

SECOND REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**SENATE BILL NO. 710**  
**101ST GENERAL ASSEMBLY**

3225H.03C

DANA RADEMAN MILLER, Chief Clerk

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**AN ACT**

To repeal sections 167.630, 191.743, 196.866, and 196.868, RSMo, and to enact in lieu thereof fourteen new sections relating to health care, with an emergency clause 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Section A. Sections 167.630, 191.743, 196.866, and 196.868, RSMo, are repealed  
2 and fourteen new sections enacted in lieu thereof, to be known as sections 9.236, 135.690,  
3 167.625, 167.630, 191.1400, 191.1405, 191.1410, 191.1415, 191.1425, 191.1427, 191.1430,  
4 191.1437, 191.1440, and 208.184, to read as follows:

**9.236. The third full week in September of each year shall be known and**  
2 **designated as "Sickle Cell Awareness Week". Sickle cell disease is a genetic disease in**  
3 **which a person's body produces abnormally shaped red blood cells that resemble a**  
4 **crescent and that do not last as long as normal round red blood cells, which leads to**  
5 **anemia. It is recommended to the people of the state that the week be appropriately**  
6 **observed through activities that will increase awareness of sickle cell disease and efforts**  
7 **to improve treatment options for patients.**

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

- 2 **(1) "Division", the division of professional registration of the department of**  
3 **commerce and insurance;**  
4 **(2) "Community-based faculty preceptor", a physician or physician assistant**  
5 **who is licensed in Missouri and provides preceptorships to Missouri medical students or**  
6 **physician assistant students without direct compensation for the work of precepting;**  
7 **(3) "Department", the Missouri department of health and senior services;**

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.

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

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

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

26           (7) "Physician assistant student", an individual participating in a Missouri  
27 physician assistant program accredited by the Accreditation Review Commission on  
28 Education for the Physician Assistant or its successor organization;

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

33           2. (1) Beginning January 1, 2023, any community-based faculty preceptor who  
34 serves as the community-based faculty preceptor for a medical student core  
35 preceptorship or a physician assistant student core preceptorship shall be allowed a  
36 credit against the tax otherwise due under chapter 143, excluding withholding tax  
37 imposed under sections 143.191 to 143.265, in an amount equal to one thousand dollars  
38 for each preceptorship, up to a maximum of three thousand dollars per tax year, if he or  
39 she completes up to three preceptorship rotations during the tax year and did not  
40 receive any direct compensation for the preceptorships.

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

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

49           **(4) No more than two hundred preceptorship tax credits shall be authorized**  
50 **under this section for any one calendar year. The tax credits shall be awarded on a first-**  
51 **come, first-served basis. The division and the department shall jointly promulgate rules**  
52 **for determining the manner in which taxpayers who have obtained certification under**  
53 **this section are able to claim the tax credit. The cumulative amount of tax credits**  
54 **awarded under this section shall not exceed two hundred thousand dollars per year.**

55           **(5) Notwithstanding the provisions of subdivision (4) of this subsection, the**  
56 **department is authorized to exceed the two hundred thousand dollars per year tax**  
57 **credit program cap in any amount not to exceed the amount of funds remaining in the**  
58 **medical preceptor fund, as established under subsection 3 of this section, as of the end of**  
59 **the most recent tax year, after any required transfers to the general revenue fund have**  
60 **taken place in accordance with the provisions of subsection 3 of this section.**

61           **3. (1) Funding for the tax credit program authorized under this section shall be**  
62 **generated by the division from a license fee increase of seven dollars per license for**  
63 **physicians and surgeons and from a license fee increase of three dollars per license for**  
64 **physician assistants. The license fee increases shall take effect beginning January 1,**  
65 **2023, based on the underlying license fee rates prevailing on that date. The underlying**  
66 **license fee rates shall be determined under section 334.090 and all other applicable**  
67 **provisions of chapter 334.**

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

79           **(b) Notwithstanding any provision of this chapter or any other provision of law**  
80 **to the contrary, all revenue from the license fee increases described under subdivision**  
81 **(1) of this subsection shall be deposited in the medical preceptor fund. After the end of**

82 every tax year, an amount equal to the total dollar amount of all tax credits claimed  
83 under this section shall be transferred from the medical preceptor fund to the state's  
84 general revenue fund established under section 33.543. Any excess moneys in the  
85 medical preceptor fund shall remain in the fund and shall not be transferred to the  
86 general revenue fund.

