

# LEGISLATIVE UPDATE

Issue 1, January 6, 2017

Office of Administration  
**GOVERNOR'S COUNCIL ON DISABILITY**  
PO Box 1668  
Jefferson City, MO 65102  
800-877-8249 (Voice/TTY)  
573-526-4109 (Fax)  
<http://disability.mo.gov/gcd/>



Welcome to the first issue of the 2017 Legislative Update with the 99th General Assembly. The *Legislative Update* will present a new bill by providing a summary description. When significant changes occur on the bill it will be summarized again. Any changes in bill status will be highlighted in **red** and an asterisk will be placed before the bill number.

- The *Legislative Update* issue number and current bill summary will be inserted each week along with the bill number, title, sponsor, and current status (includes the committee assigned, chair and vice chair of the committee). Online copies of the legislative updates will have a red hyperlink to take you to the description of the bill and sponsors.
- Each issue of the *Legislative Update* is available on the Governor's Council on Disability's website at <http://disability.mo.gov/gcd/>

Access to individual bill information is available on the Missouri Senate's website at <http://www.senate.mo.gov/BTSSearch/Default.aspx>

- A glossary of legislative terms can be found at [Missouri House of Representatives](#)
- Please contact our office (Laura.Mueth@oa.mo.gov) if you need a different format.
- To learn more about the legislative process consider attending the *Legislative Education Project* training or watching our online modules and videos.
- Governor's Council on Disability (GCD) welcomes your comments and suggestions. Your comments can be submitted online to the GCD website at <http://disability.mo.gov/myForm.htm> or call us at (800) 877-8249.

Bills are organized in the following categories:

- Assistive Technology
- Crime
- Education
- Employment
- Funding/Tax Relief
- Health Care and Personal Assistance
- Legal Rights and Responsibilities
- Mental Health
- Olmstead
- Safety/Prevention
- Services for people with Disabilities
- Other
- Appropriations

Note: When "incapacitated," "handicapped," appear in a bill description, it reflects the terminology of the legislation, not the Governor's Council on Disability.

## Abbreviations

HB .....	House of Representatives Bill
HA .....	House Amendment
HS .....	House Substitute
HR .....	House Resolution
HJR .....	House Joint Resolution
HCS .....	House Committee Substitute
SB .....	Senate Bill
SCS .....	Senate Committee Substitute
SA .....	Senate Amendment
SS .....	Senate Substitute
SR .....	Senate Resolution
SJR .....	Senate Joint Resolution
CCR .....	Conference Committee Report
CCS .....	Conference Committee Substitute

Most of the summaries are prepared by the Research Staff of the Missouri House of Representatives and are used by permission.

**ASSISTIVE TECHNOLOGY****HB 262 - Sommer**

Revises the definition of "service dog" to include animals that provide support or therapeutic functions for individuals with psychiatric or mental disabilities

This act adds "mental health service dog"/"psychiatric service dog" to the definition of a service dog. A mental health/psychiatric service dog is a dog individually trained for its owner who is diagnosed with a psychiatric disability, medical condition, or developmental disability to perform tasks that mitigate or assist with difficulties the including, but not limited to alerting or responding to episodes such as panic attacks and anxiety and performing other tasks directly related to the owner's psychiatric disability, medical condition, or developmental disability. It lists disabilities that would qualify under this act. They include but are not limited to: autism spectrum disorder, epilepsy, major depressive disorder, bipolar disorder, post traumatic stress disorder, anxiety disorder, obsessive compulsive disorder, and schizophrenia.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/19/16 Pre-filed (H)

**CRIME**

No pending legislation

**EDUCATION****HB 118 - Wood**

Changes the laws regarding elementary and secondary education

The sections related to students with disabilities involve unaccredited school districts paying for education and transportation costs for special education students.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/2/16 Pre-filed (H)

**SB 23 - Chappelle-Nadal**

Modifies several provisions relating to elementary and secondary education

Only sections related to students with disabilities are summarized.

All underperforming districts in St. Louis County are prohibited from promoting any student from the fifth grade to the sixth grade or from the eighth grade to the ninth grade who is two years or more below grade level as measured by quantifiable student performance data designated by the local district. However, this provision does not apply to any student with an individualized education program or any student with a Section 504 Plan. This act requires, beginning July 1, 2018, all public schools in the St. Louis City School District and Kansas City School District, including charter schools, to use a response-to-intervention tiered approach to reading instruction for students determined by their school to be struggling readers. At a minimum, the reading levels of students in kindergarten through tenth grade must be assessed at the beginning and middle of the school year. Students who score below district benchmarks must be provided with intensive, systemic reading instruction.

Beginning on January 1, 2018, and each January thereafter, each public school in the St. Louis City School District and Kansas City School District, including charter schools, must prepare a personalized learning plan for any kindergarten or first grade student whose most recent school-wide reading assessment result shows the student is below grade level. Certain exceptions exist from this requirement for students with an IEP or a Section 504 Plan. For any student with a personalized learning plan, the student's main teacher must consult with the student's parent or guardian about the plan and must have consent to implement it. If a student is still performing below grade level through the end of the first grade year, the school must refer him or her for assessment to determine if an IEP is necessary. If an IEP is not necessary, the personalized learning plan must

remain in place until the student is at grade level. Any student who is not reading at the second grade level in the St. Louis City School District and the Kansas City School District by the end of second grade may be promoted to third grade only if: the school provides additional reading instruction during the summer and demonstrates the student is ready for third grade at the end of summer school; if the school provides a "looping" classroom in which the student remains with the same teacher for multiple years and the student is not reading at the third grade level by the end of third grade, the student must be retained; or the student's parents or guardians may sign a notice that they prefer to have the student promoted except that the school will have final determination to retain.

The St. Louis City School District, the Kansas City School District, and each charter school located in them must provide in the annual school accountability report card the numbers and percentages by grade of any students at grade level who have been promoted but who have been determined as reading below grade level. School districts and charter schools subject to this requirement may provide for a student promotion and retention program and a reading instruction program that are equivalent to those which are described in this section with the oversight and approval of the Department of Elementary and Secondary Education.

