

SECOND REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE NO. 2 FOR  
**SENATE BILL NO. 710**  
**101ST GENERAL ASSEMBLY**

3225H.05C

DANA RADEMAN MILLER, Chief Clerk

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**AN ACT**

To repeal sections 167.630, 172.800, 191.116, 191.500, 191.515, 191.520, 191.525, 191.743, 191.900, 191.905, 192.005, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 195.010, 196.866, 196.868, 197.100, 197.256, 197.258, 197.415, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 208.909, 210.921, 251.070, 301.020, 302.171, 335.230, 335.257, 565.184, 630.155, and 660.010, RSMo, and to enact in lieu thereof fifty-three new sections relating to health care, with penalty provisions and 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, 172.800, 191.116, 191.500, 191.515, 191.520, 191.525, 191.743, 191.900, 191.905, 192.005, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 195.010, 196.866, 196.868, 197.100, 197.256, 197.258, 197.415, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 208.909, 210.921, 251.070, 301.020, 302.171, 335.230, 335.257, 565.184, 630.155, and 660.010, RSMo, are repealed and fifty-three new sections enacted in lieu thereof, to be known as sections 9.236, 135.690, 167.625, 167.630, 172.800, 191.116, 191.500, 191.515, 191.520, 191.525, 191.900, 191.905, 191.1400, 191.2290, 192.005, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 194.321, 195.010, 197.100, 197.256, 197.258, 197.415, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 198.640, 198.642, 198.644, 198.646, 198.648, 208.184, 208.909, 210.921, 301.020, 302.171, 335.230, 335.257, 565.184, 630.155, 630.202, and 660.010, to read as follows:

**9.236. The third full week in September of each year shall be known and designated as "Sickle Cell Awareness Week". Sickle cell disease is a genetic disease in which a person's body produces abnormally shaped red blood cells that resemble a**

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.

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

172.800. As used in sections 172.800 to 172.807, unless the context clearly requires  
2 otherwise, the following terms shall mean:

3 (1) "Alzheimer's disease and related disorders", diseases resulting from significant  
4 destruction of brain tissue and characterized by a decline of memory and other intellectual

5 functions. These diseases include but are not limited to progressive, degenerative and  
6 dementing illnesses such as presenile and senile dementias, Alzheimer's disease and other  
7 related disorders;

8 (2) "Board of curators", the board of curators of the University of Missouri;

9 (3) "Investigator", any person with research skills who seeks state funding for a  
10 research project under sections 172.800 to 172.807;

11 (4) "Research project", any original investigation for the advancement of scientific  
12 knowledge in the area of Alzheimer's disease and related disorders;

13 (5) ~~["Task force", the Alzheimer's disease and related disorders task force established~~  
14 ~~pursuant to sections 660.065 and 660.066;~~

15 ~~(6)~~ "Advisory board", a board appointed by the board of curators to advise on the  
16 administration of the program established by sections 172.800 to 172.807.

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-one  
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, and  
7 mental health, or their designees;

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

10 (4) One member of the senate to be appointed by the president pro tempore of the  
11 senate;

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

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

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

17 (8) One member from the office of state ombudsman for long-term care facility  
18 residents;

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

20 (10) One member representing the home care profession;

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

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

23 (13) One member with expertise in minority health;

24 (14) One member representing the law enforcement community;

25 (15) One member from the department of higher education and workforce  
26 development with knowledge of workforce training;

27 (16) Two members representing voluntary health organizations in Alzheimer's disease  
28 care, support, and research;

29 (17) One member representing licensed skilled nursing facilities; and

30 (18) One member representing Missouri veterans' homes.

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

35 3. The task force shall assess all state programs that address Alzheimer's disease and  
36 update and maintain an integrated state plan to overcome the challenges caused by  
37 Alzheimer's disease. The state plan shall include implementation steps and recommendations  
38 for priority actions based on this assessment. The task force's actions shall include, but shall  
39 not be limited to, the following:

40 (1) Assess the current and future impact of Alzheimer's disease on residents of the  
41 state of Missouri;

42 (2) Examine the existing services and resources addressing the needs of persons with  
43 Alzheimer's disease and their families and caregivers;

44 (3) Develop recommendations to respond to the escalating public health crisis  
45 regarding Alzheimer's disease;

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

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

51 (6) Provide information and coordination of Alzheimer's disease research and  
52 services across all state agencies;

53 (7) Examine dementia-specific training requirements across health care, adult  
54 protective services workers, law enforcement, and all other areas in which staff are involved  
55 with the delivery of care to those with Alzheimer's disease and other dementias; and

56 (8) Develop strategies to increase the diagnostic rate of Alzheimer's disease in  
57 Missouri.

58 4. The task force shall deliver a report of recommendations to the governor and  
59 members of the general assembly no later than ~~June 1, 2022~~ **January 1, 2023**.

60 5. The task force shall continue to meet at the request of the chair and at a minimum  
61 of one time annually for the purpose of evaluating the implementation and impact of the task

62 force recommendations and shall provide annual supplemental report updates on the findings  
63 to the governor and the general assembly.

64 6. The provisions of this section shall expire on December 31, ~~[2026]~~ **2027**.

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

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

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

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

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

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

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

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

27 (8) "Rural area", a town or community within this state which is not within a  
28 "standard metropolitan statistical area", and has a population of six thousand or fewer  
29 inhabitants as determined by the last preceding federal decennial census or any  
30 unincorporated area not within a standard metropolitan statistical area.

191.515. An eligible student may apply to the department for a loan under sections  
2 191.500 to 191.550 only if, at the time of his application and throughout the period during  
3 which he receives the loan, he has been formally accepted as a student in a participating  
4 school in a course of study leading to the degree of doctor of medicine or doctor of

5 osteopathy, **including psychiatry, or a doctor of dental surgery, a doctor of dental**  
6 **medicine, or a bachelor of science degree in dental hygiene**, and is a resident of this state.

191.520. No loan to any eligible student shall exceed ~~[seven thousand five hundred]~~  
2 **twenty-five thousand** dollars for each academic year, which shall run from August first of  
3 any year through July thirty-first of the following year. All loans shall be made from funds  
4 appropriated to the medical school loan and loan repayment program fund created by section  
5 191.600, by the general assembly.

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

191.900. As used in sections 191.900 to 191.910, the following terms mean:

- 2 (1) "Abuse", the infliction of physical, sexual or emotional harm or injury. "Abuse"  
3 includes the taking, obtaining, using, transferring, concealing, appropriating or taking  
4 possession of property of another person without such person's consent;
- 5 (2) "Claim", any attempt to cause a health care payer to make a health care payment;
- 6 (3) "False", wholly or partially untrue. A false statement or false representation of a  
7 material fact means the failure to reveal material facts in a manner which is intended to  
8 deceive a health care payer with respect to a claim;
- 9 (4) "Health care", any service, assistance, care, product, device or thing provided  
10 pursuant to a medical assistance program, or for which payment is requested or received, in  
11 whole or part, pursuant to a medical assistance program;
- 12 (5) "Health care payer", a medical assistance program, or any person reviewing,  
13 adjusting, approving or otherwise handling claims for health care on behalf of or in  
14 connection with a medical assistance program;
- 15 (6) "Health care payment", a payment made, or the right under a medical assistance  
16 program to have a payment made, by a health care payer for a health care service;
- 17 (7) "Health care provider", any person delivering, or purporting to deliver, any health  
18 care, and including any employee, agent or other representative of such a person, and further  
19 including any employee, representative, or subcontractor of the state of Missouri delivering,  
20 purporting to deliver, or arranging for the delivery of any health care;
- 21 (8) "Knowing" and "knowingly", that a person, with respect to information:  
22 (a) Has actual knowledge of the information;  
23 (b) Acts in deliberate ignorance of the truth or falsity of the information; or

24 (c) Acts in reckless disregard of the truth or falsity of the information.

25

26 Use of the terms knowing or knowingly shall be construed to include the term "intentionally",  
27 which means that a person, with respect to information, intended to act in violation of the law;

28 (9) "Medical assistance program", MO HealthNet, or any program to provide or  
29 finance health care to participants which is established pursuant to title 42 of the United States  
30 Code, any successor federal health insurance program, or a waiver granted thereunder. A  
31 medical assistance program may be funded either solely by state funds or by state and federal  
32 funds jointly. The term "medical assistance program" shall include the medical assistance  
33 program provided by section 208.151, et seq., and any state agency or agencies administering  
34 all or any part of such a program;

35 (10) **"Neglect", the failure to provide to a person receiving health care the care,**  
36 **goods, or services that are reasonable and necessary to maintain the physical and mental**  
37 **health of such person when such failure presents either an imminent danger to the**  
38 **health, safety, or welfare of the person or a substantial probability that death or serious**  
39 **physical harm would result;**

40 (11) "Person", a natural person, corporation, partnership, association or any legal  
41 entity.

191.905. 1. No health care provider shall knowingly make or cause to be made a  
2 false statement or false representation of a material fact in order to receive a health care  
3 payment, including but not limited to:

4 (1) Knowingly presenting to a health care payer a claim for a health care payment that  
5 falsely represents that the health care for which the health care payment is claimed was  
6 medically necessary, if in fact it was not;

7 (2) Knowingly concealing the occurrence of any event affecting an initial or  
8 continued right under a medical assistance program to have a health care payment made by a  
9 health care payer for providing health care;

10 (3) Knowingly concealing or failing to disclose any information with the intent to  
11 obtain a health care payment to which the health care provider or any other health care  
12 provider is not entitled, or to obtain a health care payment in an amount greater than that  
13 which the health care provider or any other health care provider is entitled;

14 (4) Knowingly presenting a claim to a health care payer that falsely indicates that any  
15 particular health care was provided to a person or persons, if in fact health care of lesser value  
16 than that described in the claim was provided.

17 2. No person shall knowingly solicit or receive any remuneration, including any  
18 kickback, bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind in  
19 return for:

20 (1) Referring another person to a health care provider for the furnishing or arranging  
21 for the furnishing of any health care; or

22 (2) Purchasing, leasing, ordering or arranging for or recommending purchasing,  
23 leasing or ordering any health care.