87 4. (1) The department shall administer the tax credit program authorized under  
88 this section. Each taxpayer claiming a tax credit under this section shall file an  
89 application with the department verifying the number of hours of instruction and the  
90 amount of the tax credit claimed. The hours claimed on the application shall be verified  
91 by the college or university department head or the program director on the application.  
92 The certification by the department affirming the taxpayer's eligibility for the tax credit  
93 provided to the taxpayer shall be filed with the taxpayer's income tax return.

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

99 5. The department of commerce and insurance and the department of health and  
100 senior services shall jointly promulgate rules to implement the provisions of this section.  
101 Any rule or portion of a rule, as that term is defined in section 536.010, that is created  
102 under the authority delegated in this section shall become effective only if it complies  
103 with and is subject to all of the provisions of chapter 536 and, if applicable, section  
104 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested  
105 with the general assembly pursuant to chapter 536 to review, to delay the effective date,  
106 or to disapprove and annul a rule are subsequently held unconstitutional, then the grant  
107 of rulemaking authority and any rule proposed or adopted after August 28, 2022, shall  
108 be invalid and void.

167.625. 1. This section shall be known and may be cited as "Will's Law".

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

3 (1) "Individualized emergency health care plan", a document developed by a  
4 school nurse, in consultation with a student's parent and other appropriate medical  
5 professionals, that is consistent with the recommendations of the student's health care  
6 providers, that describes procedural guidelines that provide specific directions about  
7 what to do in a particular emergency situation, and that is signed by the parent and the  
8 school nurse or the school administrator or the administrator's designee in the absence  
9 of the school nurse;

10           (2) "Individualized health care plan", a document developed by a school nurse,  
11 in consultation with a student's parent and other appropriate medical professionals who  
12 may be providing epilepsy or seizure disorder care to the student, that is consistent with  
13 the recommendations of the student's health care providers, that describes the health  
14 services needed by the student at school, and that is signed by the parent and the school  
15 nurse or the school administrator or the administrator's designee in the absence of the  
16 school nurse;

17           (3) "Parent", a parent, guardian, or other person having charge, control, or  
18 custody of a student;

19           (4) "School", any public elementary or secondary school or charter school;

20           (5) "School employee", a person employed by a school;

21           (6) "Student", a student who has epilepsy or a seizure disorder and who attends  
22 a school.

23           3. (1) The parent of a student who seeks epilepsy or seizure disorder care while  
24 at school shall inform the school nurse or the school administrator or the  
25 administrator's designee in the absence of the school nurse. The school nurse shall  
26 develop an individualized health care plan and an individualized emergency health care  
27 plan for the student. The parent of the student shall annually provide to the school  
28 written authorization for the provision of epilepsy or seizure disorder care as described  
29 in the individualized plans.

30           (2) The individualized plans developed under subdivision (1) of this subsection  
31 shall be updated by the school nurse before the beginning of each school year and as  
32 necessary if there is a change in the health status of the student.

33           (3) Each individualized health care plan shall, and each individualized  
34 emergency health care plan may, include but not be limited to the following  
35 information:

36           (a) A notice about the student's condition for all school employees who interact  
37 with the student;

38           (b) Written orders from the student's physician or advanced practice nurse  
39 describing the epilepsy or seizure disorder care;

40           (c) The symptoms of the epilepsy or seizure disorder for that particular student  
41 and recommended care;

42           (d) Whether the student may fully participate in exercise and sports, and any  
43 contraindications to exercise or accommodations that shall be made for that particular  
44 student;

45           (e) Accommodations for school trips, after-school activities, class parties, and  
46 other school-related activities;

47           **(f) Information for such school employees about how to recognize and provide**  
48 **care for epilepsy and seizure disorders, epilepsy and seizure disorder first aid training,**  
49 **when to call for assistance, emergency contact information, and parent contact**  
50 **information;**

51           **(g) Medical and treatment issues that may affect the educational process of the**  
52 **student;**

53           **(h) The student's ability to manage, and the student's level of understanding of,**  
54 **the student's epilepsy or seizure disorder; and**

55           **(i) How to maintain communication with the student, the student's parent and**  
56 **health care team, the school nurse or the school administrator or the administrator's**  
57 **designee in the absence of the school nurse, and the school employees.**

