

SECOND REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
SENATE SUBSTITUTE FOR  
**SENATE BILL NO. 580**  
**100TH GENERAL ASSEMBLY**

3142H.06C

DANA RADEMAN MILLER, Chief Clerk

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**AN ACT**

To repeal sections 160.514, 161.502, 190.092, 190.094, 190.100, 190.105, 190.143, 190.196, 190.606, 190.612, 191.775, 191.1145, 192.2000, 192.2150, 195.030, 195.070, 197.305, 197.318, 208.175, 208.895, 332.181, 332.261, 334.036, 334.075, 334.150, 334.507, 336.080, 337.050, 338.013, 338.200, 376.1345, 579.040, and 579.076, RSMo, and to enact in lieu thereof sixty-nine new sections relating to health care, with penalty provisions, an emergency clause for a certain section, and a delayed effective date for a certain section.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Sections 160.514, 161.502, 190.092, 190.094, 190.100, 190.105, 190.143, 190.196, 190.606, 190.612, 191.775, 191.1145, 192.2000, 192.2150, 195.030, 195.070, 197.305, 197.318, 208.175, 208.895, 332.181, 332.261, 334.036, 334.075, 334.150, 334.507, 336.080, 337.050, 338.013, 338.200, 376.1345, 579.040, and 579.076, RSMo, are repealed and sixty-nine new sections enacted in lieu thereof, to be known as sections 9.152, 9.166, 9.182, 9.309, 42.145, 135.690, 143.1160, 160.514, 161.502, 190.092, 190.094, 190.100, 190.105, 190.143, 190.196, 190.606, 190.612, 190.1005, 191.116, 191.255, 191.775, 191.1145, 191.1160, 191.1601, 191.1603, 191.1604, 191.1605, 191.1606, 191.1607, 192.2000, 192.2150, 195.030, 195.070, 195.815, 196.1170, 197.305, 197.318, 198.610, 198.612, 198.614, 198.616, 198.618, 198.620, 198.622, 198.624, 198.626, 198.628, 198.630, 198.632, 208.175, 208.895, 302.205, 332.181, 332.261, 334.036, 334.075, 334.150, 334.507, 334.1000, 334.1005, 336.080, 337.050, 338.013, 338.200, 376.455, 376.1345, 376.1590, 579.040, and 579.076, to read as follows:

**9.152. The month of May is hereby designated as "Mental Health Awareness Month". The citizens of this state are encouraged to participate in appropriate awareness**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

3 and educational activities that emphasize the importance of good mental health and the  
4 effects of mental illness on Missourians.

9.166. The month of July shall be known as "Minority Mental Health Awareness  
2 Month". The citizens of this state are encouraged to observe the month with appropriate  
3 events and activities to raise awareness of the effects of mental illness on minorities.

9.182. The month of September shall be designated as "Deaf Awareness Month"  
2 and the last week of September shall be designated as "Deaf Awareness Week" in  
3 Missouri. The citizens of this state are encouraged to participate in appropriate activities  
4 and events to commemorate the first World Congress of the World Federation of the Deaf  
5 in 1951 and to increase awareness of deaf issues, people, and culture.

9.309. The month of April is hereby designated as "Limb Loss Awareness Month"  
2 in Missouri. Citizens of this state are encouraged to engage in appropriate events and  
3 activities to spread awareness about limb loss and limb difference.

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

2 (1) "Care facility", a skilled nursing facility, as defined under section 198.006;

3 (2) "Eligible veteran", any veteran who is approved for admission into the Missouri  
4 veterans' home nearest to the veteran's residence under section 42.105 but who has not  
5 been admitted to a Missouri veterans' home due to a lack of vacancy, resides at a location  
6 where there are no vacancies at a care facility that has contracted with the Department of  
7 Veterans Affairs for the care of veterans within fifty miles, meets the requirements for  
8 admission to such care facility, and has not been notified by the commission of a relevant  
9 vacancy;

10 (3) "Veteran housing cost", the average cost paid by the state of Missouri to house  
11 one veteran in a Missouri veterans' home for one month, as determined by the commission.

12 2. An eligible veteran may elect to receive, and the commission shall issue, a  
13 monthly voucher to be used to pay for room and board costs of any care facility licensed  
14 under sections 198.003 to 198.189. The amount of the voucher shall be equal to the veteran  
15 housing cost. Vouchers shall be issued monthly or at a longer interval chosen by the  
16 commission, so long as veterans residing at a care facility can pay room and board costs  
17 in a timely manner. The issuance of a voucher shall not affect any eligible veteran's  
18 position in the queue for a Missouri veterans' home vacancy.

19 3. The commission shall inform veterans who are eligible for housing under section  
20 42.105 that they are also eligible to receive a voucher for a care facility of their choosing  
21 under this section.

22 4. The commission shall promulgate rules to implement the provisions of this  
23 section. Any rule or portion of a rule, as that term is defined in section 536.010, that is

24 created under the authority delegated in this section shall become effective only if it  
25 complies with and is subject to all of the provisions of chapter 536 and, if applicable,  
26 section 536.028. This section and chapter 536 are nonseverable, and if any of the powers  
27 vested with the general assembly pursuant to chapter 536 to review, to delay the effective  
28 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the  
29 grant of rulemaking authority and any rule proposed or adopted after August 28, 2020,  
30 shall be invalid and void.

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

2 (1) "Community-based faculty preceptor", a physician or physician assistant who  
3 is licensed in Missouri and provides preceptorships to a Missouri medical student or  
4 physician assistant student without direct compensation for the work of precepting;

5 (2) "Division", the Missouri division of professional registration of the Missouri  
6 department of commerce and insurance;

7 (3) "Federally Qualified Health Center (FQHC)", a reimbursement designation  
8 from the Bureau of Primary Health Care and the Centers for Medicare and Medicaid  
9 Services of the United States Department of Health and Human Services;

10 (4) "Medical student", an individual enrolled in a Missouri medical college  
11 approved and accredited as reputable by the American Medical Association or the Liaison  
12 Committee on Medical Education or enrolled in a Missouri osteopathic college approved  
13 and accredited as reputable by the American Osteopathic Association;

14 (5) "Medical student core preceptorship" or "physician assistant student core  
15 preceptorship", a preceptorship for a medical student or physician assistant student that  
16 provides a minimum of one hundred twenty hours of community-based instruction in  
17 family medicine, internal medicine, pediatrics, psychiatry, or obstetrics and gynecology,  
18 under the guidance of a community-based faculty preceptor, and provided in a rural area  
19 as defined in this subsection or with a Missouri FQHC. A community-based faculty  
20 preceptor may add together the amounts of preceptorship instruction time separately  
21 provided to multiple students in determining whether he or she has reached the minimum  
22 hours required under this subdivision, but the total preceptorship instruction time  
23 provided must equal at least one hundred twenty hours in order for such preceptor to be  
24 eligible for this tax credit authorized under this section;

25 (6) "Physician assistant student", an individual participating in a Missouri  
26 physician assistant program accredited by the Commission on Accreditation of Allied  
27 Health Education Programs or its successor organization;

28 (7) "Rural Area", a county that does not have a population density greater than  
29 one hundred fifty persons per square mile and any county that contains at least part of the

30 central city of any Metropolitan Statistical Area (MSA) based on applicable guidelines  
31 published by the United States Census Bureau;

32 (8) "Taxpayer", any individual, firm, partner in a firm, corporation, or  
33 shareholder in an S corporation doing business in this state and subject to the state income  
34 tax imposed under chapter 143, excluding withholding tax imposed under sections 143.191  
35 to 143.265.

36 2. (1) Beginning January 1, 2021, any community-based faculty preceptor who  
37 serves as the community-based faculty preceptor for a medical student core preceptorship  
38 or a physician assistant student core preceptorship shall be allowed a credit against the tax  
39 otherwise due under chapter 143, excluding withholding tax imposed under sections  
40 143.191 to 143.265, in an amount equal to one thousand dollars for each preceptorship, up  
41 to a maximum of three thousand dollars per tax year, if he or she completes up to three  
42 preceptorship rotations during the tax year and did not receive any direct compensation  
43 for the preceptorships.

44 (2) To receive the credit allowed by this section, a community-based faculty  
45 preceptor shall claim such credit on his or her return for the tax year in which he or she  
46 completes the preceptorship rotations and shall submit supporting documentation as  
47 prescribed by the division.

48 (3) In no event shall the total amount of a tax credit authorized under this section  
49 exceed a taxpayer's income tax liability for the tax year for which such credit is claimed.  
50 No tax credit authorized under this section shall be allowed a taxpayer against his or her  
51 tax liability for any prior or succeeding tax year.

52 (4) No more than two hundred preceptorship tax credits shall be authorized by the  
53 division under this section for any one calendar year. The tax credits shall be awarded on  
54 a first-come, first-served basis. The division shall promulgate rules for determining the  
55 manner in which taxpayers who have obtained certification under this section are able to  
56 claim the tax credit. To the greatest extent possible consistent with the provisions of this  
57 subdivision, community-based faculty preceptors who provide preceptorships in rural  
58 areas of Missouri shall be given first priority for awards of the tax credit. The cumulative  
59 amount of tax credits awarded under this section shall not exceed two hundred thousand  
60 dollars per year.

61 (5) Notwithstanding the provisions of subdivision (4) of this subsection, the division  
62 is authorized to exceed the two hundred thousand dollar per year tax credit program cap  
63 in any amount not to exceed the amount of funds remaining in the Medical Preceptor  
64 Fund, as established under subsection 3 of this section, as of the end of the most recent tax

65 year, after any required transfers to the general revenue fund have taken place in  
66 accordance with the provisions of subsection 3 of this section.

67 3. (1) Funding for the tax credit program authorized under this section shall be  
68 generated from a license fee increase of seven dollars per license for physicians and  
69 surgeons and from a license fee increase of three dollars per license for physician  
70 assistants. The license fee increases shall take effect as of January 1, 2021, based on the  
71 underlying license fee rates prevailing on that date. The underlying license fee rates shall  
72 be determined under section 334.090 and all other applicable provisions of chapter 334.

73 (2) (a) There is hereby created in the state treasury the "Medical Preceptor Fund",  
74 which shall consist of moneys collected under this subsection. The state treasurer shall be  
75 custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer  
76 may approve disbursements. The fund shall be a dedicated fund and, upon appropriation,  
77 moneys in the fund shall be used solely by the division for the administration of the tax  
78 credit program authorized under this section. Notwithstanding the provisions of section  
79 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall  
80 not revert to the credit of the general revenue fund. The state treasurer shall invest  
81 moneys in the medical preceptor fund in the same manner as other funds are invested.  
82 Any interest and moneys earned on such investments shall be credited to the fund.

83 (b) Notwithstanding any provision of this chapter or any other provision of law to  
84 the contrary, all revenue from the license fee increases described under subdivision (1) of  
85 this subsection shall be deposited in the medical preceptor fund. After the end of every tax  
86 year, an amount equal to the total dollar amount of all tax credits claimed under this  
87 section shall be transferred from the medical preceptor fund to the state's general revenue  
88 fund established under section 33.543. Any excess moneys in the medical preceptor fund  
89 shall remain in the fund and shall not be transferred to the general revenue fund.

90 4. (1) The division shall administer the tax credit program authorized under this  
91 section and certify rotations for the tax credit. Each taxpayer claiming a tax credit under  
92 this section shall file an affidavit with his or her income tax return, affirming that he or she  
93 is eligible for the tax credit.

94 (2) No amount of any tax credit allowed under this section shall be refundable. No  
95 tax credit allowed under this section shall be transferred, sold, or assigned. No taxpayer  
96 shall be eligible to receive the tax credit authorized under this section if such taxpayer  
97 employs persons who are not authorized to work in the United States under federal law.

98 5. The department of commerce and insurance and the department of revenue shall  
99 jointly promulgate rules to implement the provisions of this section. Any rule or portion  
100 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, 2020, shall be invalid and void.

**143.1160. 1. As used in this section, the following terms mean:**

(1) "Account holder", the same meaning as that term is defined in section 191.1603;

(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) "Eligible expenses", the same meaning as that term is defined in section 191.1603;

(4) "Long-term dignity savings account", the same meaning as that term is defined in section 191.1603;

(5) "Qualified beneficiary", the same meaning as that term is defined in section 191.1603;

(6) "Taxpayer", any individual who is a resident of this state and subject to the income tax imposed under this chapter, excluding withholding tax imposed under sections 143.191 to 143.265.

2. For all tax years beginning on or after January 1, 2021, a taxpayer shall be allowed a deduction of one hundred percent of a participating taxpayer's contributions to a long-term dignity savings account in the tax year of the contribution. Each taxpayer claiming the deduction under this section shall file an affidavit with the income tax return verifying the amount of their contributions. The amount of the deduction claimed shall not exceed the amount of the taxpayer's Missouri adjusted gross income for the tax year that the deduction is claimed, and shall not exceed four thousand dollars per taxpayer claiming the deduction, or eight thousand dollars if married filing combined.

3. Income earned or received as a result of assets in a long-term dignity savings account shall not be subject to state income tax imposed under this chapter. The exemption under this section shall apply only to income maintained, accrued, or expended pursuant to the requirements of sections 191.1601 to 191.1607, and no exemption shall apply to assets and income expended for any other purpose. The amount of the deduction claimed shall not exceed the amount of the taxpayer's Missouri adjusted gross income for the tax year the deduction is claimed.

30           **4. If any deductible contributions to or earnings from any such programs referred**  
31 **to in this section are distributed and not used to pay for eligible expenses or are not held**  
32 **for the minimum length of time under subsection 2 of section 191.1605, the amount so**  
33 **distributed shall be added to the Missouri adjusted gross income of the account holder or,**  
34 **if the account holder is not living, the qualified beneficiary, in the year of distribution.**

35           **5. The department of revenue shall promulgate rules to implement the provisions**  
36 **of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that**  
37 **is created under the authority delegated in this section shall become effective only if it**  
38 **complies with and is subject to all of the provisions of chapter 536 and, if applicable,**  
39 **section 536.028. This section and chapter 536 are nonseverable, and if any of the powers**  
40 **vested with the general assembly pursuant to chapter 536 to review, to delay the effective**  
41 **date, or to disapprove and annul a rule are subsequently held unconstitutional, then the**  
42 **grant of rulemaking authority and any rule proposed or adopted after August 28, 2020,**  
43 **shall be invalid and void.**

44           **6. Under section 23.253 of the Missouri sunset act:**

45           **(1) The provisions of the new program authorized under this section shall**  
46 **automatically sunset on December thirty-first four years after August 28, 2020, unless**  
47 **reauthorized by an act of the general assembly;**

48           **(2) If such program is reauthorized, the program authorized under this section**  
49 **shall automatically sunset on December thirty-first four years after the effective date of the**  
50 **reauthorization of this section; and**

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

160.514. 1. By rule and regulation, and consistent with the provisions contained in  
2 section 160.526, the state board of education shall adopt no more than seventy-five academic  
3 performance standards which establish the knowledge, skills, and competencies necessary for  
4 students to successfully advance through the public elementary and secondary education system  
5 of this state; lead to or qualify a student for high school graduation; prepare students for  
6 postsecondary education or the workplace or both; and are necessary in this era to preserve the  
7 rights and liberties of the people.

8           2. Whenever the state board of education develops, evaluates, modifies, or revises  
9 academic performance standards or learning standards, it shall convene work groups composed  
10 of education professionals to develop and recommend such academic performance standards or  
11 learning standards. Separate work groups composed of education professionals shall be  
12 convened for the following subject areas: English language arts; mathematics; science; and  
13 history and governments. The subject area of history and governments shall incorporate

14 geography and the history and governments of the United States and the world. For each subject  
15 area in which the state board of education develops, evaluates, modifies, or revises academic  
16 performance standards or learning standards, the state board shall convene two separate work  
17 groups, one work group for standards for grades kindergarten through five consisting of sixteen  
18 members and a second work group for standards for grades six through twelve consisting of  
19 seventeen members. A person may be selected to serve on more than one work group if ~~[he or~~  
20 ~~she]~~ **the person** is qualified. No work group member shall be required to be a member of a  
21 professional teacher association. An education professional serving on a work group shall be a  
22 Missouri resident for at least three years and have taught in the work group's subject area for at  
23 least ten years or have ten years of experience in that subject area~~], except for the parents~~  
24 ~~appointed by the president pro tempore of the senate and the speaker of the house of~~  
25 ~~representatives].~~ Work group members shall be chosen in such a manner as to represent the  
26 geographic diversity of the state.

27 3. ~~[Work group members shall be selected in the following manner:~~

28 ~~—— (1) Two parents of children currently enrolled in grades kindergarten through twelve~~  
29 ~~shall be selected by the president pro tempore of the senate;~~

30 ~~—— (2) Two parents of children currently enrolled in grades kindergarten through twelve~~  
31 ~~shall be selected by the speaker of the house of representatives;~~

32 ~~—— (3) One education professional selected by the state board of education from names~~  
33 ~~submitted to it by the professional teachers' organizations of the state;~~

34 ~~—— (4) One education professional selected by a statewide association of Missouri school~~  
35 ~~boards;~~

36 ~~—— (5) One education professional selected by the state board of education from names~~  
37 ~~submitted to it by a statewide coalition of school administrators;~~

38 ~~—— (6) Two education professionals selected by the president pro tempore of the senate in~~  
39 ~~addition to the members selected under subdivision (1) of this subsection;~~

40 ~~—— (7) Two education professionals selected by the speaker of the house of representatives~~  
41 ~~in addition to the members selected under subdivision (2) of this subsection;~~

42 ~~—— (8) One education professional selected by the governor;~~

43 ~~—— (9) One education professional selected by the lieutenant governor;~~

44 ~~—— (10) One education professional selected by the commissioner of higher education;~~

45 ~~—— (11) One education professional selected by the state board of education from names~~  
46 ~~submitted to it by nationally recognized career and technical education student organizations~~  
47 ~~operating in Missouri; and~~



48 ~~———— (12) One education professional selected by the state board of education from names~~  
49 ~~submitted to it by the heads of state-approved baccalaureate-level teacher preparation programs~~  
50 ~~located in Missouri.~~

51

52 ~~The state board of education shall also appoint to each work group for grades six through twelve~~  
53 ~~from names submitted to it by a statewide organization for career and technical education one~~  
54 ~~current or retired career and technical education professional who also serves or served as an~~  
55 ~~advisor to any of the nationally recognized career and technical education student organizations~~  
56 ~~identified in subdivision (4) of subsection 2 of section 178.550]~~ **Work group members shall**  
57 **include, but not be limited to educators providing instruction in prekindergarten through**  
58 **twelfth grade, members of statewide parent's organizations, education professionals**  
59 **representing school principals, administrators, and school boards, representatives from the**  
60 **department of higher education and workforce development, institutions of higher**  
61 **education, and the department of elementary and secondary education.**

62 4. The state board of education shall hold ~~[at least three]~~ public hearings whenever it  
63 develops, evaluates, modifies, or revises academic performance standards or learning standards.  
64 The hearings shall provide an opportunity to receive public testimony, including but not limited  
65 to testimony from educators at all levels in the state, local school boards, parents, representatives  
66 from business and industry, labor and community leaders, members of the general assembly, and  
67 general public. ~~[The state board of education shall hold the first hearing within thirty days of the~~  
68 ~~work groups being convened. The state board of education shall hold the second hearing~~  
69 ~~approximately six months after it holds the first hearing. The state board of education shall hold~~  
70 ~~the third hearing when the work groups submit the academic performance standards they have~~  
71 ~~developed to the state board.]~~ The state board of education shall also solicit comments and  
72 feedback on the academic performance standards or learning standards from the joint committee  
73 on education and from academic researchers. All comments shall be made publicly available.