24 3. No person shall knowingly offer or pay any remuneration, including any kickback,  
25 bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind, to any person to  
26 induce such person to refer another person to a health care provider for the furnishing or  
27 arranging for the furnishing of any health care.

28 4. Subsections 2 and 3 of this section shall not apply to a discount or other reduction  
29 in price obtained by a health care provider if the reduction in price is properly disclosed and  
30 appropriately reflected in the claim made by the health care provider to the health care payer,  
31 or any amount paid by an employer to an employee for employment in the provision of health  
32 care.

33 5. Exceptions to the provisions of subsections 2 and 3 of this section shall be provided  
34 for as authorized in 42 U.S.C. Section 1320a-7b(3)(E), as may be from time to time amended,  
35 and regulations promulgated pursuant thereto.

36 6. No person shall knowingly abuse **or neglect** a person receiving health care.

37 7. A person who violates subsections 1 to 3 of this section is guilty of a class D felony  
38 upon his or her first conviction, and shall be guilty of a class B felony upon his or her second  
39 and subsequent convictions. Any person who has been convicted of such violations shall be  
40 referred to the Office of Inspector General within the United States Department of Health and  
41 Human Services. The person so referred shall be subject to the penalties provided for under  
42 42 U.S.C. Chapter 7, Subchapter XI, Section 1320a-7. A prior conviction shall be pleaded  
43 and proven as provided by section 558.021. A person who violates subsection 6 of this  
44 section shall be guilty of a class D felony, unless the act involves no physical, sexual or  
45 emotional harm or injury and the value of the property involved is less than five hundred  
46 dollars, in which event a violation of subsection 6 of this section is a class A misdemeanor.

47 8. Any natural person who willfully prevents, obstructs, misleads, delays, or attempts  
48 to prevent, obstruct, mislead, or delay the communication of information or records relating to  
49 a violation of sections 191.900 to 191.910 is guilty of a class E felony.

50 9. Each separate false statement or false representation of a material fact proscribed  
51 by subsection 1 of this section or act proscribed by subsection 2 or 3 of this section shall  
52 constitute a separate offense and a separate violation of this section, whether or not made at  
53 the same or different times, as part of the same or separate episodes, as part of the same  
54 scheme or course of conduct, or as part of the same claim.

55           10. In a prosecution pursuant to subsection 1 of this section, circumstantial evidence  
56 may be presented to demonstrate that a false statement or claim was knowingly made. Such  
57 evidence of knowledge may include but shall not be limited to the following:

58           (1) A claim for a health care payment submitted with the health care provider's actual,  
59 facsimile, stamped, typewritten or similar signature on the claim for health care payment;

60           (2) A claim for a health care payment submitted by means of computer billing tapes  
61 or other electronic means;

62           (3) A course of conduct involving other false claims submitted to this or any other  
63 health care payer.

64           11. Any person convicted of a violation of this section, in addition to any fines,  
65 penalties or sentences imposed by law, shall be required to make restitution to the federal and  
66 state governments, in an amount at least equal to that unlawfully paid to or by the person, and  
67 shall be required to reimburse the reasonable costs attributable to the investigation and  
68 prosecution pursuant to sections 191.900 to 191.910. All of such restitution shall be paid and  
69 deposited to the credit of the "MO HealthNet Fraud Reimbursement Fund", which is hereby  
70 established in the state treasury. Moneys in the MO HealthNet fraud reimbursement fund  
71 shall be divided and appropriated to the federal government and affected state agencies in  
72 order to refund moneys falsely obtained from the federal and state governments. All of such  
73 cost reimbursements attributable to the investigation and prosecution shall be paid and  
74 deposited to the credit of the "MO HealthNet Fraud Prosecution Revolving Fund", which is  
75 hereby established in the state treasury. Moneys in the MO HealthNet fraud prosecution  
76 revolving fund may be appropriated to the attorney general, or to any prosecuting or circuit  
77 attorney who has successfully prosecuted an action for a violation of sections 191.900 to  
78 191.910 and been awarded such costs of prosecution, in order to defray the costs of the  
79 attorney general and any such prosecuting or circuit attorney in connection with their duties  
80 provided by sections 191.900 to 191.910. No moneys shall be paid into the MO HealthNet  
81 fraud protection revolving fund pursuant to this subsection unless the attorney general or  
82 appropriate prosecuting or circuit attorney shall have commenced a prosecution pursuant to  
83 this section, and the court finds in its discretion that payment of attorneys' fees and  
84 investigative costs is appropriate under all the circumstances, and the attorney general and  
85 prosecuting or circuit attorney shall prove to the court those expenses which were reasonable  
86 and necessary to the investigation and prosecution of such case, and the court approves such  
87 expenses as being reasonable and necessary. Any moneys remaining in the MO HealthNet  
88 fraud reimbursement fund after division and appropriation to the federal government and  
89 affected state agencies shall be used to increase MO HealthNet provider reimbursement until  
90 it is at least one hundred percent of the Medicare provider reimbursement rate for comparable

91 services. The provisions of section 33.080 notwithstanding, moneys in the MO HealthNet  
92 fraud prosecution revolving fund shall not lapse at the end of the biennium.

93 12. A person who violates subsections 1 to 3 of this section shall be liable for a civil  
94 penalty of not less than five thousand dollars and not more than ten thousand dollars for each  
95 separate act in violation of such subsections, plus three times the amount of damages which  
96 the state and federal government sustained because of the act of that person, except that the  
97 court may assess not more than two times the amount of damages which the state and federal  
98 government sustained because of the act of the person, if the court finds:

99 (1) The person committing the violation of this section furnished personnel employed  
100 by the attorney general and responsible for investigating violations of sections 191.900 to  
101 191.910 with all information known to such person about the violation within thirty days after  
102 the date on which the defendant first obtained the information;

103 (2) Such person fully cooperated with any government investigation of such  
104 violation; and

105 (3) At the time such person furnished the personnel of the attorney general with the  
106 information about the violation, no criminal prosecution, civil action, or administrative action  
107 had commenced with respect to such violation, and the person did not have actual knowledge  
108 of the existence of an investigation into such violation.

109 13. Upon conviction pursuant to this section, the prosecution authority shall provide  
110 written notification of the conviction to all regulatory or disciplinary agencies with authority  
111 over the conduct of the defendant health care provider.

112 14. The attorney general may bring a civil action against any person who shall receive  
113 a health care payment as a result of a false statement or false representation of a material fact  
114 made or caused to be made by that person. The person shall be liable for up to double the  
115 amount of all payments received by that person based upon the false statement or false  
116 representation of a material fact, and the reasonable costs attributable to the prosecution of the  
117 civil action. All such restitution shall be paid and deposited to the credit of the MO HealthNet  
118 fraud reimbursement fund, and all such cost reimbursements shall be paid and deposited to  
119 the credit of the MO HealthNet fraud prosecution revolving fund. No reimbursement of such  
120 costs attributable to the prosecution of the civil action shall be made or allowed except with  
121 the approval of the court having jurisdiction of the civil action. No civil action provided by  
122 this subsection shall be brought if restitution and civil penalties provided by subsections 11  
123 and 12 of this section have been previously ordered against the person for the same cause of  
124 action.

125 15. Any person who discovers a violation by himself or herself or such person's  
126 organization and who reports such information voluntarily before such information is public  
127 or known to the attorney general shall not be prosecuted for a criminal violation.

191.1400. 1. This section shall be known and may be cited as the  
2 "Compassionate Care Visitation Act".

3 2. For purposes of this section, the following terms mean:

4 (1) "Compassionate care visit", a visit necessary to meet the physical or mental  
5 needs of the patient or resident, including, but not limited to:

6 (a) For end-of-life situations, including making decisions regarding end-of-life  
7 care during in-person contact or communication with the compassionate care visitor;

8 (b) For adjustment support or communication support, including, but not  
9 limited to, assistance with hearing and speaking;

10 (c) For emotional support;

11 (d) For physical support after eating or drinking issues, including weight loss or  
12 dehydration; or

13 (e) For social support;

14 (2) "Compassionate care visitor", a patient's or resident's friend, family  
15 member, or other person, including, but not limited to, any of the following:

16 (a) A clergy member;

17 (b) A lay person offering religious or spiritual support;

18 (c) A person providing a service requested by the patient or resident, such as a  
19 hairdresser or barber; or

20 (d) Any other person requested by the patient or resident for the purpose of a  
21 compassionate care visit;

22 (3) "Health care facility", a hospital, as defined in section 197.020, a long-term  
23 care facility licensed under chapter 198, or a hospice facility certified under chapter 197.

24 3. A health care facility shall allow a patient or resident, or his or her legal  
25 guardian, to permit at least two compassionate care visitors simultaneously to have in-  
26 person contact with the patient or resident during visiting hours. Compassionate care  
27 visitation hours shall be no less than six hours daily and shall include evenings,  
28 weekends, and holidays. Health care facilities shall be permitted to place restrictions on  
29 minor children who are compassionate care visitors.

