This associate circuit judgeship shall not be included in the statutory formula for authorizing additional associate circuit judgeships per county under section 478.320.

5. Beginning in fiscal year 2015, there shall be one additional associate circuit judge position in the eleventh judicial circuit. The associate circuit judge shall be elected in 2016. This associate circuit judgeship shall not be included in the statutory formula for authorizing additional circuit judgeships per county under section 478.320. Beginning in fiscal year 2019, there shall be one additional associate circuit judge position in the eleventh judicial circuit. The associate circuit judge shall be elected in 2020. This associate circuit judgeship shall not be included in the statutory formula for authorizing additional circuit judgeships per county under section 478.320.

6. Beginning in fiscal year 2024, there shall be one additional associate circuit judge position in the eleventh judicial circuit. The associate circuit judge shall be elected in 2024. This associate circuit judgeship shall be included in the statutory formula for authorizing additional associate circuit judgeships per county under section 478.320."; and

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

HOUSE AMENDMENT NO. 8

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 66, Section 552.020, Line 123, by deleting the number "7" and inserting in lieu thereof the number "**[**7**] 8**"; and

Further amend said bill and section, Page 67, Line 133, by deleting the number "9" and inserting in lieu thereof the number "**[**9**] 10**"; and

Further amend said bill, section, and page, Line 135, by deleting the number "9" and inserting in lieu thereof the number "**[**9**] 10**"; and

Further amend said bill and section, Page 68, Line 198, by deleting the number "11" and inserting in lieu thereof the number "**[**11**] 12**"; and

Further amend said bill and section, Page 69, Line 212, by inserting after all of said section and line the following:

"552.030. 1. A person is not responsible for criminal conduct if, at the time of such conduct, as a result of mental disease or defect such person was incapable of knowing and appreciating the nature, quality, or wrongfulness of such person's conduct.

2. Evidence of mental disease or defect excluding responsibility shall not be admissible at trial of the accused unless the accused, at the time of entering such accused's plea to the charge, pleads not guilty by reason of mental disease or defect excluding responsibility, or unless within ten days after a plea of not guilty, or at such later date as the court may for good cause permit, the accused files a written notice of such accused's purpose to rely on such defense. Such a plea or notice shall not deprive the accused of other defenses. The state may accept a defense of mental disease or defect excluding responsibility, whether raised by plea or written notice, if the accused has no other defense and files a written notice to that effect. The state shall not accept a defense of mental disease or defect excluding responsibility in the absence of any pretrial evaluation as described in this section or section 552.020. Upon the state's acceptance of the defense of mental disease or defect excluding responsibility, the court shall proceed to order the commitment of the accused as provided in section 552.040 in cases of persons acquitted on the

ground of mental disease or defect excluding responsibility, and further proceedings shall be had regarding the confinement and release of the accused as provided in section 552.040.

3. Whenever the accused has pleaded mental disease or defect excluding responsibility or has given the written notice provided in subsection 2 of this section, and such defense has not been accepted as provided in subsection 2 of this section, the court shall, after notice and upon motion of either the state or the accused, by order of record, appoint one or more private psychiatrists or psychologists, as defined in section 632.005, or physicians with a minimum of one year training or experience in providing treatment or services to persons with an intellectual disability or developmental disability or mental illness, who are neither employees nor contractors of the department of mental health for purposes of performing the examination in question, to examine the accused, or shall direct the director of the department of mental health, or the director's designee, to have the accused so examined by one or more psychiatrists or psychologists, as defined in section 632.005, or physicians with a minimum of one year training or experience in providing treatment or services to persons with an intellectual disability or developmental disability or mental illness designated by the director, or the director's designee, as qualified to perform examinations pursuant to this chapter. The order shall direct that written report or reports of such examination be filed with the clerk of the court. No private psychiatrist, psychologist, or physician shall be appointed by the court unless such psychiatrist, psychologist or physician has consented to act. The examinations ordered shall be made at such time and place and under such conditions as the court deems proper; except that, if the order directs the director of the department of mental health to have the accused examined, the director, or the director's designee, shall determine the time, place and conditions under which the examination shall be conducted. The order may include provisions for the interview of witnesses and may require the provision of police reports to the department for use in evaluation. If an examination provided in section 552.020 was made and the report of such examination included an opinion as to whether, at the time of the alleged criminal conduct, the accused, as a result of mental disease or defect, did not know or appreciate the nature, quality or wrongfulness of such accused's conduct or as a result of mental disease or defect was incapable of conforming such accused's conduct to the requirements of law, such report may be received in evidence, and no new examination shall be required by the court unless, in the discretion of the court, another examination is necessary. If an examination is ordered pursuant to this section, the report shall contain the information required in subsections 3 and **[**4**]** **5** of section 552.020. Within ten days after receiving a copy of such report, both the accused and the state shall, upon written request, be entitled to an order granting them an examination of the accused by an examiner of such accused's or its own choosing and at such accused's or its expense. The clerk of the court shall deliver copies of the report or reports to the prosecuting or circuit attorney and to the accused or his counsel. No reports required by this subsection shall be public records or be open to the public. Any examination performed pursuant to this subsection shall be completed and the results shall be filed with the court within sixty days of the date it is received by the department or private psychiatrist, psychologist or physician unless the court, for good cause, orders otherwise.

4. If the report contains the recommendation that the accused should be held in custody in a suitable hospital facility pending trial, and if the accused is not admitted to bail, or released on other conditions, the court may order that the accused be committed to or held in a suitable hospital facility pending trial.

5. No statement made by the accused in the course of any such examination and no information received by any physician or other person in the course thereof, whether such examination was made with

or without the consent of the accused or upon the accused's motion or upon that of others, shall be admitted in evidence against the accused on the issue of whether the accused committed the act charged against the accused in any criminal proceeding then or thereafter pending in any court, state or federal. The statement or information shall be admissible in evidence for or against the accused only on the issue of the accused's mental condition, whether or not it would otherwise be deemed to be a privileged communication. If the statement or information is admitted for or against the accused on the issue of the accused's mental condition, the court shall, both orally at the time of its admission and later by instruction, inform the jury that it must not consider such statement or information as any evidence of whether the accused committed the act charged against the accused.

6. All persons are presumed to be free of mental disease or defect excluding responsibility for their conduct, whether or not previously adjudicated in this or any other state to be or to have been sexual or social psychopaths, or incompetent; provided, however, the court may admit evidence presented at such adjudication based on its probative value. The issue of whether any person had a mental disease or defect excluding responsibility for such person's conduct is one for the trier of fact to decide upon the introduction of substantial evidence of lack of such responsibility. But, in the absence of such evidence, the presumption shall be conclusive. Upon the introduction of substantial evidence of lack of such responsibility, the presumption shall not disappear and shall alone be sufficient to take that issue to the trier of fact. The jury shall be instructed as to the existence and nature of such presumption when requested by the state and, where the issue of such responsibility is one for the jury to decide, the jury shall be told that the burden rests upon the accused to show by a preponderance or greater weight of the credible evidence that the defendant was suffering from a mental disease or defect excluding responsibility at the time of the conduct charged against the defendant. At the request of the defense the jury shall be instructed by the court as to the contents of subsection 2 of section 552.040.

7. When the accused is acquitted on the ground of mental disease or defect excluding responsibility, the verdict and the judgment shall so state as well as state the offense for which the accused was acquitted. The clerk of the court shall furnish a copy of any judgment or order of commitment to the department of mental health pursuant to this section to the criminal records central repository pursuant to section 43.503.

552.040. 1. For the purposes of this section, the following words mean:

(1) "Prosecutor of the jurisdiction", the prosecuting attorney in a county or the circuit attorney of a city not within a county;

(2) "Secure facility", a state mental health facility, state developmental disability facility, private facility under contract with the department of mental health, or a section within any of these facilities, in which persons committed to the department of mental health pursuant to this chapter shall not be permitted to move about the facility or section of the facility, nor to leave the facility or section of the facility, without approval by the head of the facility or such head's designee and adequate supervision consistent with the safety of the public and the person's treatment, habilitation or rehabilitation plan;

(3) "Tried and acquitted" includes both pleas of mental disease or defect excluding responsibility that are accepted by the court and acquittals on the ground of mental disease or defect excluding responsibility following the proceedings set forth in section 552.030.

2. When an accused is tried and acquitted on the ground of mental disease or defect excluding responsibility, the court shall order such person committed to the director of the department of mental health for custody. The court shall also order custody and care in a state mental health or intellectual disability facility unless an immediate conditional release is granted pursuant to this section. If the accused has not been charged with a dangerous felony as defined in section 556.061, or with murder in the first degree pursuant to section 565.020, or sexual assault pursuant to section 566.040, or the attempts thereof, and the examination contains an opinion that the accused should be immediately conditionally released to the community by the court, the court shall hold a hearing to determine if an immediate conditional release is appropriate pursuant to the procedures for conditional release set out in subsections 10 to 14 of this section. Prior to the hearing, the court shall direct the director of the department of mental health, or the director's designee, to have the accused examined to determine conditions of confinement in accordance with subsection **[**4**]** **5** of section 552.020. The provisions of subsection 16 of this section shall be applicable to defendants granted an immediate conditional release and the director shall honor the immediate conditional release as granted by the court. If the court determines that an immediate conditional release is warranted, the court shall order the person committed to the director of the department of mental health before ordering such a release. The court granting the immediate conditional release shall retain jurisdiction over the case for the duration of the conditional release. This shall not limit the authority of the director of the department of mental health or the director's designee to revoke the conditional release or the trial release of any committed person pursuant to subsection 17 of this section. If the accused is committed to a mental health or developmental disability facility, the director of the department of mental health, or the director's designee, shall determine the time, place and conditions of confinement.

3. The provisions of sections 630.110, 630.115, 630.130, 630.133, 630.135, 630.140, 630.145, 630.150, 630.180, 630.183, 630.192, 630.194, 630.196, 630.198, 630.805, 632.370, 632.395, and 632.435 shall apply to persons committed pursuant to subsection 2 of this section. If the department does not have a treatment or rehabilitation program for a mental disease or defect of an individual, that fact may not be the basis for a release from commitment. Notwithstanding any other provision of law to the contrary, no person committed to the department of mental health who has been tried and acquitted by reason of mental disease or defect as provided in section 552.030 shall be conditionally or unconditionally released unless the procedures set out in this section are followed. Upon request by an indigent committed person, the appropriate court may appoint the office of the public defender to represent such person in any conditional or unconditional release proceeding under this section.

4. Notwithstanding section 630.115, any person committed pursuant to subsection 2 of this section shall be kept in a secure facility until such time as a court of competent jurisdiction enters an order granting a conditional or unconditional release to a nonsecure facility.