When costs associated with the provision of special education and related services to a student with a disability exceed the tuition amount, the transfer student's district of residence is responsible for paying the excess costs to the receiving district. When the receiving district is a component district of a special school district, the transfer student's district of residence must contract with the special school district for the entirety of the costs to provide special education and related services, excluding transportation. The special school district may contract with a district operating an unaccredited school for the provision of transportation. A special school district must

continue to provide special education and related services, with the exception of transportation, to a student with a disability transferring from a district operating an unaccredited school within the same or a different component district. When the St. Louis City School District operates an unaccredited school, it is responsible for the provision of special education and related services, including transportation to students with disabilities. A special school district may contract with the St. Louis City School District, as described in the act.

Regardless of whether transportation is identified as a related service, a receiving district that is not part of a special school district is not responsible for providing transportation. A district operating an unaccredited school may contract with a receiving district that is not part of a special school district for transportation. When districts other than St. Louis City operate unaccredited schools, they may contract with a receiving district that is not part of a special school district for the reimbursement of special education services.

**Status:**

1/5/17 Second Read and Referred Education Committee (S)

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 58 - Sifton**

Modifies several provisions relating to elementary and secondary education

By July 1, 2018, the Department of Elementary and Secondary Education shall employ a dyslexia therapist, licensed psychometrist, licensed speech-language pathologist, certified academic language therapist, or certified training specialist to serve as the Department's dyslexia specialist. The duties and qualifications of the dyslexia specialist are set forth in the act. The dyslexia specialist shall also assist the Department with developing and administering professional development programs to be made available to school districts no later than the 2018-19 school year. All underperforming districts in St. Louis County, as described in the act,

are prohibited from promoting any student from the fifth grade to the sixth grade or from the eighth grade to the ninth grade who has not scored at the proficient level or above on the statewide assessments in the areas of English language arts and mathematics. However, this provision does not apply to any student with an individualized education program or any student with a Section 504 Plan. The act addresses the development of reading assessments and personalized learning plans. It also addresses transportation costs for students receiving special education services.

**Status:**

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 206 - Sifton**

Modifies the requirements for school anti-bullying policies

This act modifies the requirements for school anti-bullying policies. The definition of "bullying" is modified in the act. This act removes the requirement that policies not identify lists of protected classes of students.

School district policies must contain, at a minimum, the following components: a statement requiring district employees to report an instance of bullying of which he or she has firsthand knowledge, has reasonable cause to suspect that a student has been subject to bullying, or has received a report of bullying from a student; the district administration must notify the parents or guardians of the individual alleged in a report to be responsible for a bullying incident; a procedure for reporting an act of bullying, including anonymous reporting, as described in the act; a procedure for prompt investigations of reports of violations and complaints; how a school will respond to a confirmed incident of bullying; and a process for discussing the policy with students and training employees and volunteers, as described in the act. The policy must be reviewed annually for compliance with state and federal law. Any student alleging to be the target of an incident of bullying

who has completed all procedures required by the district's reporting policy and who continues to be subjected to bullying must be informed by the district that he or she may seek other remedies, including civil action and intervention by any other county, state, or federal agency or office that is empowered to act on behalf of the student. The State Board of Education must develop model antibullying policies to assist school districts no later than September 1, 2018, and has authority to promulgate rules and regulations under this act.

**Status:**

1/4/17 Introduced and First Read (S)

12/15/16 Pre-filed (S)

**SB 255 - Nasheed**

Creates the Every Child Can Learn Act to require turnaround options for certain underperforming schools, create personalized learning plans for certain students, address student promotion, and require letter grades for public schools

Only the section related to students with disabilities is summarized.

This act requires, beginning July 1, 2018, all public schools in the St. Louis City School District, including charter schools, to use a response-to-intervention tiered approach to reading instruction for students determined by their school to be struggling readers. At a minimum, the reading levels of students in kindergarten through tenth grade must be assessed at the beginning and middle of the school year. Students who score below district benchmarks must be provided with intensive, systemic reading instruction.

Beginning on January 1, 2018, and each January thereafter, each public school in the St. Louis City School District, including charter schools, must prepare a personalized learning plan for any kindergarten or first grade student whose most recent school-wide reading assessment result shows the student is below grade level. Certain exceptions exist from this requirement. For any student with a personalized learning plan, the student's main teacher must consult with the

student's parent or guardian about the plan and must have consent to implement it. If a student is still performing below grade level through the end of the first grade year, the school must refer him or her for assessment to determine if an IEP is necessary. If an IEP is not necessary, the personalized learning plan must remain in place until the student is at grade level.

Any student who is not reading at the second grade level by the end of second grade may be promoted to third grade only if: the school provides additional reading instruction during the summer and demonstrates the student is ready for third grade at the end of summer school; if the school provides a "looping" classroom in which the student remains with the same teacher for multiple years and the student is not reading at the third grade level by the end of third grade, the student must be retained; or the student's parents or guardians may sign a notice that they prefer to have the student promoted except that the school will have final determination to retain.

The St. Louis City School District and each charter school located in it must provide in the annual school accountability report card the numbers and percentages by grade of any students at grade level who have been promoted but who have been determined as reading below grade level.

**Status:**

1/5/17 Introduced and First Read (S)

**EMPLOYMENT**

**HB 167 - Peters**

Increases the state minimum wage to \$15 per hour

This act increases the minimum wage to \$15.00 per hour beginning January 1, 2018 and it will be increased or decreased in successive years as necessary.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/7/16 Pre-filed (H)

**SB 43 - Romine**

Modifies the law relating to unlawful discrimination

Currently, under the Missouri Human Rights Act (MHRRA), a practice is unlawful when the protected trait is a contributing factor in the decision to discriminate. This act changes that standard to a motivating factor standard. The plaintiffs in employment cases are one of two groups that have the burden of proving these standards. It modifies the definition of employer to exclude individuals acting in the interest of employers. It directs the courts to rely heavily on judicial interpretations of the Americans with Disabilities Act. The act states that parties can demand a jury trial and outlines the damage awards allowed.