30 4. Health care facilities shall have a visitation policy that allows, at a minimum:

31 (1) Twenty-four-hour attendance by a compassionate care visitor when  
32 appropriate;

33 (2) A compassionate care visitor to leave and return within the hours of the  
34 visitation policy. A patient or resident may receive multiple compassionate care visitors  
35 during visitation hours, subject to the provisions of subsection 3 of this section; and

36           **(3) Parents with custody or unsupervised visitation rights, legal guardians, and**  
37 **other persons standing in loco parentis to be physically present with a minor child while**  
38 **the child receives care in the facility.**

39           **5. This section shall not affect any obligation of a health care facility to:**

40           **(1) Provide patients or residents with effective communication supports or other**  
41 **reasonable accommodations in accordance with federal and state laws to assist in**  
42 **remote personal contact; and**

43           **(2) Comply with the provisions of the Americans with Disabilities Act of 1990, 42**  
44 **U.S.C. Section 12101 et seq.**

45           **6. A health care facility may limit:**

46           **(1) The number of visitors per patient or resident at one time based on the size of**  
47 **the building and physical space;**

48           **(2) Movement of visitors within the health care facility, including restricting**  
49 **access to operating rooms, isolation rooms or units, behavioral health units, or other**  
50 **commonly restricted areas; and**

51           **(3) Access of any person to a patient:**

52           **(a) At the request of the patient or resident, or the legal guardian of such;**

53           **(b) At the request of a law enforcement agency for a person in custody;**

54           **(c) Due to a court order;**

55           **(d) To prevent substantial disruption to the care of a patient or resident or the**  
56 **operation of the facility;**

57           **(e) During the administration of emergency care in critical situations;**

58           **(f) If the person has measurable signs and symptoms of a transmissible infection;**  
59 **except that, the health care facility shall allow access through telephone or other means**  
60 **of telecommunication that ensure the protection of the patient or resident;**

61           **(g) If the health care facility has reasonable cause to suspect the person of being**  
62 **a danger or otherwise contrary to the health or welfare of the patient or resident, other**  
63 **patients or residents, or facility staff; or**

64           **(h) If, in the clinical judgment of the patient's or resident's attending physician,**  
65 **the presence of visitors would be medically or therapeutically contraindicated to the**  
66 **health or life of the patient or resident, and the physician attests to such in the patient's**  
67 **or resident's chart.**

68           **7. Nothing in this section shall limit a health care facility from limiting or**  
69 **redirecting visitors of a patient or resident in a shared room to ensure the health and**  
70 **safety of the patients or residents in the shared room. Nothing in this section shall be**  
71 **construed to prohibit health care facilities from adopting reasonable safety or security**  
72 **restrictions or other requirements for visitors.**

73           **8. Nothing in this section shall be construed to waive or change long-term care**  
74 **facility residents' rights under sections 198.088 and 198.090.**

75           **9. No later than January 1, 2023, the department of health and senior services**  
76 **shall develop informational materials for patients, residents, and their legal guardians,**  
77 **regarding the provisions of this section. A health care facility shall make these**  
78 **informational materials accessible upon admission or registration and on the primary**  
79 **website of the health care facility.**

80           **10. No health care facility shall be held liable for damages in an action involving**  
81 **a liability claim against the facility arising from the compliance with the provisions of**  
82 **this section. The immunity described in this subsection shall not apply to any act or**  
83 **omission by a facility, its employees, or its contractors that constitutes recklessness or**  
84 **willful misconduct and shall be provided in addition to, and shall in no way limit, any**  
85 **other immunity protections that may apply in state or federal law.**

86           **11. The provisions of this section shall not be terminated, suspended, or waived**  
87 **except by a declaration of emergency under chapter 44, during which time the**  
88 **provisions of sections 191.2290 and 630.202 shall apply.**

**191.2290. 1. The provisions of this section and section 630.202 shall be known**  
2 **and may be cited as the "Essential Caregiver Program Act".**

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

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

5           **(2) "Essential caregiver", a family member, friend, guardian, or other individual**  
6 **selected by a facility resident or patient who has not been adjudged incapacitated under**  
7 **chapter 475, or the guardian or legal representative of the resident or patient;**

8           **(3) "Facility", a hospital licensed under chapter 197 or a facility licensed under**  
9 **chapter 198.**

10           **3. During a state of emergency declared pursuant to chapter 44 relating to**  
11 **infectious, contagious, communicable, or dangerous diseases, a facility shall allow a**  
12 **resident or patient who has not been adjudged incapacitated under chapter 475, a**  
13 **resident's or patient's guardian, or a resident's or patient's legally authorized**  
14 **representative to designate an essential caregiver for in-person contact with the**  
15 **resident or patient in accordance with the standards and guidelines developed by the**  
16 **department under this section. Essential caregivers shall be considered as part of the**  
17 **resident's or patient's care team, along with the resident's or patient's health care**  
18 **providers and facility staff.**

19           **4. The facility shall inform, in writing, residents and patients who have not been**  
20 **adjudged incapacitated under chapter 475, or guardians or legal representatives of**

21 residents or patients, of the "Essential Caregiver Program" and the process for  
22 designating an essential caregiver.

23       **5. The department shall develop standards and guidelines concerning the**  
24 **essential caregiver program, including, but not limited to, the following:**

25       **(1) The facility shall allow at least two individuals per resident or patient to be**  
26 **designated as essential caregivers, although the facility may limit the in-person contact**  
27 **to one caregiver at a time. The caregiver shall not be required to have previously served**  
28 **in a caregiver capacity prior to the declared state of emergency;**

29       **(2) The facility shall establish a reasonable in-person contact schedule to allow**  
30 **the essential caregiver to provide care to the resident or patient for at least four hours**  
31 **each day, including evenings, weekends, and holidays, but shall allow for twenty-four-**  
32 **hour in-person care as necessary and appropriate for the well-being of the resident or**  
33 **patient. The essential caregiver shall be permitted to leave and return during the**  
34 **scheduled hours or be replaced by another essential caregiver;**

35       **(3) The facility shall establish procedures to enable physical contact between the**  
36 **resident or patient and the essential caregiver. The facility may not require the essential**  
37 **caregiver to undergo more stringent screening, testing, hygiene, personal protective**  
38 **equipment, and other infection control and prevention protocols than required of**  
39 **facility employees;**

40       **(4) The facility shall specify in its protocols the criteria that the facility will use if**  
41 **it determines that in-person contact by a particular essential caregiver is inconsistent**  
42 **with the resident's or patient's therapeutic care and treatment or is a safety risk to other**  
43 **residents, patients, or staff at the facility. Any limitations placed upon a particular**  
44 **essential caregiver shall be reviewed and documented every seven days to determine if**  
45 **the limitations remain appropriate; and**

46       **(5) The facility may restrict or revoke in-person contact by an essential caregiver**  
47 **who fails to follow required protocols and procedures established under this subsection.**

48       **6. (1) A facility may request from the department a suspension of in-person**  
49 **contact by essential caregivers for a period not to exceed seven days. The department**  
50 **may deny the facility's request to suspend in-person contact with essential caregivers if**  
51 **the department determines that such in-person contact does not pose a serious**  
52 **community health risk. A facility may request from the department an extension of a**  
53 **suspension for more than seven days; provided, that the department shall not approve**  
54 **an extension period for longer than seven days at a time. A facility shall not suspend in-**  
55 **person caregiver contact for more than fourteen consecutive days in a twelve-month**  
56 **period or for more than forty-five total days in a twelve-month period.**

57           **(2) The department shall suspend in-person contact by essential caregivers**  
58 **under this section if it determines that doing so is required under federal law, including**  
59 **a determination that federal law requires a suspension of in-person contact by members**  
60 **of the resident's or patient's care team.**

61           **(3) The attorney general shall institute all suits necessary on behalf of the state to**  
62 **defend the right of the state to implement the provisions of this section to ensure access**  
63 **by residents and patients to essential caregivers as part of their care team.**

64           **7. The provisions of this section shall not be construed to require an essential**  
65 **caregiver to provide necessary care to a resident or patient and a facility shall not**  
66 **require an essential caregiver to provide necessary care.**

67           **8. The provisions of this section shall not apply to those residents or patients**  
68 **whose particular plan of therapeutic care and treatment necessitates restricted or**  
69 **otherwise limited visitation for reasons unrelated to the stated reasons for the declared**  
70 **state emergency.**

71           **9. A facility, its employees, and its contractors shall be immune from civil**  
72 **liability for an injury or harm caused by or resulting from:**

73           **(1) Exposure to a contagious disease or other harmful agent that is specified**  
74 **during the state of emergency declared pursuant to chapter 44; or**

75           **(2) Acts or omissions by essential caregivers who are present in the facility;**  
76  
77 **as a result of the implementation of the essential caregiver program under this section.**  
78 **The immunity described in this subsection shall not apply to any act or omission by a**  
79 **facility, its employees, or its contractors that constitutes recklessness or willful**  
80 **misconduct.**

192.005. 1. There is hereby created and established as a department of state  
2 government the "Department of Health and Senior Services". The department of health and  
3 senior services shall supervise and manage all public health functions and programs. The  
4 department shall be governed by the provisions of the Omnibus State Reorganization Act of  
5 1974, Appendix B, RSMo, unless otherwise provided in sections 192.005 to 192.014. The  
6 division of health of the department of social services, chapter 191, this chapter, and others,  
7 including, but not limited to, such agencies and functions as the state health planning and  
8 development agency, the crippled children's service, chapter 201, the bureau and the program  
9 for the prevention of developmental disability, the hospital subsidy program, chapter 189, the  
10 state board of health and senior services, section 191.400, the student loan program, sections  
11 191.500 to 191.550, the family practice residency program, the licensure and certification of  
12 hospitals, chapter 197, the Missouri chest hospital, sections 199.010 to 199.070, are hereby  
13 transferred to the department of health and senior services by a type I transfer, and the state

14 cancer center and cancer commission, chapter 200, is hereby transferred to the department of  
15 health and senior services by a type III transfer as such transfers are defined in section 1 of the  
16 Omnibus State Reorganization Act of 1974, Appendix B, RSMo Supp. 1984. The provisions  
17 of section 1 of the Omnibus State Reorganization Act of 1974, Appendix B, RSMo Supp.  
18 1984, relating to the manner and procedures for transfers of state agencies shall apply to the  
19 transfers provided in this section. The division of health of the department of social services  
20 is abolished.

21 **2. The state's responsibility under public law 73, Older Americans Act of 1965,**  
22 **of the eighty-ninth Congress is transferred by type I transfer to the department of**  
23 **health and senior services. The department shall be responsible for the implementation**  
24 **of the Older Americans Act in Missouri. The department shall develop a state plan**  
25 **describing a program for carrying out the Older Americans Act and shall be the sole**  
26 **agency responsible for coordinating all state programs related to the implementation of**  
27 **such plan.**

192.2225. 1. The department shall have the right to enter the premises of an applicant  
2 for or holder of a license at any time during the hours of operation of a center to determine  
3 compliance with provisions of sections 192.2200 to 192.2260 and applicable rules  
4 promulgated pursuant thereto. Entry shall also be granted for investigative purposes  
5 involving complaints regarding the operations of an adult day care program. The department  
6 shall make at least ~~[two inspections]~~ **one inspection** per year, ~~[at least one of]~~ which shall be  
7 unannounced to the operator or provider. The department may make such other inspections,  
8 announced or unannounced, as it deems necessary to carry out the provisions of sections  
9 192.2200 to 192.2260.