5. The committed person or the head of the facility where the person is committed may file an application in the court that committed the person seeking an order releasing the committed person unconditionally; except that any person who has been denied an application for a conditional release pursuant to subsection 13 of this section shall not be eligible to file for an unconditional release until the expiration of one year from such denial. In the case of a person who was immediately conditionally released after being committed to the department of mental health, the released person or the director of the department of mental health, or the director's designee, may file an application in the same court that released the committed person seeking an order releasing the committed person unconditionally. Copies

of the application shall be served personally or by certified mail upon the head of the facility unless the head of the facility files the application, the committed person unless the committed person files the application, or unless the committed person was immediately conditionally released, the director of the department of mental health, and the prosecutor of the jurisdiction where the committed person was tried and acquitted. Any party objecting to the proposed release must do so in writing within thirty days after service. Within a reasonable period of time after any written objection is filed, which period shall not exceed sixty days unless otherwise agreed upon by the parties, the court shall hold a hearing upon notice to the committed person, the head of the facility, if necessary, the director of the department of mental health, and the prosecutor of the jurisdiction where the person was tried. Prior to the hearing any of the parties, upon written application, shall be entitled to an examination of the committed person, by a psychiatrist or psychologist, as defined in section 632.005, or a physician with a minimum of one year training or experience in providing treatment or services to intellectually disabled or mentally ill individuals of its own choosing and at its expense. The report of the mental condition of the committed person shall accompany the application. By agreement of all parties to the proceeding any report of the mental condition of the committed person which may accompany the application for release or which is filed in objection thereto may be received by evidence, but the party contesting any opinion therein shall have the right to summon and to cross-examine the examiner who rendered such opinion and to offer evidence upon the issue.

6. By agreement of all the parties and leave of court, the hearing may be waived, in which case an order granting an unconditional release shall be entered in accordance with subsection 8 of this section.

7. At a hearing to determine if the committed person should be unconditionally released, the court shall consider the following factors in addition to any other relevant evidence:

(1) Whether or not the committed person presently has a mental disease or defect;

(2) The nature of the offense for which the committed person was committed;

(3) The committed person’s behavior while confined in a mental health facility;

(4) The elapsed time between the hearing and the last reported unlawful or dangerous act;

(5) Whether the person has had conditional releases without incident; and

(6) Whether the determination that the committed person is not dangerous to himself or others is dependent on the person’s taking drugs, medicine or narcotics.

The burden of persuasion for any person committed to a mental health facility under the provisions of this section upon acquittal on the grounds of mental disease or defect excluding responsibility shall be on the party seeking unconditional release to prove by clear and convincing evidence that the person for whom unconditional release is sought does not have, and in the reasonable future is not likely to have, a mental disease or defect rendering the person dangerous to the safety of himself or others.

8. The court shall enter an order either denying the application for unconditional release or granting an unconditional release. An order denying the application shall be without prejudice to the filing of another application after the expiration of one year from the denial of the last application.

9. No committed person shall be unconditionally released unless it is determined through the procedures in this section that the person does not have, and in the reasonable future is not likely to have, a mental disease or defect rendering the person dangerous to the safety of himself or others.

10. The committed person or the head of the facility where the person is committed may file an application in the court having probate jurisdiction over the facility where the person is detained for a hearing to determine whether the committed person shall be released conditionally. In the case of a person committed to a mental health facility upon acquittal on the grounds of mental disease or defect excluding responsibility for a dangerous felony as defined in section 556.061, murder in the first degree pursuant to section 565.020, or sexual assault pursuant to section 566.040, any such application shall be filed in the court that committed the person. In such cases, jurisdiction over the application for conditional release shall be in the committing court. In the case of a person who was immediately conditionally released after being committed to the department of mental health, the released person or the director of the department of mental health, or the director's designee, may file an application in the same court that released the person seeking to amend or modify the existing release. The procedures for application for unconditional releases set out in subsection 5 of this section shall apply, with the following additional requirements:

(1) A copy of the application shall also be served upon the prosecutor of the jurisdiction where the person is being detained, unless the released person was immediately conditionally released after being committed to the department of mental health, or unless the application was required to be filed in the court that committed the person in which case a copy of the application shall be served upon the prosecutor of the jurisdiction where the person was tried and acquitted and the prosecutor of the jurisdiction into which the committed person is to be released;

(2) The prosecutor of the jurisdiction where the person was tried and acquitted shall use their best efforts to notify the victims of dangerous felonies. Notification by the appropriate person or agency by certified mail to the most current address provided by the victim shall constitute compliance with the victim notification requirement of this section;

(3) The application shall specify the conditions and duration of the proposed release;

(4) The prosecutor of the jurisdiction where the person is being detained shall represent the public safety interest at the hearing unless the prosecutor of the jurisdiction where the person was tried and acquitted decides to appear to represent the public safety interest.

If the application for release was required to be filed in the committing court, the prosecutor of the jurisdiction where the person was tried and acquitted shall represent the public safety interest. In the case of a person who was immediately conditionally released after being committed to the department of mental health, the prosecutor of the jurisdiction where the person was tried and acquitted shall appear and represent the public safety interest.

11. By agreement of all the parties, the hearing may be waived, in which case an order granting a conditional release, stating the conditions and duration agreed upon by all the parties and the court, shall be entered in accordance with subsection 13 of this section.

12. At a hearing to determine if the committed person should be conditionally released, the court shall consider the following factors in addition to any other relevant evidence:

(1) The nature of the offense for which the committed person was committed;

(2) The person's behavior while confined in a mental health facility;

(3) The elapsed time between the hearing and the last reported unlawful or dangerous act;

(4) The nature of the person's proposed release plan;

(5) The presence or absence in the community of family or others willing to take responsibility to help the defendant adhere to the conditions of the release; and

(6) Whether the person has had previous conditional releases without incident.

The burden of persuasion for any person committed to a mental health facility under the provisions of this section upon acquittal on the grounds of mental disease or defect excluding responsibility shall be on the party seeking release to prove by clear and convincing evidence that the person for whom release is sought is not likely to be dangerous to others while on conditional release.

13. The court shall enter an order either denying the application for a conditional release or granting conditional release. An order denying the application shall be without prejudice to the filing of another application after the expiration of one year from the denial of the last application.

14. No committed person shall be conditionally released until it is determined that the committed person is not likely to be dangerous to others while on conditional release.

15. If, in the opinion of the head of a facility where a committed person is being detained, that person can be released without danger to others, that person may be released from the facility for a trial release of up to ninety-six hours under the following procedure:

(1) The head of the facility where the person is committed shall notify the prosecutor of the jurisdiction where the committed person was tried and acquitted and the prosecutor of the jurisdiction into which the committed person is to be released at least thirty days before the date of the proposed trial release;

(2) The notice shall specify the conditions and duration of the release;

(3) If no prosecutor to whom notice is required objects to the trial release, the committed person shall be released according to conditions and duration specified in the notice;

(4) If any prosecutor objects to the trial release, the head of the facility may file an application with the court having probate jurisdiction over the facility where the person is detained for a hearing under the procedures set out in subsections 5 and 10 of this section with the following additional requirements:

(a) A copy of the application shall also be served upon the prosecutor of the jurisdiction into which the committed person is to be released; and

(b) The prosecutor or prosecutors who objected to the trial release shall represent the public safety interest at the hearing; and

(5) The release criteria of subsections 12 to 14 of this section shall apply at such a hearing.

16. The department shall provide or shall arrange for follow-up care and monitoring for all persons conditionally released under this section and shall make or arrange for reviews and visits with the client

at least monthly, or more frequently as set out in the release plan, and whether the client is receiving care, treatment, habilitation or rehabilitation consistent with his needs, condition and public safety. The department shall identify the facilities, programs or specialized services operated or funded by the department which shall provide necessary levels of follow-up care, aftercare, rehabilitation or treatment to the persons in geographical areas where they are released.

17. The director of the department of mental health, or the director's designee, may revoke the conditional release or the trial release and request the return of the committed person if such director or coordinator has reasonable cause to believe that the person has violated the conditions of such release. If requested to do so by the director or coordinator, a peace officer of a jurisdiction in which a patient on conditional release is found shall apprehend and return such patient to the facility. No peace officer responsible for apprehending and returning the committed person to the facility upon the request of the director or coordinator shall be civilly liable for apprehending or transporting such patient to the facility so long as such duties were performed in good faith and without negligence. If a person on conditional release is returned to a facility under the provisions of this subsection, a hearing shall be held within ninety-six hours, excluding Saturdays, Sundays and state holidays, to determine whether the person violated the conditions of the release or whether resumption of full-time hospitalization is the least restrictive alternative consistent with the person's needs and public safety. The director of the department of mental health, or the director's designee, shall conduct the hearing. The person shall be given notice at least twenty-four hours in advance of the hearing and shall have the right to have an advocate present.

18. At any time during the period of a conditional release or trial release, the court which ordered the release may issue a notice to the released person to appear to answer a charge of a violation of the terms of the release and the court may issue a warrant of arrest for the violation. Such notice shall be personally served upon the released person. The warrant shall authorize the return of the released person to the custody of the court or to the custody of the director of mental health or the director's designee.

19. The head of a mental health facility, upon any notice that a committed person has escaped confinement, or left the facility or its grounds without authorization, shall immediately notify the prosecutor and sheriff of the county wherein the committed person is detained of the escape or unauthorized leaving of grounds and the prosecutor and sheriff of the county where the person was tried and acquitted.

20. Any person committed to a mental health facility under the provisions of this section upon acquittal on the grounds of mental disease or defect excluding responsibility for a dangerous felony as defined in section 556.061, murder in the first degree pursuant to section 565.020, or sexual assault pursuant to section 566.040 shall not be eligible for conditional or unconditional release under the provisions of this section unless, in addition to the requirements of this section, the court finds that the following criteria are met:

(1) Such person is not now and is not likely in the reasonable future to commit another violent crime against another person because of such person's mental illness; and

(2) Such person is aware of the nature of the violent crime committed against another person and presently possesses the capacity to appreciate the criminality of the violent crime against another person and the capacity to conform such person's conduct to the requirements of law in the future.

552.080. 1. Notwithstanding any other provisions of law, the court in which the proceedings are pending shall, upon application and approval, order the payment of or tax as costs the following expenses and fees, which in each case shall be reasonable, and so found by the court:

(1) Expenses and fees for examinations, reports and expert testimony of private psychiatrists who are neither employees nor contractors of the department of mental health for purposes of performing such services and who are appointed by the court to examine the accused under sections 552.020 and 552.030;

(2) The expenses of conveying any prisoner from a jail to a facility of the department of mental health and the expense of returning him to a jail under the provisions of section 552.020, 552.030, 552.040 or 552.050.