**Status:**

1/5/17 Second Read (S)

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 254 - Nasheed**

Modifies the minimum wage laws

Upon voter approval, beginning January 1, 2018, this act raises the minimum wage from \$7.65 to \$10.00. The minimum tipped wage is also increased from 50% to 60% of the minimum wage. The act specifies that the cost of living adjustment applies each year regardless of whether the statutory minimum or federal minimum is used. The act increases a penalty for paying lower than minimum wage from the full amount of the wage rate to twice that amount as liquidated damages and lengthens the statute of limitations for bringing a claim from 2 to 3 years.

**Status:**

1/5/17 Introduced and First Read (S)

**FUNDING/TAX RELIEF**

**HB 105 - Love**

Repeals the sunset date for the Organ Donor Program Fund

This act repeals the Organ Donor Program Fund sunset date.

**Status:**

1/5/17 Second Read (H)  
 1/4/17 Introduced and First Read (H)  
 12/1/16 Pre-filed (H)

**HB 154 - Corlew**

Establishes a limit on residential property assessment increases for the elderly and disabled who own and live in their principal residence proportional to the increase of their Social Security benefit

This act states that for all property assessments conducted after December 31, 2017 the assessed valuation of primary residences of those who are elderly or have disabilities and who receive Social Security benefits will not increase by a greater percentage than the individual's Social Security benefits from the previous year. This does not apply if the assessed valuation increase is due to improvements made on the residence unless they were made to improve accessibility for someone with a physical disability. Individuals who qualify under this act must provide the county assessor with proof of age or disability before the next assessment. This act will sunset on December 31, 2023 unless it is re-authorized.

**Status:**

1/5/17 Second Read (H)  
 1/4/17 Introduced and First Read (H)  
 12/6/16 Pre-filed (H)

**HB 189 - Swan**

Creates an educational savings plan for K-12 educational expenses

This act creates the Missouri K-12 Educational Savings Program. It establishes an educational savings plan for K-12 educational expenses. One of the allowed expenses is educational therapies or services for a student in kindergarten or a higher grade who receives special education. The program will be run by a board. The act specifies who will be members of the board, the roles and responsibilities of the board, and outlines participation agreements.

**Status:**

1/5/17 Second Read (H)  
 1/4/17 Introduced and First Read (H)  
 12/9/16 Pre-filed (H)

**SB 32 - Emery**

Establishes the Missouri Empowerment Scholarship Accounts Program

The act establishes the MO Empowerment Scholarship Accounts Program. Starting in the 2017 tax year it allows a taxpayer to make a contribution to a qualifying educational assistance organization and claim a tax credit. The act outlines the requirements that must be met for an organization to qualify as an educational assistance organization under the act. Students are eligible to receive funds from the established accounts if they have a disability and have attended public school with certain circumstances or will be beginning kindergarten. Parents and guardians are allowed to only use the funds for certain educational expenses.

**Status:**

1/4/17 Introduced and First Read (S)  
 12/1/16 Pre-filed (S)

**SB 248 - Kraus**

Repeals the expiration date for tax refund contributions to the Organ Donor Program Fund This act repeals the expiration date on the tax refund contribution for the Organ Donor Program Fund.

**Status:**

1/5/17 Introduced and First Read (S)

**SJR 8 - Romine**

Exempts disabled veterans from real and personal property taxes

This constitutional amendment, if approved by the voters, exempts disabled veterans and special disabled veterans, as defined in the amendment, from real and personal property taxes for state, county, and local purposes.

**Status:**

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**HEALTH CARE/PERSONAL ASSISTANCE****HB 66 - Ruth**

Expands the newborn screening requirements to include spinal muscular atrophy (SMA) and Hunter syndrome

This act requires the Missouri Department of Health and Senior Services to expand newborn screenings administered in the state to include screenings for spinal muscular atrophy and Hunter's syndrome by January 1, 2019 if funds are appropriated.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/1/16 Pre-filed (H)

**HB 124 - Frederick**

Establishes the "Patients First Medicaid Reform Act"

This act requires the Department of Social Services to seek a waiver from the Centers for Medicare and Medicaid Services to receive federal funding as a five year block grant. The Department will establish MO HealthNet health savings accounts for recipients or their families with the state treasurer. Money will be deposited in each account in the amount required to purchase a high deductible policy and fund a portion of a health savings account. The act specifies what happens when a recipient becomes employed and what happens when there are unspent funds in a MO HealthNet savings account. The act allows recipients to request to be able to use a certain amount of money in the accounts for qualifying nonmedical expenses.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/2/16 Pre-filed (H)

**HB 144 - McGaugh**

Establishes the "Designated Health Care Decision-Maker Act"

This act designates a list of individuals who can make health care decisions for someone who is incapacitated and unable to receive and evaluate information or communicate decisions. It requires physicians and other health care providers to make reasonable efforts to inform designated health care decision makers as specified in the act. If there is disagreement from anyone listed in the list regardless of the individual's priority within the list or a health care facility or provider on whether health care should be provided or withdrawn the probate court can be petitioned for a temporary or permanent guardian order. It specifies actions that will disqualify an individual from being given priority to make decisions. It states what can and cannot be withheld while waiting for court proceedings or transfer to another facility. This act states that health care should not be denied based on the belief that extending the life of someone with a disability or terminal illness, or is elderly is of less value or a disagreement with how the decision maker views the tradeoff of extending life and risk of disability.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/5/16 Pre-filed (H)

**HB 211 - Redmon**

Changes provisions relating to the scope of practice for physical therapists

This bill changes the laws regarding physical therapists so that physical therapists no longer need a prescription or referral from a doctor in order to treat a patient. Instead, a physical therapist is only required to refer any patient whose medical condition is beyond the physical therapist's scope of practice to a medical doctor.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/13/16 Pre-filed (H)

**HB 268 - Brattin**

Requires all inmates receiving an on-site non-emergency medical examination or treatment from correctional center personnel to be charged 50 cents per visit