10 ~~2. [The department may reduce the frequency of inspections to once a year if an adult~~  
11 ~~day care program is found to be in substantial compliance. The basis for such determination~~  
12 ~~shall include, but not be limited to, the following:~~

13 ~~(1) Previous inspection reports;~~

14 ~~(2) The adult day care program's history of compliance with rules promulgated~~  
15 ~~pursuant to this chapter; and~~

16 ~~(3) The number and severity of complaints received about the adult day care program.~~

17 ~~3.]~~ The applicant for or holder of a license shall cooperate with the investigation and  
18 inspection by providing access to the adult day care program, records and staff, and by  
19 providing access to the adult day care program to determine compliance with the rules  
20 promulgated pursuant to sections 192.2200 to 192.2260.

21 ~~[4.]~~ **3.** Failure to comply with any lawful request of the department in connection with  
22 the investigation and inspection is a ground for refusal to issue a license or for the revocation  
23 of a license.

24       [5-] 4. The department may designate to act for it, with full authority of law, any  
25 instrumentality of any political subdivision of the state of Missouri deemed by the department  
26 to be competent to investigate and inspect applicants for or holders of licenses.

194.210. 1. Sections 194.210 to 194.294 may be cited as the "Revised Uniform  
2 Anatomical Gift Act".

3       2. As used in sections 194.210 to 194.294, the following terms mean:

4       (1) "Adult", an individual who is at least eighteen years of age;

5       (2) "Agent", an individual:

6       (a) Authorized to make health-care decisions on the principal's behalf by a power of  
7 attorney for health care; or

8       (b) Expressly authorized to make an anatomical gift on the principal's behalf by any  
9 other record signed by the principal;

10       (3) "Anatomical gift", a donation of all or part of a human body to take effect after the  
11 donor's death for the purposes of transplantation, therapy, research, or education;

12       (4) ~~["Cadaver procurement organization", an entity lawfully established and operated  
13 for the procurement and distribution of anatomical gifts to be used as cadavers or cadaver  
14 tissue for appropriate education or research;~~

15       ~~(5)]~~ (5) "Decedent", a deceased individual whose body or part is or may be the source of  
16 an anatomical gift. The term includes a stillborn infant but does not include an unborn child  
17 as defined in section 1.205 or 188.015 if the child has not died of natural causes;

18       ~~[(6)]~~ (6) "Disinterested witness", a witness other than the spouse, child, parent,  
19 sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes,  
20 or refuses to make an anatomical gift. The term does not include a person to which an  
21 anatomical gift could pass under section 194.255;

22       ~~[(7)]~~ (7) "Document of gift", a donor card or other record used to make an anatomical  
23 gift. The term includes a statement or symbol on a driver's license, identification card, or  
24 donor registry;

25       ~~[(8)]~~ (8) "Donor", an individual whose body or part is the subject of an anatomical  
26 gift provided that donor does not include an unborn child as defined in section 1.205 or  
27 section 188.015 if the child has not died of natural causes;

28       ~~[(9)]~~ (9) "Donor registry", a database that contains records of anatomical gifts and  
29 amendments to or revocations of anatomical gifts;

30       ~~[(10)]~~ (10) "Driver's license", a license or permit issued by the department of revenue  
31 to operate a vehicle whether or not conditions are attached to the license or permit;

32       ~~[(11)]~~ (11) "Eye bank", a person that is licensed, accredited, or regulated under  
33 federal or state law to engage in the recovery, screening, testing, processing, storage, or  
34 distribution of human eyes or portions of human eyes;

- 35       ~~[(12)]~~ **(11)** "Guardian", a person appointed by a court pursuant to chapter 475. The  
36 term does not include a guardian ad litem;
- 37       ~~[(13)]~~ **(12)** "Hospital", a facility licensed as a hospital under the laws of any state or a  
38 facility operated as a hospital by the United States, a state, or a subdivision of a state;
- 39       ~~[(14)]~~ **(13)** "Identification card", an identification card issued by the department of  
40 revenue;
- 41       ~~[(15)]~~ **(14)** "Know", to have actual knowledge;
- 42       ~~[(16)]~~ **(15)** "Minor", an individual who is under eighteen years of age;
- 43       ~~[(17)]~~ **(16)** "Organ procurement organization", ~~[a person]~~ **an entity** designated by the  
44 United States Secretary of Health and Human Services as an organ procurement organization;
- 45       ~~[(18)]~~ **(17)** "Parent", a parent whose parental rights have not been terminated;
- 46       ~~[(19)]~~ **(18)** "Part", an organ, an eye, or tissue of a human being. The term does not  
47 include the whole body;
- 48       ~~[(20)]~~ **(19)** "Person", an individual, corporation, business trust, estate, trust,  
49 partnership, limited liability company, association, joint venture, public corporation,  
50 government or governmental subdivision, agency, or instrumentality, or any other legal or  
51 commercial entity;
- 52       ~~[(21)]~~ **(20)** "Physician", an individual authorized to practice medicine or osteopathy  
53 under the laws of any state;
- 54       **(21) "Potential donor", an individual whose body or part is the subject of an**  
55 **anatomical gift, provided that donor does not include an unborn child, as defined in**  
56 **section 188.015, if the child has not died of natural causes;**
- 57       **(22) "Procurement organization", an eye bank, organ procurement organization, [or]**  
58 **tissue bank, or an entity lawfully established and operated for the procurement and**  
59 **distribution of anatomical gifts to be used as donated organs, donated tissues, or for**  
60 **appropriate scientific or medical research;**
- 61       **(23) "Prospective donor", an individual who is dead or near death and has been**  
62 **determined by a procurement organization to have a part that could be medically suitable for**  
63 **transplantation, therapy, research, or education. The term does not include an individual who**  
64 **has made a refusal;**
- 65       **(24) "Reasonably available", able to be contacted by a procurement organization with**  
66 **reasonable effort and willing and able to act in a timely manner consistent with existing**  
67 **medical criteria necessary for the making of an anatomical gift;**
- 68       **(25) "Recipient", an individual into whose body a decedent's part has been or is**  
69 **intended to be transplanted;**
- 70       **(26) "Record", information that is inscribed on a tangible medium or that is stored in**  
71 **an electronic or other medium and is retrievable in perceivable form;**

72 (27) "Refusal", a record created under section 194.235 that expressly states an intent  
73 to bar other persons from making an anatomical gift of an individual's body or part;

74 (28) "Sign", with the present intent to authenticate or adopt a record:

75 (a) To execute or adopt a tangible symbol; or

76 (b) To attach or logically associate with the record an electronic symbol, sound, or  
77 process;

78 (29) "State", a state of the United States, the District of Columbia, Puerto Rico, the  
79 United States Virgin Islands, or any territory or insular possession subject to the United  
80 States;

81 (30) "Technician", an individual determined to be qualified to remove or process parts  
82 by an appropriate organization that is licensed, accredited, or regulated under federal or state  
83 law. The term includes an eye enucleator;

84 (31) "Tissue", a portion of the human body other than an organ or an eye. The term  
85 does not include blood unless the blood is donated for purposes of research or education;

86 (32) "Tissue bank", a person that is licensed, accredited, or regulated under federal or  
87 state law to engage in the recovery, screening, testing, processing, storage, or distribution of  
88 tissue;

89 (33) "Transplant hospital", a hospital that furnishes organ transplants and other  
90 medical and surgical specialty services required for the care of transplant patients.

194.255. 1. An anatomical gift may be made to the following persons named in the  
2 document of gift:

3 (1) A hospital, accredited medical school, dental school, college, university, or  
4 ~~[organ] procurement organization, [cadaver procurement organization,]~~ or other appropriate  
5 person for **appropriate scientific or medical** research or education;

6 (2) Subject to subsection 2 of this section, an individual designated by the person  
7 making the anatomical gift if the individual is the recipient of the part; or

8 (3) An eye bank or tissue bank.

9 2. If an anatomical gift to an individual under subdivision (2) of subsection 1 of this  
10 section cannot be transplanted into the individual, the part passes in accordance with  
11 subsection 7 of this section in the absence of an express, contrary indication by the person  
12 making the anatomical gift.

13 3. If an anatomical gift of one or more specific parts or of all parts is made in a  
14 document of gift that does not name a person described in subsection 1 of this section but  
15 identifies the purpose for which an anatomical gift may be used, the following rules apply:

16 (1) If the part is an eye and the gift is for the purpose of transplantation or therapy, the  
17 gift passes to the appropriate eye bank;

18           (2) If the part is tissue and the gift is for the purpose of transplantation or therapy, the  
19 gift passes to the appropriate tissue bank;

20           (3) If the part is an organ and the gift is for the purpose of transplantation or therapy,  
21 the gift passes to the appropriate organ procurement organization as custodian of the organ;

22           (4) If the part is an organ, an eye, or tissue and the gift is for the purpose of research  
23 or education, the gift passes to the appropriate procurement organization.

24           4. For the purpose of subsection 3 of this section, if there is more than one purpose of  
25 an anatomical gift set forth in the document of gift but the purposes are not set forth in any  
26 priority, the gift must be used for transplantation or therapy if suitable. If the gift cannot be  
27 used for transplantation or therapy, the gift may be used for research or education.

28           5. If an anatomical gift of one or more specific parts is made in a document of gift  
29 that does not name a person described in subsection 1 of this section and does not identify the  
30 purpose of the gift, the gift may be used only for transplantation or therapy, and the gift passes  
31 in accordance with subsection 7 of this section.

32           6. If a document of gift specifies only a general intent to make an anatomical gift by  
33 words such as "donor", "organ donor", or "body donor", or by a symbol or statement of  
34 similar import, the gift may be used only for transplantation or therapy, and the gift passes in  
35 accordance with subsection 7 of this section.