Such expenses and fees shall be paid, no matter how taxed as costs or collected, by the state, county or defendant, when liable for such costs under the provisions of chapter 550. Such order may be made at any time before or after the final disposition of the case and whether or not the accused is convicted or sentenced to the custody of the division of corrections or county jail, as the case may be, or placed upon probation or granted parole.

2. The expenses and fees provided in subsection 1 of this section may be levied and collected under execution; except that, if the state or county has by inadvertence or mistake paid expenses or fees as provided in subsection 1 of this section, the political entity having made such a mistake or inadvertent payment shall be entitled to recover the same from the entity responsible for such payment.

3. If a person is ordered held or hospitalized by the director of the department of mental health or in one of the facilities of the department of mental health pursuant to the following provisions, the liability for hospitalization shall be paid by the person, his estate or those responsible for his support in accordance with chapter 630:

(1) Following determination of lack of mental fitness to proceed under subsection **[**7**]** **8** of section 552.020;

(2) Following acquittal because of lack of responsibility due to mental disease or defect under section 552.030, and subsequent order of commitment to the director of the department of mental health under section 552.040.

4. The method of collecting the costs and expenses herein provided or otherwise incurred in connection with the custody, examination, trial, transportation or treatment of any person accused or convicted of any offense shall not be exclusive and same may be collected in any other manner provided by law.”; and

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

HOUSE AMENDMENT NO. 9

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 41, Section 475.010, Line 115, by inserting after said section and line the following:

“475.040. If it appears to the court, acting on the petition of the guardian, the conservator, the respondent or of a ward over the age of fourteen, or on its own motion, at any time before the termination

of the guardianship or conservatorship, that the proceeding was commenced in the wrong county, or that the domicile **[**or residence**]** of the ward or protectee has **[**been**]** changed to another county, or in case of conservatorship of the estate that it would be for the best interest of the ward or disabled person and his estate, the court may order the proceeding with all papers, files and a transcript of the proceedings transferred to the probate division of the circuit court of another county. The court to which the transfer is made shall take jurisdiction of the case, place the transcript of record and proceed to the final settlement of the case as if the appointment originally had been made by it."; and

Further amend said bill, Page 43, Section 475.063, Line 22, by inserting after all of said section and line the following:

"475.275. 1. The conservator, at the time of filing any settlement with the court, shall exhibit all securities or investments held by him to an officer of the bank or other depositary wherein the securities or investments are held for safekeeping or to an authorized representative of the corporation which is surety on his bond, or to the judge or clerk of a court of record in this state, or upon request of the conservator or other interested party, to any other reputable person designated by the court, who shall certify in writing that he has examined the securities or investments and identified them with those described in the account and shall note any omission or discrepancies. If the depositary is the conservator, the certifying officer shall not be the officer verifying the account. The conservator may exhibit the securities or investments to the judge of the court, who shall endorse on the account and copy thereof, a certificate that the securities or investments shown therein as held by the conservator were each in fact exhibited to him and that those exhibited to him were the same as those in the account and noting any omission or discrepancy. The certificate, and the certificate of an official of the bank in which are deposited any funds for which the conservator is accountable, showing the amount on deposit, shall be prepared and signed in duplicate and one of each shall be filed by the conservator with his account.

2. (1) As used in and pursuant to this section, a "pooled account" is an account within the meaning of this section and means any account maintained by a fiduciary for more than one principal and is established for the purpose of managing and investing and to manage and invest the funds of such principals. No fiduciary shall or may place funds into a pooled account unless the account meets the following criteria:

(a) The pooled account is maintained at a bank or savings and loan institution;

(b) The pooled account is titled in such a way as to reflect that the account is being held by a fiduciary in a custodial capacity;

(c) The fiduciary maintains, or causes to be maintained, records containing information as to the name and ownership interest of each principal in the pooled account;

(d) The fiduciary's records contain a statement of all accretions and disbursements; and

(e) The fiduciary's records are maintained in the ordinary course of business and in good faith.

(2) The public administrator of any county **[**with a charter form of government and with more than six hundred thousand but less than seven hundred thousand inhabitants**]** serving as a conservator **or personal representative** and using and utilizing pooled accounts for the investing**[**, investment,**]** and management of **[**conservatorship**] estate** funds shall have any such accounts **[**audited**] examined** on at least an annual

basis **[**and no less than one time per year**]** by an independent certified public accountant. **[**The audit provided shall review the records of the receipts and disbursements of each estate account. Upon completion of the investigation, the certified public accountant shall render a report to the judge of record in this state showing the receipts, disbursements, and account balances as to each estate and as well as the total assets on deposit in the pooled account on the last calendar day of each year.**]** **The examination shall:**

(a) Compare the pooled account's year-end bank statement and obtain the reconciliation of the pooled account from the bank statement to the fiduciary's general ledger balance on the same day;

(b) Reconcile the total of individual accounts in the fiduciary's records to the reconciled pooled account's balance and note any difference;

(c) Confirm if collateral is pledged to secure amounts on deposit in the pooled account in excess of Federal Deposit Insurance Corporation coverage; and

(d) Confirm the account balance with the financial institution.

(3) A public administrator using and utilizing pooled accounts as provided by this section shall certify by affidavit that he or she has met the conditions for establishing a pooled account as set forth in subdivision (2) of this subsection.

(4) The county shall provide for the expense of **[**such audit**]** **the report**. If and where the public administrator has provided the judge with **[**the audit**]** **the report** pursuant to and required by this subsection and section, the public administrator shall not be required to obtain the written **[**certification**]** **verification** of an officer of a bank or other depository on any estate asset maintained within the pooled account as otherwise required in and under subsection 1 of this section."; and

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

HOUSE AMENDMENT NO. 10

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 15, Section 193.265, Line 73, by inserting after said line the following:

"**7. (1) Notwithstanding any provision of law, no fee shall be required or collected for a certification of birth if the request is made by a victim of domestic violence or abuse, as those terms are defined in section 455.010, and the victim provides documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a health care or mental health professional, from whom the victim has sought assistance relating to the domestic violence or abuse. Such documentation shall state that, under penalty of perjury, the employee, agent, or volunteer of a victim service provider, the attorney, or the health care or mental health professional believes the victim has been involved in an incident of domestic violence or abuse.**

(2) A victim may be eligible only one time for a fee waiver under this subsection."; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 11

Amend House Amendment No. 11 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 1, Line 7, by inserting after all of the said line the following:

"Further amend said bill, Page 53, Section 488.2300, Line 43, by inserting after all of the said section and line the following:

"**490.750. 1. This section shall be known and may be cited as the "Restoring Artistic Protection Act of 2023".**

2. As used in this section, the term "creative or artistic expression" means the expression or application of creativity or imagination in the production or arrangement of forms, sounds, words, movements, or symbols, including music, dance, performance art, visual art, poetry, literature, film, and other such objects or media.

3. Except as provided under subsection 4 of this section, evidence of a defendant's creative or artistic expression, whether original or derivative, is not admissible against such defendant in a criminal case.

4. A court may admit evidence described in subsection 3 of this section in a hearing conducted in camera if the state proves by clear and convincing evidence:

(1) (a) If the expression is original, that the defendant intended a literal meaning rather than a figurative or fictional meaning; or

(b) If the expression is derivative, that the defendant intended to adopt the literal meaning of the expression as the defendant's own thought or statement;

(2) That the creative expression refers to the specific facts of the crime alleged;

(3) That the expression is relevant to an issue of fact that is disputed; and

(4) That the expression has distinct probative value not provided by other admissible evidence.

5. In any hearing under subsection 4 of this section, the court shall make its ruling on the record and shall include its findings of fact essential to its ruling.

6. If the court admits any evidence described under subsection 3 of this section under the exception under subsection 4 of this section, the court shall:

(1) Ensure that the expression is redacted in a manner to limit the evidence presented to the jury to that which is specifically excepted under subsection 4 of this section; and

(2) Provide appropriate limiting instructions to the jury."; and"; and

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

HOUSE AMENDMENT NO. 11

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 11, Section 70.631, Line 24, by inserting after all of said section and line the following:

"**105.1525. Notwithstanding any other provision of law to the contrary, no public official removed from office through a quo warranto proceeding shall be eligible as a candidate for the office from which he or she was removed.**"; and

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

HOUSE AMENDMENT NO. 2 TO
HOUSE AMENDMENT NO. 12

Amend House Amendment No. 12 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 1, Line 2, by inserting after the number "72," the following:

"Page 11, Section 70.631, Line 24, by inserting after all of said section and line the following:

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

(1) "Contractor":

(a) A person or business entity who:

a. Provides or arranges for construction services on a public works project under contract to a public entity for a governmental [purpose] **use**; or

b. Contracts, provides, or arranges for construction services on a public works project for a nongovernmental [purpose] **use** when acting as a lessee, agent, designee, or representative of a public entity;

(b) Contractor shall not include:

a. Professional engineers, architects or land surveyors licensed pursuant to chapter 327;

b. Those who provide environmental assessment services;

c. Those who design, create or otherwise provide works of art under a city's formally established program for the acquisition and installation of works of art and other aesthetic adornments to public buildings and property; or

d. A construction manager not-at-risk within the meaning of section 8.675, or who does not otherwise enter into contracts with contractors for the furnishing of labor, materials, or services to the public works project;

(2) "Public entity", **[**any official, board, commission or agency of**]** this state **[**or**];** any county, city, town, township, **municipality,** school**[**, road**]** district**,** or other political subdivision of this state**; or any official, board, commission, or agency of any of the preceding entities**;

(3) **"Public official", any official, officer, employee, or member of a governing body or board of a public entity, whether elected, employed, or appointed, and any person serving in a capacity that could, under applicable law or at equity, be personally liable for the failure to require the furnishing of a payment bond under this section;**

(4) "Public works", the erection, construction, alteration, repair or improvement of any building, road, street, public utility or other public facility owned by the public entity, including work for nongovernmental [purposes] **uses**.

2. It is hereby made the duty of all public entities in this state, in making contracts for public works **exempt from attachment and execution under section 513.455**, the cost of which is estimated to exceed fifty thousand dollars, to be performed for:

(1) The public entity; or

(2) The public entity's lessee, agent, designee, or representative on work for nongovernmental [purposes] **uses**,

to require every contractor for such work to furnish to the public entity a bond with good and sufficient sureties, in an amount fixed by the public entity. Such bond, among other conditions, shall be conditioned for the payment of any and all materials, incorporated, consumed or used in connection with the construction of such work; all insurance premiums, both for compensation, and for all other kinds of insurance, on said work; and for all labor performed in such work whether by a subcontractor, a supplier at any tier, or otherwise. Remote suppliers shall not be entitled to recovery under the bond required by this section, unless such suppliers shall have given written notice to the contractor that it has not been paid within ninety days of the time the supplier last supplied materials on the public works project. For purposes of this provision, a "remote supplier" is any material supplier to a public works project having a contract with a second, or lower, tier subcontractor, or with another material supplier of any tier.