This act requires all inmates receiving on-site non-emergency medical examinations or treatments from correctional center personnel to be charged a 50 cent fee per visit unless it is for staff referred health care, staff approved follow-up treatment for chronic conditions, diagnoses or treatment of chronic infectious diseases, mental health care, substance abuse treatment, preventative health care, prenatal care, and emergency services. Inmates who cannot pay and are considered indigent will not be charged the fee.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/19/16 Pre-filed (H)

**HB 290 - Fitzpatrick**

Requires the Department of Social Services to apply for a global waiver for MO HealthNet

This act requires the Department of Social Services to apply for a global waiver for the MO HealthNet program designed to give the state greater flexibility to implement a patient-centered, sustainable, and cost-effective market-based health care system that emphasizes competitive and value-based purchasing. Such flexibility may include eligibility determinations that include work requirements for certain able-bodied adults, initiatives to promote healthy outcomes and personal responsibility, including co-payments, premiums, and health savings accounts; and accountability and transparency measures which promote interdepartmental cooperation and coordination and reduce redundancies. The measures should also promote cost-effective and efficient delivery of patient-centered physical and mental health services. It may also include proposing or accepting a federally capped block grant.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/20/16 Pre-filed (H)

**HB 395 - Adams**

Establishes the Missouri Universal Health Assurance Program to provide a publicly financed, statewide insurance program for all residents of the state

This act creates the "Missouri Universal Health Assurance Program" to provide a publicly financed insurance program statewide that will provide necessary comprehensive, health, mental health, and dental health services for all MO residents. The act outlines the goals of the program. Six advisory councils will assist the program board with developing a comprehensive health care plan for the state, a budget, and policies and procedures for program operation. They will also help develop a transportation plan to allow people with disabilities and others access to non-emergency health care services. The act specifies that each advisory council will have nine members who are appointed by the Governor and which groups the appointees will represent. The membership will include a medical director of a mental health facility and a person with a physical disability. The act details the membership of the Board of Governors. The act states that the board must always have two members who have disabilities as defined by the Americans with Disabilities Act. The act specifies how often the Board will meet and its responsibilities. It states what the state comprehensive health care plan will include. It states what will happen before the state plan is publicized. The Board will establish and administer the "Missouri Health Care Trust Fund." Appropriate moneys, as specified in the act, will be placed in the fund. The act also outlines other specifics in regards to the fund and accounts established within it. The act creates a fund within the State Treasury for the education and training of health professionals. The "Missouri Universal Health Assurance Program" is open to any MO resident regardless of pre-existing conditions. Individuals will not be charged an additional amount for services if the services were received from a



participating provider. The act outlines what will be deemed covered services. Individuals can choose any participating provider. The act establishes a health assurance tax based on income which would be effective after the receipt of waivers from the federal government.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

1/3/17 Pre-filed (H)

**HB 402 - Frederick**

Requires the Department of Social Services to apply for a global waiver for MO HealthNet

This act requires the Department of Social Services to apply for a global waiver for the MO HealthNet program designed to give the state greater flexibility to implement a patient-centered, sustainable, and cost-effective market-based health care system that emphasizes competitive and value-based purchasing. Such flexibility may include eligibility determinations that include work requirements for certain able-bodied adults, initiatives to promote healthy outcomes and personal responsibility, including co-payments, premiums, and health savings accounts; and accountability and transparency measures which promote interdepartmental cooperation and coordination and reduce redundancies. The measures should also promote cost-effective and efficient delivery of patient-centered physical and mental health services. It may also include proposing or accepting a federally capped block grant.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

**HB 437 - Neely**

Allows persons with certain serious medical conditions to use medical cannabis

This act allows people with serious conditions to use medical marijuana. Serious condition is defined as cancer, HIV, AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, rheumatoid arthritis,

fibromyalgia, severe migraines, Parkinson's disease, multiple sclerosis, spinal cord damage, epilepsy, inflammatory bowel disease, neuropathies, Huntington's disease, or certain specified symptoms or complications associated with the conditions listed above. This act provides that the Department of Health and Senior Services must issue a registration card to a person who provides a certification signed by a practitioner that the person or minor suffers from a serious condition and may benefit from treatment with medical marijuana, indicates the practitioner is qualified to treat the condition, states that the individual is under the practitioner's continuing care, and provides the form of marijuana the patient should consume, including the method of consumption, any particular strain, variety, quantity or percentage and the appropriate dosage.

**Status:**

1/5/17 Introduced and First Read (H)

**HB 440 - Kidd**

Establishes "Simon's Law", which changes the laws regarding life-sustaining or non-beneficial treatment policies of health care facilities

This bill establishes Simon's Law that changes the laws regarding life-sustaining treatment policies of health care facilities. A health care facility, nursing home, or physician must disclose in writing any policies relating to a patient or resident or the services that a patient or resident may receive involving life-sustaining or non-beneficial treatment within the health care facility or agency upon the request of a patient or resident or a prospective patient or resident. Upon admission or upon request, if the patient or resident or prospective patient or resident is a minor child or minor ward, the health care facility, nursing home, or physician in charge must provide the policies in writing to at least one parent or legal guardian of the patient or resident or prospective patient or resident. The bill prohibits a health care facility, nursing home, physician, nurse, or medical staff from withholding life-sustaining procedures, food, medication, or nutrition, or placing any restrictions on life-sustaining procedures including, but not limited to,

food, medication, or nutrition for any minor patient, resident, or ward without the written permission of at least one parent or legal guardian of the minor patient or ward. The institution of a do-not-resuscitate order or similar physician's order, either orally or in writing, is prohibited without the written permission of at least one parent or legal guardian of the minor patient or resident or prospective minor patient or resident. These provisions must not require a health care facility, nursing home, or physician to have a written policy relating to or involving life-sustaining or non-beneficial treatment for minor or adult patients, residents, or wards.