36           7. For purposes of subsections 2, 5, and 6 of this section, the following rules apply:

37           (1) If the part is an eye, the gift passes to the appropriate eye bank;

38           (2) If the part is tissue, the gift passes to the appropriate tissue bank;

39           (3) If the part is an organ, the gift passes to the appropriate organ procurement  
40 organization as custodian of the organ;

41           (4) If the gift is medically unsuitable for transplantation or therapy, the gift may be  
42 used for **appropriate scientific or medical** research or education and pass to the appropriate  
43 procurement organization [~~or cadaver procurement organization~~].

44           8. An anatomical gift of an organ for transplantation or therapy, other than an  
45 anatomical gift under subdivision (2) of subsection 1 of this section, passes to the organ  
46 procurement organization as custodian of the organ.

47           9. If an anatomical gift does not pass under subsections 1 through 8 of this section or  
48 the decedent's body or part is not used for transplantation, therapy, research, or education,  
49 custody of the body or part passes to the person under obligation to dispose of the body or  
50 part.

51           10. A person may not accept an anatomical gift if the person knows that the gift was  
52 not effectively made under section 194.225 or 194.250 or if the person knows that the  
53 decedent made a refusal under section 194.235 that was not revoked. For purposes of this  
54 subsection, if a person knows that an anatomical gift was made on a document of gift, the

55 person is deemed to know of any amendment or revocation of the gift or any refusal to make  
56 an anatomical gift on the same document of gift.

57 11. A person may not accept an anatomical gift if the person knows that the gift is  
58 from the body of an executed prisoner from another country.

59 12. Except as otherwise provided in subdivision (2) of subsection 1 of this section,  
60 nothing in this act affects the allocation of organs for transplantation or therapy.

194.265. 1. When a hospital refers an individual at or near death to a procurement  
2 organization, the organization shall make a reasonable search of any donor registry and other  
3 applicable records that it knows exist for the geographical area in which the individual resides  
4 to ascertain whether the individual has made an anatomical gift.

5 2. A procurement organization must be allowed reasonable access to information in  
6 the records of the department of health and senior services and department of revenue to  
7 ascertain whether an individual at or near death is a donor.

8 3. When a hospital refers an individual at or near death to a procurement organization,  
9 the organization may conduct any reasonable examination necessary to ensure the medical  
10 suitability of a part that is or could be the subject of an anatomical gift for transplantation,  
11 therapy, research, or education from a donor, **potential donor**, or a prospective donor. During  
12 the examination period, measures necessary to ensure the medical suitability of the part may  
13 not be withdrawn unless the hospital or procurement organization knows a contrary intent had  
14 or has been expressed by the individual or an agent of the individual, or if the individual is  
15 incapacitated and he or she has no agent, knows a contrary intent has been expressed by any  
16 person listed in section 194.245 having priority to make an anatomical gift on behalf of the  
17 individual.

18 4. Unless prohibited by law other than sections 194.210 to 194.294, at any time after  
19 a donor's death, the person to which a part passes under section 194.255 may conduct any  
20 reasonable examination necessary to ensure the medical suitability of the body or part for its  
21 intended purpose.

22 5. Unless prohibited by law other than sections 194.210 to 194.294, an examination  
23 under subsection 3 or 4 of this section may include an examination of all medical records of  
24 the donor, **potential donor**, or prospective donor.

25 6. Upon the death of a minor who was a donor or had signed a refusal, unless a  
26 procurement organization knows the minor is emancipated, the procurement organization  
27 shall conduct a reasonable search for the parents of the minor and provide the parents with an  
28 opportunity to revoke or amend the anatomical gift or revoke a refusal.

29 7. Upon referral by a hospital under subsection 1 of this section, a procurement  
30 organization shall make a reasonable search for any person listed in section 194.245 having  
31 priority to make an anatomical gift on behalf of a **donor, potential donor, or prospective**

32 donor. If a procurement organization receives information that an anatomical gift to any other  
33 person was made, amended, or revoked, it shall promptly advise the other person of all  
34 relevant information.

35 8. Subject to subsection 9 of section 194.255 and section 58.785, the rights of the  
36 person to which a part passes under section 194.255 are superior to rights of all others with  
37 respect to the part. The person may accept or reject an anatomical gift in whole or in part.  
38 Subject to the terms of the document of gift and this act, a person that accepts an anatomical  
39 gift of an entire body may allow embalming or cremation and use of remains in a funeral  
40 service. If the gift is of a part, the person to which the part passes under section 194.255,  
41 upon the death of the donor and before embalming, burial, or cremation, shall cause the part  
42 to be removed without unnecessary mutilation.

43 9. Neither the physician who attends the decedent immediately prior to or at death nor  
44 the physician who determines the time of the decedent's death may participate in the  
45 procedures for removing or transplanting a part from the decedent.

46 10. No physician who removes or transplants a part from the decedent, or a  
47 procurement organization, shall have primary responsibility for the health care treatment, or  
48 health care decision-making for such individual's terminal condition during the  
49 hospitalization for which the individual becomes a donor.

50 11. A physician or technician may remove a donated part from the body of a donor  
51 that the physician or technician is qualified to remove.

194.285. 1. A person that acts in accordance with sections 194.210 to 194.294 or  
2 with the applicable anatomical gift law of another state that is not inconsistent with the  
3 provisions of sections 194.210 to 194.294 or attempts without negligence and in good faith to  
4 do so is not liable for the act in any civil action, criminal, or administrative proceeding.

5 2. Neither the person making an anatomical gift nor the donor's estate is liable for any  
6 injury or damage that results from the making or use of the gift.

7 3. In determining whether an anatomical gift has been made, amended, or revoked  
8 under sections 194.210 to 194.294, a person may rely upon representations of individuals  
9 listed in subdivision (2), (3), (4), (5), (6), (7), or (8) of subsection 1 of section 194.245  
10 relating to the individual's relationship to the donor, **potential donor**, or prospective donor  
11 unless the person knows that representation is untrue.

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

2 (1) "Advance health-care directive", a power of attorney for health care or a record  
3 signed or authorized by a **donor, potential donor, or** prospective donor, containing the  
4 ~~[prospective]~~ donor's direction concerning a health-care decision for the ~~[prospective]~~ donor;

5 (2) "Declaration", a record, including but not limited to a living will, or a do-not-  
6 resuscitate order, signed by a **donor, potential donor, or** prospective donor specifying the  
7 circumstances under which a life support system may be withheld or withdrawn;

8 (3) "Health-care decision", any decision regarding the health care of the **donor,**  
9 **potential donor, or** prospective donor.

10 2. If a **donor, potential donor, or** prospective donor has a declaration or advance  
11 health-care directive and the terms of the declaration or directive and the express or implied  
12 terms of a potential anatomical gift are in conflict with regard to the administration of  
13 measures necessary to ensure the medical suitability of a part for transplantation or therapy,  
14 the ~~[prospective]~~ donor's attending physician and ~~[prospective]~~ donor shall confer to resolve  
15 the conflict. If the **donor, potential donor, or** prospective donor is incapable of resolving the  
16 conflict, an agent acting under the ~~[prospective]~~ donor's declaration or directive or, if none or  
17 the agent is not reasonably available, another person authorized by law to make health-care  
18 decisions on behalf of the ~~[prospective]~~ donor shall act for the donor to resolve the conflict.  
19 The conflict must be resolved as expeditiously as possible. Information relevant to the  
20 resolution of the conflict may be obtained from the appropriate procurement organization and  
21 any other person authorized to make an anatomical gift for the prospective donor under  
22 section 194.245. Before the resolution of the conflict, measures necessary to ensure the  
23 medical suitability of an organ for transplantation or therapy may not be withheld or  
24 withdrawn from the **donor, potential donor, or** prospective donor if withholding or  
25 withdrawing the measures is not contraindicated by appropriate end-of-life care.

194.297. 1. There is established in the state treasury the "Organ Donor Program  
2 Fund"~~[- which shall consist of all moneys deposited by the director of revenue pursuant to~~  
3 ~~subsection 2 of section 302.171 and any other moneys donated or appropriated to the fund].~~  
4 **The state treasurer shall credit to and deposit in the organ donor program fund all**  
5 **amounts received under sections 301.020, 301.3125, and subsection 2 of section 302.171,**  
6 **and any other amounts which may be received from grants, gifts, bequests, the federal**  
7 **government, or other sources granted or given. Funds shall be used for implementing**  
8 **efforts that support or provide organ, eye, and tissue donation education awareness,**  
9 **recognition, training, and registry efforts unless designated for a specific purpose as**  
10 **outlined in subsection 4 of this section. Funds may be used to support expenses incurred**  
11 **by organ donation advisory committee members pursuant to section 194.300.**

12 2. The department of health and senior services may pursue funding to support  
13 programmatic efforts and initiatives as outlined in subsection 1 of this section.