3. All bonds executed and furnished under the provisions of this section shall be deemed to contain the requirements and conditions as herein set out, regardless of whether the same be set forth in said bond, or of any terms or provisions of said bond to the contrary notwithstanding.

4. Nothing in this section shall be construed to require a **[**member of the school board of any public school district of this state**] public official** to independently confirm the existence or solvency of any bonding company if a contractor represents to the **[**member**] public official** that the bonding company is solvent and that the representations made in the purported bond are true and correct. This subsection shall not relieve from any liability any **[**school board member**] public official** who has any actual knowledge of the insolvency of any bonding company, or any **[**school board member**] public official** who does not act in good faith in complying with the provisions of subsection 2 of this section.

5. **(1) No public official or other person who would otherwise be personally liable under applicable law or at equity to a contractor, subcontractor, supplier at any tier, or otherwise, by reason of the failure of a public entity to require a contractor to furnish a payment bond as required by this section shall be so liable unless the contractor provides, prior to the time the contract is executed, to the presiding official or officer and to the secretary, clerk, or similar official or officer of the public entity a written notice in bold, ten-point or greater type identifying the persons who will have personal liability for payment and otherwise providing as follows:**

NOTICE OF PERSONAL LIABILITY

Failure of the [insert the legal name of the public entity] to pay [insert the legal name of the contractor], the contractor furnishing this notice, under the contract for [identify the construction services or public works project], or the failure of the contractor to pay any person who supplies materials or services for the work described in the contract, can result in the personal liability of [identify all the public officials or other persons to be held liable, by title and legal name] and their estate(s) for such payment if no payment bond meeting the requirements of section 107.170, RSMo, has been furnished.

(2) Compliance with this subsection shall be a condition precedent to the personal liability of any public official or other person with respect to the claim for payment of such original contractor, any subcontractor or supplier, or any other person under or with respect to a contract for any work that is the subject of this section.

(3) Any original contractor who fails to provide the written notice set out in this subsection, with intent to defraud, shall be guilty of a class B misdemeanor.

(4) A public entity may defend, save harmless and indemnify any of its **[**officers and employees**] public officials**, whether **[**elective or appointive**] elected, employed, or appointed**, against any claim or demand, whether groundless or otherwise arising out of an alleged act or omission occurring in the performance of a duty under this section. The provisions of this subsection do not apply in case of malfeasance in office or willful or wanton neglect of duty.

6. **[**Nothing in this section shall be deemed to require any contractor who provides construction services for a public works project used for nongovernmental purposes and who contracts with a public entity's lessee, agent, designee, or representative on such public works project used for nongovernmental purposes to furnish a bond when the public entity's lessee, agent, designee, or representative is required under this section to furnish a bond**] If consent that meets the requirements of subsection 2 of section 513.455 has been executed and recorded as therein required, no bond is required to be furnished under this section**.

7. **Nothing in this section shall be deemed to require any public entity's lessee, agent, designee, or representative that contracts with a contractor to provide construction services for a public works project to be used for nongovernmental uses to furnish a bond when the contractor is required to furnish a bond under this section or in fact furnishes a complying bond.**

8. The providing of a bond under this section shall preclude the filing of a mechanic's lien under chapter 429 by any subcontractor or supplier. Any mechanic's lien filed in violation hereof shall be void and unenforceable and shall be summarily discharged by a judge of the county in which the mechanic's lien is filed."; and

Further amend said bill, "; and

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

HOUSE AMENDMENT NO. 3 TO
HOUSE AMENDMENT NO. 12

Amend House Amendment No. 12 to House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 1, Lines 2-3, by deleting said lines and inserting in lieu thereof the following:

"Senate Bill No. 72, Page 10, Section 67.145, Line 10, by inserting after said section and line the following:

"67.1850. 1. As used in this section, the following terms mean:

(1) "Community", any municipality or county as defined in this section;

(2) "County", any county form of government;

(3) "Geographical information system", a computerized, spatial coordinate mapping and relational database technology which:

(a) Captures, assembles, stores, converts, manages, analyzes, amalgamates and records, in the digital mode, all kinds and types of information and data;

(b) Transforms such information and data into intelligence and subsequently retrieves, presents and distributes that intelligence to a user for use in making the intelligent decisions necessary for sound management;

(4) "Municipality", any city located in any county.

2. The development of geographical information systems has not been undertaken in any large-scale and useful way by private enterprise. The use of modern technology can enhance the planning and decision-making processes of communities. The development of geographical information systems is a time-consuming and expensive activity. In the interest of maintaining community governments open and accessible to the public, information gathered by communities for use in a geographical information system, unless properly made a closed record, should be available to the public. However, access to the information in a way by which a person could render the investment of the public in a geographical information system a special benefit to that person, and not to the public, should not be permitted.

3. Any community as defined in this section may create a geographical information system for the community. The scope of the geographical information system shall be determined by the governing body of the community. The method of creation, maintenance, use and distribution of the geographical information system shall be determined by the governing body of the community. A community shall not mandate the use of this system or allocate the costs of the system to nonusers.

4. The information collected or assimilated by a community for use in a geographical information system shall not be withheld from the public, unless otherwise properly made a closed record of the community as provided by section 610.021. The information collected or assimilated by a community for use in a geographical information system need not be disclosed in a form which may be read or

manipulated by computer, absent a license agreement between the community and the person requesting the information.

5. Information collected or assimilated by a community for use in a geographical information system and disclosed in any form, other than in a form which may be read or manipulated by computer, shall be provided for a reasonable fee, as established by section 610.026. A community maintaining a geographical information system shall make maps and other products of the system available to the public. The cost of the map or other product shall not exceed a reasonable fee representing the **replacement** cost **[**to the community of time, equipment and personnel in the production of the map or other product**] of the materials provided**. A community may license the use of a geographical information system. The total cost of licensing a geographical information system may not exceed the cost, as established by section 610.026, of the:

(1) Cost to the community **[**of time, equipment and personnel**]** in the production of the information in a geographical information system or the production of the geographical information system; and

(2) Cost to the community of the creation, purchase, or other acquisition of the information in a geographical information system or of the geographical information system.

6. The provisions of this section shall not hinder the daily or routine collection of data from the geographical information system by real estate brokers and agents, title collectors, developers, surveyors, utility companies, banks, news media or mortgage companies, nor shall the provisions allow for the charging of fees for the collection of such data exceeding that allowed pursuant to section 610.026 **or the reasonable replacement costs of the materials provided, whichever is less**. The provisions of this section, however, shall allow a community maintaining a geographical information system to license and establish costs for the use of the system's computer program and computer software, and may also establish costs for the use of computer programs and computer software that provide access to information aggregated with geographic information system information.

7. A community distributing information used in a geographical information system or distributing a geographical information system shall not be liable for any damages which may arise from any error which may exist in the information or the geographical information system."; and

Further amend said bill, Page 60, Section 510.521, Line 2, by inserting after said section and line the following:"; and

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

HOUSE AMENDMENT NO. 12

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 60, Section 510.521, Line 2, by inserting after said section and line the following:

"**537.529. 1. This section shall be known and may be cited as the "Uniform Public Expression Protection Act".**

2. (1) As used in this section:

(a) "Goods or services", does not include a dramatic, literary, musical, political, journalistic, or artistic work;

(b) "Governmental unit" means any city, county, or other political subdivision of this state, or any department, division, board, or other agency of any political subdivision of this state;

(c) "Person" means an individual, estate, trust, partnership, business or nonprofit entity, governmental unit, or other legal entity.

(2) Except as otherwise provided in subdivision (3) of this subsection, this section applies to a cause of action asserted in a civil action against a person based on the person's:

(a) Communication in a legislative, executive, judicial, administrative, or other governmental proceeding;

(b) Communication on an issue under consideration or review in a legislative, executive, judicial, administrative, or other governmental proceeding; or

(c) Exercise of the right of freedom of speech or of the press, the right to assemble or petition, or the right of association, guaranteed by the Constitution of the United States or the Constitution of Missouri, on a matter of public concern.

(3) This section does not apply to a cause of action asserted:

(a) Against a governmental unit or an employee or agent of a governmental unit acting or purporting to act in an official capacity;

(b) By a governmental unit or an employee or agent of a governmental unit acting in an official capacity to enforce a law to protect against an imminent threat to public health or safety; or

(c) Against a person primarily engaged in the business of selling or leasing goods or services if the cause of action arises out of a communication related to the person's sale or lease of the goods or services.

3. No later than sixty days after a party is served with a complaint, crossclaim, counterclaim, third-party claim, or other pleading that asserts a cause of action to which this section applies, or at a later time on a showing of good cause, the party may file a special motion to dismiss the cause of action or part of the cause of action.

4. (1) Except as otherwise provided in this subsection:

(a) All other proceedings between the moving party and responding party in an action, including discovery and a pending hearing or motion, are stayed on the filing of a motion under subsection 3 of this section; and

(b) On motion by the moving party, the court may stay:

a. A hearing or motion involving another party if the ruling on the hearing or motion would adjudicate a legal or factual issue that is material to the motion under subsection 3 of this section; or

b. Discovery by another party if the discovery relates to the issue.

(2) A stay under subdivision (1) of this subsection remains in effect until entry of an order ruling on the motion filed under subsection 3 of this section and the expiration of the time to appeal the order.

(3) If a party appeals from an order ruling on a motion under subsection 3 of this section, all proceedings between all parties in an action are stayed. The stay remains in effect until the conclusion of the appeal.

(4) During a stay under subdivision (1) of this subsection, the court may allow limited discovery if a party shows that specific information is necessary to establish whether a party has satisfied or failed to satisfy a burden imposed by subdivision (1) of subsection 7 of this section and is not reasonably available without discovery.

(5) A motion for costs and expenses under subsection 10 of this section shall not be subject to a stay under this section.

(6) A stay under this subsection does not affect a party's ability to voluntarily dismiss a cause of action or part of a cause of action or move to sever a cause of action.

(7) During a stay under this section, the court for good cause may hear and rule on:

(a) A motion unrelated to the motion under subsection 3 of this section; and

(b) A motion seeking a special or preliminary injunction to protect against an imminent threat to public health or safety.

5. (1) The court shall hear a motion under subsection 3 of this section no later than sixty days after filing of the motion, unless the court orders a later hearing:

(a) To allow discovery under subdivision (4) of subsection 4 of this section; or

(b) For other good cause.

(2) If the court orders a later hearing under paragraph (a) of subdivision (1) of this subsection, the court shall hear the motion under subsection 3 of this section no later than sixty days after the court order allowing the discovery, subject to paragraph (b) of subdivision (1) of this subsection.