**Status:**

1/5/17 Introduced and First Read (H)

**SB 28 - Sater**

Requires the Department of Social Services to apply for a global waiver for MO HealthNet

Under this act, the Department of Social Services shall apply for a global waiver for the MO HealthNet program designed to give the state greater flexibility to implement a patient-centered, sustainable, and cost-effective market-based health care system that emphasizes competitive and value-based purchasing. Such flexibility may include: (1) eligibility determinations that include work requirements for certain able-bodied adults; (2) initiatives to promote healthy outcomes personal responsibility, including co-payments, premiums, and health savings accounts; and (3) accountability and transparency measures.

**Status:**

1/5/17 Second Read and Referred to Seniors,

Families and Children Committee (S)

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 56 - Holsman**

Allows marijuana to be produced, distributed, and consumed for medicinal purposes

This act allows the Department of Health and Senior Services to grant licenses for the cultivation,

manufacture, distribution, and sale of marijuana for medical use.

This resolution defines the responsibilities of the department in licensing businesses and facilities and certifying patients and allows the department to charge fees, limit the number of licenses issued, and the quantities of marijuana that may be possessed. The retail sale of medical marijuana would be subject to a four percent tax. The proceeds of the tax and fees collected under the marijuana program would be deposited in the Missouri Veterans' Health and Care Fund, which is created by this resolution. The fund is to be used to pay the expenses of the department in administering the marijuana program. Any excess proceeds are to be transferred to the Missouri Veterans Commission for health and care services for military veterans. This act prohibits the imposition of certain penalties against patients, laboratories, caregivers, attorneys, health care providers, including physicians, and other entities for participating in the medical marijuana program. This act specifies that criminal and civil penalties regarding certain unauthorized uses of marijuana would continue to apply even if the resolution was enacted.

**Status:**

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 96 - Sater**

Prohibits certain selective abortions relating to race, sex, race, or Down Syndrome

This act prohibits any person from performing or inducing an abortion on a woman if the person knows that the woman is seeking the abortion solely because of a prenatal diagnosis, test, or screening indicating Down Syndrome or the potential of Down Syndrome in an unborn child.

**Status:**

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 153 - Schaaf**

Permits the use of medical marijuana for the treatment of certain impairments

This act allows people with serious conditions to use medical marijuana. Serious condition is defined as cancer, HIV, AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, rheumatoid arthritis, fibromyalgia, severe migraines, Parkinson's disease, multiple sclerosis, spinal cord damage, epilepsy, inflammatory bowel disease, neuropathies, Huntington's disease, or certain specified symptoms or complications associated with the conditions listed above. Under current law, the Department must issue a registration card to a person who provides a statement signed by a neurologist that the person suffers from intractable epilepsy and may benefit from treatment with hemp extract. This act provides that the Department must issue a registration card to a person who provides a certification signed by a practitioner that the person suffers from a serious condition and may benefit from treatment with medical marijuana, indicates the practitioner is qualified to treat the condition, states that the individual is under the practitioner's continuing care, and provides the form of marijuana the patient should consume, including the method of consumption and the appropriate dosage. This act specifies that possession of or application for a registration card does not constitute probable cause to search the person or property of the person. Under this act, the Department is required to maintain a confidential list of people with registration cards. The list is confidential except in certain specified circumstances. Registrants must possess a form of medical marijuana that complies with the practitioner's certification. Under this act, a registrant may possess up to a 30-day supply of the medical marijuana dosage certified by the practitioner. During the last seven days of the 30-day period, the registrant may possess a 30-day supply for the following month as well. This act specifies certain provisions regarding seizure of medical marijuana, the liability of people being near the medical use of marijuana, and the rights of registrants with regard to routine traffic stops and employment. The act provides that the fraudulent

misrepresentation to an officer of any fact relating to the use of products containing medical marijuana in order to avoid arrest is a class D misdemeanor. This act prohibits a licensed medical marijuana grower from obtaining marijuana from outside the state, employing felons, and selling medical marijuana without verifying the validity of the buyer's registration card. Growers must clearly label marijuana products.

**Status:**

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 155 - Schaaf**

Modifies provisions relating to prescription drug co-payments

This act requires an enrollee in an HMO or health insurance plan to pay only the usual and customary retail price of a prescription drug if the co-payment applied by an HMO or health insurer exceeds the usual and customary retail price, and provides that there shall be no further charge to the enrollee or plan sponsor for such prescription.

**Status:**

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 168 - Schaaf**

Modifies provisions relating to health insurance discrimination

This act prevents health insurers offering group health insurance coverage from establishing rules for eligibility based on participation in employee wellness programs or blood testing.

**Status:**

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 203 - Sifton**

Relating to the MO HealthNet buy-in for workers with disabilities program

This act changes the Ticket to Work Health Assurance Program to the "MO HealthNet Buy-in for Workers with Disabilities Program". MO HealthNet Buy-In differs from the Ticket to Work Health Assurance Program in the following ways: (1) removes asset limits from qualification calculations; (2) modifies the income calculation from a net/gross calculation to a broader definition that would consider income for those disabled persons with incomes up to 300% of the federal poverty level, while retaining the requirement that persons with incomes over 100% of the federal poverty level pay a premium; (3) all earned income of a spouse shall be disregarded from income calculations; (4) if the Department elects to pay the person's costs of employer-sponsored health insurance, MO HealthNet assistance shall be provided as a secondary or supplemental policy; (5) the Department shall provide an annual report to the General Assembly concerning the number of participants and outreach and education efforts; and (6) the expiration provision for the program of August 29, 2019, has been removed.

**Status:**

1/4/17 Introduced and First Read (S)  
12/15/16 Pre-filed (S)

**LEGAL RIGHTS/RESPONSIBILITIES****HB 89 - Rehder**

Changes the laws regarding the priority of persons to be appointed guardian of an incapacitated person or conservator of a disabled person

This act states the court shall appoint and give priority to the individuals listed when appointing another guardian of an incapacitated person or another conservator of someone with a disability as long as they are qualified under the applicable statute and suitable. Prior to another eligible person being appointed, a court must determine that the guardian or conservator is deficient in his/her ability to serve in the role. If there is a claim that the guardian is deficient due to substandard living conditions, the Department of Health and Senior Services is required to conduct an investigation and submit a report prior to a determination. The finding must be that the living

conditions are dangerous or unsanitary and materially affect the life, health, or safety of the incapacitated individual in order for a priority individual to be deemed deficient due to substandard living conditions.