74 5. The state board of education shall develop written curriculum frameworks that may  
75 be used by school districts. Such curriculum frameworks shall incorporate the academic  
76 performance standards adopted by the state board of education pursuant to subsection 1 of this  
77 section. The curriculum frameworks shall provide guidance to school districts but shall not be  
78 mandates for local school boards in the adoption or development of written curricula as required  
79 by subsection 6 of this section.

80 6. Not later than one year after the development of written curriculum frameworks  
81 pursuant to subsection 5 of this section, the board of education of each school district in the state  
82 shall adopt or develop a written curriculum designed to ensure that students attain the  
83 knowledge, skills, and competencies established pursuant to subsection 1 of this section. Local

84 school boards are encouraged to adopt or develop curricula that are rigorous and ambitious and  
85 may, but are not required to, use the curriculum frameworks developed pursuant to subsection  
86 5 of this section. Nothing in this section or this act shall prohibit school districts, as determined  
87 by local boards of education, to develop or adopt curricula that provide for academic standards  
88 in addition to those identified by the state board of education pursuant to subsection 1 of this  
89 section.

90 7. Local school districts and charter schools may adopt their own education standards,  
91 in addition to those already adopted by the state, provided the additional standards are in the  
92 public domain and do not conflict with the standards adopted by the state board of education.

93 **8. The state board of education shall amend the existing health or physical**  
94 **education academic performance standards, learning standards, and curriculum**  
95 **frameworks to include evidence-based instruction on the use and effects of vapor products,**  
96 **as such term is defined in section 407.925, in any instruction or standard relating to the use**  
97 **and effects of tobacco products. All future health or physical education academic**  
98 **performance standards, learning standards, and curriculum frameworks developed,**  
99 **evaluated, modified, or revised by the state board shall include evidence-based instruction**  
100 **on the use and effects of vapor products as described in this subsection.**

161.502. As used in sections 161.500 to 161.508, the following terms mean:

2 (1) "Department", the department of elementary and secondary education;

3 (2) "Drugs" includes, but is not limited to:

4 (a) All controlled substances defined in chapter 195; ~~and~~

5 (b) Alcoholic beverages;

6 (c) Tobacco products as defined in section 407.925; and

7 (d) Any vapor product as defined in section 407.925.

190.092. 1. This section shall be known and may be cited as the "Public Access to  
2 Automated External Defibrillator Act".

3 2. A person or entity that acquires an automated external defibrillator shall:

4 (1) Comply with all regulations governing the placement of an automated external  
5 defibrillator;

6 (2) Notify an agent of the local EMS agency of the existence, location, and type of  
7 all automated external defibrillators on the premises, including any changes in location of  
8 or removal of an automated external defibrillator;

9 (3) Ensure that the automated external defibrillator is maintained and tested  
10 according to the operation and maintenance guidelines set forth by the manufacturer;

11 (4) Ensure that the automated external defibrillator is tested at least biannually and  
12 after each use; and

13           **(5) Ensure that an inspection is made of all automated external defibrillators on the**  
14 **premises at least every ninety days for potential issues related to operation of the device,**  
15 **including a blinking light or other obvious defect that may suggest tampering or that**  
16 **another problem has arisen with the functionality of the automated external defibrillator.**  
17 ~~[A person or entity who acquires an automated external defibrillator shall ensure that:~~  
18 ~~—— (1) Expected defibrillator users receive training by the American Red Cross or American~~  
19 ~~Heart Association in cardiopulmonary resuscitation and the use of automated external~~  
20 ~~defibrillators, or an equivalent nationally recognized course in defibrillator use and~~  
21 ~~cardiopulmonary resuscitation;~~  
22 ~~—— (2) The defibrillator is maintained and tested according to the manufacturer's operational~~  
23 ~~guidelines;~~  
24 ~~—— (3) Any person who renders emergency care or treatment on a person in cardiac arrest~~  
25 ~~by using an automated external defibrillator activates the emergency medical services system as~~  
26 ~~soon as possible; and~~  
27 ~~—— (4) Any person or entity that owns an automated external defibrillator that is for use~~  
28 ~~outside of a health care facility shall have a physician review and approve the clinical protocol~~  
29 ~~for the use of the defibrillator, review and advise regarding the training and skill maintenance~~  
30 ~~of the intended users of the defibrillator and assure proper review of all situations when the~~  
31 ~~defibrillator is used to render emergency care.~~  
32 ~~—— 3. Any person or entity who acquires an automated external defibrillator shall notify the~~  
33 ~~emergency communications district or the ambulance dispatch center of the primary provider of~~  
34 ~~emergency medical services where the automated external defibrillator is to be located.~~  
35 ~~—— 4.]~~ **3.** Any person who gratuitously and in good faith renders emergency care by use of  
36 or provision of an automated external defibrillator shall not be held liable for any civil damages  
37 **or subject to a criminal penalty** as a result of such care or treatment, unless the person acts in  
38 a willful and wanton or reckless manner in providing the care, advice, or assistance. The person  
39 or entity ~~[who]~~ **that** provides ~~[appropriate]~~ training to the person using an automated external  
40 defibrillator, the person or entity responsible for the site where the automated external  
41 defibrillator is located, **and** the person or entity that owns the automated external defibrillator~~;~~  
42 ~~the person or entity that provided clinical protocol for automated external defibrillator sites or~~  
43 ~~programs, and the licensed physician who reviews and approves the clinical protocol]~~ shall  
44 likewise not be held liable for civil damages **or subject to a criminal penalty** resulting from the  
45 use of an automated external defibrillator. ~~[Nothing in this section shall affect any claims brought~~  
46 ~~pursuant to chapter 537 or 538.]~~

47       ~~[5-]~~ 4. All basic life support ambulances and stretcher vans operated in the state of  
48 Missouri shall be equipped with an automated external defibrillator and be staffed by at least one  
49 individual trained in the use of an automated external defibrillator.

50       ~~[6-]~~ 5. The provisions of this section shall apply in all counties within the state and any  
51 city not within a county.

190.094. 1. Any ambulance licensed in this state, when used as an ambulance and  
2 staffed with volunteer staff, shall be staffed with a minimum of one emergency medical  
3 technician and one other crew member who may be a licensed emergency medical technician,  
4 registered nurse, **physician assistant, assistant physician**, physician, or someone who has an  
5 emergency medical responder certification.

6       2. When transporting a patient, at least one licensed emergency medical technician,  
7 registered nurse, **physician assistant, assistant physician**, or physician shall be in attendance  
8 with the patient in the patient compartment at all times.

9       3. For purposes of this section, "volunteer" shall mean an individual who performs hours  
10 of service without promise, expectation or receipt of compensation for services rendered.  
11 Compensation such as a nominal stipend per call to compensate for fuel, uniforms, and training  
12 shall not nullify the volunteer status.

190.100. As used in sections 190.001 to 190.245, the following words and terms mean:

2       (1) "Advanced emergency medical technician" or "AEMT", a person who has  
3 successfully completed a course of instruction in certain aspects of advanced life support care  
4 as prescribed by the department and is licensed by the department in accordance with sections  
5 190.001 to 190.245 and rules and regulations adopted by the department pursuant to sections  
6 190.001 to 190.245;

7       (2) "Advanced life support (ALS)", an advanced level of care as provided to the adult  
8 and pediatric patient such as defined by national curricula, and any modifications to that curricula  
9 specified in rules adopted by the department pursuant to sections 190.001 to 190.245;

10       (3) "Ambulance", any privately or publicly owned vehicle or craft that is specially  
11 designed, constructed or modified, staffed or equipped for, and is intended or used, maintained  
12 or operated for the transportation of persons who are sick, injured, wounded or otherwise  
13 incapacitated or helpless, or who require the presence of medical equipment being used on such  
14 individuals, but the term does not include any motor vehicle specially designed, constructed or  
15 converted for the regular transportation of persons who are disabled, handicapped, normally  
16 using a wheelchair, or otherwise not acutely ill, or emergency vehicles used within airports;

17       (4) "Ambulance service", a person or entity that provides emergency or nonemergency  
18 ambulance transportation and services, or both, in compliance with sections 190.001 to 190.245,  
19 and the rules promulgated by the department pursuant to sections 190.001 to 190.245;

- 20 (5) "Ambulance service area", a specific geographic area in which an ambulance service  
21 has been authorized to operate;
- 22 (6) "Basic life support (BLS)", a basic level of care, as provided to the adult and pediatric  
23 patient as defined by national curricula, and any modifications to that curricula specified in rules  
24 adopted by the department pursuant to sections 190.001 to 190.245;
- 25 (7) "Council", the state advisory council on emergency medical services;
- 26 (8) "Department", the department of health and senior services, state of Missouri;
- 27 (9) "Director", the director of the department of health and senior services or the  
28 director's duly authorized representative;
- 29 (10) "Dispatch agency", any person or organization that receives requests for emergency  
30 medical services from the public, by telephone or other means, and is responsible for dispatching  
31 emergency medical services;
- 32 (11) "Emergency", the sudden and, at the time, unexpected onset of a health condition  
33 that manifests itself by symptoms of sufficient severity that would lead a prudent layperson,  
34 possessing an average knowledge of health and medicine, to believe that the absence of  
35 immediate medical care could result in:
- 36 (a) Placing the person's health, or with respect to a pregnant woman, the health of the  
37 woman or her unborn child, in significant jeopardy;
- 38 (b) Serious impairment to a bodily function;
- 39 (c) Serious dysfunction of any bodily organ or part;
- 40 (d) Inadequately controlled pain;
- 41 (12) "Emergency medical dispatcher", a person who receives emergency calls from the  
42 public and has successfully completed an emergency medical dispatcher course, meeting or  
43 exceeding the national curriculum of the United States Department of Transportation and any  
44 modifications to such curricula specified by the department through rules adopted pursuant to  
45 sections 190.001 to 190.245;
- 46 (13) "Emergency medical responder", a person who has successfully completed an  
47 emergency first response course meeting or exceeding the national curriculum of the U.S.  
48 Department of Transportation and any modifications to such curricula specified by the  
49 department through rules adopted under sections 190.001 to 190.245 and who provides  
50 emergency medical care through employment by or in association with an emergency medical  
51 response agency;
- 52 (14) "Emergency medical response agency", any person that regularly provides a level  
53 of care that includes first response, basic life support or advanced life support, exclusive of  
54 patient transportation;

55 (15) "Emergency medical services for children (EMS-C) system", the arrangement of  
56 personnel, facilities and equipment for effective and coordinated delivery of pediatric emergency  
57 medical services required in prevention and management of incidents which occur as a result of  
58 a medical emergency or of an injury event, natural disaster or similar situation;

59 (16) "Emergency medical services (EMS) system", the arrangement of personnel,  
60 facilities and equipment for the effective and coordinated delivery of emergency medical services  
61 required in prevention and management of incidents occurring as a result of an illness, injury,  
62 natural disaster or similar situation;

63 (17) "Emergency medical technician", a person licensed in emergency medical care in  
64 accordance with standards prescribed by sections 190.001 to 190.245, and by rules adopted by  
65 the department pursuant to sections 190.001 to 190.245;

66 (18) "Emergency medical technician-basic" or "EMT-B", a person who has successfully  
67 completed a course of instruction in basic life support as prescribed by the department and is  
68 licensed by the department in accordance with standards prescribed by sections 190.001 to  
69 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;

70 (19) "Emergency medical technician-community paramedic", "community paramedic",  
71 or "EMT-CP", a person who is certified as an emergency medical technician-paramedic and is  
72 certified by the department in accordance with standards prescribed in section 190.098;

73 (20) "Emergency medical technician-paramedic" or "EMT-P", a person who has  
74 successfully completed a course of instruction in advanced life support care as prescribed by the  
75 department and is licensed by the department in accordance with sections 190.001 to 190.245  
76 and rules adopted by the department pursuant to sections 190.001 to 190.245;

77 (21) "Emergency services", health care items and services furnished or required to screen  
78 and stabilize an emergency which may include, but shall not be limited to, health care services  
79 that are provided in a licensed hospital's emergency facility by an appropriate provider or by an  
80 ambulance service or emergency medical response agency;

81 (22) "Health care facility", a hospital, nursing home, physician's office or other fixed  
82 location at which medical and health care services are performed;

83 (23) "Hospital", an establishment as defined in the hospital licensing law, subsection 2  
84 of section 197.020, or a hospital operated by the state;

85 (24) "Medical control", supervision provided by or under the direction of physicians, or  
86 their designated registered nurse, including both online medical control, instructions by radio,  
87 telephone, or other means of direct communications, and offline medical control through  
88 supervision by treatment protocols, case review, training, and standing orders for treatment;

89 (25) "Medical direction", medical guidance and supervision provided by a physician to  
90 an emergency services provider or emergency medical services system;

91           (26) "Medical director", a physician licensed pursuant to chapter 334 designated by the  
92 ambulance service or emergency medical response agency and who meets criteria specified by  
93 the department by rules pursuant to sections 190.001 to 190.245;

94           (27) "Memorandum of understanding", an agreement between an emergency medical  
95 response agency or dispatch agency and an ambulance service or services within whose territory  
96 the agency operates, in order to coordinate emergency medical services;

97           (28) "Patient", an individual who is sick, injured, wounded, diseased, or otherwise  
98 incapacitated or helpless, or dead, excluding deceased individuals being transported from or  
99 between private or public institutions, homes or cemeteries, and individuals declared dead prior  
100 to the time an ambulance is called for assistance;

101           (29) "Person", as used in these definitions and elsewhere in sections 190.001 to 190.245,  
102 any individual, firm, partnership, copartnership, joint venture, association, cooperative  
103 organization, corporation, municipal or private, and whether organized for profit or not, state,  
104 county, political subdivision, state department, commission, board, bureau or fraternal  
105 organization, estate, public trust, business or common law trust, receiver, assignee for the benefit  
106 of creditors, trustee or trustee in bankruptcy, or any other service user or provider;

107           (30) "Physician", a person licensed as a physician pursuant to chapter 334;

108           (31) "Political subdivision", any municipality, city, county, city not within a county,  
109 ambulance district or fire protection district located in this state which provides or has authority  
110 to provide ambulance service;

111           (32) "Professional organization", any organized group or association with an ongoing  
112 interest regarding emergency medical services. Such groups and associations could include those  
113 representing volunteers, labor, management, firefighters, EMT-B's, nurses, EMT-P's, physicians,  
114 communications specialists and instructors. Organizations could also represent the interests of  
115 ground ambulance services, air ambulance services, fire service organizations, law enforcement,  
116 hospitals, trauma centers, communication centers, pediatric services, labor unions and poison  
117 control services;

118           (33) "Proof of financial responsibility", proof of ability to respond to damages for  
119 liability, on account of accidents occurring subsequent to the effective date of such proof, arising  
120 out of the ownership, maintenance or use of a motor vehicle in the financial amount set in rules  
121 promulgated by the department, but in no event less than the statutory minimum required for  
122 motor vehicles. Proof of financial responsibility shall be used as proof of self-insurance;

123           (34) "Protocol", a predetermined, written medical care guideline, which may include  
124 standing orders;

125           (35) "Regional EMS advisory committee", a committee formed within an emergency  
126 medical services (EMS) region to advise ambulance services, the state advisory council on EMS  
127 and the department;

128           (36) "Specialty care transportation", the transportation of a patient requiring the services  
129 of an emergency medical technician-paramedic who has received additional training beyond the  
130 training prescribed by the department. Specialty care transportation services shall be defined in  
131 writing in the appropriate local protocols for ground and air ambulance services and approved  
132 by the local physician medical director. The protocols shall be maintained by the local  
133 ambulance service and shall define the additional training required of the emergency medical  
134 technician-paramedic;

135           (37) "Stabilize", with respect to an emergency, the provision of such medical treatment  
136 as may be necessary to attempt to assure within reasonable medical probability that no material  
137 deterioration of an individual's medical condition is likely to result from or occur during  
138 ambulance transportation unless the likely benefits of such transportation outweigh the risks;

139           (38) "State advisory council on emergency medical services", a committee formed to  
140 advise the department on policy affecting emergency medical service throughout the state;

141           (39) "State EMS medical directors advisory committee", a subcommittee of the state  
142 advisory council on emergency medical services formed to advise the state advisory council on  
143 emergency medical services and the department on medical issues;

144           (40) "STEMI" or "ST-elevation myocardial infarction", a type of heart attack in which  
145 impaired blood flow to the patient's heart muscle is evidenced by ST-segment elevation in  
146 electrocardiogram analysis, and as further defined in rules promulgated by the department under  
147 sections 190.001 to 190.250;

148           (41) "STEMI care", includes education and prevention, emergency transport, triage, and  
149 acute care and rehabilitative services for STEMI that requires immediate medical or surgical  
150 intervention or treatment;

151           (42) "STEMI center", a hospital that is currently designated as such by the department  
152 to care for patients with ST-segment elevation myocardial infarctions;

153           (43) "Stroke", a condition of impaired blood flow to a patient's brain as defined by the  
154 department;

155           (44) "Stroke care", includes emergency transport, triage, and acute intervention and other  
156 acute care services for stroke that potentially require immediate medical or surgical intervention  
157 or treatment, and may include education, primary prevention, acute intervention, acute and  
158 subacute management, prevention of complications, secondary stroke prevention, and  
159 rehabilitative services;

160           (45) "Stroke center", a hospital that is currently designated as such by the department;



161 (46) "Trauma", an injury to human tissues and organs resulting from the transfer of  
162 energy from the environment;

163 (47) "Trauma care" includes injury prevention, triage, acute care and rehabilitative  
164 services for major single system or multisystem injuries that potentially require immediate  
165 medical or surgical intervention or treatment;

166 (48) "Trauma center", a hospital that is currently designated as such by the department.

190.105. 1. No person, either as owner, agent or otherwise, shall furnish, operate,  
2 conduct, maintain, advertise, or otherwise be engaged in or profess to be engaged in the business  
3 or service of the transportation of patients by ambulance in the air, upon the streets, alleys, or any  
4 public way or place of the state of Missouri unless such person holds a currently valid license  
5 from the department for an ambulance service issued pursuant to the provisions of sections  
6 190.001 to 190.245.

7 2. No ground ambulance shall be operated for ambulance purposes, and no individual  
8 shall drive, attend or permit it to be operated for such purposes in the state of Missouri unless  
9 the ground ambulance is under the immediate supervision and direction of a person who is  
10 holding a currently valid Missouri license as an emergency medical technician. Nothing in this  
11 section shall be construed to mean that a duly registered nurse, **a duly licensed physician**  
12 **assistant, a duly licensed assistant physician,** or a duly licensed physician be required to hold  
13 an emergency medical technician's license. **A physician assistant or assistant physician shall**  
14 **be exempt from any mileage requirement.** Each ambulance service is responsible for assuring  
15 that any person driving its ambulance is competent in emergency vehicle operations and has a  
16 safe driving record. Each ground ambulance shall be staffed with at least two licensed  
17 individuals when transporting a patient, except as provided in section 190.094. In emergency  
18 situations which require additional medical personnel to assist the patient during transportation,  
19 an emergency medical responder, firefighter, or law enforcement personnel with a valid driver's  
20 license and prior experience with driving emergency vehicles may drive the ground ambulance  
21 provided the ground ambulance service stipulates to this practice in operational policies.

22 3. No license shall be required for an ambulance service, or for the attendant of an  
23 ambulance, which:

24 (1) Is rendering assistance in the case of an emergency, major catastrophe or any other  
25 unforeseen event or series of events which jeopardizes the ability of the local ambulance service  
26 to promptly respond to emergencies; or

27 (2) Is operated from a location or headquarters outside of Missouri in order to transport  
28 patients who are picked up beyond the limits of Missouri to locations within or outside of  
29 Missouri, but no such outside ambulance shall be used to pick up patients within Missouri for

30 transportation to locations within Missouri, except as provided in subdivision (1) of this  
31 subsection.