6. In ruling on a motion under subsection 3 of this section, the court shall consider the parties' pleadings, the motion, any replies and responses to the motion, and any evidence that could be considered in ruling on a motion for summary judgment.

7. (1) In ruling on a motion under subsection 3 of this section, the court shall dismiss with prejudice a cause of action or part of a cause of action if:

(a) The moving party establishes under subdivision (2) of subsection 2 of this section that this section applies;

(b) The responding party fails to establish under subdivision (3) of subsection 2 of this section that this section does not apply; and

(c) Either:

a. The responding party fails to establish a prima facie case as to each essential element of the cause of action; or

b. The moving party establishes that:

(i) The responding party failed to state a cause of action upon which relief can be granted; or

(ii) There is no genuine issue as to any material fact and the party is entitled to judgment as a matter of law on the cause of action or part of the cause of action.

(2) A voluntary dismissal without prejudice of a responding party's cause of action, or part of a cause of action, that is the subject of a motion under subsection 3 of this section does not affect a moving party's right to obtain a ruling on the motion and seek costs, reasonable attorney's fees, and reasonable litigation expenses under subsection 10 of this section.

(3) A voluntary dismissal with prejudice of a responding party's cause of action, or part of a cause of action, that is the subject of a motion under subsection 3 of this section establishes for the purpose of subsection 10 of this section that the moving party prevailed on the motion.

8. The court shall rule on a motion under subsection 3 of this section no later than sixty days after the hearing under subsection 5 of this section.

9. A moving party may appeal within twenty-one days as a matter of right from an order denying, in whole or in part, a motion under subsection 3 of this section.

10. On a motion under subsection 3 of this section, the court shall award costs, reasonable attorney's fees, and reasonable litigation expenses related to the motion:

(1) To the moving party if the moving party prevails on the motion; or

(2) To the responding party if the responding party prevails on the motion and the court finds that the motion was frivolous or filed solely with intent to delay the proceeding.

11. This section shall be broadly construed and applied to protect the exercise of the right of freedom of speech and of the press, the right to assemble and petition, and the right of association, guaranteed by the Constitution of the United States or the Constitution of Missouri.

12. In applying and construing this section, consideration shall be given to the need to promote uniformity of the law with respect to its subject matter among states that enact it.

13. This section applies to a civil action filed or cause of action asserted in a civil action on or after August 28, 2023."; and

Further amend said bill, Page 110, Section 435.014, Line 14, by inserting after said section and line the following:

"**[**537.528. 1. Any action against a person for conduct or speech undertaken or made in connection with a public hearing or public meeting, in a quasi-judicial proceeding before a tribunal or decision-making body of the state or any political subdivision of the state is subject to a special motion to dismiss,

motion for judgment on the pleadings, or motion for summary judgment that shall be considered by the court on a priority or expedited basis to ensure the early consideration of the issues raised by the motion and to prevent the unnecessary expense of litigation. Upon the filing of any special motion described in this subsection, all discovery shall be suspended pending a decision on the motion by the court and the exhaustion of all appeals regarding the special motion.

2. If the rights afforded by this section are raised as an affirmative defense and if a court grants a motion to dismiss, a motion for judgment on the pleadings or a motion for summary judgment filed within ninety days of the filing of the moving party's answer, the court shall award reasonable attorney fees and costs incurred by the moving party in defending the action. If the court finds that a special motion to dismiss or motion for summary judgment is frivolous or solely intended to cause unnecessary delay, the court shall award costs and reasonable attorney fees to the party prevailing on the motion.

3. Any party shall have the right to an expedited appeal from a trial court order on the special motions described in subsection 2 of this section or from a trial court's failure to rule on the motion on an expedited basis.

4. As used in this section, a "public meeting in a quasi-judicial proceeding" means and includes any meeting established and held by a state or local governmental entity, including without limitations meetings or presentations before state, county, city, town or village councils, planning commissions, review boards or commissions.

5. Nothing in this section limits or prohibits the exercise of a right or remedy of a party granted pursuant to another constitutional, statutory, common law or administrative provision, including civil actions for defamation.

6. If any provision of this section or the application of any provision of this section to a person or circumstance is held invalid, the invalidity shall not affect other provisions or applications of this section that can be given effect without the invalid provision or application, and to this end the provisions of this section are severable.

7. The provisions of this section shall apply to all causes of actions.**]**"; and

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

HOUSE AMENDMENT NO. 13

Amend House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 72, Page 20, Section 347.143, Line 23, by inserting after all of said section and line the following:

"374.702. 1. No person shall engage in the bail bond business as a bail bond agent or a general bail bond agent without being licensed as provided in sections 374.695 to 374.775.

2. No judge, attorney, court official, **or** law enforcement officer, [state, county, or municipal employee who is] either elected or appointed shall be licensed as a bail bond agent or a general bail bond agent.

3. A licensed bail bond agent shall not execute or issue an appearance bond in this state without holding a valid appointment from a general bail bond agent and without attaching to the appearance bond an executed and prenumbered power of attorney referencing the general bail bond agent or insurer.

4. A person licensed as an active bail bond agent shall hold the license for at least two years prior to owning or being an officer of a licensed general bail bond agent.

5. A general bail bond agent shall not engage in the bail bond business:

(1) Without having been licensed as a general bail bond agent pursuant to sections 374.695 to 374.775; or

(2) Except through an agent licensed as a bail bond agent pursuant to sections 374.695 to 374.775.

6. A general bail bond agent shall not permit any unlicensed person to solicit or engage in the bail bond business on the general bail bond agent's behalf, except for individuals who are employed solely for the performance of clerical, stenographic, investigative, or other administrative duties which do not require a license pursuant to sections 374.695 to 374.789.

7. Any person who is convicted of a violation of this section is guilty of a class A misdemeanor. For any subsequent convictions, a person who is convicted of a violation of this section is guilty of a class E felony."; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **SS No. 3** for **HCS** for **HJR 43**. Representatives: Henderson, Francis, Falkner, Sauls, Butz.

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 **HCS** for **SS** for **SCS** for **SBs 45** and **90**, and grants the Senate a conference thereon.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **HCS** for **SS** for **SCS** for **SBs 45** and **90**, as amended. Representatives: Stinnett, Kelly (141), Haden, Crossley, Baringer.

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 **HCS** for **SB 247**, as amended, and grants the Senate a conference thereon.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **HCS** for **SB 247**, as amended. Representatives: Baker, Hudson, O'Donnell, Burton, Brown (87).

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House has taken up and passed **SS** for **SB 139** with HA 1, HA 2, HA 3, HA 4, HA 5, HA 6, HA 7, HA 1 to HA 8, HA 8, as amended, HA 9, HA 1 to HA 11, HA 2 to HA 11, HA 11, as amended, HA 1 to HA 12, HA 12, as amended, HA 1 to HA 13, HA 2 to HA 13, HA 13, as amended, HA 14, HA 15 and HA 16.

HOUSE AMENDMENT NO. 1

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of the said section and line the following:

"**10.246. The Hawken rifle, a muzzle-loading rifle first manufactured in St. Louis and widely used by fur trappers, traders, and explorers in the early to mid-nineteenth century, is selected for and shall be known as the official state rifle of the state of Missouri.**"; and

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

HOUSE AMENDMENT NO. 2

Amend Senate Substitute for Senate Bill No. 139, Page 1, In the Title, Lines 2 to 3, by deleting the phrase "the designation of a historic region" and inserting in lieu thereof the words "state designations"; and

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

HOUSE AMENDMENT NO. 3

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of the said section and line the following:

"**9.368. The month of January each year shall be known as "State Legislator Remembrance Month" in memory of all state legislators who died while in office. Citizens of this state are encouraged to participate in appropriate events and activities to recognize those who lost their life while serving in the general assembly.**"; and

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

HOUSE AMENDMENT NO. 4

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"**10.247. The city of Piedmont and the county of Wayne are hereby selected for and shall be known as the "UFO Capitals of Missouri". Hundreds of UFO sightings occurred in Piedmont and Wayne County, Missouri, between February and April 1973. These incidents were part of a large pattern of UFO sightings throughout the United States in 1973.**"; and

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

HOUSE AMENDMENT NO. 5

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section 226.1160, Line 11, by inserting after said section and line the following:

"**227.834. The portion of Interstate 64 from the Interstate 64 ramp to Interstate 270 continuing east to Spoede Road in St. Louis County shall be designated the "Major Lee Berra Memorial Highway". The department of transportation shall erect and maintain appropriate signs designating such highway, with the costs to be paid by private donations.**"; and

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

HOUSE AMENDMENT NO. 6

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"**9.385. March twenty-sixth of each year is hereby designated as "Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) / Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS) Awareness Day". The citizens of this state are encouraged to participate in appropriate events and activities to raise PANS/ PANDAS awareness.**"; and

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

HOUSE AMENDMENT NO. 7

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of the said section and line the following:

"9.138. The governor shall annually issue a proclamation setting apart the first week of March as **[**"Math, Engineering, Technology and Science (METS) Week"**] "Science, Technology, Engineering, and Math (STEM) Week"**, and recommending to the people of the state that the week be appropriately observed through activities that will result in an increased awareness of the importance of advancing community interest in **[**math, engineering, technology, and science**] science, technology, engineering, and math** programs, and promote **[**METS**] STEM** careers statewide in order to advance Missouri's workforce. The proclamation shall also recommend that the week be observed with appropriate activities in public schools. Public and private involvement in **[**METS**] STEM** week demonstrates that fostering

and encouraging interest in the sciences is a major factor in determining growth and success in school and will help students develop a focus on technology-based careers after graduation."; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 8

Amend House Amendment No. 8 to Senate Substitute for Senate Bill No. 139, Page 1, Line 7, by inserting after said line the following:

"Further amend said bill and page, Section 226.1160, Line 11, by inserting after all of said section and line the following:

"**227.296. 1. This section shall be known as the "FA Paul Akers Jr and LCPL Jared Schmitz Memorial Sign Funding Act".**

2. Notwithstanding any provision of law to the contrary, beginning August 28, 2023, for designations on the state highway system honoring members of the Armed Forces killed in the line of duty, members of the Armed Forces who are missing in action, Missouri recipients of the medal of honor, emergency personnel killed while performing duties relating to their employment, or state employees killed while serving the state, no fees shall be assessed and all costs associated with such designations shall be funded by the department of transportation.

227.297. 1. This section establishes a designation program, to be known as the "Heroes Way Designation Program", to honor the fallen Missouri heroes who have been killed in action while performing active military duty with the Armed Forces. The signs shall be placed upon interstate or state-numbered highway interchanges or upon bridges or segments of highway on the state highway system in accordance with this section, and any applicable federal and state limitations or conditions on highway signage, including location and spacing.