**Status:**

1/5/17 Second Read (H)  
1/4/17 Introduced and First Read (H)  
12/1/16 Pre-filed (H)

**HB 184 - Franks**

Requires the secretary of state to establish a system for automatic voter registration

This act requires the Secretary of State's office to establish a process for automatic voter registration based on driver's licenses to provide recommendations to local election authorities regarding automatic registration of eligible voters. The act instructs the Department of Revenue's Motor Vehicle and Driver Licensing Division to provide the Secretary of State's office with information so that recommendations can be made. No later than two months after election authorities receive the recommendations from the Secretary of State's office of who should be included on the existing lists, the election authorities will send a paid postcard to all recommended individuals to provide the opportunity for individuals to state they do not want to be registered to vote. If the postcard is returned, the individual's name will be removed. If it is not returned, the individual's name will be added to the list.

**Status:**

1/5/17 Second Read (H)  
1/4/17 Introduced and First Read (H)  
12/9/16 Pre-filed (H)

**MENTAL HEALTH****HB 227 - Hubrecht**

Establishes the Psychology Interjurisdictional Compact

This act establishes the Psychology Interjurisdictional Compact which regulates the temporary, in-person and face-to-face day-to-day

practice of tele-psychology by psychologists across state boundaries for a period of thirty days in a calendar year. It gives regulatory authorities authority to legally recognize psychologists licensed in another state. It also outlines the purposes of the Compact.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/15/16 Pre-filed (H)

**HB 329 - Morris**

Establishes the Tricia Leann Tharp Act, which requires certain pharmacists to receive two hours of continuing education on suicide prevention

This act requires all pharmacists employed at a licensed retail pharmacy to receive two hours of continuing education on suicide prevention during each license renewal period in order to renew a license. The Board of Pharmacy will develop guidelines for suitable training materials that can be used by schools of pharmacy, organizations, and courses approved by the American Council of Pharmaceutical Education. The requirement can be met through self-review of materials as long as they meet the guidelines established by the Board of Pharmacy. Schools of pharmacy may approve materials used for staff and employee training.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/27/16 Pre-filed (H)

**SB 52 - Nasheed**

Creates several provisions relating to suicide awareness and prevention

This act requires each public institution of higher education to develop and implement a policy to advise students and staff on suicide prevention programs available on and off campus that includes, but is not limited to crisis intervention access, mental health program access, multimedia application access, student communication plans, and post intervention plans. Such policy shall also

advise students, faculty, and staff of the proper procedures for identifying and addressing the needs of students exhibiting suicidal tendencies or behavior, and shall require training where appropriate. Each public institution of higher education shall provide all incoming students with information about depression and suicide prevention resources available to students. The information contained in such policy, in addition to any applicable free-of-cost prevention materials or programs, shall be posted on the websites of each public institution of higher education. Each public institution shall establish and maintain methods of anonymous reporting of unsafe, potentially harmful, dangerous, violent, or criminal activities, or the threat of such activities. Such methods shall ensure the anonymity of the reporting party.

**Status:**

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 221 - Riddle**

Authorizes legal counsel for the Department of Mental Health to have standing in certain hearings involving a person unable to stand trial due to a lack of mental fitness

This act provides that after a person accused of committing a crime has been committed to the Department of Mental Health due to lack of mental fitness to stand trial, the legal counsel for the Department shall have standing to participate in hearings regarding involuntary medications for the accused.

**Status:**

1/4/17 Introduced and First Read (S)

12/20/16 Pre-filed (S)

**SB 229 - Riddle**

Modifies the law relating to working hours for employees at certain mental health facilities

This act exempts the days on which Daylight Saving Time begins and ends from current law requirements that limit the number of hours a state

employee may work in a 24 hour period in certain secured mental health facilities.

**Status:**

1/4/17 Introduced and First Read (S)

12/20/16 Pre-filed (S)

**OLMSTEAD**

No pending legislation

**SAFETY/PREVENTION**

**HB 186 - Frederick**

Creates the Silver Alert System to aid in identifying and locating a missing endangered person

This act creates the Silver Alert System to aid in identifying and locating a missing endangered person, defined as a person who does not meet the criteria for an Amber alert, is missing under unexplained, involuntary, or suspicious circumstances; and is believed to be in danger because of age, guardianship, health, disability, environmental or weather conditions, or is in the company of a potentially dangerous person. A missing endangered person does not include a runaway. The Silver Alert System shall be set up and maintained in a manner similar to the Amber Alert System. The Department of Public Safety shall develop regions to provide the system and to coordinate local law enforcement agencies and public commercial television and radio broadcasters. Local law enforcement participation in the Silver Alert System is optional under this act.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/9/16 Pre-filed (H)

**HB 235 - Roden**

Specifies that only motorcycle riders under the age of eighteen operating with a motorcycle training permit shall wear a helmet and requires all other riders who wish to ride without a helmet to show proof of health insurance

This bill requires all motorcycle riders under eighteen years old and all riders who have a motorcycle training permit regardless of age to wear a helmet and requires all others who want to ride a motorcycle or motortricycle without a helmet to show proof of health insurance, a personal protections insurance policy or rider or another form of insurance providing first-party medical coverage in the amount of \$50,000 for any injuries sustained in a motorcycle accident.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/15/16 Pre-filed (H)

**HB 284 - Brown**

Prohibits anyone from using a hand-held electronic wireless communication device while driving unless the device is equipped for hands-free operation and is being used in that manner

This act prohibits making or participating in a phone call using a hand-held electronic wireless communication device while driving a non-commercial vehicle unless it is being done with hands-free operation or sending, reading or writing a text or other electronic message unless it is being done with voice-recognition hands-free texting.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/20/16 Pre-filed (H)

**HB 293 - Higdon**

Establishes the Fair Fare Passenger Safety Act that prohibits any person operating a motor vehicle for compensation from using a hand-held wireless device

This act establishes the "Fair Fare Passenger Safety Act of 2017." It prohibits the driver of any motor vehicle who is receiving compensation and is carrying at least one passenger from using a hand-held wireless device while driving. This includes sending or receiving texts, electronic messages, and phone calls with the device.