32 4. The issuance of a license pursuant to the provisions of sections 190.001 to 190.245  
33 shall not be construed so as to authorize any person to provide ambulance services or to operate  
34 any ambulances without a franchise in any city not within a county or in a political subdivision  
35 in any county with a population of over nine hundred thousand inhabitants, or a franchise,  
36 contract or mutual-aid agreement in any other political subdivision which has enacted an  
37 ordinance making it unlawful to do so.

38 5. Sections 190.001 to 190.245 shall not preclude the adoption of any law, ordinance or  
39 regulation not in conflict with such sections by any city not within a county, or at least as strict  
40 as such sections by any county, municipality or political subdivision except that no such  
41 regulations or ordinances shall be adopted by a political subdivision in a county with a  
42 population of over nine hundred thousand inhabitants except by the county's governing body.

43 6. In a county with a population of over nine hundred thousand inhabitants, the  
44 governing body of the county shall set the standards for all ambulance services which shall  
45 comply with subsection 5 of this section. All such ambulance services must be licensed by the  
46 department. The governing body of such county shall not prohibit a licensed ambulance service  
47 from operating in the county, as long as the ambulance service meets county standards.

48 7. An ambulance service or vehicle when operated for the purpose of transporting  
49 persons who are sick, injured, or otherwise incapacitated shall not be treated as a common or  
50 contract carrier under the jurisdiction of the Missouri division of motor carrier and railroad  
51 safety.

52 8. Sections 190.001 to 190.245 shall not apply to, nor be construed to include, any motor  
53 vehicle used by an employer for the transportation of such employer's employees whose illness  
54 or injury occurs on private property, and not on a public highway or property, nor to any person  
55 operating such a motor vehicle.

56 9. A political subdivision that is authorized to operate a licensed ambulance service may  
57 establish, operate, maintain and manage its ambulance service, and select and contract with a  
58 licensed ambulance service. Any political subdivision may contract with a licensed ambulance  
59 service.

60 10. Except as provided in subsections 5 and 6, nothing in section 67.300, or subsection  
61 2 of section 190.109, shall be construed to authorize any municipality or county which is located  
62 within an ambulance district or a fire protection district that is authorized to provide ambulance  
63 service to promulgate laws, ordinances or regulations related to the provision of ambulance  
64 services. This provision shall not apply to any municipality or county which operates an  
65 ambulance service established prior to August 28, 1998.

66           11. Nothing in section 67.300 or subsection 2 of section 190.109 shall be construed to  
67 authorize any municipality or county which is located within an ambulance district or a fire  
68 protection district that is authorized to provide ambulance service to operate an ambulance  
69 service without a franchise in an ambulance district or a fire protection district that is authorized  
70 to provide ambulance service which has enacted an ordinance making it unlawful to do so. This  
71 provision shall not apply to any municipality or county which operates an ambulance service  
72 established prior to August 28, 1998.

73           12. No provider of ambulance service within the state of Missouri which is licensed by  
74 the department to provide such service shall discriminate regarding treatment or transportation  
75 of emergency patients on the basis of race, sex, age, color, religion, sexual preference, national  
76 origin, ancestry, handicap, medical condition or ability to pay.

77           13. No provision of this section, other than subsections 5, 6, 10 and 11 of this section,  
78 is intended to limit or supersede the powers given to ambulance districts pursuant to this chapter  
79 or to fire protection districts pursuant to chapter 321, or to counties, cities, towns and villages  
80 pursuant to chapter 67.

81           14. Upon the sale or transfer of any ground ambulance service ownership, the owner of  
82 such service shall notify the department of the change in ownership within thirty days of such  
83 sale or transfer. After receipt of such notice, the department shall conduct an inspection of the  
84 ambulance service to verify compliance with the licensure standards of sections 190.001 to  
85 190.245.

          190.143. 1. Notwithstanding any other provisions of law, the department may grant a  
2 ninety-day temporary emergency medical technician license to all levels of emergency medical  
3 technicians who meet the following:

4           (1) Can demonstrate that they have, or will have, employment requiring an emergency  
5 medical technician license;

6           (2) Are not currently licensed as an emergency medical technician in Missouri or have  
7 been licensed as an emergency medical technician in Missouri and fingerprints need to be  
8 submitted to the Federal Bureau of Investigation to verify the existence or absence of a criminal  
9 history, or they are currently licensed and the license will expire before a verification can be  
10 completed of the existence or absence of a criminal history;

11           (3) Have submitted a complete application upon such forms as prescribed by the  
12 department in rules adopted pursuant to sections 190.001 to 190.245;

13           (4) Have not been disciplined pursuant to sections 190.001 to 190.245 and rules  
14 promulgated pursuant to sections 190.001 to 190.245;

15           (5) Meet all the requirements of rules promulgated pursuant to sections 190.001 to  
16 190.245.

17           2. A temporary emergency medical technician license shall only authorize the license to  
18 practice while under the immediate supervision of a licensed emergency medical technician,  
19 registered nurse, **physician assistant, assistant physician**, or physician who is currently  
20 licensed, without restrictions, to practice in Missouri.

21           3. A temporary emergency medical technician license shall automatically expire either  
22 ninety days from the date of issuance or upon the issuance of a five-year emergency medical  
23 technician license.

190.196. 1. No employer shall knowingly employ or permit any employee to perform  
2 any services for which a license, certificate or other authorization is required by sections 190.001  
3 to 190.245, or by rules adopted pursuant to sections 190.001 to 190.245, unless and until the  
4 person so employed possesses all licenses, certificates or authorizations that are required.

5           2. Any person or entity that employs or supervises a person's activities as an emergency  
6 medical responder, emergency medical dispatcher, emergency medical technician, registered  
7 nurse, **physician assistant, assistant physician**, or physician shall cooperate with the  
8 department's efforts to monitor and enforce compliance by those individuals subject to the  
9 requirements of sections 190.001 to 190.245.

10           3. Any person or entity who employs individuals licensed by the department pursuant  
11 to sections 190.001 to 190.245 shall report to the department within seventy-two hours of their  
12 having knowledge of any charges filed against a licensee in their employ for possible criminal  
13 action involving the following felony offenses:

14           (1) Child abuse or sexual abuse of a child;

15           (2) Crimes of violence; or

16           (3) Rape or sexual abuse.

17           4. Any licensee who has charges filed against him or her for the felony offenses in  
18 subsection 3 of this section shall report such an occurrence to the department within seventy-two  
19 hours of the charges being filed.

20           5. The department will monitor these reports for possible licensure action authorized  
21 pursuant to section 190.165.

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

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

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

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

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

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

15 (2) **That has been previously reviewed and approved by the Missouri department**  
16 **of health and senior services to authorize emergency medical services personnel to withhold**  
17 **or withdraw cardiopulmonary resuscitation from the patient in the event of cardiac or**  
18 **respiratory arrest.**

19

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

25 3. If a physician or a health care facility other than a hospital admits or receives a patient  
26 with an outside the hospital do-not-resuscitate identification or an outside the hospital  
27 do-not-resuscitate order, and the patient or patient's representative has not expressed or does not  
28 express to the physician or health care facility the desire to be resuscitated, and the physician or  
29 health care facility is unwilling or unable to comply with the outside the hospital

30 do-not-resuscitate order, the physician or health care facility shall take all reasonable steps to  
31 transfer the patient to another physician or health care facility where the outside the hospital  
32 do-not-resuscitate order will be complied with.

**190.1005. Notwithstanding any other provision of law, any training or course in  
2 cardiopulmonary resuscitation shall also include instruction on the proper use of  
3 automated external defibrillators. Such training or course shall follow the standards  
4 created by the American Red Cross or the American Heart Association, or equivalent  
5 evidence-based standards from a nationally recognized organization.**

**191.116. 1. There is hereby established in the department of health and senior  
2 services the "Alzheimer's State Plan Task Force". The task force shall consist of twenty  
3 members, as follows:**

**4 (1) The lieutenant governor or his or her designee, who shall serve as chair of the  
5 task force;**

**6 (2) The directors of the departments of health and senior services, social services,  
7 and mental health, or their designees;**

**8 (3) One member of the house of representatives appointed by the speaker of the  
9 house;**

**10 (4) One member of the senate appointed by the president pro tempore of the senate;**

**11 (5) One member who has early-stage Alzheimer's or a related dementia;**

**12 (6) One member who is a family caregiver of a person with Alzheimer's or a related  
13 dementia;**

**14 (7) One member who is a licensed physician with experience in the diagnosis,  
15 treatment, and research of Alzheimer's;**

**16 (8) One member from the office of the state long-term care ombudsman;**

**17 (9) One member representing residential long-term care;**

**18 (10) One member representing the home care profession;**

**19 (11) One member representing the adult day services profession;**

**20 (12) One member representing the area agencies on aging;**

**21 (13) One member with expertise in minority health;**

**22 (14) One member representing the law enforcement community;**

**23 (15) One member from the department of higher education and workforce  
24 development with knowledge of workforce training;**

**25 (16) Two members from the leading voluntary health organization in Alzheimer's  
26 care, support, and research;**

**27 (17) One member representing licensed skilled nursing facilities.**

28           **2. The members of the task force, other than the lieutenant governor, members**  
29 **from the general assembly, and department and division directors, shall be appointed by**  
30 **the governor with the advice and consent of the senate. Members shall serve on the task**  
31 **force without compensation.**

32           **3. The task force shall assess all state programs that address Alzheimer's and**  
33 **update and maintain an integrated state plan to overcome Alzheimer's. The state plan**  
34 **shall include implementation steps and recommendations for priority actions based on this**  
35 **assessment. The task force's actions shall include, but not be limited to, the following:**

36           **(1) Assess the current and future impact of Alzheimer's on residents of the state of**  
37 **Missouri;**

38           **(2) Examine the existing services and resources addressing the needs of persons**  
39 **with Alzheimer's and their families and caregivers;**

40           **(3) Develop recommendations to respond to the escalating public health crisis**  
41 **regarding Alzheimer's;**

42           **(4) Ensure the inclusion of ethnic and racial populations that have a higher risk for**  
43 **Alzheimer's or are least likely to receive care in clinical, research, and service efforts, with**  
44 **the purpose of decreasing health disparities in Alzheimer's;**

45           **(5) Identify opportunities for the state of Missouri to coordinate with federal**  
46 **government entities to integrate and inform the fight against Alzheimer's;**

47           **(6) Provide information and coordination of Alzheimer's research and services**  
48 **across all state agencies;**

49           **(7) Examine dementia-specific training requirements across healthcare, adult**  
50 **protective services (APS) workers, law enforcement, and all other areas in which staff are**  
51 **involved with the delivery of care to those with Alzheimer's and other dementias; and**

52           **(8) Develop strategies to increase the diagnostic rate in Missouri.**

53           **4. The task force shall deliver a report of recommendations to the governor and**  
54 **members of the general assembly no later than June 1, 2021.**

55           **5. The task force shall continue to meet at the request of the chair and at a**  
56 **minimum of one time annually for the purpose of evaluating the implementation and**  
57 **impact of the task force recommendations and shall provide annual supplemental report**  
58 **updates on the findings to the governor and the general assembly.**

59           **6. The provisions of this section shall expire on December 31, 2026.**

**191.255. 1. Notwithstanding any other provision of law to the contrary, no state**  
2 **agency, including employees therein, shall disclose to the federal government, any federal**  
3 **government employee, or any unauthorized third party, the statewide list or any individual**  
4 **information of persons who have applied for or obtained a medical marijuana card.**

5           **2. Any violation of this section is a class E felony.**

191.775. No person shall smoke or otherwise use tobacco [or] , tobacco products, or  
2 **vapor products, as such term is defined in section 407.925**, in any indoor area of a public  
3 elementary or secondary school building or educational facility, excluding institutions of higher  
4 education, or on buses used solely to transport students to or from school or to transport students  
5 to or from any place for educational purposes. Any school board of any school district may set  
6 policy on the permissible uses of tobacco products **or vapor products** in any other nonclassroom  
7 or nonstudent occupant facility, and on the school grounds or outdoor facility areas as the school  
8 board deems proper. ~~[Any person who violates the provisions of this section shall be guilty of~~  
9 ~~an infraction.]~~

191.1145. 1. As used in sections 191.1145 and 191.1146, the following terms shall  
2 mean:

- 3           (1) "Asynchronous store-and-forward transfer", the collection of a patient's relevant  
4 health information and the subsequent transmission of that information from an originating site  
5 to a health care provider at a distant site without the patient being present;
- 6           (2) "Clinical staff", any health care provider licensed in this state;
- 7           (3) "Distant site", a site at which a health care provider is located while providing health  
8 care services by means of telemedicine;
- 9           (4) "Health care provider", as that term is defined in section 376.1350;
- 10          (5) "Originating site", a site at which a patient is located at the time health care services  
11 are provided to him or her by means of telemedicine. For the purposes of asynchronous store-  
12 and-forward transfer, originating site shall also mean the location at which the health care  
13 provider transfers information to the distant site;
- 14          (6) "Telehealth" or "telemedicine", the delivery of health care services by means of  
15 information and communication technologies which facilitate the assessment, diagnosis,  
16 consultation, treatment, education, care management, and self-management of a patient's health  
17 care while such patient is at the originating site and the health care provider is at the distant site.  
18 Telehealth or telemedicine shall also include the use of asynchronous store-and-forward  
19 technology.
- 20          2. Any licensed health care provider shall be authorized to provide telehealth services  
21 if such services are within the scope of practice for which the health care provider is licensed and  
22 are provided with the same standard of care as services provided in person. This section shall  
23 not be construed to prohibit a health carrier, as defined in section 376.1350, from reimbursing  
24 nonclinical staff for services otherwise allowed by law.
- 25          3. In order to treat patients in this state through the use of telemedicine or telehealth,  
26 health care providers shall be fully licensed to practice in this state and shall be subject to



27 regulation by their respective professional boards; **except health care providers not licensed**  
28 **in this state but licensed in any state or territory of the United States or the District of**  
29 **Columbia may treat patients in this state through the use of telemedicine or telehealth for**  
30 **the duration of any state of emergency proclaimed by the governor or the legislature under**  
31 **section 44.100.**

32 4. Nothing in subsection 3 of this section shall apply to:

33 (1) Informal consultation performed by a health care provider licensed in another state,  
34 outside of the context of a contractual relationship, and on an irregular or infrequent basis  
35 without the expectation or exchange of direct or indirect compensation;

36 (2) Furnishing of health care services by a health care provider licensed and located in  
37 another state in case of an emergency or disaster; provided that, no charge is made for the  
38 medical assistance; or

39 (3) Episodic consultation by a health care provider licensed and located in another state  
40 who provides such consultation services on request to a physician in this state.

41 5. Nothing in this section shall be construed to alter the scope of practice of any health  
42 care provider or to authorize the delivery of health care services in a setting or in a manner not  
43 otherwise authorized by the laws of this state.

44 6. No originating site for services or activities provided under this section shall be  
45 required to maintain immediate availability of on-site clinical staff during the telehealth services,  
46 except as necessary to meet the standard of care for the treatment of the patient's medical  
47 condition if such condition is being treated by an eligible health care provider who is not at the  
48 originating site, has not previously seen the patient in person in a clinical setting, and is not  
49 providing coverage for a health care provider who has an established relationship with the  
50 patient.

51 7. Nothing in this section shall be construed to alter any collaborative practice  
52 requirement as provided in chapters 334 and 335.

**191.1160. 1. There is hereby established the "21st Century Missouri Patient**  
2 **Education Task Force".**

3 **2. The task force shall consist of the following members:**

4 (1) **Five members of the house of representatives, with three members to be**  
5 **appointed by the speaker of the house of representatives and two members to be appointed**  
6 **by the minority leader of the house of representatives;**

7 (2) **Five members of the senate, with three members to be appointed by the**  
8 **president pro tempore of the senate and two members to be appointed by the minority**  
9 **leader of the senate;**

10 (3) **The governor or his or her designee;**

- 11           (4) The director of the department of health and senior services or his or her  
12   designee;
- 13           (5) The director of the department of social services or his or her designee;
- 14           (6) The director of the department of mental health or his or her designee;
- 15           (7) The director of the MO HealthNet division of the department of social services  
16   or his or her designee; and
- 17           (8) Seven members who represent the interests of each of the following groups, to  
18   be appointed by the governor:
- 19           (a) An organization of licensed primary care physicians;
- 20           (b) An organization of hospitals;
- 21           (c) An organization of health insurance carriers;
- 22           (d) An organization of nurses;
- 23           (e) An organization of emergency medical personnel;
- 24           (f) A nonprofit organization focused on health; and
- 25           (g) A community health program within the state.
- 26           3. The speaker of the house of representatives shall designate the chair of the task  
27   force, and the president pro tempore of the senate shall designate the vice chair of the task  
28   force.
- 29           4. Staff members of house research, house drafting, senate research, and the joint  
30   committee on legislative research shall provide such legal, research, clerical, technical, and  
31   bill drafting services as the task force may require in the performance of its duties.
- 32           5. Members of the task force shall serve without compensation, but the members  
33   and any staff assigned to the task force shall receive reimbursement for actual and  
34   necessary expenses incurred in attending meetings of the task force or any subcommittee  
35   thereof.
- 36           6. The task force shall hold its first meeting within two months from the effective  
37   date of this section.
- 38           7. The mission of the task force shall be to:
- 39           (1) Evaluate the condition of the state's patient education system;
- 40           (2) Study successful patient education models in order to identify highly effective  
41   patient education strategies;
- 42           (3) Evaluate funding required for a successful patient education program; and
- 43           (4) Make recommendations regarding the state's patient education system to  
44   improve health care delivery and outcomes across the state of Missouri.
- 45           8. The task force shall report a summary of its activities and any recommendations  
46   for legislation to the general assembly before August 28, 2021.