58           **4. (1) The school nurse assigned to a particular school or the school**  
59 **administrator or the administrator's designee in the absence of the school nurse shall**  
60 **coordinate the provision of epilepsy and seizure disorder care at that school and ensure**  
61 **that all school employees are trained every two years in the care of students with**  
62 **epilepsy and seizure disorders including, but not limited to, school employees working**  
63 **with school-sponsored programs outside of the regular school day, as provided in the**  
64 **student's individualized plans.**

65           **(2) The training required under subdivision (1) of this subsection shall include**  
66 **an online or in-person course of instruction approved by the department of health and**  
67 **senior services that is provided by a reputable, local, Missouri-based health care or**  
68 **nonprofit organization that supports the welfare of individuals with epilepsy and seizure**  
69 **disorders.**

70           **5. The school nurse or the school administrator or the administrator's designee**  
71 **in the absence of the school nurse shall obtain a release from a student's parent to**  
72 **authorize the sharing of medical information between the student's physician or**  
73 **advanced practice nurse and other health care providers. The release shall also**  
74 **authorize the school nurse or the school administrator or the administrator's designee in**  
75 **the absence of the school nurse to share medical information with other school**  
76 **employees in the school district as necessary. No sharing of information under this**  
77 **subsection shall be construed to be a violation of the federal Health Insurance**  
78 **Portability and Accountability Act of 1996 (HIPAA) (Pub. L. 104-191), as amended, if a**  
79 **student's parent has provided a release under this subsection.**

80           **6. No school employee including, but not limited to, a school nurse, a school bus**  
81 **driver, a school bus aide, or any other officer or agent of a school shall be held liable for**  
82 **any good faith act or omission consistent with the provisions of this section, nor shall an**  
83 **action before the state board of nursing lie against a school nurse for any such action**

84 **taken by a school employee trained in good faith by the school nurse under this section.**  
85 **"Good faith" shall not be construed to include willful misconduct, gross negligence, or**  
86 **recklessness.**

167.630. 1. Each school board may authorize a school nurse licensed under chapter  
2 335 who is employed by the school district and for whom the board is responsible for to  
3 maintain an adequate supply of prefilled auto syringes of epinephrine with fifteen-hundredths  
4 milligram or three-tenths milligram delivery at the school. The nurse shall recommend to the  
5 school board the number of prefilled epinephrine auto syringes that the school should  
6 maintain.

7 2. To obtain prefilled epinephrine auto syringes for a school district, a prescription  
8 written by a licensed physician, a physician's assistant, or nurse practitioner is required. For  
9 such prescriptions, the school district shall be designated as the patient, the nurse's name shall  
10 be required, and the prescription shall be filled at a licensed pharmacy.

11 3. A school nurse ~~[or]~~, **contracted agent trained by a nurse, or** other school  
12 employee trained by and supervised by the nurse shall have the discretion to use an  
13 epinephrine auto syringe on any student the school nurse ~~[or]~~, trained employee, **or trained**  
14 **contracted agent** believes is having a life-threatening anaphylactic reaction based on the  
15 training in recognizing an acute episode of an anaphylactic reaction. The provisions of  
16 section 167.624 concerning immunity from civil liability for trained employees administering  
17 lifesaving methods shall apply to trained employees administering a prefilled auto syringe  
18 under this section. **Trained contracted agents shall have immunity from civil liability for**  
19 **administering a prefilled auto syringe under this section.**

**191.1400. Sections 191.1400 to 191.1440 shall be known and may be cited as the**  
2 **"No Patient Left Alone Act".**

**191.1405. For purposes of sections 191.1400 to 191.1440, the following terms**  
2 **mean:**

3 (1) **"Compassionate care visitation", a visit that is:**

4 (a) **With a resident's friend, family member, or other essential caregiver**  
5 **including, but not limited to, any of the following:**

6 a. **A clergy member;**

7 b. **A lay person offering religious or spiritual support;**

8 c. **Any other person requested by the resident for the purpose of a compassionate**  
9 **care visit; and**

10 d. **A person providing a service requested by the resident, such as a hairdresser**  
11 **or barber; and**

12 (b) **Necessary to meet the physical or mental needs of the resident including, but**  
13 **not limited to:**