14 3. The state treasurer shall invest any funds in excess of five hundred thousand  
15 dollars in the organ donor program fund not required for immediate disbursement or  
16 program allocation in the same manner as surplus state funds are invested under section

17 **30.260. All earnings resulting from the investment of money in the organ donor**  
18 **program fund shall be credited to the organ donor program fund.**

19 **4. The organ donor program fund can accept gifts, grants, appropriations, or**  
20 **contributions from any source, public or private, including contributions from sections**  
21 **301.020, 301.3125, and 302.171, and individuals, private organizations and foundations,**  
22 **and bequests. Private contributions, grants, and federal funds may be used and**  
23 **expended by the department for such purposes as may be specified in any requirements,**  
24 **terms, or conditions attached thereto or, in the absence of any specific requirements,**  
25 **terms, or conditions, as the department may determine for purposes outlined in**  
26 **subsection 1 of this section.**

27 **5. The acceptance and use of federal funds shall not commit any state funds, nor**  
28 **place any obligation upon the general assembly to continue the programs or activities**  
29 **outlined in the federal fund award for which the federal funds are available.**

30 **6. The state treasurer shall administer the fund, and the moneys in the fund shall be**  
31 **used solely, upon appropriation, by the department** ~~[of health and senior services, in~~  
32 ~~consultation]. The department may consult~~ **with the organ donation advisory committee;**  
33 ~~for implementation of organ donation awareness programs in the manner prescribed in~~  
34 ~~subsection 2 of section 194.300]~~ **about the implementation of programming and related**  
35 **expenditures.**

36 **7. Notwithstanding the provisions of section 33.080 to the contrary, moneys in the**  
37 **organ donor program fund at the end of any biennium shall not be transferred to the credit of**  
38 **the general revenue fund. There shall be no money appropriated from general revenue to**  
39 **administer the fund in the event the fund cannot sustain itself.**

194.299. The moneys in the organ donor program fund shall be expended as follows:

2 **(1) [Grants by] The department of health and senior services [to] may enter into**  
3 **contracts with** certified organ procurement organizations, **other organizations, individuals,**  
4 **and institutions for services furthering** the development and implementation of organ  
5 donation awareness programs in this state;

6 **(2) Education and awareness initiatives, donor family recognition efforts,**  
7 **training, strategic planning efforts, and registry initiatives;**

8 **(3) Publication of informational pamphlets or booklets by the department of health**  
9 **and senior services and the advisory committee regarding organ donations and donations to**  
10 **the organ donor program fund when obtaining or renewing a license to operate a motor**  
11 **vehicle pursuant to subsection 2 of section 302.171;**

12 ~~[(3)]~~ **(4) Maintenance of a central registry of potential organ, eye, and tissue donors**  
13 **pursuant to subsection 1 of section 194.304; [and**

14       ~~(4)]~~ **(5)** Implementation of organ donation awareness programs in the secondary  
15 schools of this state by the department of elementary and secondary education; **and**

16       **(6) Reimbursements for reasonable and necessary expenses incurred by advisory**  
17 **committee members pursuant to subsection 2 of section 194.300.**

194.304. 1. The department of revenue shall cooperate with any donor registry that  
2 this state establishes, contracts for, or recognizes for the purpose of transferring to the donor  
3 registry all relevant information regarding a donor's making, amendment to, or revocation of  
4 an anatomical gift.

5       2. A first person consent organ and tissue donor registry shall:

6       (1) Allow a donor, **potential donor, prospective donor**, or other person authorized  
7 under section 194.220 to include on the donor registry a statement or symbol that the donor  
8 has made, amended, or revoked an anatomical gift;

9       (2) Be accessible to a procurement organization to allow it to obtain relevant  
10 information on the donor registry to determine, at or near death of the donor, **potential donor**,  
11 or **[a]** prospective donor, whether the donor ~~[or prospective donor]~~ has made, amended, or  
12 revoked an anatomical gift; and

13       (3) Be accessible for purposes of subdivisions (1) and (2) of this subsection seven  
14 days a week on a twenty-four-hour basis.

15       3. Personally identifiable information on ~~[a first person consent organ and tissue]~~ **the**  
16 donor registry about a donor, **potential donor**, or prospective donor may not be used or  
17 disclosed without the express consent of the donor~~[-prospective donor,]~~ or the person ~~[that]~~  
18 **who** made the anatomical gift for any purpose other than to determine, at or near death of the  
19 donor ~~[or a prospective donor]~~, whether the donor ~~[or prospective donor]~~ has made, amended,  
20 or revoked an anatomical gift.

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

2       (1) **"COVID-19 vaccination status"**, an indication of whether a person has  
3 received a vaccination against COVID-19;

4       (2) **"Hospital"**, the same meaning given to the term in section 197.020;

5       (3) **"Procurement organization"**, the same meaning given to the term in section  
6 **194.210.**

7       2. No hospital, physician, procurement organization, or other person shall  
8 consider the COVID-19 vaccination status of a potential organ transplant recipient or  
9 potential organ donor in any part of the organ transplant process including, but not  
10 limited to:

11       (1) The referral of a patient to be considered for a transplant;

12       (2) The evaluation of a patient for a transplant;

13       (3) The consideration of a patient for placement on a waiting list;

14           **(4) A patient's particular position on a waiting list; and**

15           **(5) The evaluation of a potential donor to determine his or her suitability as an**  
16 **organ donor.**

          195.010. The following words and phrases as used in this chapter and chapter 579,  
2 unless the context otherwise requires, mean:

3           (1) "Acute pain", pain, whether resulting from disease, accidental or intentional  
4 trauma, or other causes, that the practitioner reasonably expects to last only a short period of  
5 time. Acute pain shall not include chronic pain, pain being treated as part of cancer care,  
6 hospice or other end-of-life care, or medication-assisted treatment for substance use  
7 disorders;

8           (2) "Addict", a person who habitually uses one or more controlled substances to such  
9 an extent as to create a tolerance for such drugs, and who does not have a medical need for  
10 such drugs, or who is so far addicted to the use of such drugs as to have lost the power of self-  
11 control with reference to his or her addiction;

12           (3) "Administer", to apply a controlled substance, whether by injection, inhalation,  
13 ingestion, or any other means, directly to the body of a patient or research subject by:

14           (a) A practitioner (or, in his or her presence, by his or her authorized agent); or

15           (b) The patient or research subject at the direction and in the presence of the  
16 practitioner;

17           (4) "Agent", an authorized person who acts on behalf of or at the direction of a  
18 manufacturer, distributor, or dispenser. The term does not include a common or contract  
19 carrier, public warehouseman, or employee of the carrier or warehouseman while acting in the  
20 usual and lawful course of the carrier's or warehouseman's business;

21           (5) "Attorney for the state", any prosecuting attorney, circuit attorney, or attorney  
22 general authorized to investigate, commence and prosecute an action under this chapter;

23           (6) "Controlled substance", a drug, substance, or immediate precursor in Schedules I  
24 through V listed in this chapter;

25           (7) "Controlled substance analogue", a substance the chemical structure of which is  
26 substantially similar to the chemical structure of a controlled substance in Schedule I or II  
27 and:

28           (a) Which has a stimulant, depressant, or hallucinogenic effect on the central nervous  
29 system substantially similar to the stimulant, depressant, or hallucinogenic effect on the  
30 central nervous system of a controlled substance included in Schedule I or II; or

31           (b) With respect to a particular individual, which that individual represents or intends  
32 to have a stimulant, depressant, or hallucinogenic effect on the central nervous system  
33 substantially similar to the stimulant, depressant, or hallucinogenic effect on the central  
34 nervous system of a controlled substance included in Schedule I or II. The term does not

35 include a controlled substance; any substance for which there is an approved new drug  
36 application; any substance for which an exemption is in effect for investigational use, for a  
37 particular person, under Section 505 of the federal Food, Drug and Cosmetic Act (21 U.S.C.  
38 Section 355) to the extent conduct with respect to the substance is pursuant to the exemption;  
39 or any substance to the extent not intended for human consumption before such an exemption  
40 takes effect with respect to the substance;

41 (8) "Counterfeit substance", a controlled substance which, or the container or labeling  
42 of which, without authorization, bears the trademark, trade name, or other identifying mark,  
43 imprint, number or device, or any likeness thereof, of a manufacturer, distributor, or dispenser  
44 other than the person who in fact manufactured, distributed, or dispensed the substance;

45 (9) "Deliver" or "delivery", the actual, constructive, or attempted transfer from one  
46 person to another of drug paraphernalia or of a controlled substance, or an imitation  
47 controlled substance, whether or not there is an agency relationship, and includes a sale;

48 (10) "Dentist", a person authorized by law to practice dentistry in this state;

49 (11) "Depressant or stimulant substance":

50 (a) A drug containing any quantity of barbituric acid or any of the salts of barbituric  
51 acid or any derivative of barbituric acid which has been designated by the United States  
52 Secretary of Health and Human Services as habit forming under 21 U.S.C. Section 352(d);

53 (b) A drug containing any quantity of:

54 a. Amphetamine or any of its isomers;

55 b. Any salt of amphetamine or any salt of an isomer of amphetamine; or

56 c. Any substance the United States Attorney General, after investigation, has found to  
57 be, and by regulation designated as, habit forming because of its stimulant effect on the  
58 central nervous system;

59 (c) Lysergic acid diethylamide; or

60 (d) Any drug containing any quantity of a substance that the United States Attorney  
61 General, after investigation, has found to have, and by regulation designated as having, a  
62 potential for abuse because of its depressant or stimulant effect on the central nervous system  
63 or its hallucinogenic effect;

64 (12) "Dispense", to deliver a narcotic or controlled dangerous drug to an ultimate user  
65 or research subject by or pursuant to the lawful order of a practitioner including the  
66 prescribing, administering, packaging, labeling, or compounding necessary to prepare the  
67 substance for such delivery. "Dispenser" means a practitioner who dispenses;

68 (13) "Distribute", to deliver other than by administering or dispensing a controlled  
69 substance;

70 (14) "Distributor", a person who distributes;

71 (15) "Drug":

72 (a) Substances recognized as drugs in the official United States Pharmacopoeia,  
73 Official Homeopathic Pharmacopoeia of the United States, or Official National Formulary, or  
74 any supplement to any of them;

75 (b) Substances intended for use in the diagnosis, cure, mitigation, treatment or  
76 prevention of disease in humans or animals;

77 (c) Substances, other than food, intended to affect the structure or any function of the  
78 body of humans or animals; and

79 (d) Substances intended for use as a component of any article specified in this  
80 subdivision. It does not include devices or their components, parts or accessories;

81 (16) "Drug-dependent person", a person who is using a controlled substance and who  
82 is in a state of psychic or physical dependence, or both, arising from the use of such substance  
83 on a continuous basis. Drug dependence is characterized by behavioral and other responses  
84 which include a strong compulsion to take the substance on a continuous basis in order to  
85 experience its psychic effects or to avoid the discomfort caused by its absence;

86 (17) "Drug enforcement agency", the Drug Enforcement Administration in the United  
87 States Department of Justice, or its successor agency;

88 (18) "Drug paraphernalia", all equipment, products, substances and materials of any  
89 kind which are used, intended for use, or designed for use, in planting, propagating,  
90 cultivating, growing, harvesting, manufacturing, compounding, converting, producing,  
91 processing, preparing, storing, containing, concealing, injecting, ingesting, inhaling, or  
92 otherwise introducing into the human body a controlled substance or an imitation controlled  
93 substance in violation of this chapter or chapter 579. It includes, but is not limited to:

94 (a) Kits used, intended for use, or designed for use in planting, propagating,  
95 cultivating, growing or harvesting of any species of plant which is a controlled substance or  
96 from which a controlled substance can be derived;

97 (b) Kits used, intended for use, or designed for use in manufacturing, compounding,  
98 converting, producing, processing, or preparing controlled substances or imitation controlled  
99 substances;

100 (c) Isomerization devices used, intended for use, or designed for use in increasing the  
101 potency of any species of plant which is a controlled substance or an imitation controlled  
102 substance;

103 (d) Testing equipment used, intended for use, or designed for use in identifying, or in  
104 analyzing the strength, effectiveness or purity of controlled substances or imitation controlled  
105 substances, **except that fentanyl testing strips shall not be considered drug**  
106 **paraphernalia**;

107 (e) Scales and balances used, intended for use, or designed for use in weighing or  
108 measuring controlled substances or imitation controlled substances;

- 109 (f) Dilutents and adulterants, such as quinine hydrochloride, mannitol, mannite,  
110 dextrose and lactose, used, intended for use, or designed for use in cutting controlled  
111 substances or imitation controlled substances;
- 112 (g) Separation gins and sifters used, intended for use, or designed for use in removing  
113 twigs and seeds from, or in otherwise cleaning or refining, marijuana;
- 114 (h) Blenders, bowls, containers, spoons and mixing devices used, intended for use, or  
115 designed for use in compounding controlled substances or imitation controlled substances;
- 116 (i) Capsules, balloons, envelopes and other containers used, intended for use, or  
117 designed for use in packaging small quantities of controlled substances or imitation controlled  
118 substances;
- 119 (j) Containers and other objects used, intended for use, or designed for use in storing  
120 or concealing controlled substances or imitation controlled substances;
- 121 (k) Hypodermic syringes, needles and other objects used, intended for use, or  
122 designed for use in parenterally injecting controlled substances or imitation controlled  
123 substances into the human body;
- 124 (l) Objects used, intended for use, or designed for use in ingesting, inhaling, or  
125 otherwise introducing marijuana, cocaine, hashish, or hashish oil into the human body, such  
126 as:
- 127 a. Metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without  
128 screens, permanent screens, hashish heads, or punctured metal bowls;
- 129 b. Water pipes;
- 130 c. Carburetion tubes and devices;
- 131 d. Smoking and carburetion masks;
- 132 e. Roach clips meaning objects used to hold burning material, such as a marijuana  
133 cigarette, that has become too small or too short to be held in the hand;
- 134 f. Miniature cocaine spoons and cocaine vials;
- 135 g. Chamber pipes;
- 136 h. Carburetor pipes;
- 137 i. Electric pipes;
- 138 j. Air-driven pipes;
- 139 k. Chillums;
- 140 l. Bongs;
- 141 m. Ice pipes or chillers;
- 142 (m) Substances used, intended for use, or designed for use in the manufacture of a  
143 controlled substance.  
144

145 In determining whether an object, product, substance or material is drug paraphernalia, a  
146 court or other authority should consider, in addition to all other logically relevant factors, the  
147 following:

148       a. Statements by an owner or by anyone in control of the object concerning its use;

149       b. Prior convictions, if any, of an owner, or of anyone in control of the object, under  
150 any state or federal law relating to any controlled substance or imitation controlled substance;

151       c. The proximity of the object, in time and space, to a direct violation of this chapter  
152 or chapter 579;

153       d. The proximity of the object to controlled substances or imitation controlled  
154 substances;

155       e. The existence of any residue of controlled substances or imitation controlled  
156 substances on the object;

157       f. Direct or circumstantial evidence of the intent of an owner, or of anyone in control  
158 of the object, to deliver it to persons who he or she knows, or should reasonably know, intend  
159 to use the object to facilitate a violation of this chapter or chapter 579; the innocence of an  
160 owner, or of anyone in control of the object, as to direct violation of this chapter or chapter  
161 579 shall not prevent a finding that the object is intended for use, or designed for use as drug  
162 paraphernalia;

163       g. Instructions, oral or written, provided with the object concerning its use;

164       h. Descriptive materials accompanying the object which explain or depict its use;

165       i. National or local advertising concerning its use;

166       j. The manner in which the object is displayed for sale;

167       k. Whether the owner, or anyone in control of the object, is a legitimate supplier of  
168 like or related items to the community, such as a licensed distributor or dealer of tobacco  
169 products;

170       l. Direct or circumstantial evidence of the ratio of sales of the object to the total sales  
171 of the business enterprise;

172       m. The existence and scope of legitimate uses for the object in the community;

173       n. Expert testimony concerning its use;

174       o. The quantity, form or packaging of the product, substance or material in relation to  
175 the quantity, form or packaging associated with any legitimate use for the product, substance  
176 or material;

177       (19) "Federal narcotic laws", the laws of the United States relating to controlled  
178 substances;

179       (20) "Hospital", a place devoted primarily to the maintenance and operation of  
180 facilities for the diagnosis, treatment or care, for not less than twenty-four hours in any week,  
181 of three or more nonrelated individuals suffering from illness, disease, injury, deformity or

182 other abnormal physical conditions; or a place devoted primarily to provide, for not less than  
183 twenty-four consecutive hours in any week, medical or nursing care for three or more  
184 nonrelated individuals. The term hospital does not include convalescent, nursing, shelter or  
185 boarding homes as defined in chapter 198;

186 (21) "Illegal industrial hemp":

187 (a) All nonseed parts and varieties of the *Cannabis sativa* L. plant, growing or not,  
188 that contain an average delta-9 tetrahydrocannabinol (THC) concentration exceeding three-  
189 tenths of one percent on a dry weight basis;

190 (b) Illegal industrial hemp shall be destroyed in the most effective manner possible,  
191 and such destruction shall be verified by the Missouri state highway patrol;

192 (22) "Immediate precursor", a substance which:

193 (a) The state department of health and senior services has found to be and by rule  
194 designates as being the principal compound commonly used or produced primarily for use in  
195 the manufacture of a controlled substance;

196 (b) Is an immediate chemical intermediary used or likely to be used in the  
197 manufacture of a controlled substance; and

198 (c) The control of which is necessary to prevent, curtail or limit the manufacture of  
199 the controlled substance;

200 (23) "Imitation controlled substance", a substance that is not a controlled substance,  
201 which by dosage unit appearance (including color, shape, size and markings), or by  
202 representations made, would lead a reasonable person to believe that the substance is a  
203 controlled substance. In determining whether the substance is an imitation controlled  
204 substance the court or authority concerned should consider, in addition to all other logically  
205 relevant factors, the following:

206 (a) Whether the substance was approved by the federal Food and Drug  
207 Administration for over-the-counter (nonprescription or nonlegend) sales and was sold in  
208 the federal Food and Drug Administration-approved package, with the federal Food and Drug  
209 Administration-approved labeling information;

210 (b) Statements made by an owner or by anyone else in control of the substance  
211 concerning the nature of the substance, or its use or effect;

212 (c) Whether the substance is packaged in a manner normally used for illicit controlled  
213 substances;

214 (d) Prior convictions, if any, of an owner, or anyone in control of the object, under  
215 state or federal law related to controlled substances or fraud;

216 (e) The proximity of the substances to controlled substances;

217 (f) Whether the consideration tendered in exchange for the noncontrolled substance  
218 substantially exceeds the reasonable value of the substance considering the actual chemical

219 composition of the substance and, where applicable, the price at which over-the-counter  
220 substances of like chemical composition sell. An imitation controlled substance does not  
221 include a placebo or registered investigational drug either of which was manufactured,  
222 distributed, possessed or delivered in the ordinary course of professional practice or research;

223 (24) "Industrial hemp":

224 (a) All nonseed parts and varieties of the *Cannabis sativa* L. plant, growing or not,  
225 that contain an average delta-9 tetrahydrocannabinol (THC) concentration that does not  
226 exceed three-tenths of one percent on a dry weight basis or the maximum concentration  
227 allowed under federal law, whichever is greater;

228 (b) Any *Cannabis sativa* L. seed that is part of a growing crop, retained by a grower  
229 for future planting, or used for processing into or use as agricultural hemp seed;

230 (c) Industrial hemp includes industrial hemp commodities and products and topical or  
231 ingestible animal and consumer products derived from industrial hemp with a delta-9  
232 tetrahydrocannabinol concentration of not more than three-tenths of one percent on a dry  
233 weight basis;

234 (25) "Initial prescription", a prescription issued to a patient who has never previously  
235 been issued a prescription for the drug or its pharmaceutical equivalent or who was previously  
236 issued a prescription for the drug or its pharmaceutical equivalent, but the date on which the  
237 current prescription is being issued is more than five months after the date the patient last  
238 used or was administered the drug or its equivalent;

239 (26) "Laboratory", a laboratory approved by the department of health and senior  
240 services as proper to be entrusted with the custody of controlled substances but does not  
241 include a pharmacist who compounds controlled substances to be sold or dispensed on  
242 prescriptions;

243 (27) "Manufacture", the production, preparation, propagation, compounding or  
244 processing of drug paraphernalia or of a controlled substance, or an imitation controlled  
245 substance, either directly or by extraction from substances of natural origin, or independently  
246 by means of chemical synthesis, or by a combination of extraction and chemical synthesis,  
247 and includes any packaging or repackaging of the substance or labeling or relabeling of its  
248 container. This term does not include the preparation or compounding of a controlled  
249 substance or an imitation controlled substance or the preparation, compounding, packaging or  
250 labeling of a narcotic or dangerous drug:

251 (a) By a practitioner as an incident to his or her administering or dispensing of a  
252 controlled substance or an imitation controlled substance in the course of his or her  
253 professional practice; or

254 (b) By a practitioner or his or her authorized agent under his or her supervision, for  
255 the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale;

256 (28) "Marijuana", all parts of the plant genus *Cannabis* in any species or form thereof,  
257 including, but not limited to *Cannabis Sativa* L., except industrial hemp, *Cannabis Indica*,  
258 *Cannabis Americana*, *Cannabis Ruderalis*, and *Cannabis Gigantea*, whether growing or not,  
259 the seeds thereof, the resin extracted from any part of the plant; and every compound,  
260 manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does  
261 not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made  
262 from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or  
263 preparation of the mature stalks (except the resin extracted therefrom), fiber, oil or cake, or  
264 the sterilized seed of the plant which is incapable of germination;