**Status:**

1/5/17 Second Read (H)  
 1/4/17 Introduced and First Read (H)  
 12/20/16 Pre-filed (H)

**HB 312 - Walker**

Restricts the use of handheld communications devices while driving unless the device is equipped for hands-free operation and is being used in that manner

This act prohibits using a hand-held electronic wireless communication device while driving a vehicle on any highway in Missouri. It includes reading, composing, viewing, or posting an electronic message, initiating, receiving, or conducting a conversation, and manually typing in to such a device. There are specific exceptions outlined in the act.

**Status:**

1/5/17 Second Read (H)  
 1/4/17 Introduced and First Read (H)  
 12/21/16 Pre-filed (H)

**HB 331 - Morris**

Changes the laws regarding vaccines

This act states beginning August 28, 2018 no public health clinic in the state will administer a vaccine containing mercury or other metal to any adult or child.

**Status:**

1/5/17 Second Read (H)  
 1/4/17 Introduced and First Read (H)  
 12/27/16 Pre-filed (H)

**HB 332 - Morris**

Changes the laws regarding vaccines and disorder monitoring

This act requires that after August 28, 2018, public health clinics in MO will only administer shingles vaccines with the highest possible immune response and that contain no foreign human DNA contaminants. It requires that public health clinics

only administer chicken pox vaccines that contain no foreign human DNA contaminants. The act also requires the MO Autism and Developmental Disabilities Monitoring Project to annually report on children with four and eight year old children with autism and developmental disabilities.

**Status:**

1/5/17 Second Read (H)  
 1/4/17 Introduced and First Read (H)  
 12/27/16 Pre-filed (H)

**HB 378 - Brown**

Prohibits text messaging while driving unless the device is equipped with technology allowing for hands-free texting and is being used in that manner

This act prohibits texting while driving by a driver of any age unless the device is being used in hands-free texting mode.

**Status:**

1/5/17 Second Read (H)  
 1/4/17 Introduced and First Read (H)  
 1/3/17 Pre-filed (H)

**HB 398 - McDaniel**

Establishes the Authorized Electronic Monitoring in Long-Term Care Facilities Act

This act establishes the "Authorized Electronic Monitoring in Long-Term Care Facilities Act." It allows a patient or a patient's representative to authorize the installation and use of a patient monitoring device in a residential care, assisted living, intermediate care, or skilled nursing facility as long as the facility is given notice of the installation, all costs are paid by the patient, and written consent is given by all patients occupying the room. All devices that have visual recordings will include a date and time for the recording. Patients will be allowed to set limits on its use. The option to have a monitoring device will be offered at the time of admission. The consent to authorize the installation of a device will include a liability release for the facility as it relates to the patient's privacy violation with the device. This act specifies

what should be included on the authorization form and that the form will be developed by the Department of Health and Senior Services. Individuals may change their decision at any time. The act also states that if the provisions outlined in the act are followed the recordings can be used in civil actions against the facility and is a defense against any action brought because of the presence of the device. Within six months of this act's effective date each facility will provide to each patient or surrogate a form outlining the act and providing the option for a monitoring device. The act instructs that notices be posted outside each room where a monitoring device is being used. The act also sets penalties for violating the act or hampering, obstructing, tampering with, or destroying a device or a recording.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

**SB 117 - Schupp**

Requires employee and volunteers of specified public and private institutions to receive an influenza vaccination every year

This act requires that all employees and volunteers of certain inspected health care facilities receive an influenza vaccination every year, three months prior to the flu season. Employees or volunteers beginning work during the flu season shall be vaccinated within two weeks of commencing work. The Department of Health and Senior Services shall not be required to pay for these vaccinations. Exemptions may be granted in specified situations. The Department may conduct vaccination inspections during any other inspection of the facility. Inspected facilities not in compliance will have an opportunity to be re-inspected within three months of the initial inspection. Failure to comply at that time will result in a fine which shall be applied to the costs of inspections and flu prevention education.

**Status:**

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 165 - Schupp**

Applies ban on using cell phones for text messaging while driving a motor vehicle to all drivers

This act applies the ban on use of hand-held cell phones to all drivers for the purposes of sending, reading, or writing text messages. Cell phones are permitted to be used by drivers in a hands-free voice activated mode.

**Status:**

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**SB 253 - Nasheed**

Modifies the prohibition on certain use of electronic wireless communication devices while operating a motor vehicle

Currently, only drivers under the age of 22 and drivers of commercial motor vehicles are prohibited from using hand-held cell phones to send, read, or write text messages or electronic messages. Drivers of commercial motor vehicles are further prohibited from using hand-held cell phones to make telephone calls. This act expands the ban on use of hand-held cell phones to all drivers for the purposes of sending, reading, or writing text messages or electronic messages and making telephone calls. Cell phones are permitted to be used by drivers in a hands-free or voice activated mode, which includes the use of a headset.

**Status:**

1/5/17 Introduced and First Read (S)

**SERVICES****HB 47 - Lichtenegger**

Requires health carriers to reimburse physical therapists in the same amount as licensed physical therapists for rendering the same services

This act states that the co-pays and reimbursement rates from health insurance companies for licensed physical therapists performing a service or procedure should be the same as any other



licensed physical therapist receives from a health insurance company regardless of the setting.