- 14           a. In end-of-life situations;
- 15           b. For adjustment support or communication support including, but not limited
- 16 to, assistance with hearing and speaking;
- 17           c. For emotional support;
- 18           d. For physical support after eating or drinking issues, including weight loss or
- 19 dehydration; or
- 20           e. For social support;
- 21           (2) "Essential support person", an individual designated by the patient to
- 22 advocate or provide support for the patient including, but not limited to, an individual
- 23 designated as a caregiver under section 191.1150;
- 24           (3) "Health care facility", a hospital as defined in section 197.020, an office of a
- 25 health care professional, a long-term care facility, or a hospice facility;
- 26           (4) "Health care professional", a person who is licensed, certified, or otherwise
- 27 authorized by the laws of this state to administer health care in the ordinary course of
- 28 the practice of his or her profession;
- 29           (5) "Hospice facility", a facility providing hospice care required to be
- 30 certificated under sections 197.250 to 197.280;
- 31           (6) "Long-term care facility":
- 32           (a) A facility as defined in subdivision (6), (14), (22), or (23) of section 198.006;
- 33           (b) A post-acute head injury retraining and residential facility; or
- 34           (c) An intermediate care facility for individuals with developmental disabilities.
- 191.1410. 1. Upon the request of a patient or his or her legal guardian, a health
- 2 care facility licensed in this state shall allow the patient or his or her legal guardian to
- 3 designate at least three essential support persons in addition to a spouse or legal
- 4 guardian and shall allow a spouse or legal guardian and at least one essential support
- 5 person to be present with the patient at all times in the emergency department and
- 6 during the stay of the patient in the health care facility.
- 7           2. A health care facility shall not discriminate against a patient by requiring the
- 8 patient to:
- 9           (1) Execute an advance directive or a physician order for life-sustaining
- 10 treatment as a condition of receiving treatment or visitation;
- 11           (2) Agree to a do-not-resuscitate or similar order as a condition of receiving
- 12 treatment or visitation; or
- 13           (3) Have been vaccinated against any disease in order to receive treatment or
- 14 visitation.
- 15           3. This section shall not affect any obligation of a health care facility to:



16           (1) Provide patients with effective communication supports or other reasonable  
17 accommodations in accordance with federal and state laws; or

18           (2) Make exceptions to the visitor policy of a health care facility as a reasonable  
19 accommodation under the Americans with Disabilities Act of 1990, 42 U.S.C. Section  
20 12101 et seq., as existing on January 1, 2021.

21           4. Notwithstanding the other provisions of this section and section 191.1415, a  
22 health care facility may limit:

23           (1) The number of visitors per patient at one time based on the size of the  
24 building and physical space;

25           (2) Movement of visitors within the health care facility; and

26           (3) Access of any person to a patient:

27           (a) At the request of the patient or a law enforcement agency;

28           (b) Due to a court order;

29           (c) To prevent substantial disruption to the care of a patient;

30           (d) If the person has measurable signs and symptoms of a transmissible  
31 infection; except that, the health care facility shall allow access through telephone,  
32 means of telecommunication, or other means that ensure the protection of the patient;

33           (e) If the health care facility has reasonable cause to suspect the person of being  
34 a danger to the patient or to be contrary to the health or welfare of the patient or other  
35 patients; or

36           (f) If, in the clinical judgment of the patient's attending physician, the presence  
37 of visitors would be medically or therapeutically contraindicated to the health or life of  
38 the patient, and the physician attests to such in the patient's chart.

39           5. The health care facility shall have the burden of proof to establish that it is  
40 entitled to limit access under subsection 4 of this section.

41           6. Nothing in this section shall limit a health care facility from limiting or  
42 redirecting visitors to a patient in a shared room to ensure the health and safety of the  
43 patients in the shared room.

44           7. Nothing in sections 191.1410 to 191.1415 shall be construed to require a  
45 hospital to allow visitation in situations when there is substantial disruptive,  
46 threatening, or violent behavior toward any staff member, patient, or other visitor.

          191.1415. 1. (1) A child has the right to have a parent, legal guardian, or person  
2 standing in loco parentis physically present with the child while the child receives care  
3 in a health care facility.

4           (2) An adult patient has the right to have a spouse or legal guardian and an  
5 essential support person physically present with the adult patient while the adult patient  
6 receives care in a health care facility.