47           **9. The task force shall terminate on January 1, 2022.**

**191.1601. Section 143.1160 and sections 191.1601 to 191.1607 shall be known and**  
2   **may be cited as the "Long-Term Dignity Act".**

**191.1603. As used in sections 191.1601 to 191.1607, the following terms mean:**

2           **(1) "Account holder", an individual who establishes an account with a financial**  
3   **institution that is designated as a long-term dignity savings account in accordance with**  
4   **section 191.1604;**

5           **(2) "Department", the department of revenue;**

6           **(3) "Eligible expenses", the same meaning as "qualified long-term care services"**  
7   **in 26 U.S.C. Section 7702B(c);**

8           **(4) "Financial institution", any state bank, state trust company, savings and loan**  
9   **association, federally chartered credit union doing business in this state, credit union**  
10   **chartered by the state of Missouri, national bank, broker-dealer, mutual fund, insurance**  
11   **company, or other similar financial entity qualified to do business in this state;**

12           **(5) "Long-term dignity savings account" or "account", an account with a financial**  
13   **institution designated as such in accordance with subsection 1 of section 191.1604;**

14           **(6) "Qualified beneficiary", an individual designated by an account holder for**  
15   **whose eligible expenses the moneys in a long-term dignity savings account are or will be**  
16   **used; provided, that such individual meets the definition of a "chronically ill individual"**  
17   **in 26 U.S.C. Section 7702B(c)(2) at the time the moneys are used.**

**191.1604. 1. Beginning January 1, 2021, any individual may open an account with**  
2   **a financial institution and designate the account, in its entirety, as a long-term dignity**  
3   **savings account to be used to pay or reimburse a qualified beneficiary's eligible expenses.**  
4   **An individual may be the account holder of multiple accounts, and an individual may**  
5   **jointly own the account with another person if such persons file a married filing combined**  
6   **income tax return. To be eligible for the tax deduction under section 143.1160, an account**  
7   **holder shall comply with the requirements of this section.**

8           **2. An account holder shall designate, no later than April fifteenth of the year**  
9   **following the tax year during which the account was established, a qualified beneficiary**  
10   **of the long-term dignity savings account. The account holder may designate himself or**  
11   **herself as the qualified beneficiary. The account holder may change the designated**  
12   **qualified beneficiary at any time, but no long-term dignity savings account shall have more**  
13   **than one qualified beneficiary at any time. No account holder shall have multiple accounts**  
14   **with the same qualified beneficiary, but an individual may be designated as the qualified**  
15   **beneficiary of multiple accounts.**

16           **3. Moneys may remain in a long-term dignity savings account for an unlimited**  
17 **duration without the interest or income being subject to recapture or penalty.**

18           **4. The account holder shall not use moneys in an account to pay expenses of**  
19 **administering the account, except that a service fee may be deducted from the account by**  
20 **a financial institution. The account holder shall be responsible for maintaining**  
21 **documentation for the long-term dignity savings account and for the qualified beneficiary's**  
22 **eligible expenses.**

**191.1605. 1. For purposes of the tax benefit conferred under the long-term dignity**  
2 **savings account act, the moneys in a long-term dignity savings account may be:**

3           **(1) Used for a qualified beneficiary's eligible expenses;**

4           **(2) Transferred to another newly created long-term dignity savings account; and**

5           **(3) Used to pay a service fee that is deducted by the financial institution.**

6           **2. Moneys withdrawn from a long-term dignity savings account shall be subject to**  
7 **recapture in the tax year in which they are withdrawn if:**

8           **(1) At the time of the withdrawal, it has been less than a year since the first deposit**  
9 **in the long-term dignity savings account; or**

10           **(2) The moneys are used for any purpose other than those specified under**  
11 **subsection 1 of this section.**

12 **The recapture shall be an amount equal to the moneys withdrawn and shall be added to**  
13 **the Missouri adjusted gross income of the account holder or, if the account holder is not**  
14 **living, the qualified beneficiary.**

15           **3. If any moneys are subject to recapture under subsection 2 of this section, the**  
16 **account holder shall pay to the department a penalty in the same tax year as the recapture.**  
17 **If the withdrawal was made ten or fewer years after the first deposit in the long-term**  
18 **dignity savings account, the penalty shall be equal to five percent of the amount subject to**  
19 **recapture, and, if the withdrawal was made more than ten years after the first deposit in**  
20 **the account, the penalty shall be equal to ten percent of the amount subject to recapture.**  
21 **These penalties shall not apply if the withdrawn moneys are from a long-term dignity**  
22 **savings account for which the qualified beneficiary died, and the account holder does not**  
23 **designate a new qualified beneficiary during the same tax year.**

24           **4. If the account holder dies or, if the long-term dignity account is jointly owned,**  
25 **the account holders die and the account does not have a surviving transfer-on-death**  
26 **beneficiary, then all of the moneys in the account that were used for a tax deduction under**  
27 **section 143.1160 shall be subject to recapture in the tax year of the death or deaths, but no**  
28 **penalty shall be due to the department.**

**191.1606. 1. The department shall establish forms for an account holder to annually report information about a long-term dignity savings account including, but not limited to, how the moneys withdrawn from the fund are used, and shall identify any supporting documentation that is required to be maintained. To be eligible for the tax deduction under section 143.1160, an account holder shall annually file with the account holder's state income tax return all forms required by the department under this section, the 1099 form for the account issued by the financial institution, and any other supporting documentation the department requires.**

**2. The department may promulgate rules and regulations necessary to administer the provisions of sections 191.1601 to 191.1607. 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, 2020, shall be invalid and void.**

**191.1607. 1. No financial institution shall be required to:**

**(1) Designate an account as a long-term dignity savings account or designate the beneficiaries of an account in the financial institution's account contracts or systems or in any other way;**

**(2) Track the use of moneys withdrawn from a long-term dignity savings account;**  
**or**

**(3) Report any information to the department or any other governmental agency that is not otherwise required by law.**

**2. No financial institution shall be responsible or liable for:**

**(1) Determining or ensuring that an account holder is eligible for a tax deduction under section 143.1160;**

**(2) Determining or ensuring that moneys in the account are used for eligible expenses; or**

**(3) Reporting or remitting taxes or penalties related to use of moneys in a long-term dignity savings account.**

**3. In implementing sections 143.1160 and 191.1601 to 191.1607, the department shall not establish any administrative, reporting, or other requirements on financial institutions that are outside the scope of normal account procedures.**

192.2000. 1. The "Division of Aging" is hereby transferred from the department of social services to the department of health and senior services by a type I transfer as defined in the Omnibus State Reorganization Act of 1974. The department shall aid and assist the elderly and low-income disabled adults living in the state of Missouri to secure and maintain maximum economic and personal independence and dignity. The department shall regulate adult long-term care facilities pursuant to the laws of this state and rules and regulations of federal and state agencies, to safeguard the lives and rights of residents in these facilities.

2. In addition to its duties and responsibilities enumerated pursuant to other provisions of law, the department shall:

(1) Serve as advocate for the elderly by promoting a comprehensive, coordinated service program through administration of Older Americans Act (OAA) programs (Title III) P.L. 89-73, (42 U.S.C. Section 3001, et seq.), as amended;

(2) Assure that an information and referral system is developed and operated for the elderly, including information on home and community based services;

(3) Provide technical assistance, planning and training to local area agencies on aging;

(4) Contract with the federal government to conduct surveys of long-term care facilities certified for participation in the Title XVIII program;

(5) Conduct medical review (inspections of care) activities such as utilization reviews, independent professional reviews, and periodic medical reviews to determine medical and social needs for the purpose of eligibility for Title XIX, and for level of care determination;

(6) Certify long-term care facilities for participation in the Title XIX program;

(7) Conduct a survey and review of compliance with P.L. 96-566 Sec. 505(d) for Supplemental Security Income recipients in long-term care facilities and serve as the liaison between the Social Security Administration and the department of health and senior services concerning Supplemental Security Income beneficiaries;

(8) Review plans of proposed long-term care facilities before they are constructed to determine if they meet applicable state and federal construction standards;

(9) Provide consultation to long-term care facilities in all areas governed by state and federal regulations;

(10) Serve as the central state agency with primary responsibility for the planning, coordination, development, and evaluation of policy, programs, and services for elderly persons in Missouri consistent with the provisions of subsection 1 of this section and serve as the designated state unit on aging, as defined in the Older Americans Act of 1965;

(11) Develop long-range state plans for programs, services, and activities for elderly and handicapped persons. State plans should be revised annually and should be based on area agency on aging plans, statewide priorities, and state and federal requirements;

37 (12) Receive and disburse all federal and state funds allocated to the division and solicit,  
38 accept, and administer grants, including federal grants, or gifts made to the division or to the  
39 state for the benefit of elderly persons in this state;

40 (13) Serve, within government and in the state at large, as an advocate for elderly  
41 persons by holding hearings and conducting studies or investigations concerning matters  
42 affecting the health, safety, and welfare of elderly persons and by assisting elderly persons to  
43 assure their rights to apply for and receive services and to be given fair hearings when such  
44 services are denied;

45 (14) Conduct research and other appropriate activities to determine the needs of elderly  
46 persons in this state, including, but not limited to, their needs for social and health services, and  
47 to determine what existing services and facilities, private and public, are available to elderly  
48 persons to meet those needs;

49 (15) Maintain and serve as a clearinghouse for up-to-date information and technical  
50 assistance related to the needs and interests of elderly persons and persons with Alzheimer's  
51 disease or related dementias, including information on the home and community based services  
52 program, dementia-specific training materials and dementia-specific trainers. Such dementia-  
53 specific information and technical assistance shall be maintained and provided in consultation  
54 with agencies, organizations and/or institutions of higher learning with expertise in dementia  
55 care;

56 (16) **Provide information and support to persons with Alzheimer's disease and**  
57 **related dementias by establishing a family support group in every county;**

58 (17) Provide area agencies on aging with assistance in applying for federal, state, and  
59 private grants and identifying new funding sources;

60 [(47)] (18) Determine area agencies on aging annual allocations for Title XX and Title  
61 III of the Older Americans Act expenditures;

62 [(48)] (19) Provide transportation services, home-delivered and congregate meals, in-  
63 home services, counseling and other services to the elderly and low-income handicapped adults  
64 as designated in the Social Services Block Grant Report, through contract with other agencies,  
65 and shall monitor such agencies to ensure that services contracted for are delivered and meet  
66 standards of quality set by the division;

67 [(49)] (20) Monitor the process pursuant to the federal Patient Self-determination Act,  
68 42 U.S.C. Section 1396a (w), in long-term care facilities by which information is provided to  
69 patients concerning durable powers of attorney and living wills.

70 3. The department may withdraw designation of an area agency on aging only when it  
71 can be shown the federal or state laws or rules have not been complied with, state or federal  
72 funds are not being expended for the purposes for which they were intended, or the elderly are

73 not receiving appropriate services within available resources, and after consultation with the  
74 director of the area agency on aging and the area agency board. Withdrawal of any particular  
75 program of services may be appealed to the director of the department of health and senior  
76 services and the governor. In the event that the division withdraws the area agency on aging  
77 designation in accordance with the Older Americans Act, the department shall administer the  
78 services to clients previously performed by the area agency on aging until a new area agency on  
79 aging is designated.

80 4. Any person hired by the department of health and senior services after August 13,  
81 1988, to conduct or supervise inspections, surveys or investigations pursuant to chapter 198 shall  
82 complete at least one hundred hours of basic orientation regarding the inspection process and  
83 applicable rules and statutes during the first six months of employment. Any such person shall  
84 annually, on the anniversary date of employment, present to the department evidence of having  
85 completed at least twenty hours of continuing education in at least two of the following  
86 categories: communication techniques, skills development, resident care, or policy update. The  
87 department of health and senior services shall by rule describe the curriculum and structure of  
88 such continuing education.

89 5. The department may issue and promulgate rules to enforce, implement and effectuate  
90 the powers and duties established in this section and sections 198.070 and 198.090 and sections  
91 192.2400 and 192.2475 to 192.2500. Any rule or portion of a rule, as that term is defined in  
92 section 536.010, that is created under the authority delegated in this section shall become  
93 effective only if it complies with and is subject to all of the provisions of chapter 536 and, if  
94 applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the  
95 powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective  
96 date or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of  
97 rulemaking authority and any rule proposed or adopted after August 28, 2001, shall be invalid  
98 and void.

99 6. Home and community based services is a program, operated and coordinated by the  
100 department of health and senior services, which informs individuals of the variety of care options  
101 available to them when they may need long-term care.

102 7. The division shall maintain minimum dementia-specific training requirements for  
103 employees involved in the delivery of care to persons with Alzheimer's disease or related  
104 dementias who are employed by skilled nursing facilities, intermediate care facilities, residential  
105 care facilities, agencies providing in-home care services authorized by the division of aging,  
106 adult day-care programs, independent contractors providing direct care to persons with  
107 Alzheimer's disease or related dementias and the division of aging. Such training shall be  
108 incorporated into new employee orientation and ongoing in-service curricula for all employees



involved in the care of persons with dementia. The department of health and senior services shall maintain minimum dementia-specific training requirements for employees involved in the delivery of care to persons with Alzheimer's disease or related dementias who are employed by home health and hospice agencies licensed by chapter 197. Such training shall be incorporated into the home health and hospice agency's new employee orientation and ongoing in-service curricula for all employees involved in the care of persons with dementia. The dementia training need not require additional hours of orientation or ongoing in-service. Training shall include at a minimum, the following:

(1) For employees providing direct care to persons with Alzheimer's disease or related dementias, the training shall include an overview of Alzheimer's disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in activities of daily living, and understanding and dealing with family issues;

(2) For other employees who do not provide direct care for, but may have daily contact with, persons with Alzheimer's disease or related dementias, the training shall include an overview of dementias and communicating with persons with dementia.

As used in this subsection, the term "employee" includes persons hired as independent contractors. The training requirements of this subsection shall not be construed as superceding any other laws or rules regarding dementia-specific training.

192.2150. The department shall use the services of community based, not-for-profit organizations including senior centers for the provision of home delivered meals to qualified recipients prepared by such organizations ~~[if such service is available at not more than seventy-five percent of the cost currently incurred by the department for the provision of such service].~~

195.030. 1. The department of health and senior services upon public notice and hearing pursuant to this section and chapter 536 may promulgate rules and charge reasonable fees relating to the registration and control of the manufacture, distribution and dispensing of controlled substances within this state. No rule or portion of a rule promulgated pursuant to the authority of this chapter shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

2. No person shall manufacture, compound, mix, cultivate, grow, or by any other process produce or prepare, distribute, dispense or prescribe any controlled substance and no person as a wholesaler shall supply the same, without having first obtained a registration issued by the department of health and senior services in accordance with rules and regulations promulgated by it. No registration shall be granted for a term exceeding three years.

3. Persons registered by the department of health and senior services pursuant to this chapter to manufacture, distribute, or dispense or conduct research with controlled substances

14 are authorized to possess, manufacture, distribute or dispense such substances, including any  
15 such activity in the conduct of research, to the extent authorized by their registration and in  
16 conformity with other provisions of this chapter and chapter 579.

17 4. The following persons shall not be required to register and may lawfully possess  
18 controlled substances pursuant to this chapter and chapter 579:

19 (1) An agent or employee, excluding physicians, dentists, optometrists, podiatrists or  
20 veterinarians, of any registered manufacturer, distributor, or dispenser of any controlled  
21 substance if such agent is acting in the usual course of his or her business or employment;

22 (2) A common or contract carrier or warehouseman, or an employee thereof, whose  
23 possession of any controlled substance is in the usual course of business or employment;

24 (3) An ultimate user or a person in possession of any controlled substance pursuant to  
25 a lawful order of a practitioner or in lawful possession of a Schedule V substance.

26 5. The department of health and senior services may, by regulation, waive the  
27 requirement for registration of certain manufacturers, distributors, ~~[e]~~ dispensers, **or temporary**  
28 **health care facilities established for the duration of any state of emergency proclaimed by**  
29 **the governor or the legislature under section 44.100** if it finds it consistent with the public  
30 health and safety.

31 6. A separate registration shall be required at each principal place of business or  
32 professional practice where the applicant manufactures, distributes, or dispenses controlled  
33 substances.

34 7. The department of health and senior services is authorized to inspect the establishment  
35 of a registrant or applicant in accordance with the provisions of this chapter.

195.070. 1. A physician, podiatrist, dentist, a registered optometrist certified to  
2 administer pharmaceutical agents as provided in section 336.220, or an assistant physician in  
3 accordance with section 334.037 or a physician assistant in accordance with section 334.747 in  
4 good faith and in the course of his or her professional practice only, may prescribe, administer,  
5 and dispense controlled substances or he or she may cause the same to be administered or  
6 dispensed by an individual as authorized by statute.

7 2. An advanced practice registered nurse, as defined in section 335.016, but not a  
8 certified registered nurse anesthetist as defined in subdivision (8) of section 335.016, who holds  
9 a certificate of controlled substance prescriptive authority from the board of nursing under  
10 section 335.019 and who is delegated the authority to prescribe controlled substances under a  
11 collaborative practice arrangement under section 334.104 may prescribe any controlled  
12 substances listed in Schedules III, IV, and V of section 195.017, and may have restricted  
13 authority in Schedule II. Prescriptions for Schedule II medications prescribed by an advanced  
14 practice registered nurse who has a certificate of controlled substance prescriptive authority are

15 restricted to only those medications containing hydrocodone. However, no such certified  
16 advanced practice registered nurse shall prescribe controlled substance for his or her own self  
17 or family. Schedule III narcotic controlled substance and Schedule II - hydrocodone  
18 prescriptions shall be limited to a one hundred twenty-hour supply without refill.

19 3. A veterinarian, in good faith and in the course of the veterinarian's professional  
20 practice only, and not for use by a human being, may prescribe, administer, and dispense  
21 controlled substances and the veterinarian may cause them to be administered by an assistant or  
22 orderly under his or her direction and supervision.

23 4. A practitioner shall not accept any portion of a controlled substance unused by a  
24 patient~~[, for any reason,]~~ if such practitioner did not originally dispense the drug, except:

25 **(1) When the controlled substance is delivered to the practitioner to be**  
26 **administered to the patient for whom the drug is prescribed. Practitioners shall maintain**  
27 **records and secure the controlled substance as required under chapter 195 and regulations**  
28 **promulgated pursuant to such chapter; or**

29 **(2) As provided in section 195.265.**

30 5. An individual practitioner shall not prescribe or dispense a controlled substance for  
31 such practitioner's personal use except in a medical emergency.

**195.815. 1. The department of health and senior services shall require all officers,**  
2 **managers, contractors, employees, and other support staff of licensed or certified medical**  
3 **marijuana facilities, and all owners of such medical marijuana facilities with access to the**  
4 **facilities or to the facilities' medical marijuana, to submit fingerprints to the Missouri state**  
5 **highway patrol for the purpose of conducting state and federal fingerprint-based criminal**  
6 **background checks.**

7 **2. The department shall require that such fingerprint submissions be made as a**  
8 **part of a medical marijuana facility application for licensure or certification and an**  
9 **individual's application for an identification card authorizing such individual to be an**  
10 **owner, officer, manager, contractor, employee, or other support staff of a medical**  
11 **marijuana facility.**

12 **3. Fingerprint cards and any required fees shall be sent to the Missouri state**  
13 **highway patrol's central repository. The fingerprints shall be used for searching the state**  
14 **criminal history repository and shall also be forwarded to the Federal Bureau of**  
15 **Investigation for the searching of the federal criminal history files under section 43.540.**  
16 **The Missouri state highway patrol shall notify the department of any criminal history**  
17 **information or lack of criminal history information on the individual. Notwithstanding**  
18 **the provisions of section 610.120, all records related to any criminal history information**  
19 **shall be available to the department.**

20           4. The director may promulgate all necessary rules and regulations for the  
21 administration of this section. Any rule or portion of a rule, as that term is defined in  
22 section 536.010, that is created under the authority delegated in this section shall become  
23 effective only if it complies with and is subject to all of the provisions of chapter 536 and,  
24 if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any  
25 of the powers vested with the general assembly pursuant to chapter 536 to review, to delay  
26 the effective date, or to disapprove and annul a rule are subsequently held  
27 unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted  
28 after August 28, 2020, shall be invalid and void.

          196.1170. 1. The provisions of this section shall be known and may be cited as the  
2 "Kratom Consumer Protection Act".

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

- 4           (1) "Dealer", a person who sells, prepares, or maintains kratom products or  
5 advertises, represents, or holds himself or herself out as selling, preparing, or maintaining  
6 kratom products. Such person may include, but not be limited to, a manufacturer,  
7 wholesaler, store, restaurant, hotel, catering facility, camp, bakery, delicatessen,  
8 supermarket, grocery store, convenience store, nursing home, or food or drink company;  
9           (2) "Department", the department of health and senior services;  
10           (3) "Director", the director of the department or the director's designee;  
11           (4) "Food", a food, food product, food ingredient, dietary ingredient, dietary  
12 supplement, or beverage for human consumption;  
13           (5) "Kratom product", a food product or dietary ingredient containing any part  
14 of the leaf of the plant *Mitragyna speciosa*.

15           3. The general assembly hereby occupies and preempts the entire field of regulating  
16 kratom products as provided in this section to the complete exclusion of any order,  
17 ordinance, or regulation by any political subdivision of this state. Any existing or future  
18 orders, ordinances, or regulations relating to kratom products as provided in this section  
19 are hereby void.

20           4. (1) A dealer who prepares, distributes, sells, or exposes for sale a food that is  
21 represented to be a kratom product shall disclose on the product label the factual basis  
22 upon which that representation is made.

23           (2) A dealer shall not prepare, distribute, sell, or expose for sale a food represented  
24 to be a kratom product that does not conform to the disclosure requirement under  
25 subdivision (1) of this subsection.