**Status:**

12/19/16 Withdrawn (H)

12/1/16 Pre-filed (H)

**HB 102 - Swan**

Provides that music therapists who have completed certain education and training requirements shall be deemed a certified music therapist by the Department of Elementary and Secondary Education for the purpose of providing certain services

This act states certified music therapists who have completed the education and clinical training requirements established by the American Music Therapy Association and passed the Certification Board for Music Therapists certification examination shall be deemed as certified by the department of elementary and secondary education for the purposes of providing services identified in an individualized family service plan in the first steps program.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/1/16 Pre-filed (H)

**HB 157 - Frederick**

Modifies provisions relating to physician referrals to physical therapists

This act exempts from the prohibition of physician referrals for physical therapy services entities with whom the physician has an ownership or investment relationship as long as the entity is compliant with federal law on limitations for physician referrals.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/6/16 Pre-filed (H)

**HB 165 - Hubrecht**

Changes provisions relating to advanced practice registered nurses

This bill changes the law regarding advanced practice registered nurses (APRNs). In its main provisions, the bill: (1) Requires an APRN to receive a certificate of controlled substance prescriptive authority before he or she can prescribe, administer, and dispense controlled substances under a collaborative practice arrangement; (2) Removes most existing requirements for collaborative practice arrangements and nullifies all additional regulations regarding collaborative practice arrangements; (3) Removes limitations on the number of APRNs with whom a physician may enter into a collaborative practice arrangement; (4) Redefines "advanced practice registered nurse" to be a person who is licensed under the provisions of Chapter 335, RSMo, to engage in the practice of advanced practice nursing. The bill creates a scope of practice for an APRN and lists four APRN roles, including certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, and certified registered nurse anesthetist; and (5) Permits the Board of Nursing within the Department of Insurance, Financial Institutions and Professional Registration to grant a certificate of controlled substance prescriptive authority to an APRN to administer, dispense, or prescribe controlled substances in Schedules III, IV, and V and Schedule II-hydrocodone within the parameters of a collaborative practice arrangement with certain limitations.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/7/16 Pre-filed (H)

**HB 209 - Wiemann**

Specifies that licensed chiropractic physicians may treat and be reimbursed for conditions currently reimbursed under MO HealthNet

This act allows chiropractic physicians to be reimbursed by MO HealthNet for the treatment of

conditions within their scope of practice and that are reimbursable by MO HealthNet.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/12/16 Pre-filed (H)

**HB 244 - Rowland**

Modifies laws relating to advanced practice registered nurses in collaborative practice agreements

This act removes the geographic proximity exception for rural health clinics and allows the geographic proximity to be waived in any circumstance. It also increases the number of advanced practice registered nurses a physician can enter into a collaborative practice agreement with from three to five.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/19/16 Pre-filed (H)

**HB 298 - Lichtenegger**

Specifies the minimum reimbursement amount for covered physical therapy services delivered under health benefit plans

This act states that beginning January 1, 2018 the minimum reimbursement amount for covered physical therapy services paid to a physical therapy provider under a health benefit plan should not be less than the minimum payment schedule. It also states how the minimum payment schedule will be determined.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/20/16 Pre-filed (H)

**HB 429 - Cornejo**

Modifies provisions relating to physician referrals to physical therapists

This act exempts from the prohibition of physician referrals for physical therapy services entities with whom the physician has an ownership or investment relationship as long as the entity is compliant with federal law on limitations for physician referrals.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

**HB 455 - Bahr**

Allows structured family caregiving as a covered service under MO HealthNet, subject to the approval of federal waivers

This act adds structured family caregiving to the covered home and community-based waiver services in the MO aged and disabled adult waiver and the independent living waiver. It would include a choice of caregivers including family caregivers, a choice of community settings where the service is provided. Other requirements are outlined in the act. It instructs the MO HealthNet Division to apply to the U.S. Secretary of Health and Human Services for amendments to the necessary waivers within thirty days of this becoming effective. The effective date requested will be no later than July 1, 2018.

**Status:**

1/5/17 Introduced and First Read (H)

**HB 481 - Fitzwater**

Establishes a language assessment program for children from birth through the age of eight who are deaf or hard of hearing

This act establishes a language assessment program for children who are deaf or hard of hearing from birth through the age of 8. The program will be coordinated by the Missouri Commission for the Deaf and Hard of Hearing. Starting on July 1, 2019, annual language assessments shall be given to children who are under 9 years of age and who are deaf or hard of hearing. The assessments shall be provided either through early intervention services administered by

the commission or through the child's school district provided the child is 3 years or older. An advisory committee on the language assessment program is established under the commission. The Department of Elementary and Secondary Education, the Department of Health and Senior Services, and the State School for the Deaf shall enter into interagency agreements with the commission to share statewide aggregate data. On or before January 31, 2019, and each January thirty-first thereafter, the commission shall publish a report specific to developmental milestones of children who are deaf or hard of hearing.

**Status:**

1/5/17 Introduced and First Read (H)

**SB 51 - Walsh**

Establishes a language assessment program for children who are deaf or hard of hearing from birth through the age of eight

This act establishes a language assessment program for children who are deaf or hard of hearing from birth through the age of 8. The program will be coordinated by the Missouri Commission for the Deaf and Hard of Hearing. Starting on July 1, 2019, annual language assessments shall be given to children who are under 9 years of age and who are deaf or hard of hearing. The assessments shall be provided either through early intervention services administered by the commission or through the child's school district provided the child is 3 years or older. An advisory committee on the language assessment program is established under the commission. The Department of Elementary and Secondary Education, the Department of Health and Senior Services, and the State School for the Deaf shall enter into interagency agreements with the commission to share statewide aggregate data. On or before January 31, 2019, and each January thirty-first thereafter, the commission shall publish a report specific to developmental milestones of children who are deaf or hard of hearing.

**Status:**

1/4/17 Introduced and First Read (S)

12/1/16 Pre-filed (S)

**OTHER****HB 28 - Pike**

Designates the month of November as "Diabetes Awareness Month" in Missouri

This bill designates November as "Diabetes Awareness Month" in Missouri. Citizens are encouraged to engage in events and activities to promote awareness of diabetes.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

12/1/16 Pre-filed (H)

**HB 390 - Vescovo**

Designates March as "Von Willebrand Awareness Month

This act designates March as "Von Willebrand Awareness Month" and encourages MO citizens to engage in activities and events which increase awareness.

**Status:**

1/5/17 Second Read (H)

1/4/17 Introduced and First Read (H)

**APPROPRIATIONS**

No pending legislation