7           **(3) A person with a right to be physically present under subdivision (1) or (2) of**  
8 **this subsection may leave and return to the health care facility that is caring for the**  
9 **patient.**

10           **2. A health care facility shall not:**

11           **(1) Require a patient to waive the rights specified in subdivisions (1) and (2) of**  
12 **subsection 1 of this section;**

13           **(2) Prevent a parent, legal guardian, or person standing in loco parentis of a**  
14 **child receiving care in a health care facility from having daily physical access to the**  
15 **child at reasonable times; or**

16           **(3) Separate the parent, legal guardian, or person standing in loco parentis of a**  
17 **child receiving care in a health care facility from the child, except in cases of suspected**  
18 **abuse or threats of violence or to prevent disruption to the care of the child.**

**191.1425. 1. (1) A long-term care facility shall allow compassionate care**  
2 **visitation as needed by the resident.**

3           **(2) Personal contact in person with a resident is permitted during a**  
4 **compassionate care visitation if the long-term care facility protocol is followed.**

5           **2. A long-term care facility shall work with residents, families, caregivers,**  
6 **resident representatives, and medical providers, and may include the office of state**  
7 **ombudsman for long-term care facility residents established in section 192.2305, to**  
8 **identify the need for compassionate care visitation using a person-centered approach**  
9 **that takes the requests of residents into account.**

10           **3. Within the scope of visitation provided by this section, a long-term care**  
11 **facility shall permit a resident making decisions regarding end-of-life care to be**  
12 **accompanied by a family member, guardian, or essential support person designated by**  
13 **the resident unless the resident declines or requests to have the discussion outside the**  
14 **presence of a family member, guardian, or essential support person.**

15           **4. (1) A long-term care facility may limit:**

16           **(a) The number of visitors per resident at one time based on the size of the**  
17 **building and physical space; and**

18           **(b) Movement in the long-term care facility, such as requiring the visitor to go**  
19 **directly to the resident's room or designated visitation area.**

20           **(2) A visit for a resident who shares a room shall not be conducted in the**  
21 **resident's room unless the health status of the resident prevents leaving the room.**

22           **5. Health care workers who are not employees of the long-term care facility but**  
23 **provide direct care to a resident in the long-term care facility, such as hospice workers,**  
24 **emergency medical services personnel, dialysis technicians, laboratory technicians,**

25 radiology technicians, and social workers, shall be permitted into the long-term care  
26 facility if proper infection control protocols are followed.

191.1427. Nothing in sections 191.1410 to 191.1425 shall be construed to prohibit  
2 health care facilities from adopting reasonable safety or security restrictions or  
3 requirements for visitors. Nothing in sections 191.1410 to 191.1415 shall be construed to  
4 require a hospital to allow visitors to enter an operating room, isolation room or unit,  
5 behavioral health unit or other typically restricted area or to remain present during the  
6 administration of emergency care in critical situations. The provisions of sections  
7 191.1410 to 191.1415 shall only be construed to permit a visitor access to rooms, units, or  
8 wards in which patients are normally allowed to have visitors as well as common areas  
9 of the hospital.

191.1430. 1. Within thirty days of the effective date of this section, the  
2 department of health and senior services and the department of social services shall  
3 develop informational materials regarding sections 191.1400 to 191.1440.

4 2. A health care facility shall make the informational materials regarding  
5 sections 191.1400 to 191.1440 accessible:

6 (1) Upon admission or registration; and

7 (2) On any website of the health care facility.

191.1437. 1. No health care facility shall be held liable for damages in an action  
2 involving a liability claim against the health care facility arising from the compliance of  
3 the health care facility with the provisions of sections 191.1400 to 191.1440.

4 2. The immunity set forth in subsection 1 of this section shall be provided in  
5 addition to, and shall in no way limit, any other immunity protections that may apply in  
6 state or federal law.

191.1440. 1. Sections 191.1400 to 191.1440 do not apply to:

2 (1) Any inpatient facility operated by the department of mental health;

3 (2) A minor who is:

4 (a) In the custody of the children's division of the department of social services;

5 or

6 (b) A suspected victim in a pending child abuse or neglect investigation;

7 (3) An individual who is in the custody of the department of corrections; or

8 (4) An individual who is attending a preventive health care office visit during  
9 which evidence-based guidelines for preventive care recommend a confidential visit  
10 component for youth, as mutually agreed to by the patient and his or her physician.