26           5. A dealer shall not prepare, distribute, sell, or expose for sale any of the following:

27           (1) A kratom product that is adulterated with a dangerous non-kratom substance.  
28 A kratom product shall be considered to be adulterated with a dangerous non-kratom  
29 substance if the kratom product is mixed or packed with a non-kratom substance and that  
30 substance affects the quality or strength of the kratom product to such a degree as to  
31 render the kratom product injurious to a consumer;

32           (2) A kratom product that is contaminated with a dangerous non-kratom  
33 substance. A kratom product shall be considered to be contaminated with a dangerous  
34 non-kratom substance if the kratom product contains a poisonous or otherwise deleterious  
35 non-kratom ingredient including, but not limited to, any substance listed in section  
36 195.017;

37           (3) A kratom product containing a level of 7-hydroxymitragynine in the alkaloid  
38 fraction that is greater than two percent of the alkaloid composition of the product;

39           (4) A kratom product containing any synthetic alkaloids, including synthetic  
40 mitragynine, synthetic 7-hydroxymitragynine, or any other synthetically derived  
41 compounds of the plant *Mitragyna speciosa*; or

42           (5) A kratom product that does not include on its package or label the amount of  
43 mitragynine and 7-hydroxymitragynine contained in the product.

44           6. A dealer shall not distribute, sell, or expose for sale a kratom product to an  
45 individual under eighteen years of age.

46           7. (1) If a dealer violates subdivision (1) of subsection 4 of this section, the director  
47 may, after notice and hearing, impose a fine on the dealer of not more than five hundred  
48 dollars for the first offense and not more than one thousand dollars for the second or  
49 subsequent offense.

50           (2) A dealer who violates subdivision (2) of subsection 4 of this section, subsection  
51 5 of this section, or subsection 6 of this section is guilty of a class D misdemeanor.

52           (3) A person aggrieved by a violation of subdivision (2) of subsection 4 of this  
53 section or subsection 5 of this section may, in addition to and distinct from any other  
54 remedy at law or in equity, bring a private cause of action in a court of competent  
55 jurisdiction for damages resulting from that violation including, but not limited to,  
56 economic, noneconomic, and consequential damages.

57           (4) A dealer does not violate subdivision (2) of subsection 4 of this section or  
58 subsection 5 of this section if a preponderance of the evidence shows that the dealer relied  
59 in good faith upon the representations of a manufacturer, processor, packer, or distributor  
60 of food represented to be a kratom product.

61           8. The department shall promulgate rules to implement the provisions of this  
62 section including, but not limited to, the requirements for the format, size, and placement

63 of the disclosure label required under subdivision (1) of subsection 4 of this section and for  
64 the information to be included in the disclosure label. Any rule or portion of a rule, as that  
65 term is defined in section 536.010, that is created under the authority delegated in this  
66 section shall become effective only if it complies with and is subject to all of the provisions  
67 of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are  
68 nonseverable, and if any of the powers vested with the general assembly pursuant to  
69 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are  
70 subsequently held unconstitutional, then the grant of rulemaking authority and any rule  
71 proposed or adopted after August 28, 2020, shall be invalid and void.

197.305. As used in sections 197.300 to 197.366, the following terms mean:

- 2 (1) "Affected persons", the person proposing the development of a new institutional  
3 health service, the public to be served, and health care facilities within the service area in which  
4 the proposed new health care service is to be developed;
- 5 (2) "Agency", the certificate of need program of the Missouri department of health and  
6 senior services;
- 7 (3) "Capital expenditure", an expenditure by or on behalf of a health care facility which,  
8 under generally accepted accounting principles, is not properly chargeable as an expense of  
9 operation and maintenance;
- 10 (4) "Certificate of need", a written certificate issued by the committee setting forth the  
11 committee's affirmative finding that a proposed project sufficiently satisfies the criteria  
12 prescribed for such projects by sections 197.300 to 197.366;
- 13 (5) "Develop", to undertake those activities which on their completion will result in the  
14 offering of a new institutional health service or the incurring of a financial obligation in relation  
15 to the offering of such a service;
- 16 (6) "Expenditure minimum" shall mean:
  - 17 (a) For beds in existing or proposed health care facilities licensed pursuant to chapter 198  
18 and long-term care beds in a hospital as described in subdivision (3) of subsection 1 of section  
19 198.012, six hundred thousand dollars in the case of capital expenditures, or four hundred  
20 thousand dollars in the case of major medical equipment, provided, however, that prior to  
21 January 1, 2003, the expenditure minimum for beds in such a facility and long-term care beds  
22 in a hospital described in section 198.012 shall be zero, subject to the provisions of subsection  
23 7 of section 197.318;
  - 24 (b) For beds or equipment in a long-term care hospital meeting the requirements  
25 described in 42 CFR, Section 412.23(e), the expenditure minimum shall be zero; and

26 (c) For health care facilities, new institutional health services or beds not described in  
27 paragraph (a) or (b) of this subdivision, one million dollars in the case of capital expenditures,  
28 excluding major medical equipment, and one million dollars in the case of medical equipment;

29 (7) "Health service area", a geographic region appropriate for the effective planning and  
30 development of health services, determined on the basis of factors including population and the  
31 availability of resources, consisting of a population of not less than five hundred thousand or  
32 more than three million;

33 (8) "Major medical equipment", medical equipment used for the provision of medical  
34 and other health services;

35 (9) "New institutional health service":

36 (a) The development of a new health care facility costing in excess of the applicable  
37 expenditure minimum;

38 (b) The acquisition, including acquisition by lease, of any health care facility, or major  
39 medical equipment costing in excess of the expenditure minimum;

40 (c) Any capital expenditure by or on behalf of a health care facility in excess of the  
41 expenditure minimum;

42 (d) Predevelopment activities as defined in subdivision (12) hereof costing in excess of  
43 one hundred fifty thousand dollars;

44 (e) Any change in licensed bed capacity of a health care facility licensed under chapter  
45 198 which increases the total number of beds by more than ten or more than ten percent of total  
46 bed capacity, whichever is less, over a two-year period, provided that any such health care  
47 facility seeking ~~a nonapplicability review for~~ an increase in total beds or total bed capacity in  
48 an amount less than described in this paragraph shall be eligible for such review only if the  
49 facility has had no patient care class I deficiencies within the last eighteen months and has  
50 maintained at least an eighty-five percent average occupancy rate for the previous six quarters;

51 (f) Health services, excluding home health services, which are offered in a health care  
52 facility and which were not offered on a regular basis in such health care facility within the  
53 twelve-month period prior to the time such services would be offered;

54 (g) A reallocation by an existing health care facility of licensed beds among major types  
55 of service or reallocation of licensed beds from one physical facility or site to another by more  
56 than ten beds or more than ten percent of total licensed bed capacity, whichever is less, over a  
57 two-year period;

58 (10) "Nonsubstantive projects", projects which do not involve the addition, replacement,  
59 modernization or conversion of beds or the provision of a new health service but which include  
60 a capital expenditure which exceeds the expenditure minimum and are due to an act of God or  
61 a normal consequence of maintaining health care services, facility or equipment;

62 (11) "Person", any individual, trust, estate, partnership, corporation, including  
63 associations and joint stock companies, state or political subdivision or instrumentality thereof,  
64 including a municipal corporation;

65 (12) "Predevelopment activities", expenditures for architectural designs, plans, working  
66 drawings and specifications, and any arrangement or commitment made for financing; but  
67 excluding submission of an application for a certificate of need.

197.318. 1. As used in this section, the term "licensed and available" means beds which  
2 are actually in place and for which a license has been issued.

3 2. The committee shall review all letters of intent and applications for long-term care  
4 hospital beds meeting the requirements described in 42 CFR, Section 412.23(e) under its criteria  
5 and standards for long-term care beds.

6 3. Sections 197.300 to 197.366 shall not be construed to apply to litigation pending in  
7 state court on or before April 1, 1996, in which the Missouri health facilities review committee  
8 is a defendant in an action concerning the application of sections 197.300 to 197.366 to long-  
9 term care hospital beds meeting the requirements described in 42 CFR, Section 412.23(e).

10 4. Notwithstanding any other provision of this chapter to the contrary:

11 (1) A facility licensed pursuant to chapter 198 may increase its licensed bed capacity by:

12 (a) Submitting a letter of intent to expand to the department of health and senior services  
13 and the health facilities review committee;

14 (b) Certification from the department of health and senior services that the facility:

15 a. Has no patient care class I deficiencies within the last eighteen months; and

16 b. Has maintained ~~a ninety-percent~~ **an eighty-five percent** average occupancy rate for  
17 the previous six quarters;

18 (c) Has made an effort to purchase beds for eighteen months following the date the letter  
19 of intent to expand is submitted pursuant to paragraph (a) of this subdivision. For purposes of  
20 this paragraph, an "effort to purchase" means a copy certified by the offeror as an offer to  
21 purchase beds from another licensed facility in the same licensure category; and

22 (d) If an agreement is reached by the selling and purchasing entities, the health facilities  
23 review committee shall issue a certificate of need for the expansion of the purchaser facility upon  
24 surrender of the seller's license; or

25 (e) If no agreement is reached by the selling and purchasing entities, the health facilities  
26 review committee shall permit an expansion for:

27 a. A facility with more than forty beds may expand its licensed bed capacity within the  
28 same licensure category by twenty-five percent or thirty beds, whichever is greater, if that same  
29 licensure category in such facility has experienced an average occupancy of ninety-three percent  
30 or greater over the previous six quarters;



31           b. A facility with fewer than forty beds may expand its licensed bed capacity within the  
32 same licensure category by twenty-five percent or ten beds, whichever is greater, if that same  
33 licensure category in such facility has experienced an average occupancy of ninety-two percent  
34 or greater over the previous six quarters;

35           c. A facility adding beds pursuant to subparagraphs a. or b. of this paragraph shall not  
36 expand by more than fifty percent of its then licensed bed capacity in the qualifying licensure  
37 category;

38           (2) Any beds sold shall, for five years from the date of relicensure by the purchaser,  
39 remain unlicensed and unused for any long-term care service in the selling facility, whether they  
40 do or do not require a license;

41           (3) The beds purchased shall, for two years from the date of purchase, remain in the bed  
42 inventory attributed to the selling facility and be considered by the department of social services  
43 as licensed and available for purposes of this section;

44           (4) Any residential care facility licensed pursuant to chapter 198 may relocate any  
45 portion of such facility's current licensed beds to any other facility to be licensed within the same  
46 licensure category if both facilities are under the same licensure ownership or control, and are  
47 located within six miles of each other;

48           (5) A facility licensed pursuant to chapter 198 may transfer or sell individual long-term  
49 care licensed **and available** beds to facilities qualifying pursuant to paragraphs (a) and (b) of  
50 subdivision (1) of this subsection. Any facility which transfers or sells licensed **and available**  
51 beds shall not expand its licensed bed capacity in that licensure category for a period of five years  
52 from the date the licensure is relinquished **or until the average occupancy of licensed and**  
53 **available beds in that licensure category within a fifteen-mile radius is eighty-five percent**  
54 **for the prior six quarters. Any facility that transfers or sells licensed and available beds**  
55 **shall have an average occupancy rate of less than seventy percent in the last six quarters.**

56           5. Any existing licensed and operating health care facility offering long-term care  
57 services may replace one-half of its licensed beds at the same site or a site not more than thirty  
58 miles from its current location if, for at least the most recent four consecutive calendar quarters,  
59 the facility operates only fifty percent of its then licensed capacity with every resident residing  
60 in a private room. In such case:

61           (1) The facility shall report to the health and senior services vacant beds as unavailable  
62 for occupancy for at least the most recent four consecutive calendar quarters;

63           (2) The replacement beds shall be built to private room specifications and only used for  
64 single occupancy; and

65           (3) The existing facility and proposed facility shall have the same owner or owners,  
66 regardless of corporate or business structure, and such owner or owners shall stipulate in writing

67 that the existing facility beds to be replaced will not later be used to provide long-term care  
68 services. If the facility is being operated under a lease, both the lessee and the owner of the  
69 existing facility shall stipulate the same in writing.

70 6. Nothing in this section shall prohibit a health care facility licensed pursuant to chapter  
71 198 from being replaced in its entirety within fifteen miles of its existing site so long as the  
72 existing facility and proposed or replacement facility have the same owner or owners regardless  
73 of corporate or business structure and the health care facility being replaced remains unlicensed  
74 and unused for any long-term care services whether they do or do not require a license from the  
75 date of licensure of the replacement facility.

2 **198.610. 1. The provisions of sections 198.610 to 198.632 shall be known and may  
be cited as the "Authorized Electronic Monitoring in Long-Term Care Facilities Act".**

3 **2. For purposes of sections 198.610 to 198.632, the following terms shall mean:**

4 **(1) "Authorized electronic monitoring", the placement and use of an electronic**  
5 **monitoring device by a resident in his or her room in accordance with the provisions of**  
6 **sections 198.610 to 198.632;**

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

8 **(3) "Electronic monitoring device", a surveillance instrument capable of recording**  
9 **or transmitting audio or video footage of any activity occurring in a resident's room;**

10 **(4) "Facility" or "long-term care facility", any residential care facility, assisted**  
11 **living facility, intermediate care facility, or skilled nursing facility, as such terms are**  
12 **defined under section 198.006;**

13 **(5) "Guardian", the same meaning as defined under section 475.010;**

14 **(6) "Legal representative", a person authorized under a durable power of attorney**  
15 **that complies with sections 404.700 to 404.737 to act on behalf of a resident of a facility;**

16 **(7) "Resident", a person residing in a facility.**

2 **198.612. 1. Residents of long-term care facilities in this state shall have the right**  
3 **to place in the resident's room an authorized electronic monitoring device that is owned**  
4 **and operated by the resident or provided by the resident's guardian or legal representative.**

5 **2. No facility shall be civilly or criminally liable for activity or action arising out of**  
6 **the use by any resident or any resident's guardian or legal representative of any electronic**  
7 **monitoring device, including the facility's inadvertent or intentional disclosure of a**  
8 **recording made by a resident, or by a person who consents on behalf of the resident, for**  
9 **any purpose not authorized under sections 198.610 to 198.632.**

10 **3. No facility shall be civilly or criminally liable for a violation of the Health**  
11 **Insurance Portability and Accountability Act (HIPAA) or any resident's right to privacy**  
**arising out of any electronic monitoring conducted under sections 198.610 to 198.632.**

12           **4. Except for cases of abuse and neglect, no person shall release any recording made**  
13 **under sections 198.610 to 198.632 without the written permission of the resident or the**  
14 **resident's guardian or legal representative and the long-term care facility.**

15           **5. The department shall promulgate rules to implement the provisions of sections**  
16 **198.610 to 198.632. Any rule or portion of a rule, as that term is defined in section 536.010,**  
17 **that is created under the authority delegated in this section shall become effective only if**  
18 **it complies with and is subject to all of the provisions of chapter 536 and, if applicable,**  
19 **section 536.028. This section and chapter 536 are nonseverable, and if any of the powers**  
20 **vested with the general assembly pursuant to chapter 536 to review, to delay the effective**  
21 **date, or to disapprove and annul a rule are subsequently held unconstitutional, then the**  
22 **grant of rulemaking authority and any rule proposed or adopted after August 28, 2020,**  
23 **shall be invalid and void.**

**198.614. 1. For purposes of sections 198.610 to 198.632, the placement and use of**  
2 **an electronic monitoring device in the room of a resident is considered to be unauthorized**  
3 **if:**

4           **(1) The placement and use of the device is not open and obvious; or**  
5           **(2) The facility and the department are not informed about the device by the**  
6 **resident, by a person who placed the device in the room, or by a person who is using the**  
7 **device.**

8           **2. The department and the facility shall be immune from civil liability in connection**  
9 **with the unauthorized placement or use of an electronic monitoring device in the room of**  
10 **a resident.**

**198.616. Each facility shall use an electronic monitoring device acknowledgment**  
2 **form developed by the department and adopted by regulation. The form shall be offered**  
3 **to any resident or resident's guardian or legal representative upon request. The form shall**  
4 **be completed and signed by or on behalf of a resident prior to the installation of, or any use**  
5 **of, an electronic monitoring device in the facility. The form shall state:**

6           **(1) That a person who places an electronic monitoring device in the room of a**  
7 **resident or who uses or discloses a tape or other recording made by the device may be**  
8 **civilly liable for any unlawful violation of the privacy rights of another;**

9           **(2) That a person who, without authorization, places an electronic monitoring**  
10 **device in the room of a resident or who consents to or acquiesces in the unauthorized**  
11 **placement of the device in the room of a resident has waived any privacy right the person**  
12 **may have had in connection with images or sounds that may be acquired by the device;**

13           **(3) That a resident or the resident's guardian or legal representative is entitled to**  
14 **conduct authorized electronic monitoring, and that if the facility refuses to permit the**

15 electronic monitoring or fails to make reasonable physical accommodations for the  
16 authorized electronic monitoring, the person should contact the department;

17 (4) The basic procedures that shall be followed to request authorized electronic  
18 monitoring;

19 (5) The manner in which sections 198.610 to 198.632 affect the legal requirement  
20 to report abuse or neglect when electronic monitoring is being conducted; and

21 (6) Any other information regarding authorized or unauthorized electronic  
22 monitoring that the department, by regulation, specifies should be included on the form.

198.618. 1. If a resident has capacity to request electronic monitoring and has not  
2 been judicially declared to lack the required capacity, only the resident may request  
3 authorized electronic monitoring under sections 198.610 to 198.632, notwithstanding the  
4 terms of any durable power of attorney, general power of attorney, or similar instrument.

5 2. If a resident has been judicially declared to lack the capacity required for taking  
6 an action such as requesting electronic monitoring, only the guardian of the resident may  
7 request electronic monitoring under sections 198.610 to 198.632.

8 3. If a resident has been determined by a physician to lack capacity to request  
9 electronic monitoring but has not been judicially declared to lack the required capacity,  
10 only the legal representative of the resident may request electronic monitoring under  
11 sections 198.610 to 198.632.

198.620. 1. A resident or the guardian or legal representative of a resident who  
2 wishes to conduct authorized electronic monitoring shall make the request to the facility  
3 on an electronic monitoring request form prescribed by the department and provided to  
4 the resident by the facility.

5 2. The form shall require the resident or the resident's guardian or legal  
6 representative to:

7 (1) Release the facility from any civil liability for a violation of the resident's  
8 privacy rights in connection with the use of the electronic monitoring device;

9 (2) Choose whether the camera will always be unobstructed or whether the camera  
10 should be obstructed in specified circumstances to protect the dignity of the resident, if the  
11 electronic monitoring device is a video surveillance camera; and

12 (3) Obtain the consent of other residents residing in the room, using a form  
13 prescribed for such purpose by the department.

14 3. Consent under subdivision (3) of subsection 2 of this section shall be given only:

15 (1) By the other resident or residents in the room;

16 (2) By the guardian of a person described under subdivision (1) of subsection 3 of  
17 this section, if the person has been judicially declared to lack the required capacity; or

18           (3) By the legal representative of a person described under subdivision (1) of  
19 subsection 3 of this section, if the person does not have capacity to sign the form but has  
20 not been judicially declared to lack the required capacity.

21           4. The form prescribed by the department under subdivision (3) of subsection 2 of  
22 this section shall require any other resident in the room to consent to release the facility  
23 from any civil liability for a violation of the resident's privacy rights in connection with the  
24 use of the electronic monitoring device.

25           5. Another resident in the room may:

26           (1) If the proposed electronic monitoring device is a video surveillance camera,  
27 condition his or her consent on the camera being pointed away from the consenting  
28 resident; and

29           (2) Condition his or her consent on the use of an audio electronic monitoring device  
30 being limited or prohibited.