2. Any person who is related by marriage, adoption, or consanguinity within the second degree to a member of the United States Armed Forces who was killed in action while performing active military duty with the Armed Forces, and who was a resident of this state at the time he or she was killed in action, may apply for a designation under the provisions of this section.

3. Any person described under subsection 2 of this section who desires to have an interstate or state-numbered highway interchange or bridge or segment of highway on the state highway system designated after his or her family member shall petition the department of transportation by submitting the following:

(1) An application in a form prescribed by the director, describing the interstate or state-numbered highway interchange or bridge or segment of highway on the state highway system for which the designation is sought and the proposed name of the interchange, bridge or relevant segment of highway. The application shall include the name of at least one current member of the general assembly who will sponsor the designation. The application may contain written testimony for support of the designation;

(2) Proof that the family member killed in action was a member of the United States Armed Forces and proof that such family member was in fact killed in action while performing active military duty with

the United States Armed Forces. Acceptable proof shall be a statement from the Missouri veterans commission or the United States Department of Veterans Affairs so certifying such facts; **and**

(3) By signing a form provided by the Missouri transportation department, the applicant shall certify that the applicant is related by marriage, adoption, or consanguinity within the second degree to the member of the United States Armed Forces who was killed in action; **[**and

(4) A fee to be determined by the commission to cover the costs of constructing and maintaining the proposed interchange, bridge, or highway signs. The fee shall not exceed the cost of constructing and maintaining each sign.

4. All moneys received by the department of transportation for the construction and maintenance of interchange, bridge, or highway signs shall be deposited in the state treasury to the credit of the state road fund.

5.**] 4.** The documents **[**and fees**]** required under this section shall be submitted to the department of transportation.

[6.**] 5.** The department of transportation shall submit for approval or disapproval all applications for designations to the joint committee on transportation oversight. The joint committee on transportation oversight may review such applications at any scheduled meeting convened pursuant to section 21.795. If satisfied with the application and all its contents, the committee shall approve the application. The committee shall notify the department of transportation upon the approval or denial of an application for a designation.

[7.**] 6.** The department of transportation shall give notice of any proposed designation under this section in a manner reasonably calculated to advise the public of such proposal. Reasonable notice shall include posting the proposal for the designation on the department's official public website and making available copies of the sign designation application to any representative of the news media or public upon request and posting the application on a bulletin board or other prominent public place which is easily accessible to the public and clearly designated for that purpose at the principal office.

[8. If the memorial designation request is not approved by the joint committee on transportation oversight, ninety-seven percent of the application fee shall be refunded to the applicant.

9.**] 7.** Two signs shall be erected for each interchange, bridge, or highway designation processed under this section.

[10.**] 8.** No interchange, bridge, or highway may be named or designated after more than one member of the United States Armed Forces killed in action. Such person shall only be eligible for one interchange, bridge, or highway designation under the provisions of this section.

[11.**] 9.** Any highway signs erected for any designation under the provisions of this section shall be erected and maintained for a twenty-year period. After such period, the signs shall be subject to removal by the department of transportation and the interchange, bridge, or highway may be designated to honor persons other than the current designee. An existing designation processed under the provisions of this section may be retained for additional twenty-year increments if, at least one year before the designation's expiration, an application to the department of transportation is made to retain the designation along with the **[**required**]** documents **[**and all applicable fees**]** required under this section.

227.299. 1. Except as provided in subsection 7 of this section, an organization or person that seeks a bridge or highway designation on the state highway system to honor an event, place, organization, or person who has been deceased for more than two years shall petition the department of transportation by submitting the following:

(1) An application in a form prescribed by the director, describing the bridge or segment of highway for which designation is sought and the proposed name of the bridge or relevant portion of highway. The application shall include the name of at least one current member of the general assembly who will sponsor the bridge or highway designation. The application may contain written testimony for support of the bridge or highway designation;

(2) A list of at least one hundred signatures of individuals who support the naming of the bridge or highway; and

(3) A fee to be determined by the commission to cover the costs of constructing and maintaining the proposed signs. The fee shall not exceed the cost of constructing and maintaining each sign.

2. All moneys received by the department of transportation for the construction and maintenance of bridge or highway signs on the state highway system shall be deposited in the state treasury to the credit of the state road fund.

3. The documents and fees required under this section shall be submitted to the department of transportation no later than November first prior to the next regular session of the general assembly to be approved or denied by the joint committee on transportation oversight during such legislative session.

4. The department of transportation shall give notice of any proposed bridge or highway designation on the state highway system in a manner reasonably calculated to advise the public of such proposal. Reasonable notice shall include posting the proposal for the designation on the department's official public website, and making available copies of the sign designation application to any representative of the news media or public upon request and posting the application on a bulletin board or other prominent public place which is easily accessible to the public and clearly designated for that purpose at the principal office.

5. If the memorial highway designation requested by the organization is not approved by the joint committee on transportation oversight, ninety-seven percent of the application fee shall be refunded to the requesting organization.

6. Two highway signs shall be erected for each bridge and highway designation on the state highway system processed under this section. When a named section of a highway crosses two or more county lines, consideration shall be given by the department of transportation to allow additional signage at the county lines or major intersections.

7. **[**(1)**]** Highway or bridge designations on the state highway system honoring fallen law enforcement officers, members of the Armed Forces killed in the line of duty, Missouri recipients of the medal of honor, emergency personnel killed while performing duties relating to their employment, or state employees killed while serving the state shall not be subject to the provisions of this section.

[(2) Notwithstanding any provision of law to the contrary, beginning August 28, 2021, for designations honoring Missouri medal of honor recipients, no fees shall be assessed and all costs associated with such designations shall be funded by the department of transportation. **]**

8. No bridge or portion of a highway on the state highway system may be named or designated after more than one event, place, organization, or person. Each event, place, organization, or person shall only be eligible for one bridge or highway designation.

9. Any highway signs erected for any bridge or highway designation on the state highway system under the provisions of this section shall be erected and maintained for a twenty-year period. After such period, the signs shall be subject to removal by the department of transportation and the bridge or highway may be designated to honor events, places, organizations, or persons other than the current designee. An existing highway or bridge designation processed under the provisions of this section may be retained for additional twenty-year increments if, at least one year before the designation's expiration, an application to the department of transportation is made to retain the designation along with the required documents and all applicable fees required under this section.

10. For persons honored with designations on the state highway system under this chapter after August 28, 2021, the department of transportation shall post a link on its website to biographical information of such persons.

11. The provisions of this section shall apply to bridge or highway designations sought after August 28, 2006."; and"; and

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

HOUSE AMENDMENT NO. 8

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of the said section and line the following:

"**9.005. Beginning January 1, 2024, in order for a day to be designated by the general assembly in honor of a deceased individual, such individual shall be deceased for at least three years. If the individual was killed in combat while on active duty in the military or killed in the line of duty as a first responder, such individual shall be deceased for at least one year.**"; and

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

HOUSE AMENDMENT NO. 9

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"**9.387. April sixteenth of each year is hereby designated as "Baker Service Appreciation Day". The citizens of this state are encouraged to participate in appropriate events and activities to honor the memories of David and Brian Baker and their lives of service to others.**"; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 11

Amend House Amendment No. 11 to Senate Substitute for Senate Bill No. 139, Page 1, Lines 4-5, by deleting said line and inserting in lieu thereof the following:

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

10.248 Provel cheese is selected for and shall be known as the official cheese of the state of Missouri."; and"; and

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

HOUSE AMENDMENT NO. 2 TO
HOUSE AMENDMENT NO. 11

Amend House Amendment No. 11 to Senate Substitute for Senate Bill No. 139, Page 1, Line 5, by inserting after all of said section and line the following:

"Further amend said bill and page, Section 226.1160, Line 11, by inserting after said section and line the following:

"**Section 1. The city of Waverly shall be known as the "Apple Capital of Missouri".**

Section 2. The city of Concordia shall be known as the "Patriotic Mural City of Missouri"."; and"; and

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

HOUSE AMENDMENT NO. 11

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"**10.248. Provel cheese is selected for and shall be known as the official cheese of the state of Missouri.**"; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 12

Amend House Amendment No. 12 to Senate Substitute for Senate Bill No. 139, Page 1, Line 9, by inserting after all of said line the following:

"Further amend said bill and page, Section 226.1160, Line 11, by inserting after all of said section and line the following:

"**227.822. The Missouri portion of the new bridge (Chester Bridge) on State Highway 51 crossing over the Mississippi River in Perry County to the Missouri/Illinois state line shall be designated the "Don Welge Memorial Bridge". The Missouri department of transportation shall collaborate with the Illinois department of transportation in designating, erecting, and maintaining appropriate**

signs designating each state's portion of the bridge, with the costs to be paid by private donations."; and"; and

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

HOUSE AMENDMENT NO. 12

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"226.1150. The counties located along the Missouri River that were greatly influenced by early German settlers including Boone, Chariton, Saline, Lafayette, Cooper, Howard, Moniteau, Cole, Callaway, Osage, Gasconade, Montgomery, Warren, Franklin, St. Charles, **[**and**]** St. Louis, **and Perry,** and the City of St. Louis, shall be designated the "German Heritage Corridor of Missouri". The department of transportation may place suitable markings and informational signs in the designated areas. Costs for such designation shall be paid by private donations."; and

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

HOUSE AMENDMENT NO. 1 TO
HOUSE AMENDMENT NO. 13

Amend House Amendment No. 13 to Senate Substitute for Senate Bill No. 139, Page 1, Line 20, by inserting after said line the following:

"Further amend said bill and page, Section 226.1160, Line 11, by inserting after all of said section and line the following:

"**Section 1. December first is hereby designated as "Freeman Bosley, Sr. Day" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to celebrate the legendary St. Louis City politician who retired in 2017, serving over thirty years in the City of St. Louis municipal government to empower young people to participate in government and engage in public service.**"; and"; and

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

HOUSE AMENDMENT NO. 2 TO
HOUSE AMENDMENT NO. 13

Amend House Amendment No. 13 to Senate Substitute for Senate Bill No. 139, Page 1, Line 20, by deleting said line and inserting in lieu thereof the following:

"**second law school, but Gaines went missing before he could enroll.**

9.379. The month of May is hereby designated as "Asian and Pacific Islander Heritage Month" in Missouri. The citizens of this state are encouraged to participate in appropriate events and

activities to recognize the generations of Asian and Pacific Islander Americans who have positively influenced and enriched our state and society."; and"; and

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

HOUSE AMENDMENT NO. 13

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"**9.373. January sixteenth each year is hereby designated as "Albert Pujols Day" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to celebrate the legendary St. Louis Cardinals first baseman who retired in 2022 with more than three thousand career hits and more than seven hundred career home runs.**

9.374. May third each year is hereby designated as "Shelley v. Kraemer Day" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to recognize the historical impact of the United States Supreme Court case originating in St. Louis that held racially restrictive covenants in residential neighborhoods are not enforceable in state court.