11 2. Sections 191.1400 to 191.1440 do not:

12 (1) Affect the rights of a legal guardian or holder of a power of attorney; or

13           (2) Waive or change the long-term care facility residents' rights under sections  
14 198.088 and 198.090.

15           3. The requirements under sections 191.1400 to 191.1440 shall be established as a  
16 minimum for visitation in a health care facility but shall not limit visitation at a health  
17 care facility to only visitation outlined in sections 191.1400 to 191.1440.

18           4. The rights specified in sections 191.1400 to 191.1440 shall not be terminated,  
19 suspended, or waived by:

20           (1) A health care facility;

21           (2) The department of health and senior services;

22           (3) The department of social services; or

23           (4) The governor upon declaring an emergency under chapter 44.

          208.184. 1. During at least one regularly scheduled meeting each calendar year,  
2 the advisory council on rare diseases and personalized medicine established in section  
3 208.183 shall dedicate time to:

4           (1) Discuss and evaluate whether the available covered medications, treatments,  
5 and services are adequate to meet the needs of MO HealthNet beneficiaries with a  
6 diagnosis of sickle cell disease;

7           (2) Review information on treatments for sickle cell disease in late-stage studies  
8 that show promise in peer-reviewed medical literature; and

9           (3) Review the importance of provider education on the disproportionate impact  
10 of sickle cell disease on specific minority populations.

11           2. After each annual review of the issues described under subsection 1 of this  
12 section, staff members of the MO HealthNet division, under the guidance of the advisory  
13 council on rare diseases and personalized medicine, may develop their own report on the  
14 issues described under subsection 1 of this section to be made available to the public or  
15 may solicit expert testimony or input on such issues, which may be compiled and posted  
16 on the website of the MO HealthNet division.

~~[191.743. 1. Any physician or health care provider who provides  
2 services to pregnant women shall identify all such women who are high risk  
3 pregnancies by use of protocols developed by the department of health and  
4 senior services pursuant to section 191.741. The physician or health care  
5 provider shall upon identification inform such woman of the availability of  
6 services and the option of referral to the department of health and senior  
7 services.~~

~~2. Upon consent by the woman identified as having a high risk  
8 pregnancy, the physician or health care provider shall make a report, within  
9 seventy-two hours, to the department of health and senior services on forms  
10 approved by the department of health and senior services.~~

12           ~~3. Any physician or health care provider complying with the~~  
13 ~~provisions of this section, in good faith, shall have immunity from any civil~~  
14 ~~liability that might otherwise result by reason of such actions.~~

15           ~~4. Referral and associated documentation provided for in this section~~  
16 ~~shall be confidential and shall not be used in any criminal prosecution.~~

17           ~~5. The consent required by subsection 2 of this section shall be deemed~~  
18 ~~a waiver of the physician-patient privilege solely for the purpose of making the~~  
19 ~~report pursuant to subsection 2 of this section.]~~

2           ~~[196.866. 1. Every person, firm, association or corporation, before~~  
3 ~~engaging in the business of manufacturing or freezing ice cream, mellorine,~~  
4 ~~frozen dessert products or any other product defined in sections 196.851 to~~  
5 ~~196.895, shall first obtain a license from the director of the department of~~  
6 ~~health and senior services of the state of Missouri. A license shall be obtained~~  
7 ~~for each plant or place of business where ice cream, ice cream mix, ice milk,~~  
8 ~~sherbet, frozen malt, ice milk mix, mellorine, edible fat frozen dessert or ices~~  
9 ~~are manufactured or frozen. Hotels, motels, restaurants, boardinghouses, or~~  
10 ~~other concerns or agents which shall manufacture or freeze ice cream, or~~  
11 ~~related frozen food products defined in sections 196.851 to 196.895 for the use~~  
12 ~~of their patrons, guests, or servants, shall be required to take out the license~~  
13 ~~herein provided for; provided, that nothing in this section shall apply to private~~  
14 ~~homes, hospitals, churches, or fraternal organizations manufacturing such~~  
15 ~~products for their own use or to retailers dealing in ice cream or frozen dessert~~  
16 ~~products received in the final frozen form from a licensed manufacturer.~~