31           6. If authorized electronic monitoring is being conducted in the room of a resident  
32 and another resident is moved into the room who has not yet consented to the electronic  
33 monitoring, authorized electronic monitoring shall cease until the new resident has  
34 consented in accordance with this section.

35           7. The department shall include other information that the department considers  
36 to be appropriate on either of the forms that the department is required to prescribe under  
37 this section.

38           8. The department shall adopt rules prescribing the place or places that a form  
39 signed under this section shall be maintained and the period for which it shall be  
40 maintained.

41           9. Authorized electronic monitoring:

42           (1) Shall not commence nor an electronic monitoring device installed until all  
43 request and consent forms required by this section have been completed and returned to  
44 the facility;

45           (2) Shall be conducted in accordance with any limitation placed on the monitoring  
46 as a condition of the consent given by or on behalf of another resident in the room; and

47           (3) Shall be installed and conducted only in a fixed position.

48           10. The facility shall be granted access to all footage made by an electronic  
49 monitoring device at the facility's expense.

2           198.622. 1. A facility shall permit a resident or the resident's guardian or legal  
3 representative to monitor the room of the resident through the use of electronic monitoring  
4 devices.

4           2. The facility shall require a resident who conducts authorized electronic  
5 monitoring, or the resident's guardian or legal representative, to post and maintain a  
6 conspicuous notice at the entrance to the resident's room. The notice shall state that the  
7 room is being monitored by an electronic monitoring device.

8           3. Authorized electronic monitoring conducted under sections 198.610 to 198.632  
9 shall not be compulsory and shall be conducted only at the request of the resident or the  
10 resident's guardian or legal representative.

11           4. A facility shall not refuse to admit an individual to residency in the facility and  
12 shall not remove a resident from the facility because of a request to conduct authorized  
13 electronic monitoring. A facility shall not remove a resident from the facility because  
14 unauthorized electronic monitoring is being conducted by or on behalf of a resident.

15           5. A facility shall make reasonable physical accommodation for authorized  
16 electronic monitoring, including:

17           (1) Providing a reasonably secure place to mount the video surveillance camera or  
18 other electronic monitoring device; and

19           (2) Providing access to power sources for the video surveillance camera or other  
20 electronic monitoring device.

21           6. The resident or the resident's guardian or legal representative shall pay for all  
22 costs associated with conducting electronic monitoring, except for the costs of electricity.  
23 The resident or the resident's guardian or legal representative shall be responsible for:

24           (1) All costs associated with installation of equipment incurred by the resident or  
25 the facility; and

26           (2) Maintaining the equipment.

27           7. A facility shall require an electronic monitoring device to be installed in a  
28 manner that is safe for residents, employees, or visitors who may be moving about the  
29 room. The department shall adopt rules regarding the safe placement of an electronic  
30 monitoring device.

31           8. If authorized electronic monitoring is conducted, the facility shall require the  
32 resident or the resident's guardian or legal representative to conduct the electronic  
33 monitoring in plain view.

34           9. A facility shall not be required to provide internet service or network access to  
35 any electronic monitoring device. Any internet service for an electronic monitoring device  
36 shall be the sole responsibility of the resident or the resident's guardian or legal  
37 representative.

38           10. A facility may move a resident to a comparable room to accommodate a request  
39 to conduct authorized electronic monitoring.

198.624. 1. If a resident who has capacity to determine that he or she has been abused or neglected and who is conducting electronic monitoring under sections 198.610 to 198.632 gives footage made by the electronic monitoring device to a person and directs the person to view or listen to the footage to determine whether abuse or neglect has occurred, the person to whom the resident gives the footage is considered to have viewed or listened to the footage on or before the seventh day after the date the person receives the footage for the purposes of reporting abuse or neglect.

2. A person is required to report abuse based on the person's viewing of, or listening to, footage only if the incident of abuse is acquired on the footage. A person is required to report neglect based on the person's viewing of, or listening to, footage only if it is clear from viewing or listening to the footage that neglect has occurred.

3. If abuse or neglect of the resident is reported to the facility, and the facility requests a copy of any relevant footage made by an electronic monitoring device, the person who possesses the footage shall provide the facility with a copy at the facility's expense.

198.626. 1. Subject to applicable rules of evidence and procedure and the requirements of this section, footage created through the use of unauthorized or authorized electronic monitoring described by sections 198.610 to 198.632 may be admitted into evidence in a civil or criminal court action or administrative proceeding, provided that a proper foundation is offered to support its admission.

2. A court or administrative agency shall not admit into evidence footage created through the use of unauthorized or authorized electronic monitoring or take or authorize action based on the footage unless:

(1) If the footage is a videotape or recording, the footage shows the time and date that the events acquired on the footage occurred;

(2) The contents of the footage have not been edited or artificially enhanced; and

(3) If the contents of the footage have been transferred from the original format to another technological format, the transfer was done by a qualified professional and the contents of the footage were not altered.

3. A person who sends more than one specimen of footage to the department shall identify for the department each specimen on which the person believes that an incident of abuse or evidence of neglect may be found. The department may adopt rules encouraging persons who send footage to the department to identify the place on the footage that an incident of abuse or evidence of neglect may be found.

198.628. Each facility shall post a notice at the entrance to the facility stating that the rooms of some residents may be monitored electronically by, or on behalf of, the

3 residents and that the monitoring is not necessarily open and obvious. The department by  
4 rule shall prescribe the format and the precise content of the notice.

198.630. 1. The department may impose appropriate sanctions under this chapter  
2 on an administrator of a facility who knowingly:

3 (1) Refuses to permit a resident or the resident's guardian or legal representative  
4 to conduct authorized electronic monitoring;

5 (2) Refuses to admit an individual to residency or allows the removal of a resident  
6 from the institution solely because of a request to conduct authorized electronic monitoring  
7 by a resident or a resident's guardian or legal representative;

8 (3) Allows the removal of a resident from the facility solely because unauthorized  
9 electronic monitoring is being conducted by or on behalf of the resident; or

10 (4) Violates another provision of sections 198.610 to 198.632.

11 2. The department may assess an administrative penalty against a facility that:

12 (1) Refuses to permit a resident or the resident's guardian or legal representative  
13 to conduct authorized electronic monitoring;

14 (2) Refuses to admit an individual to residency or allows the removal of a resident  
15 from the institution because of a request to conduct authorized electronic monitoring;

16 (3) Allows the removal of a resident from the facility solely because unauthorized  
17 electronic monitoring is being conducted by, or on behalf of, the resident; or

18 (4) Violates another provision of sections 198.610 to 198.632.

198.632. 1. A person who intentionally hampers, obstructs, tampers with, or  
2 destroys an electronic monitoring device installed in a resident's room in accordance with  
3 sections 198.610 to 198.632 or who destroys or corrupts any data collected by the device is  
4 guilty of a class B misdemeanor.

5 2. Evidence that the person had the consent of the resident or the resident's  
6 guardian or legal representative to engage in the conduct described in subsection 1 of this  
7 section shall be an affirmative defense to any prosecution brought under the provisions of  
8 subsection 1 of this section.

9 3. A person other than a resident of the facility who, without authorization, places  
10 an electronic monitoring device in the room of a resident or who consents to or acquiesces  
11 in the unauthorized placement of the device in the room of a resident is guilty of a class B  
12 misdemeanor if the person continues the conduct after a written warning to cease and  
13 desist from that conduct.

208.175. 1. The "Drug Utilization Review Board" is hereby established within the MO  
2 HealthNet division and shall be composed of the following **twelve** health care professionals who



3 shall be appointed by the governor and whose appointment shall be subject to the advice and  
4 consent of the senate:

5 (1) ~~[Six physicians who shall include:~~

6 ~~—— (a) Three physicians who hold the doctor of medicine degree and are active in medical~~  
7 ~~practice;~~

8 ~~—— (b) Two physicians who hold the doctor of osteopathy degree and are active in medical~~  
9 ~~practice; and~~

10 ~~—— (c) One physician who holds the doctor of medicine or the doctor of osteopathy degree~~  
11 ~~and is active in the practice of psychiatry;~~

12 ~~—— (2) Six actively practicing pharmacists who shall include:~~

13 ~~—— (a) Three pharmacists who hold bachelor of science degrees in pharmacy and are active~~  
14 ~~as retail or patient care pharmacists;~~

15 ~~—— (b) Two pharmacists who hold advanced clinical degrees in pharmacy and are active in~~  
16 ~~the practice of pharmaceutical therapy and clinical pharmaceutical management; and~~

17 ~~—— (c) One pharmacist who holds either a bachelor of science degree in pharmacy or an~~  
18 ~~advanced clinical degree in pharmacy and is employed by a pharmaceutical manufacturer of~~  
19 ~~Medicaid-approved formulary drugs; and~~

20 ~~—— (3) One certified medical quality assurance registered nurse with an advanced degree.~~

21 ~~—— 2. The membership of the drug utilization review board shall include health care~~  
22 ~~professionals who have recognized knowledge and expertise in one or more of the following:~~

23 ~~—— (1) The clinically appropriate prescribing of covered outpatient drugs;~~

24 ~~—— (2) The clinically appropriate dispensing and monitoring of covered outpatient drugs;~~

25 ~~—— (3) Drug use review, evaluation and intervention;~~

26 ~~—— (4) Medical quality assurance.~~

27 ~~—— 3. A chairperson shall be elected by the board members. The board shall meet at least~~  
28 ~~once every ninety days. A quorum of eight members, including no fewer than three physicians~~  
29 ~~and three pharmacists, shall be required for the board to act in its official capacity] At least four~~  
30 **members, but no more than six members, shall be licensed and actively practicing**  
31 **physicians;**

32 (a) **At least one physician shall be a doctor of medicine;**

33 (b) **At least one physician shall be a doctor of osteopathy;**

34 (2) **At least four members shall be licensed and actively practicing pharmacists;**

35 (3) **At least one member shall be a licensed and actively practicing psychiatrist or**  
36 **psychiatric nurse practitioner; and**

37 (4) **All other members shall be licensed and actively practicing physicians, subject**  
38 **to the limitation in subdivision (1) of this subsection; pharmacists; or nurse practitioners.**

39       [4-] 2. Members appointed pursuant to subsection 1 of this section shall serve four-year  
40 terms, except that of the original members, four shall be appointed for a term of two years, four  
41 shall be appointed for a term of three years and five shall be appointed for a term of four years.  
42 Members may be reappointed.

43       [5-] 3. The members of the drug utilization review board or any regional advisory  
44 committee shall receive no compensation for their services other than reasonable expenses  
45 actually incurred in the performance of their official duties.

46       [6-] 4. The drug utilization review board shall, either directly or through contracts  
47 between the MO HealthNet division and accredited health care educational institutions, state  
48 medical societies or state pharmacist associations or societies or other appropriate organizations,  
49 provide for educational outreach programs to educate practitioners on common drug therapy  
50 problems with the aim of improving prescribing and dispensing practices.

51       [7-] 5. The drug utilization review board shall monitor drug usage and prescribing  
52 practices in the Medicaid program. The board shall conduct its activities in accordance with the  
53 requirements of subsection (g) of section 4401 of the Omnibus Budget Reconciliation Act of  
54 1990 (P.L. 101-508). ~~[The board shall publish an educational newsletter to Missouri Medicaid~~  
55 ~~providers as to its considered opinion of the proper usage of the Medicaid formulary. It]~~ **The**  
56 **board** shall advise providers of inappropriate drug utilization when it deems it appropriate to do  
57 so.

58       [8-] 6. The drug utilization review board may provide advice on guidelines, policies, and  
59 procedures necessary to establish and maintain the Missouri Rx plan.

60       [9-] 7. Office space and support personnel shall be provided by the MO HealthNet  
61 division.

62       ~~[10- Subject to appropriations made specifically for that purpose, up to six regional~~  
63 ~~advisory committees to the drug utilization review board may be appointed. Members of the~~  
64 ~~regional advisory committees shall be physicians and pharmacists appointed by the drug~~  
65 ~~utilization review board. Each such member of a regional advisory committee shall have~~  
66 ~~recognized knowledge and expertise in one or more of the following:~~

- 67       ~~—— (1) The clinically appropriate prescribing of covered outpatient drugs;~~  
68       ~~—— (2) The clinically appropriate dispensing and monitoring of covered outpatient drugs;~~  
69       ~~—— (3) Drug use review, evaluation, and intervention; or~~  
70       ~~—— (4) Medical quality assurance.]~~

208.895. 1. Upon the receipt of a properly completed referral for service for MO  
2 HealthNet-funded home- and community-based care or a physician's order, the department of  
3 health and senior services shall:

- 4       (1) Process, review and approve or deny the referral within fifteen business days;

5 (2) For approved referrals, arrange for the provision of services by a home- and  
6 community-based provider;

7 (3) Notify the referring entity or individual within five business days of receiving the  
8 referral if a different physical address is required to schedule the assessment. The referring entity  
9 has five days to provide a current physical address if requested by the department. If a different  
10 physical address is needed, the fifteen-day limit included in subdivision (1) of this subsection is  
11 suspended until the information is received by the department;

12 (4) Inform the applicant of:

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

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

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

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

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

28 2. If the department of health and senior services has not complied with subdivision (1)  
29 of subsection 1 of this section, a provider has the option of completing an assessment and care  
30 plan recommendation. At such time that the department approves or modifies the assessment  
31 and care plan, the care plan shall become effective; such approval or modification shall occur  
32 within five business days after receipt of the assessment and care plan from the provider. If such  
33 approval, modification, or denial by the department does not occur within five business days, the  
34 provider's care plan shall be approved and payment shall begin to the provider based on the  
35 assessment and care plan recommendation submitted by the provider.

36 3. At such time that the department approves or modifies the assessment and care plan,  
37 the latest approved care plan shall become effective. If the department assessment determines  
38 the client does not meet the level of care, the state shall not be responsible for the cost of services  
39 claimed prior to the department's written notification to the provider of such denial.

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

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

51           6. For purposes of this section:

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

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

56           (b) Uses forms provided by the department;

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

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

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

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

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

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

73

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

76           7. The department shall:

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

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

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

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

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

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

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

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

**302.205. 1. Any resident of this state may elect to have a medical alert notation  
2   placed on the person's driver's license or nondriver's identification card. The following  
3   conditions, illnesses, and disorders may be recorded on a driver's license or nondriver's  
4   identification card as medical alert information at the request of the applicant:**

5           **(1) Posttraumatic stress disorder;**

6           **(2) Diabetes;**

7           **(3) Heart conditions;**

8           **(4) Epilepsy;**

9           **(5) Drug allergies;**

10          **(6) Alzheimer's or dementia;**

11          **(7) Schizophrenia;**

12          **(8) Autism; or**

13          **(9) Other conditions as approved by the director of the department of revenue or  
14   his or her designee.**

15          **2. Any person requesting the inclusion of a medical alert notation on his or her  
16   driver's license or nondriver's identification card shall submit an application form to  
17   include a waiver of liability for the release of any medical information to the department,  
18   any person who is eligible for access to such medical information as recorded on the  
19   person's driving record under this chapter, and any other person who may view or receive  
20   notice of such medical information by virtue of having seen such person's driver's license  
21   or nondriver's identification card. Such application shall advise the person that he or she  
22   will be consenting to the release of such medical information to anyone who sees or copies**

23 his or her driver's license or nondriver's identification card, even if such person is  
24 otherwise ineligible to access such medical information under state or federal law.

25 3. Such application shall include space for a person requesting the inclusion of a  
26 medical alert notation on his or her driver's license or nondriver's identification card to  
27 obtain a sworn statement from a person licensed to practice medicine or psychology in this  
28 state verifying such diagnosis.

29 4. Any person who has been issued a driver's license or nondriver's identification  
30 card bearing medical alert information may be issued a replacement driver's license or  
31 nondriver's identification card excluding such medical alert information at his or her  
32 request and upon payment of the fee provided in this chapter for replacement of lost  
33 licenses or identification cards.

34 5. No medical alert information shall be printed on or removed from a driver's  
35 license or nondriver's identification card without the express consent of the licensee. If the  
36 licensee is a child under the age of eighteen, consent for the printing of medical alert  
37 information shall be provided by the parent or guardian of the child when he or she signs  
38 the application for the driver's license or nondriver's identification card. If the licensee is  
39 an incapacitated adult, consent for the printing of medical alert information shall be given  
40 by the guardian of such adult as appointed by a court of competent jurisdiction.

41 6. The director of the department of revenue may promulgate all necessary rules  
42 and regulations for the administration of this section. Any rule or portion of a rule, as that  
43 term is defined in section 536.010, that is created under the authority delegated in this  
44 section shall become effective only if it complies with and is subject to all of the provisions  
45 of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are  
46 nonseverable, and if any of the powers vested with the general assembly pursuant to  
47 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are  
48 subsequently held unconstitutional, then the grant of rulemaking authority and any rule  
49 proposed or adopted after August 28, 2020, shall be invalid and void.

332.181. 1. No person shall engage in the practice of dentistry in Missouri without  
2 having first secured a license as provided for in this chapter.

3 2. Any person desiring a license to practice dentistry in Missouri shall pay the required  
4 fee and make application to the board on a form prescribed by the board pursuant to section  
5 332.141. An application for licensure shall be active for one year after the date it is received by  
6 the board. The application becomes void if not completed within such one-year period.

7 3. All persons once licensed to practice dentistry in Missouri shall renew his or her  
8 license to practice dentistry in Missouri on or before the license renewal date and shall display

9 his or her license for each current licensing period in the office in which he or she practices or  
10 offers to practice dentistry.

11 4. Effective with the licensing period beginning on December 1, 2002, a license shall be  
12 renewed every two years. To renew a license, each dentist shall submit satisfactory evidence of  
13 completion of fifty hours of continuing education during the two-year period immediately  
14 preceding the renewal period. Each dentist shall maintain documentation of completion of the  
15 required continuing education hours as provided by rule. Failure to obtain the required  
16 continuing education hours, submit satisfactory evidence, or maintain documentation is a  
17 violation of section 332.321. As provided by rule, the board may waive and/or extend the time  
18 requirements for completion of continuing education for reasons related to health, military  
19 service, foreign residency or for other good cause. All requests for waivers and/or extensions  
20 of time shall be made in writing and submitted to the board before the renewal date.

21 5. **The board shall give credit for continuing education hours performed by a**  
22 **dentist on a volunteer basis working within his or her professional scope of practice at a**  
23 **nonprofit entity. The board shall determine how many hours of continuing education**  
24 **credit shall be given for each hour of volunteering and specify the maximum number of**  
25 **continuing education credit hours that shall be given for volunteer work under this**  
26 **subsection.**

27 6. Any licensed dentist who fails to renew his or her license on or before the renewal  
28 date may apply to the board for renewal of his or her license within four years subsequent to the  
29 date of the license expiration. To renew an expired license, the person shall submit an  
30 application for renewal, pay the renewal fee and renewal penalty fee as set by rule, and submit  
31 satisfactory evidence of completion of at least fifty hours of continuing education for each  
32 renewal period that his or her license was expired as provided by rule. The required hours must  
33 be obtained within four years prior to renewal. The license of any dentist who fails to renew  
34 within four years of the time his or her license has expired shall be void. The dentist may apply  
35 for a new license; provided that, unless application is made under section 332.321, the dentist  
36 shall pay the same fees and be examined in the same manner as an original applicant for  
37 licensure as a dentist.

332.261. 1. No person shall engage in the practice of dental hygiene without having first  
2 secured a license as provided for in this chapter.

3 2. Any person desiring a license to practice dental hygiene in Missouri shall pay the  
4 required fee and make application to the board on a form prescribed by the board pursuant to  
5 section 332.241. An application for licensure shall be active for one year after the date it is  
6 received by the board. The application becomes void if not completed within such one-year  
7 period.