9.377. November twenty-third each year is hereby designated as "K.C. Wolf Day" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to celebrate the mascot of the Kansas City Chiefs football team.

9.378. March nineteenth is hereby designated as "Lloyd Gaines Day" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to remember Gaines and his important role in the early twentieth century civil rights movement. Gaines was denied admission to the University of Missouri School of Law and won his court case requiring the state to admit him or establish a second law school for black students. The state opted to establish a second law school, but Gaines went missing before he could enroll."; and

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

HOUSE AMENDMENT NO. 14

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of the said section and line the following:

"**9.371. The first Saturday of October of each year is hereby designated as "Breast Cancer Awareness Day" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to raise awareness and celebrate survivors of breast cancer, the most commonly occurring cancer among women in the United States.**

9.372. The third Saturday of October for each year is hereby designated as "Domestic Violence Awareness Day" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to bring awareness to domestic violence and its impacts on individuals regardless of race, ethnicity, gender, religion, or socioeconomic status."; and

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

HOUSE AMENDMENT NO. 15

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"**9.369. June twelfth of each year is hereby designated as "Women Veterans Appreciation Day". Citizens of this state are encouraged to engage in appropriate events and activities to recognize and address disparities in care, recognition, and benefits that our women veterans receive; to highlight the growing presence of women in the Armed Forces and the National Guard; and to pay respect to women veterans for their dutiful military service.**"; and

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

HOUSE AMENDMENT NO. 16

Amend Senate Substitute for Senate Bill No. 139, Page 1, Section A, Line 3, by inserting after all of said section and line the following:

"9.205. The first week of February is hereby designated as "**[**National**] Missouri** Girls and Women in Sports **[**Day**] Week**" in Missouri. Citizens of this state are encouraged to recognize the **[**day**] week** with appropriate events and activities to express appreciation for girls and women in sports.

9.345. The month of September each year is hereby designated as "Polycystic Ovary Syndrome (PCOS) Awareness **[**Day**] Month**" in Missouri. Citizens of this state are encouraged to participate in appropriate events and activities to raise awareness about PCOS, a common hormonal disorder that causes ovarian cysts, infertility, menstrual irregularity, and obesity in women.

9.380. The first Sunday in August each year is hereby designated as "Pennytown Day" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities in remembrance of Pennytown, Missouri, which was once the largest African American community in central Missouri."; and

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

In which the concurrence of the Senate is respectfully requested.

Also,

Mr. President: I am instructed by the House of Representatives to inform the Senate that the House refuses to adopt **SS** for **SCS** for **HCS** for **HB 655**, as amended, and requests the Senate to recede from its position and failing to do so grant the House a conference thereon.

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 HA 2, HA 3, HA 4, HA 5, HA 6, HA 7, HA 8, HA 1 to HSA 1 for

HA 9, HSA 1 for HA 9, as amended, HA 1 to HA 10, HA 10, as amended, HA 1 to HA 11, HA 2 to HA 11, HA 3 to HA 11, and HA 11, as amended to **SB 28**, and grants the Senate a conference thereon.

Also,

Mr. President: The Speaker of the House of Representatives has appointed the following committee to act with a like committee from the Senate on **SB 28**, as amended. Represenatives: Roberts, Perkins, Copeland, Anderson, Burton.

HOUSE BILLS ON THIRD READING

Senator Luetkemeyer moved that **HCS** for **HB 301**, 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.

Senator Crawford assumed the Chair.

Senator Brown (16) assumed the chair.

Senator Fitzwater assumed the Chair.

SA 5 failed of adoption by the following vote:

YEAS—Senators

Arthur	May	McCreery	Mosley	Razer	Rizzo	Roberts
Washington	Williams—9					

NAYS—Senators

Bean	Black	Brattin	Brown (16th Dist.)	Brown (26th Dist.)	Carter	Coleman
Crawford	Eigel	Eslinger	Fitzwater	Gannon	Hoskins	Koenig
Luetkemeyer	O'Laughlin	Schroer	Thompson Rehder—18			

Absent—Senators

Beck	Bernskoetter	Cierpiot	Hough	Rowden	Trent—6

Absent with leave—Senator Moon—1

Vacancies—None

Senator Mosley offered **SA 6**:

SENATE AMENDMENT NO. 6

Amend Senate Substitute for Senate Committee Substitute for House Committee Substitute for House Bill No. 301, Page 42, Section 84.510, Line 87, by inserting after all of said line the following:

"**105.451. 1. Any person shall be deemed of bad moral character, untrustworthy, and unfit for elected public office or employment with the state or any local government if the person, while holding an elected public office, and by clothing him or herself with the influence, prestige, or authority of his or her public office or through any public or private title, office, or position arising out of or associated with his or her public office, including, but not limited to, a caucus or association of elected public officials, is or has been convicted of:**

(1) Stealing campaign funds by deceit pursuant to section 570.030 or otherwise in violation of any other provision of law;

(2) Stealing the funds of a caucus or association or funds intended for a caucus or association by deceit pursuant to section 570.030 or otherwise in violation of any other provision of law;

(3) Expending campaign funds in violation of section 130.031; or

(4) Converting campaign funds to his or her personal use in violation of section 130.034.

2. Any person deemed unfit for elected public office or employment with the state or any local government as provided in subsection 1 of this section shall forfeit his or her elected public office or employment and be removed from said elected public office or employment.

3. Any elected or appointed official who knowingly or purposefully appoints or retains a person unfit for employment with the state or any local government as provided in subsection 1 of this section shall forfeit his or her office.

4. The prosecuting attorney, circuit attorney, or attorney general, upon receipt of knowledge or information of any elected public officer or public employee who is declared unfit for elected public office or employment with the state or any local government pursuant to subsection 1 or 3 of this section, shall commence an action to remove from public employment or public office any public employee or elected public official who is disqualified from holding public employment or elected public office or has forfeited his or her public employment or elected public office in connection with a conviction or violation described in subsection 1 of this section."; and

Further amend said bill, page 43, section 105.500, line 41, by inserting after all of said line the following:

"105.669. 1. Any participant of a plan who is convicted of a felony offense listed in subsection 3 of this section, which is committed in direct connection with or directly related to the participant's duties as an employee on or after August 28, 2014, shall not be eligible to receive any retirement benefits from the respective plan based on service rendered on or after August 28, 2014, except a participant may still request from the respective retirement system a refund of the participant's plan contributions, including interest credited to the participant's account.

2. The employer of any participant who is charged or convicted of a felony offense listed in subsection 3 of this section, which is committed in direct connection with or directly related to the participant's duties as an employee on or after August 28, 2014, shall notify the appropriate retirement system in which the offender was a participant and provide information in connection with such charge or conviction. The plans shall take all actions necessary to implement the provisions of this section.

3. A felony conviction based on any of the following offenses or a substantially similar offense provided under federal law shall result in the ineligibility of retirement benefits as provided in subsection 1 of this section:

(1) The offense of felony stealing under section 570.030 when such offense involved money, property, or services valued at five thousand dollars or more;

(2) The offense of felony receiving stolen property under section 570.080, as it existed before January 1, 2017, when such offense involved money, property, or services valued at five thousand dollars or more;

(3) The offense of forgery under section 570.090;

(4) The offense of felony counterfeiting under section 570.103;

(5) The offense of bribery of a public servant under section 576.010; or

(6) The offense of acceding to corruption under section 576.020.

4. Any participant of a plan who is unfit for elected public office or employment with the state or any local government pursuant to subsection 1 of section 105.451 shall not be eligible to receive any retirement benefits from the respective plan.

5. The employer of any participant who is declared unfit for elected public office or employment with the state or any local government pursuant to subsection 1 of section 105.451 shall notify the appropriate retirement system in which the public employee or public official was a participant and provide information in connection with a conviction or violation described in subsection 1 of section 105.451."; and

Further amend the title and enacting clause accordingly.

Senator Mosley moved that the above amendment be adopted.

Senator Coleman assumed the Chair.

At the request of Senator Luetkemeyer, **HCS** for **HB 301**, with **SCS**, **SS** for **SCS**, and **SA 6** (pending), was placed on the Informal Calendar.

CONFERENCE COMMITTEE APPOINTMENTS

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SS** for **SCS** for **HCS** for **HB 2**: Senators Hough, Luetkemeyer, Brown (16), Arthur, and Washington.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SCS** for **HCS** for **HB 3**: Senators Hough, Luetkemeyer, Brown (16), Arthur, and May.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SS** for **SCS** for **HCS** for **HBs 903**, **465**, **430**, and **499**: Senators Brattin, Black, Fitzwater, Beck, and McCreery.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SS No. 3** for **HCS** for **HJR 43**: Senators Crawford, Koenig, Cierpiot, Beck, and Arthur.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SS** for **SB 222**, with **HCS**, as amended: Senators Trent, Luetkemeyer, Coleman, Beck, and McCreery.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SB 186**, with **HCS**, as amended: Senators Brown (16), Luetkemeyer, Trent, Beck, and May.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SS** for **SCS** for **SB 127**, as amended: Senators Thompson Rehder, Fitzwater, Bean, Roberts, and Williams.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SCS** for **HCS** for **HB 4**: Senators Hough, Luetkemeyer, Fitzwater, Arthur, and Williams.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SS** for **SCS** for **HCS** for **HB 5**: Senators Hough, Luetkemeyer, Fitzwater, Arthur, and Washington.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SCS** for **HCS** for **HB 6**: Senators Hough, Luetkemeyer, Brown (16), Arthur, and Washington.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SCS** for **HCS** for **HB 7**: Senators Hough, Luetkemeyer, Brown (16), Arthur, and May.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SS** for **SCS** for **HCS** for **HB 8**: Senators Hough, Luetkemeyer, Cierpiot, Arthur, and Washington.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SCS** for **HCS** for **HB 9**: Senators Hough, Luetkemeyer, Cierpiot, Arthur, and Washington.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SCS** for **HCS** for **HB 10**: Senators Hough, Luetkemeyer, Cierpiot, Arthur, and Williams.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SCS** for **HCS** for **HB 11**: Senators Hough, Luetkemeyer, Crawford, Arthur, and Williams.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SS** for **SCS** for **HCS** for **HB 12**: Senators Hough, Luetkemeyer, Crawford, Washington, and May.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SCS** for **HCS** for **HB 13**: Senators Hough, Luetkemeyer, Crawford, Arthur, and Williams.

President Pro Tem Rowden appointed the following conference committee to act with a like committee from the House on **SCS** for **HCS** for **HB 15**: Senators Hough, Luetkemeyer, Crawford, Arthur, and May.