17           ~~2. Applications for such licenses, both frozen dessert and mellorine,~~  
18 ~~shall be accompanied by a statutory fee as follows: For each plant producing~~  
19 ~~annually not in excess of five thousand gallons, ten dollars; in excess of five~~  
20 ~~thousand gallons and not in excess of fifteen thousand gallons, fifteen dollars;~~  
21 ~~in excess of fifteen thousand gallons and not in excess of twenty five thousand~~  
22 ~~gallons, twenty five dollars; in excess of twenty five thousand gallons and not~~  
23 ~~in excess of fifty thousand gallons, fifty dollars; in excess of fifty thousand~~  
24 ~~gallons and not in excess of one hundred thousand gallons, seventy five~~  
25 ~~dollars; in excess of one hundred thousand gallons and not in excess of two~~  
26 ~~hundred thousand gallons, one hundred dollars; in excess of two hundred~~  
27 ~~thousand gallons and not in excess of four hundred thousand gallons, one~~  
28 ~~hundred twenty five dollars; over four hundred thousand gallons, one hundred~~  
29 ~~fifty dollars, and shall be made to the director of the department of health and~~  
30 ~~senior services, upon such forms and shall show such information as may be~~  
31 ~~demand by the department of health and senior services, and the said~~  
32 ~~director of the department of health and senior services, upon receipt of~~  
33 ~~application for such license, shall cause to be investigated the equipment and~~  
34 ~~the sanitary conditions of the plant or place of business for which the license is~~  
35 ~~applied. If the condition of the plant or place of business is found to be~~  
36 ~~satisfactory, a license shall be issued by the director of the department of~~  
37 ~~health and senior services to such applicant.~~

38           ~~3. Each license so issued shall expire one year following the date of~~  
~~issuance. All licenses for plants or places of business, when the manufacture~~

39 of ice cream, ice cream mix, ice milk, sherbets, or ices is continued after the  
40 expiration of such licenses, shall be renewed annually.

41 4. The director of the department of health and senior services may  
42 withhold and refuse to issue a license for any plant or place of business that  
43 has not been conducted or is not prepared to be conducted in accordance with  
44 the requirements of sections 196.851 to 196.895 or any rules issued hereunder.  
45 The director of the department of health and senior services shall have the  
46 power to revoke any license issued under sections 196.851 to 196.895  
47 whenever it is determined by him that any of the provisions of sections  
48 196.851 to 196.895 have been violated. Any person, firm, association or  
49 corporation, whose license has been so revoked, shall discontinue operation of  
50 the business for which the license was issued until such time as the provisions  
51 of sections 196.851 to 196.895 have been complied with and a new license  
52 granted by the director of the department of health and senior services. Before  
53 revoking any such license, the director of the department of health and senior  
54 services shall give written notice to the licensee affected, stating that he  
55 contemplates revocation of the same and giving his reasons therefor. Said  
56 notice shall appoint a time and place for hearing and shall be mailed by  
57 registered mail to the licensee at least ten days before the date set for the  
58 hearing or personal service rendered. The licensee may present to the director  
59 of the department of health and senior services such evidence as may have a  
60 bearing on the case, and, after hearing of the testimony, the director of the  
61 department of health and senior services shall decide the question in such  
62 manner as to him appears just and right.

63 5. Any licensee who feels aggrieved at the decision of the director of  
64 the department of health and senior services may appeal from said decision  
65 within sixty days by writ of certiorari to the circuit court of the county in  
66 which such person resides or in case of a firm, association or corporation, the  
67 county in which is located its principal place of business.

68 6. All fees collected under this section shall be deposited in the state  
69 treasury, subject to appropriation by the general assembly.]

2 [196.868. Any person who operates a plant manufacturing or freezing  
3 ice cream, mellorine, frozen dessert products or any other product defined in  
4 sections 196.851 to 196.895, located outside of this state and sells, offers for  
5 sale or distributes the products in this state shall obtain a broker's license from  
6 the director and pay a broker's license fee, equivalent to the license fee  
7 provided in section 196.866, on all sales in this state, and shall be subject to  
the other provisions of sections 196.851 to 196.895.]

Section B. Because immediate action is necessary to provide individualized care  
2 plans for students with epilepsy or seizure disorders who attend public schools, the enactment  
3 of section 167.625 of section A of this act is deemed necessary for the immediate preservation  
4 of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act  
5 within the meaning of the constitution, and the enactment of section 167.625 of section A of  
6 this act shall be in full force and effect upon its passage and approval.