8           3. All persons once licensed to practice as a dental hygienist in Missouri shall renew his  
9 or her license to practice on or before the renewal date and shall display his or her license for  
10 each current licensing period in the office in which he or she practices or offers to practice as a  
11 dental hygienist.

12           4. Effective with the licensing period beginning on December 1, 2002, a license shall be  
13 renewed every two years. To renew a license, each dental hygienist shall submit satisfactory  
14 evidence of completion of thirty hours of continuing education during the two-year period  
15 immediately preceding the renewal period. Each dental hygienist shall maintain documentation  
16 of completion of the required continuing education hours as provided by rule. Failure to obtain  
17 the required continuing education hours, submit satisfactory evidence, or maintain  
18 documentation is a violation of section 332.321 and may subject the licensee to discipline. As  
19 provided by rule, the board may waive and/or extend the time requirements for completion of  
20 the continuing education for reasons related to health, military service, foreign residency or for  
21 other good cause. All requests for waivers and/or extensions of time shall be made in writing  
22 and submitted to the board before the renewal date.

23           **5. The board shall give credit for continuing education hours performed by a dental**  
24 **hygienist on a volunteer basis working within his or her professional scope of practice at**  
25 **a nonprofit entity. The board shall determine how many hours of continuing education**  
26 **credit shall be given for each hour of volunteering and specify the maximum number of**  
27 **continuing education credit hours that shall be given for volunteer work under this**  
28 **subsection.**

29           6. Any licensed dental hygienist who fails to renew his or her license on or before the  
30 renewal date may apply to the board for renewal of his or her license within four years  
31 subsequent to the date of the license expiration. To renew an expired license, the person shall  
32 submit an application for renewal, pay the renewal fee and renewal penalty fee as set by rule, and  
33 submit satisfactory evidence of completion of at least thirty hours of continuing education for  
34 each renewal period that his or her license was expired as provided by rule. The required hours  
35 must be obtained within four years prior to renewal. The license of any dental hygienist who  
36 fails to renew within four years of the time his or her license has expired shall be void. The  
37 dental hygienist may reapply for a license; provided that, unless application is made under  
38 section 332.281, the dental hygienist shall pay the same fees and be examined in the same  
39 manner as an original applicant for licensure as a dental hygienist.

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

2           (1) "Assistant physician", any medical school graduate who:

3           (a) Is a resident and citizen of the United States or is a legal resident alien;



4 (b) Has successfully completed Step 2 of the United States Medical Licensing  
5 Examination or the equivalent of such step of any other board-approved medical licensing  
6 examination within the three-year period immediately preceding application for licensure as an  
7 assistant physician, or within three years after graduation from a medical college or osteopathic  
8 medical college, whichever is later;

9 (c) Has not completed an approved postgraduate residency and has successfully  
10 completed Step 2 of the United States Medical Licensing Examination or the equivalent of such  
11 step of any other board-approved medical licensing examination within the immediately  
12 preceding three-year period unless when such three-year anniversary occurred he or she was  
13 serving as a resident physician in an accredited residency in the United States and continued to  
14 do so within thirty days prior to application for licensure as an assistant physician; and

15 (d) Has proficiency in the English language.

16

17 Any medical school graduate who could have applied for licensure and complied with the  
18 provisions of this subdivision at any time between August 28, 2014, and August 28, 2017, may  
19 apply for licensure and shall be deemed in compliance with the provisions of this subdivision;

20 (2) "Assistant physician collaborative practice arrangement", an agreement between a  
21 physician and an assistant physician that meets the requirements of this section and section  
22 334.037;

23 (3) "Medical school graduate", any person who has graduated from a medical college or  
24 osteopathic medical college described in section 334.031.

25 2. (1) An assistant physician collaborative practice arrangement shall limit the assistant  
26 physician to providing only primary care services and only in medically underserved rural or  
27 urban areas of this state or in any pilot project areas established in which assistant physicians  
28 may practice.

29 (2) For a physician-assistant physician team working in a rural health clinic under the  
30 federal Rural Health Clinic Services Act, P.L. 95-210, as amended:

31 (a) An assistant physician shall be considered a physician assistant for purposes of  
32 regulations of the Centers for Medicare and Medicaid Services (CMS); and

33 (b) No supervision requirements in addition to the minimum federal law shall be  
34 required.

35 3. (1) For purposes of this section, the licensure of assistant physicians shall take place  
36 within processes established by rules of the state board of registration for the healing arts. The  
37 board of healing arts is authorized to establish rules under chapter 536 establishing licensure and  
38 renewal procedures, supervision, collaborative practice arrangements, fees, and addressing such  
39 other matters as are necessary to protect the public and discipline the profession. No licensure

40 fee for an assistant physician shall exceed the amount of any licensure fee for a physician  
41 assistant. An application for licensure may be denied or the licensure of an assistant physician  
42 may be suspended or revoked by the board in the same manner and for violation of the standards  
43 as set forth by section 334.100, or such other standards of conduct set by the board by rule. No  
44 rule or regulation shall require an assistant physician to complete more hours of continuing  
45 medical education than that of a licensed physician. **The board shall give credit for continuing  
46 education hours performed by an assistant physician on a volunteer basis working within  
47 his or her professional scope of practice at a nonprofit entity. The board shall determine  
48 how many hours of continuing education credit shall be given for each hour of  
49 volunteering and specify the maximum number of continuing education credit hours that  
50 shall be given for volunteer work under this subsection.**

51 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
52 under the authority delegated in this section shall become effective only if it complies with and  
53 is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section  
54 and chapter 536 are nonseverable and if any of the powers vested with the general assembly  
55 under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are  
56 subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed  
57 or adopted after August 28, 2014, shall be invalid and void.

58 (3) Any rules or regulations regarding assistant physicians in effect as of the effective  
59 date of this section that conflict with the provisions of this section and section 334.037 shall be  
60 null and void as of the effective date of this section.

61 4. An assistant physician shall clearly identify himself or herself as an assistant physician  
62 and shall be permitted to use the terms "doctor", "Dr.", or "doc". No assistant physician shall  
63 practice or attempt to practice without an assistant physician collaborative practice arrangement,  
64 except as otherwise provided in this section and in an emergency situation.

65 5. The collaborating physician is responsible at all times for the oversight of the  
66 activities of and accepts responsibility for primary care services rendered by the assistant  
67 physician.

68 6. The provisions of section 334.037 shall apply to all assistant physician collaborative  
69 practice arrangements. Any renewal of licensure under this section shall include verification of  
70 actual practice under a collaborative practice arrangement in accordance with this subsection  
71 during the immediately preceding licensure period.

72 7. Each health carrier or health benefit plan that offers or issues health benefit plans that  
73 are delivered, issued for delivery, continued, or renewed in this state shall reimburse an assistant  
74 physician for the diagnosis, consultation, or treatment of an insured or enrollee on the same basis

75 that the health carrier or health benefit plan covers the service when it is delivered by another  
76 comparable mid-level health care provider including, but not limited to, a physician assistant.

334.075. 1. The board shall not renew any certificate of registration unless the licensee  
2 shall provide satisfactory evidence that he has complied with the board's minimum requirements  
3 for continuing education. At the discretion of the board, compliance with the provisions of this  
4 section may be waived for licensed physicians who have discontinued their practice of medicine  
5 because of retirement.

6 **2. The board shall give credit for continuing education hours performed by a**  
7 **licensee on a volunteer basis working within his or her professional scope of practice at a**  
8 **nonprofit entity. The board shall determine how many hours of continuing education**  
9 **credit shall be given for each hour of volunteering and specify the maximum number of**  
10 **continuing education credit hours that shall be given for volunteer work under this**  
11 **subsection.**

334.150. It is not intended by sections 334.010 to 334.140 to prohibit isolated or  
2 occasional gratuitous service to and treatment of the afflicted, and sections 334.010 to 334.140  
3 shall not apply to physicians and surgeons commissioned as officers of the Armed Forces of the  
4 United States or of the public health services of the United States while in the performance of  
5 their official duties, nor to any licensed practitioner of medicine and surgery in ~~[a-border]~~  
6 **another** state attending the sick in this state, **including attending to the sick in a 501(c)(3)**  
7 **organization located in this state**, if he **or she** does not maintain an office or appointed place  
8 to meet patients or receive calls within the limits of this state, and if he **or she** complies with the  
9 statutes of Missouri and the rules and regulations of the department of social services relating  
10 to the reports of births, deaths and contagious diseases; and sections 334.010 to 334.140 shall  
11 not apply to Christian Science practitioners who endeavor to cure or prevent disease or suffering  
12 exclusively by spiritual means or prayer, so long as quarantine regulations relating to contagious  
13 diseases are not infringed upon; but no provision of this section shall be construed or held in any  
14 way to interfere with the enforcement of the rules and regulations adopted and approved by the  
15 department of health and senior services or any municipality under the laws of this state for the  
16 control of communicable or contagious diseases.

334.507. Each person licensed pursuant to sections 334.500 to 334.685 shall accumulate  
2 thirty hours of continuing education every two years to be eligible for relicensure, as follows:

3 (1) Continuing education shall be obtained through courses approved by the Missouri  
4 advisory commission for physical therapists and physical therapist assistants;

5 (2) Ten hours of continuing education shall be equivalent to one continuing education  
6 unit;

7 (3) Adherence to the continuing education requirement shall be reviewed for licensure  
8 renewal in each even-numbered year and shall include all approved continuing education courses  
9 taken during the previous two years;(4) **The board shall give credit for continuing education**  
10 **hours performed by a licensee on a volunteer basis working within his or her professional**  
11 **scope of practice at a nonprofit entity. The board shall determine how many hours of**  
12 **continuing education credit shall be given for each hour of volunteering and specify the**  
13 **maximum number of continuing education credit hours that shall be given for volunteer**  
14 **work under this subsection.**

334.1000. As used in sections 334.1000 and 334.1005, the following terms mean:

- 2 (1) "Advisory committee", the Missouri radiologic imaging and radiation therapy  
3 advisory committee;
- 4 (2) "Board", the state board of registration for the healing arts;
- 5 (3) "Certification organization", an organization that specializes in the certification  
6 and registration of radiologic imaging or radiation therapy technical personnel that is  
7 accredited by the National Commission for Certifying Agencies, the American National  
8 Standards Institute, the International Organization for Standardization, or other  
9 accreditation organizations recognized by the board;
- 10 (4) "Ionizing radiation", radiation that may consist of alpha particles, beta  
11 particles, gamma rays, x-rays, neutrons, high-speed electrons, high-speed protons, or other  
12 particles capable of producing ions. "Ionizing radiation" does not include nonionizing  
13 radiation, such as radio frequency or microwaves, visible infrared or ultraviolet light, or  
14 ultrasound;
- 15 (5) "Licensed practitioner", a person licensed to practice medicine, chiropractic,  
16 podiatry, or dentistry in this state with education and specialist training in the medical or  
17 dental use of radiation who is deemed competent to independently perform or supervise  
18 radiologic imaging or radiation therapy procedures by his or her respective state licensure  
19 board;
- 20 (6) "Limited x-ray machine operator", a person who is licensed to perform only x-  
21 ray procedures not involving the administration or utilization of contrast media on selected  
22 specific parts of human anatomy under the supervision of a licensed practitioner;
- 23 (7) "Nuclear medicine technologist", a person who is licensed to perform a variety  
24 of nuclear medicine and molecular imaging procedures using sealed and unsealed radiation  
25 sources, ionizing radiation, adjunctive medicine and pharmaceuticals associated with  
26 nuclear medicine procedures, and therapeutic procedures using unsealed radioactive  
27 sources;

28           (8) "Radiation therapist", a person who is licensed to administer ionizing radiation  
29 to human beings for therapeutic purposes;

30           (9) "Radiation therapy", the use of ionizing radiation for the purpose of treating  
31 disease;

32           (10) "Radiographer", a person who is licensed to perform a comprehensive set of  
33 diagnostic radiographic procedures using external ionizing radiation to produce  
34 radiographic, fluoroscopic, or digital images;

35           (11) "Radiologic imaging", any procedure or article intended for use in the  
36 diagnosis or visualization of disease or other medical conditions in human beings including,  
37 but not limited to, computed tomography, fluoroscopy, nuclear medicine, radiography, and  
38 other procedures using ionizing radiation;

39           (12) "Radiologist", a physician licensed in this state and certified by or board-  
40 eligible to be certified by the American Board of Radiology, the American Osteopathic  
41 Board of Radiology, the British Royal College of Radiology, or the Canadian College of  
42 Physicians and Surgeons in that medical specialty;

43           (13) "Radiologist assistant", a person who is licensed to perform a variety of  
44 activities under the supervision of a radiologist in the areas of patient care, patient  
45 management, radiologic imaging, or interventional procedures guided by radiologic  
46 imaging, and who does not interpret images, render diagnoses, or prescribe medications  
47 or therapies.

          334.1005. After January 1, 2021, no person shall perform radiologic imaging or  
2 radiation therapy procedures on humans for diagnostic or therapeutic purposes, except for  
3 persons licensed as follows:

4           (1) Limited x-ray machine operators;

5           (2) Nuclear medical technologists;

6           (3) Radiation therapists;

7           (4) Radiographers;

8           (5) Radiologists; or

9           (6) Radiologist assistants.

          336.080. 1. Every licensed optometrist who continues in active practice or service shall,  
2 on or before the renewal date, renew his or her license and pay the required renewal fee and  
3 present satisfactory evidence to the board of his or her attendance for a minimum of thirty-two  
4 hours of board-approved continuing education, or their equivalent during the preceding two-year  
5 continuing education reporting period as established by rule and regulation. **The board shall**  
6 **give credit for continuing education hours performed by a optometrist on a volunteer basis**  
7 **working within his or her professional scope of practice at a nonprofit entity. The board**

8 **shall determine how many hours of continuing education credit shall be given for each**  
9 **hour of volunteering and specify the maximum number of continuing education credit**  
10 **hours that shall be given for volunteer work under this subsection.** The continuing  
11 education requirement may be waived by the board upon presentation to it of satisfactory  
12 evidence of the illness of the optometrist or for other good cause as defined by rule and  
13 regulation. The board shall not reject any such application if approved programs are not  
14 available within the state of Missouri. Every license which has not been renewed on or before  
15 the renewal date shall expire.

16 2. Any licensed optometrist who permits his or her license to expire may renew it within  
17 five years of expiration upon payment of the required reactivation fee and presentation of  
18 satisfactory evidence to the board of his or her attendance for a minimum of forty-eight hours  
19 of board-approved continuing education, or their equivalent, during the five years.

337.050. 1. There is hereby created and established a "State Committee of  
2 Psychologists", which shall consist of seven licensed psychologists and one public member. The  
3 state committee of psychologists existing on August 28, 1989, is abolished. Nothing in this  
4 section shall be construed to prevent the appointment of any current member of the state  
5 committee of psychologists to the new state committee of psychologists created on August 28,  
6 1989.

7 2. Appointments to the committee shall be made by the governor upon the  
8 recommendations of the director of the division, upon the advice and consent of the senate. The  
9 division, prior to submitting nominations, shall solicit nominees from professional psychological  
10 associations and licensed psychologists in the state. The term of office for committee members  
11 shall be five years, and committee members shall not serve more than ten years. No person who  
12 has previously served on the committee for ten years shall be eligible for appointment. In  
13 making initial appointments to the committee, the governor shall stagger the terms of the  
14 appointees so that two members serve initial terms of two years, two members serve initial terms  
15 of three years, and two members serve initial terms of four years.

16 3. Each committee member shall be a resident of the state of Missouri for one year, shall  
17 be a United States citizen, and shall, other than the public member, have been licensed as a  
18 psychologist in this state for at least three years. Committee members shall reflect a diversity  
19 of practice specialties. To ensure adequate representation of the diverse fields of psychology,  
20 the committee shall consist of at least two psychologists who are engaged full time in the  
21 doctoral teaching and training of psychologists, and at least two psychologists who are engaged  
22 full time in the professional practice of psychology. In addition, the first appointment to the  
23 committee shall include at least one psychologist who shall be licensed on the basis of a master's  
24 degree who shall serve a full term of five years. Nothing in sections 337.010 to 337.090 shall

25 be construed to prohibit full membership rights on the committee for psychologists licensed on  
26 the basis of a master's degree. If a member of the committee shall, during the member's term as  
27 a committee member, remove the member's domicile from the state of Missouri, then the  
28 committee shall immediately notify the director of the division, and the seat of that committee  
29 member shall be declared vacant. All such vacancies shall be filled by appointment of the  
30 governor with the advice and consent of the senate, and the member so appointed shall serve for  
31 the unexpired term of the member whose seat has been declared vacant.

32 4. The public member shall be at the time of the public member's appointment a citizen  
33 of the United States; a resident of this state for a period of one year and a registered voter; a  
34 person who is not and never was a member of any profession licensed or regulated pursuant to  
35 sections 337.010 to 337.093 or the spouse of such person; and a person who does not have and  
36 never has had a material, financial interest in either the providing of the professional services  
37 regulated by sections 337.010 to 337.093, or an activity or organization directly related to any  
38 profession licensed or regulated pursuant to sections 337.010 to 337.093. The duties of the  
39 public member shall not include the determination of the technical requirements to be met for  
40 licensure or whether any person meets such technical requirements or of the technical  
41 competence or technical judgment of a licensee or a candidate for licensure.

42 5. The committee shall hold a regular annual meeting at which it shall select from among  
43 its members a chairperson and a secretary. A quorum of the committee shall consist of a  
44 majority of its members. In the absence of the chairperson, the secretary shall conduct the office  
45 of the chairperson.

46 6. Each member of the committee shall receive, as compensation, an amount set by the  
47 division not to exceed fifty dollars for each day devoted to the affairs of the committee and shall  
48 be entitled to reimbursement for necessary and actual expenses incurred in the performance of  
49 the member's official duties.

50 7. Staff for the committee shall be provided by the director of the division of professional  
51 registration.

52 8. The governor may remove any member of the committee for misconduct, inefficiency,  
53 incompetency, or neglect of office.

54 9. In addition to the powers set forth elsewhere in sections 337.010 to 337.090, the  
55 division may adopt rules and regulations, not otherwise inconsistent with sections 337.010 to  
56 337.090, to carry out the provisions of sections 337.010 to 337.090. The committee may  
57 promulgate, by rule, "Ethical Rules of Conduct" governing the practices of psychology which  
58 rules shall be based upon the ethical principles promulgated and published by the American  
59 Psychological Association.

60           10. Any rule or portion of a rule, as that term is defined in section 536.010, that is  
61 promulgated to administer and enforce sections 337.010 to 337.090, shall become effective only  
62 if the agency has fully complied with all of the requirements of chapter 536 including but not  
63 limited to section 536.028 if applicable, after August 28, 1998. All rulemaking authority  
64 delegated prior to August 28, 1998, is of no force and effect and repealed as of August 28, 1998,  
65 however nothing in this act shall be interpreted to repeal or affect the validity of any rule adopted  
66 and promulgated prior to August 28, 1998. If the provisions of section 536.028 apply, the  
67 provisions of this section are nonseverable and if any of the powers vested with the general  
68 assembly pursuant to section 536.028 to review, to delay the effective date, or to disapprove and  
69 annul a rule or portion of a rule are held unconstitutional or invalid, the purported grant of  
70 rulemaking authority and any rule so proposed and contained in the order of rulemaking shall be  
71 invalid and void, except that nothing in this act shall affect the validity of any rule adopted and  
72 promulgated prior to August 28, 1998.

73           11. The committee may sue and be sued in its official name, and shall have a seal which  
74 shall be affixed to all certified copies or records and papers on file, and to such other instruments  
75 as the committee may direct. All courts shall take judicial notice of such seal. Copies of records  
76 and proceedings of the committee, and of all papers on file with the division on behalf of the  
77 committee certified under the seal shall be received as evidence in all courts of record.