INTRODUCTION OF GUESTS

Senator Beck introduced to the Senate, Mary Queen of Peace 8th grade baskeball team, Carly Codd; Claire Dolrenry; Kaitlyn Loeffelman; Livie Lossie; Julia Long; Amelia Travers; Addie Redmond; Ellie Tiburzi, Webster Grove.

Senator Mosley introduced to the Senate, University of Central MO students, Hiba Lukadi; and Nicole Bolton, Kansas City.

Senator Washington introduced to the Senate, Maria G.Yepez Damian, Kansas City.

Senator Eigel introduced to the Senate, Carter, Jodi and Doug Widhalm.

Senator Carter introduced to the Senate, Tony Rossetti; Josh Flora; Kerry Sachetta.

Senator Williams introduced to the Senate, Lincoln University student, Emily Botts, Meadville; and Karen Pierre; 10th ward Committeewoman, Yolanda Yancie; Gospel Music Hall of Fame member, Monica R. Butler; and Juanita Shipp Swingler, St. Louis.

Senator Eslinger introduced to the Senate, Ozarks Christian Academy teacher, Angela Littlejohn, West Plains.

On motion of Senator O'Laughlin the Senate adjourned until 12:00 p.m., Wednesday, May 3, 2023.

SENATE CALENDAR

———

SIXTY-SECOND DAY–WEDNESDAY, MAY 3, 2023

———

FORMAL CALENDAR

THIRD READING OF SENATE BILLS

SS for SCS for SB 8-Eigel (In Fiscal Oversight)

SENATE BILLS FOR PERFECTION

1. SB 335-Crawford
2. SB 46-Gannon, with SCS
3. SB 206-Eslinger
4. SB 349-Trent, with SCS
5. SB 229-Colemen, with SCS
6. SBs 332, 334, 541 & 144-Brattin, with SCS
7. SB 161-Coleman, with SCS
8. SB 166-Carter
9. SB 381-Thompson Rehder
10. SB 77-Black
11. SB 342-Trent
12. SB 374-Cierpiot, with SCS
13. SB 455-Roberts, with SCS
14. SB 440-Washington

15. SJR 46-Black
16. SB 185-Bernskoetter, with SCS
17. SB 7-Rowden, with SCS
18. SB 366-Crawford, with SCS
19. SB 337-Crawford
20. SB 367-Luetkemeyer
21. SJR 37-Cierpiot
22. SB 274-Trent
23. SB 412-Brown (26)
24. SJR 30-Brown (26), with SCS
25. SB 348-Trent
26. SB 519-Hoskins, with SCS
27. SB 319-Eigel, with SCS
28. SB 534-Black
29. SB 343-Razer
30. SB 160-Schroer and Coleman
31. SB 375-Cierpiot
32. SB 313-Mosley
33. SB 17-Arthur
34. SB 26-Brown (16)
35. SB 428-Carter
36. SJR 28-Carter
37. SB 553-Eslinger

HOUSE BILLS ON THIRD READING

1. HCS for HB 253 (Koenig) (In Fiscal Oversight)
2. HB 827-Christofanelli (Koenig) (In Fiscal Oversight)
3. HCS for HBs 133 & 583, with SCS (Hoskins) (In Fiscal Oversight)
4. HCS for HB 417, with SCS (Eslinger)
5. HB 447-Davidson (Thompson Rehder)
6. HCS for HBs 640 & 729, with SCS (Luetkemeyer) (In Fiscal Oversight)
7. HB 131-Griffith (Bernskoetter)
8. HCS for HB 909 (Brattin)
9. HB 202-Francis (Bean)
10. HCS for HB 467 (Crawford)
11. HB 644-Francis (Bean)
12. HCS for HB 154, with SCS (Koenig) (In Fiscal Oversight)
13. HB 283-Kelly (141), with SCS (Arthur)
14. HCS for HB 454 (Coleman)
15. HB 677-Copeland, with SCS (Brown (16))
16. HB 1010-Christofanelli (Trent)
17. HB 70-Dinkins (Brattin)
18. HB 415-O'Donnell, with SCS (Hough)
19. HCS for HBs 702, 53, 213, 216, 306 & 359 (Schroer) (In Fiscal Oversight)
20. HCS for HB 668, with SCS (Williams)
21. HCS for HB 316 (Bean) (In Fiscal Oversight)
22. HCS for HB 675 (In Fiscal Oversight)
23. HB 585-Owen, with SCS (Crawford) (In Fiscal Oversight)
24. HCS for HB 1019 (Trent)
25. HCS for HB 1152, with SCS (Cierpiot) (In Fiscal Oversight)
26. HCS for HB 631, with SCS (Bernskoetter) (In Fiscal Oversight)
27. HCS for HB 587 (Crawford)
28. HCS for HBs 971 & 970 (Crawford) (In Fiscal Oversight)
29. HCS for HBs 994, 52 & 984, with SCS (Luetkemeyer) (In Fiscal Oversight)
30. HCS for HB 475, with SCS (Roberts) (In Fiscal Oversight)
31. HCS for HB 88 (Bernskoetter)
32. HB 81-Veit, with SCS (Thompson Rehder) (In Fiscal Oversight)
33. HB 94, HCS HB 130 & HCS HBs 882 & 518-Schwadron, with SCS (Eigel) (In Fiscal Oversight)
34. HCS for HB 1015, with SCS (Bernskoetter)

INFORMAL CALENDAR

SENATE BILLS FOR PERFECTION

SB 5-Koenig, with SCS
SB 11-Crawford, with SCS, SS for SCS, SA 2 & SA 1 to SA 2 (pending)
SB 15-Cierpiot, with SS (pending)
SB 21-Bernskoetter, with SCS (pending)
SB 30-Luetkemeyer, with SS & SA 12 (pending)
SB 38-Williams, with SCS & SS for SCS (pending)
SB 44-Brattin
SBs 73 & 162-Trent, with SCS, SS for SCS & SA 2 (pending)
SB 74-Trent, with SCS, SS for SCS & SA 1 (pending)
SB 79-Schroer, with SCS
SB 81-Coleman, with SCS
SB 85-Carter, with SCS, SS for SCS & SA 1 (pending)
SBs 93 & 135-Hoskins, with SCS & SS for SCS (pending)
SB 95-Koenig, with SS & SA 2 (pending)
SB 105-Cierpiot, with SS & SA 2 (pending)
SB 110-Bernskoetter
SB 112-Hough
SB 117-Luetkemeyer, with SS, SA 1 & SA 1 to SA 1 (pending)
SB 136-Eslinger
SB 140-Bean, with SCS
SB 151-Fitzwater, with SA 2 (pending)
SB 152-Trent
SB 168-Brown (26), with SCS & SS for SCS (pending)
SB 180-Crawford
SB 184-Arthur, with SCS & SA 1 (pending)
SB 209-Bean, with SCS
SB 214-Beck, with SS & SA 2 (pending)
SB 228-Coleman, with SCS & SS for SCS (pending)
SB 234-Brown (26)
SB 256-Brattin, with SCS
SB 304-Eigel, with SS & SA 5 (pending)
SB 317-Eigel, with SCS, SS#2 for SCS & SA 1 (pending)
SB 355-Brown (16), with SCS
SB 360-Koenig, with SCS
SB 400-Schroer, with SS (pending)
SB 413-Hoskins, with SCS, SS for SCS, SA 3 & SA 2 to SA 3 (pending)
SJR 12-Cierpiot
SJR 14-Brown (16), with SS (pending)

HOUSE BILLS ON THIRD READING

HCS for HB 184, with SCS, SS for SCS & SA 1 (pending) (Brown (26))
HCS for HB 268, with SS#2, SA 1 & point of order (pending) (Hoskins)
HCS for HB 301, with SCS, SS for SCS & SA 6 (pending) (Luetkemeyer)
HB 730-C. Brown (Trent)
HCS for HBs 802, 807 & 886, with SCS, SA 1 & point of order (pending) (Thompson Rehder)

SENATE BILLS WITH HOUSE AMENDMENTS

SB 20-Bernskoetter, with HA 1, HA 2, HA 3, HA 4, HA 5, HA 6, HA 7, HA 9 & HA 10
SS for SCS for SB 72-Trent, with HCS, as amended
SS for SCS for SB 106-Arthur, with HCS, as amended
SS for SB 111-Bernskoetter, with HCS, as amended
SS for SB 139-Bean, with HA 1, HA 2, HA 3, HA 4, HA 5, HA 6, HA 7, HA 1 to HA 8, HA 8 as amended, HA 9, HA 1 to HA 11, HA 2 to HA 11, HA 11 as amended, HA 1 to HA 12, HA 12 as amended, HA 1 to HA 13, HA 2 to HA 13, HA 13 as amended, HA 14, HA 15 & HA 16
SCS for SB 187-Brown (16), with HCS, as amended
SCR 7-Bernskoetter, with HCS

BILLS IN CONFERENCE AND BILLS CARRYING REQUEST MESSAGES

In Conference

SB 28-Brown (16), with HA 2, HA 3, HA 4, HA 5, HA 6, HA 7, HA 8, HA 1 to HSA 1 for HA 9, HSA 1 for HA 9, as amended, HA 1 to HA 10, HA 10, as amended, HA 1 to HA 11, HA 2 to HA 11, HA 3 to HA 11 & HA 11, as amended
SS for SCS for SBs 45 & 90-Gannon, with HCS, as amended
SS for SCS for SB 127-Thompson Rehder and Carter, with HA 1, HA 2, HA 1 to HA 3, HA 3, as amended, HA 4, HA 1 to HA 5, HA 2 to HA 5 & HA 5, as amended
SB 186-Brown (16), with HCS, as amended
SS for SB 222-Trent, with HCS, as amended
SB 247-Brown (16), with HCS, as amended
HCS for HB 2, with SS for SCS (Hough)
HCS for HB 3, with SCS (Hough)
HCS for HB 4, with SCS (Hough)
HCS for HB 5, with SS for SCS (Hough)
HCS for HB 6, with SCS (Hough)
HCS for HB 7, with SCS (Hough)
HCS for HB 8, with SS for SCS (Hough)
HCS for HB 9, with SCS (Hough)
HCS for HB 10, with SCS (Hough)
HCS for HB 11, with SCS (Hough)
HCS for HB 12, with SS for SCS (Hough)
HCS for HB 13, with SCS (Hough)
HCS for HB 15, with SCS (Hough)
HCS for HBs 903, 465, 430 & 499, with SS for SCS, as amended (Brattin)
HCS for HJR 43, with SS#3 (Crawford)

Requests to Recede or Grant Conference

HCS for HB 655, with SS for SCS, as amended (Crawford) (House requests Senate recede or grant conference)

RESOLUTIONS

SR 22-Roberts
SR 390-Beck
SR 417-Hoskins

✓