78           12. When applying for a renewal of a license pursuant to section 337.030, each licensed  
79 psychologist shall submit proof of the completion of at least forty hours of continuing education  
80 credit within the two-year period immediately preceding the date of the application for renewal  
81 of the license. The type of continuing education to be considered shall include, but not be  
82 limited to:

83           (1) Attending recognized educational seminars, the content of which are primarily  
84 psychological, as defined by rule;

85           (2) Attending a graduate level course at a recognized educational institution where the  
86 contents of which are primarily psychological, as defined by rule;

87           (3) Presenting a recognized educational seminar, the contents of which are primarily  
88 psychological, as defined by rule;

89           (4) Presenting a graduate level course at a recognized educational institution where the  
90 contents of which are primarily psychological, as defined by rule; and

91           (5) Independent course of studies, the contents of which are primarily psychological,  
92 which have been approved by the committee and defined by rule.

93

94 The committee shall determine by administrative rule the amount of training, instruction, self-  
95 instruction or teaching that shall be counted as an hour of continuing education credit. **The**



96 **committee shall give credit for continuing education hours performed by a psychologist on**  
97 **a volunteer basis working within his or her professional scope of practice at a nonprofit**  
98 **entity. The board shall determine how many hours of continuing education credit shall be**  
99 **given for each hour of volunteering and specify the maximum number of continuing**  
100 **education credit hours that shall be given for volunteer work under this subsection.**

338.013. 1. Any person desiring to assist a pharmacist in the practice of pharmacy as  
2 defined in this chapter shall apply to the board of pharmacy for registration as a pharmacy  
3 technician. Such applicant shall be, at a minimum, legal working age and shall forward to the  
4 board the appropriate fee and written application on a form provided by the board. Such  
5 registration shall be the sole authorization permitted to allow persons to assist licensed  
6 pharmacists in the practice of pharmacy as defined in this chapter; **except that, any person who**  
7 **holds an active license in any state or territory of the United States or the District of**  
8 **Columbia authorizing him or her to practice in the same manner and to the same extent**  
9 **as pharmacy technicians are authorized to practice by this chapter, provided that the**  
10 **person has had no violations, suspensions, or revocations of a license to practice as a**  
11 **pharmacy technician in any jurisdiction, shall be authorized to assist a pharmacist in the**  
12 **practice of pharmacy in this state for the duration of any state of emergency proclaimed**  
13 **by the governor or the legislature under section 44.100**

14 2. The board may refuse to issue a certificate of registration as a pharmacy technician  
15 to an applicant that has been adjudicated and found guilty, or has entered a plea of guilty or nolo  
16 contendere, of a violation of any state, territory or federal drug law, or to any felony or has  
17 violated any provision of subsection 2 of section 338.055. Alternately, the board may issue such  
18 person a registration, but may authorize the person to work as a pharmacy technician provided  
19 that person adheres to certain terms and conditions imposed by the board. The board shall place  
20 on the employment disqualification list the name of an applicant who the board has refused to  
21 issue a certificate of registration as a pharmacy technician, or the name of a person who the board  
22 has issued a certificate of registration as a pharmacy technician but has authorized to work under  
23 certain terms and conditions. The board shall notify the applicant of the applicant's right to file  
24 a complaint with the administrative hearing commission as provided by chapter 621.

25 3. If an applicant has submitted the required fee and an application for registration to the  
26 board of pharmacy, the applicant for registration as a pharmacy technician may assist a licensed  
27 pharmacist in the practice of pharmacy as defined in this chapter. The applicant shall keep a  
28 copy of the submitted application on the premises where the applicant is employed. If the board  
29 refuses to issue a certificate of registration as a pharmacy technician to an applicant, the applicant  
30 shall immediately cease assisting a licensed pharmacist in the practice of pharmacy.

31           4. A certificate of registration issued by the board shall be conspicuously displayed in  
32 the pharmacy or place of business where the registrant is employed.

33           5. Every pharmacy technician who desires to continue to be registered as provided in this  
34 section shall, within thirty days before the registration expiration date, file an application for the  
35 renewal, accompanied by the fee prescribed by the board. The registration shall lapse and  
36 become null and void thirty days after the expiration date.

37           6. The board shall maintain an employment disqualification list. No person whose name  
38 appears on the employment disqualification list shall work as a pharmacy technician, except as  
39 otherwise authorized by the board. The board may authorize a person whose name appears on  
40 the employment disqualification list to work or continue to work as a pharmacy technician  
41 provided the person adheres to certain terms and conditions imposed by the board.

42           7. The board may place on the employment disqualification list the name of a pharmacy  
43 technician who has been adjudicated and found guilty, or has entered a plea of guilty or nolo  
44 contendere, of a violation of any state, territory or federal drug law, or to any felony or has  
45 violated any provision of subsection 2 of section 338.055.

46           8. After an investigation and a determination has been made to place a person's name on  
47 the employment disqualification list, the board shall notify such person in writing mailed to the  
48 person's last known address:

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

51           (2) That such person's name has been added in the employment disqualification list of  
52 the board;

53           (3) The consequences to the person of being listed and the length of time the person's  
54 name will be on the list; and

55           (4) The person's right to file a complaint with the administrative hearing commission as  
56 provided in chapter 621.

57           9. The length of time a person's name shall remain on the disqualification list shall be  
58 determined by the board.

59           10. No hospital or licensed pharmacy shall knowingly employ any person whose name  
60 appears on the employee disqualification list, except that a hospital or licensed pharmacy may  
61 employ a person whose name appears on the employment disqualification list but the board has  
62 authorized to work under certain terms and conditions. Any hospital or licensed pharmacy shall  
63 report to the board any final disciplinary action taken against a pharmacy technician or the  
64 voluntary resignation of a pharmacy technician against whom any complaints or reports have  
65 been made which might have led to final disciplinary action that can be a cause of action for  
66 discipline by the board as provided for in subsection 2 of section 338.055. Compliance with the

67 foregoing sentence may be interposed as an affirmative defense by the employer. Any hospital  
68 or licensed pharmacy which reports to the board in good faith shall not be liable for civil  
69 damages.

338.200. 1. In the event a pharmacist is unable to obtain refill authorization from the  
2 prescriber due to death, incapacity, or when the pharmacist is unable to obtain refill authorization  
3 from the prescriber, a pharmacist may dispense an emergency supply of medication if:

4 (1) In the pharmacist's professional judgment, interruption of therapy might reasonably  
5 produce undesirable health consequences;

6 (2) The pharmacy previously dispensed or refilled a prescription from the applicable  
7 prescriber for the same patient and medication; **except that, during a state of emergency**  
8 **proclaimed by the governor or the legislature under section 44.100, a pharmacist may**  
9 **dispense or refill a prescription for an emergency supply of medication for a prescription**  
10 **not previously dispensed or refilled at his or her pharmacy when the pharmacy that**  
11 **originally dispensed or refilled the prescription is closed or unable to fill the prescription**  
12 **due to the state of emergency and the pharmacist has made a good faith effort to verify the**  
13 **medication to be dispensed and the authorized prescriber and dosage form;**

14 (3) The medication dispensed is not a controlled substance;

15 (4) The pharmacist informs the patient or the patient's agent either verbally,  
16 electronically, or in writing at the time of dispensing that authorization of a prescriber is required  
17 for future refills; and

18 (5) The pharmacist documents the emergency dispensing in the patient's prescription  
19 record, as provided by the board by rule.

20 2. (1) If the pharmacist is unable to obtain refill authorization from the prescriber, the  
21 amount dispensed shall be limited to the amount determined by the pharmacist within his or her  
22 professional judgment as needed for the emergency period, provided the amount dispensed shall  
23 not exceed a seven-day supply.

24 (2) In the event of prescriber death or incapacity or inability of the prescriber to provide  
25 medical services, the amount dispensed shall not exceed a thirty-day supply.

26 3. Pharmacists or permit holders dispensing an emergency supply pursuant to this section  
27 shall promptly notify the prescriber or the prescriber's office of the emergency dispensing, as  
28 required by the board by rule.

29 4. An emergency supply may not be dispensed pursuant to this section if the pharmacist  
30 has knowledge that the prescriber has otherwise prohibited or restricted emergency dispensing  
31 for the applicable patient.

32 5. The determination to dispense an emergency supply of medication under this section  
33 shall only be made by a pharmacist licensed by the board.

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

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

2           **(1) "Health information exchange activities", the electronic exchange of**  
3 **individually identifiable information among unaffiliated organizations according to**  
4 **nationally recognized standards. The following activities are not considered "health**  
5 **information exchange activities":**

6           **(a) Electronic exchange of individually identifiable information among unaffiliated**  
7 **organizations solely for the purposes of an organized health care arrangement as defined**  
8 **under the HIPAA Laws; and**

9           **(b) Electronic exchange of individually identifiable information among unaffiliated**  
10 **organizations solely for research purposes;**

11           **(2) "Health information organization", any organization that oversees and governs**  
12 **health information exchange activities;**

13           **(3) "Individual", the person who is the subject of the individually identifiable**  
14 **information;**

15           **(4) "Individually identifiable information", any information that identifies an**  
16 **individual or there is a reasonable basis to believe can be used to identify the individual**  
17 **including, but not limited to, information created or received by health care providers,**  
18 **health plans, organizations providing social services, or assessing social determinants of**  
19 **health and organizations that provide services to or on behalf of any of the foregoing;**

20           **(5) "Participant", a person or entity who accesses, uses, or discloses individually**  
21 **identifiable information through a health information exchange operated by a health**  
22 **information organization including, but not limited to, health care providers, health plans,**  
23 **health care clearinghouses, organizations providing social services or assessing social**  
24 **determinants of health and organizations that provide services to or on behalf of any of the**  
25 **foregoing.**

26           **2. (1) Notwithstanding any other law to the contrary, any participant may disclose,**  
27 **access, or use individually identifiable information through a health information exchange**  
28 **operated by a health information organization pursuant to this chapter and in accordance**

29 with applicable federal laws including, but not limited to, the Health Insurance Portability  
30 and Accountability Act of 1996, as amended, and the Health Information Technology for  
31 Economic and Clinical Health Act, and implementing regulations, without obtaining  
32 individual consent or authorization.

33 (2) Except as otherwise provided in state or federal law, an individual has the right  
34 to opt out of having the individual's individually identifiable information accessible  
35 through a health information exchange operated by a health information organization  
36 under this chapter.

37 (3) A health information organization shall implement policies that meet the  
38 requirements under Pub. L. 104-191 and section 376.450 governing the privacy and  
39 security of individually identifiable information that is accessible through the health  
40 information exchange.

41 (4) All participants in a health information exchange operated by a health  
42 information organization pursuant to this chapter shall comply with Pub. L. 104-191 and  
43 section 376.450, if such participant is subject to Pub. L. 104-191 and section 376.450, and  
44 all policies and procedures of the health information organization with respect to the  
45 health information exchange.

46 (5) To the extent any provision of state law regarding the confidentiality of any  
47 individually identifiable information conflicts with, is contrary to or more stringent than  
48 the provisions of this section, the provisions of this section shall control with respect to a  
49 participant's disclosure, access, or use of that individually identifiable information through  
50 a health information exchange operated by a health information under this chapter.

51 (6) This section does not limit, change, or otherwise affect the use or disclosure of  
52 individually identifiable information outside of a health information exchange operated by  
53 a health information organization pursuant to this chapter.

54 3. (1) A health information organization shall maintain a written notice of health  
55 information practices for the health information exchange activities that describes all of  
56 the following:

57 (a) The categories of individually identifiable information that are accessible  
58 through the health information exchange;

59 (b) The categories of participants who have access to individually identifiable  
60 information through the health information exchange;

61 (c) The purposes for which access to individually identifiable information is  
62 provided through the health information exchange;

63           (d) Except as otherwise provided in state or federal law, that an individual has the  
64 right to opt out of having the individual's individually identifiable information accessible  
65 through the health information exchange; and

66           (e) An explanation as to how an individual may opt out of having the individual's  
67 individually identifiable information accessible through the health information exchange.

68           (2) The notice of health information practices may reference a publicly accessible  
69 website that contains some or all of the information described in subdivision (1) of this  
70 subsection, such as a current list of participants and the permitted purposes for accessing  
71 individually identifiable information through the health information exchange. A health  
72 information organization shall post a current notice of health information practices on a  
73 website in a conspicuous manner.

74           4. (1) A health information organization is not subject to liability for damages or  
75 costs of any nature, in law or in equity, arising out of chapter 538, the common law of the  
76 state of Missouri, or any statute defining a cause of action against a health care provider  
77 for personal injury, death, or professional malpractice arising out of or related to its health  
78 information exchange activities.

79           (2) Participants in a health information exchange operated by a health information  
80 organization pursuant to this chapter shall not be liable in any action for damages or costs  
81 of any nature, in law or equity, which result solely from that participant's use or failure  
82 to use the health information exchange or participant's disclosure of individually  
83 identifiable information through the health information exchange in accordance with the  
84 requirements of this chapter.

85           (3) No person shall be subject to antitrust or unfair competition liability based  
86 solely on participation in a health information exchange operated by a health information  
87 organization under this chapter.

88           (4) All employees, officers, and members of the governing board of a health  
89 information organization that operates a health information exchange under this chapter,  
90 whether temporary or permanent, shall not be subject to and shall be immune from any  
91 claim, suit, liability, damages, or any other recourse, civil or criminal, arising from any act  
92 or proceeding, decision, or determination undertaken, performed, or reached in good faith  
93 and without malice by any such member or members acting individually or jointly in  
94 carrying out the responsibilities, authority, duties, powers, and privileges of the offices  
95 conferred by law upon them under this chapter, or any other state law, or policies and  
96 procedures of the health information exchange, good faith being presumed until proven  
97 otherwise, with malice required to be shown by a complainant.

98           **(5) Individually identifiable information accessible through a health information**  
99 **exchange operated by a health information organization under this chapter is not subject**  
100 **to discovery, subpoena, or other means of legal compulsion for the release of such**  
101 **individually identifiable information to any person or entity. Such a health information**  
102 **organization shall not be compelled by a request for production, subpoena, court order,**  
103 **or otherwise, to disclose individually identifiable health information.**

376.1345. 1. As used in this section, unless the context clearly indicates otherwise,  
2 terms shall have the same meaning as ascribed to them in section 376.1350.

3           2. No health carrier, nor any entity acting on behalf of a health carrier, shall restrict  
4 methods of reimbursement to health care providers for health care services to a reimbursement  
5 method requiring the provider to pay a fee, discount the amount of their claim for  
6 reimbursement, or remit any other form of remuneration in order to redeem the amount of their  
7 claim for reimbursement.

8           3. If a health carrier initiates or changes the method used to reimburse a health care  
9 provider to a method of reimbursement that will require the health care provider to pay a fee,  
10 discount the amount of its claim for reimbursement, or remit any other form of remuneration to  
11 the health carrier or any entity acting on behalf of the health carrier in order to redeem the  
12 amount of its claim for reimbursement, the health carrier or an entity acting on its behalf shall:

13           (1) Notify such health care provider of the fee, discount, or other remuneration required  
14 to receive reimbursement through the new or different reimbursement method; and

15           (2) In such notice, provide clear instructions to the health care provider as to how to  
16 select an alternative payment method, and upon request such alternative payment method shall  
17 be used to reimburse the provider until the provider requests otherwise.

18           4. A health carrier shall allow the provider to select to be reimbursed by an electronic  
19 funds transfer through the Automated Clearing House Network as required pursuant to 45 C.F.R.  
20 Sections 162.925, 162.1601, and 162.1602, and if the provider makes such selection, the health  
21 carrier shall use such reimbursement method to reimburse the provider until the provider requests  
22 otherwise.

23           5. **A health carrier may only withhold or recoup an amount it overpaid to a**  
24 **provider from the provider or entity in receipt of the payment for the claim. A withhold**  
25 **or recoupment by a health carrier shall also inform the provider or entity in receipt of the**  
26 **payment of the claim, the health service provided, date of service, and patient for whom**  
27 **the withhold or recoupment is being made.**

28           6. Violation of this section shall be deemed an unfair trade practice under sections  
29 375.930 to 375.948.

**376.1590. 1. As used in this section, the term "insurance policy" means a policy or other contract of life insurance as such term is defined in section 376.365, a policy of accident and sickness insurance as such term is defined in section 376.773, or a long-term care insurance policy as such term is defined in section 376.1100.**

**2. Notwithstanding any provision of law to the contrary, a person's status as a living organ donor shall not be the sole factor in the offering, issuance, cancellation, price, or conditions of an insurance policy, nor in the amount of coverage provided under an insurance policy.**

**3. (1) The department of commerce and insurance shall provide information to the public on the access of a living organ donor to insurance as specified in this section. If the department of commerce and insurance receives materials related to live organ donation from a recognized live organ donation organization, the department of commerce and insurance may make the materials available to the public.**

**(2) If the department of health and senior services receives materials related to live organ donation from a recognized live organ donation organization, the department of health and senior services may make the materials available to the public.**

**(3) The department of commerce and insurance and the department of health and senior services may seek and accept gifts, grants, or donations from private or public sources for the purposes of this subsection.**

**4. The director of the department of commerce and insurance may promulgate rules as 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, 2020, shall be invalid and void.**

**579.040. 1. A person commits the offense of unlawful distribution, delivery, or sale of drug paraphernalia if he or she unlawfully distributes, delivers, or sells, or possesses with intent to distribute, deliver, or sell drug paraphernalia knowing, or under circumstances in which one reasonably should know, that it will be used to plant, propogate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance or an imitation controlled substance in violation of this chapter. Any entity registered with the department of health and senior services that possesses, distributes, or**



9 **delivers hypodermic needles or syringes for the purpose of operating a syringe exchange**  
10 **program or otherwise mitigating health risks associated with unsterile injection drug use**  
11 **shall be exempt from the provisions of this section.**

12 **2. No entity described in subsection 1 of this section shall have its premises located**  
13 **within five hundred feet of any school building, unless such entity's premises were**  
14 **established prior to the school building.**

15 **3. The offense of unlawful delivery of drug paraphernalia is a class A misdemeanor,**  
16 **unless done for commercial purposes, in which case it is a class E felony.**

579.076. 1. A person commits the offense of unlawful manufacture of drug  
2 paraphernalia if he or she unlawfully manufactures with intent to deliver drug paraphernalia,  
3 knowing, or under circumstances where one reasonably should know, that it will be used to plant,  
4 propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare,  
5 test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce  
6 into the human body a controlled substance or an imitation controlled substance in violation of  
7 this chapter or chapter 195. **Any entity registered with the department of health and senior**  
8 **services that delivers or manufactures hypodermic needles or syringes for the purpose of**  
9 **operating a syringe exchange program or otherwise mitigating health risks associated with**  
10 **unsterile injection drug use shall be exempt from the provisions of this section.**

11 **2. The offense of unlawful manufacture of drug paraphernalia is a class A misdemeanor,**  
12 **unless done for commercial purposes, in which case it is a class E felony.**

Section B. Because immediate action is necessary to ensure that all owners, officers,  
2 managers, contractors, employees, and other support staff of medical marijuana facilities be  
3 subjected to state and federal fingerprint-based criminal background checks to ensure the  
4 integrity of the Missouri medical marijuana industry, the enactment of section 195.815 of this  
5 act is deemed necessary for the immediate preservation of the public health, welfare, peace, and  
6 safety, and the enactment of section 195.815 of this act is hereby declared to be an emergency  
7 act within the meaning of the constitution, and the enactment of section 195.815 of this act shall  
8 be in full force and effect on July 1, 2020, or upon its passage and approval, whichever occurs  
9 later.

Section C. The enactment of section 302.205 of section A of this act shall become  
2 effective on July 31, 2021.

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