265 (29) "Methamphetamine precursor drug", any drug containing ephedrine,  
266 pseudoephedrine, phenylpropanolamine, or any of their salts, optical isomers, or salts of  
267 optical isomers;

268 (30) "Narcotic drug", any of the following, whether produced directly or indirectly by  
269 extraction from substances of vegetable origin, or independently by means of chemical  
270 synthesis, or by a combination of extraction and chemical analysis:

271 (a) Opium, opiate, and any derivative, of opium or opiate, including their isomers,  
272 esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of the  
273 isomers, esters, ethers, and salts is possible within the specific chemical designation. The  
274 term does not include the isoquinoline alkaloids of opium;

275 (b) Coca leaves, but not including extracts of coca leaves from which cocaine,  
276 ecgonine, and derivatives of ecgonine or their salts have been removed;

277 (c) Cocaine or any salt, isomer, or salt of isomer thereof;

278 (d) Ecgonine, or any derivative, salt, isomer, or salt of isomer thereof;

279 (e) Any compound, mixture, or preparation containing any quantity of any substance  
280 referred to in paragraphs (a) to (d) of this subdivision;

281 (31) "Official written order", an order written on a form provided for that purpose by  
282 the United States Commissioner of Narcotics, under any laws of the United States making  
283 provision therefor, if such order forms are authorized and required by federal law, and if no  
284 such order form is provided, then on an official form provided for that purpose by the  
285 department of health and senior services;

286 (32) "Opiate" or "opioid", any substance having an addiction-forming or addiction-  
287 sustaining liability similar to morphine or being capable of conversion into a drug having  
288 addiction-forming or addiction-sustaining liability. The term includes its racemic and  
289 levorotatory forms. It does not include, unless specifically controlled under section 195.017,  
290 the dextrorotatory isomer of 3-methoxy-n-methyl-morphinan and its salts  
291 (dextromethorphan);

- 292 (33) "Opium poppy", the plant of the species *Papaver somniferum* L., except its  
293 seeds;
- 294 (34) "Over-the-counter sale", a retail sale licensed pursuant to chapter 144 of a drug  
295 other than a controlled substance;
- 296 (35) "Person", an individual, corporation, government or governmental subdivision or  
297 agency, business trust, estate, trust, partnership, joint venture, association, or any other legal  
298 or commercial entity;
- 299 (36) "Pharmacist", a licensed pharmacist as defined by the laws of this state, and  
300 where the context so requires, the owner of a store or other place of business where controlled  
301 substances are compounded or dispensed by a licensed pharmacist; but nothing in this chapter  
302 shall be construed as conferring on a person who is not registered nor licensed as a pharmacist  
303 any authority, right or privilege that is not granted to him by the pharmacy laws of this state;
- 304 (37) "Poppy straw", all parts, except the seeds, of the opium poppy, after mowing;
- 305 (38) "Possessed" or "possessing a controlled substance", a person, with the  
306 knowledge of the presence and nature of a substance, has actual or constructive possession of  
307 the substance. A person has actual possession if he has the substance on his or her person or  
308 within easy reach and convenient control. A person who, although not in actual possession,  
309 has the power and the intention at a given time to exercise dominion or control over the  
310 substance either directly or through another person or persons is in constructive possession of  
311 it. Possession may also be sole or joint. If one person alone has possession of a substance  
312 possession is sole. If two or more persons share possession of a substance, possession is  
313 joint;
- 314 (39) "Practitioner", a physician, dentist, optometrist, podiatrist, veterinarian, scientific  
315 investigator, pharmacy, hospital or other person licensed, registered or otherwise permitted by  
316 this state to distribute, dispense, conduct research with respect to or administer or to use in  
317 teaching or chemical analysis, a controlled substance in the course of professional practice or  
318 research in this state, or a pharmacy, hospital or other institution licensed, registered, or  
319 otherwise permitted to distribute, dispense, conduct research with respect to or administer a  
320 controlled substance in the course of professional practice or research;
- 321 (40) "Production", includes the manufacture, planting, cultivation, growing, or  
322 harvesting of drug paraphernalia or of a controlled substance or an imitation controlled  
323 substance;
- 324 (41) "Registry number", the number assigned to each person registered under the  
325 federal controlled substances laws;
- 326 (42) "Sale", includes barter, exchange, or gift, or offer therefor, and each such  
327 transaction made by any person, whether as principal, proprietor, agent, servant or employee;

328 (43) "State" when applied to a part of the United States, includes any state, district,  
329 commonwealth, territory, insular possession thereof, and any area subject to the legal  
330 authority of the United States of America;

331 (44) "Synthetic cannabinoid", includes unless specifically excepted or unless listed in  
332 another schedule, any natural or synthetic material, compound, mixture, or preparation that  
333 contains any quantity of a substance that is a cannabinoid receptor agonist, including but not  
334 limited to any substance listed in paragraph (II) of subdivision (4) of subsection 2 of section  
335 195.017 and any analogues; homologues; isomers, whether optical, positional, or geometric;  
336 esters; ethers; salts; and salts of isomers, esters, and ethers, whenever the existence of the  
337 isomers, esters, ethers, or salts is possible within the specific chemical designation, however,  
338 it shall not include any approved pharmaceutical authorized by the United States Food and  
339 Drug Administration;

340 (45) "Ultimate user", a person who lawfully possesses a controlled substance or an  
341 imitation controlled substance for his or her own use or for the use of a member of his or her  
342 household or immediate family, regardless of whether they live in the same household, or for  
343 administering to an animal owned by him or by a member of his or her household. For  
344 purposes of this section, the phrase "immediate family" means a husband, wife, parent, child,  
345 sibling, stepparent, stepchild, stepbrother, stepsister, grandparent, or grandchild;

346 (46) "Wholesaler", a person who supplies drug paraphernalia or controlled substances  
347 or imitation controlled substances that he himself has not produced or prepared, on official  
348 written orders, but not on prescriptions.

197.100. 1. Any provision of chapter 198 and chapter 338 to the contrary  
2 notwithstanding, the department of health and senior services shall have sole authority, and  
3 responsibility for inspection and licensure of hospitals in this state including, but not limited  
4 to, all parts, services, functions, support functions and activities which contribute directly or  
5 indirectly to patient care of any kind whatsoever. The department of health and senior  
6 services shall ~~annually~~ inspect each licensed hospital **in accordance with Title XVIII of**  
7 **the Social Security Act** and shall make any other inspections and investigations as it deems  
8 necessary for good cause shown. The department of health and senior services shall accept  
9 reports of hospital inspections from or on behalf of governmental agencies, the joint  
10 commission, and the American Osteopathic Association Healthcare Facilities Accreditation  
11 Program, provided the accreditation inspection was conducted within one year of the date of  
12 license renewal. Prior to granting acceptance of any other accrediting organization reports in  
13 lieu of the required licensure survey, the accrediting organization's survey process must be  
14 deemed appropriate and found to be comparable to the department's licensure survey. It shall  
15 be the accrediting organization's responsibility to provide the department any and all  
16 information necessary to determine if the accrediting organization's survey process is

17 comparable and fully meets the intent of the licensure regulations. The department of health  
18 and senior services shall attempt to schedule inspections and evaluations required by this  
19 section so as not to cause a hospital to be subject to more than one inspection in any twelve-  
20 month period from the department of health and senior services or any agency or  
21 accreditation organization the reports of which are accepted for licensure purposes pursuant to  
22 this section, except for good cause shown.

23 2. Other provisions of law to the contrary notwithstanding, the department of health  
24 and senior services shall be the only state agency to determine life safety and building codes  
25 for hospitals defined or licensed pursuant to the provisions of this chapter, including but not  
26 limited to sprinkler systems, smoke detection devices and other fire safety-related matters so  
27 long as any new standards shall apply only to new construction.

197.256. 1. A hospice shall apply for renewal of its certificate not less than once  
2 every twelve months. In addition, such hospice shall apply for renewal not less than thirty  
3 days before any change in ownership or management of the hospice. Such application shall  
4 be accompanied by the appropriate fee as set forth in subsection 1 of section 197.254.  
5 Application shall be made upon a form prescribed by the department.

6 2. Upon receipt of the application and fee, if a fee is required, the department ~~[shall]~~  
7 **may** conduct a survey to evaluate the quality of services rendered by an applicant for renewal.  
8 The department shall **inspect each licensed facility in accordance with Title XVIII of the**  
9 **Social Security Act and** approve the application and renew the certificate of any applicant  
10 which is in compliance with sections 197.250 to 197.280 and the rules made pursuant thereto  
11 and which passes the department's survey.

12 3. The certificate of any hospice which has not been renewed as required by this  
13 section shall be void.

14 4. The department shall require all certificated hospices to submit statistical reports.  
15 The content, format, and frequency of such reports shall be prescribed by the department.

197.258. 1. In addition to any survey pursuant to sections 197.250 to 197.280, the  
2 department may make such surveys as it deems necessary during normal business hours. The  
3 department shall survey every hospice ~~[not less than once annually]~~ **in accordance with Title**  
4 **XVIII of the Social Security Act.** The hospice shall permit the department's representatives  
5 to enter upon any of its business premises during normal business hours for the purpose of a  
6 survey.

7 2. As a part of its survey of a hospice, the department may visit the home of any client  
8 of such hospice with such client's consent.

9 3. In lieu of any survey required by sections 197.250 to 197.280, the department may  
10 accept in whole or in part the survey of any state or federal agency, or of any professional  
11 accrediting agency, if such survey:

- 12 (1) Is comparable in scope and method to the department's surveys; and
- 13 (2) Is conducted ~~[within one year of initial application]~~ **in accordance with Title**
- 14 **XVIII of the Social Security Act** for **initial application** or renewal of the hospice's
- 15 certificate.
- 16 4. The department shall not be required to survey any hospice providing service to
- 17 Missouri residents through an office located in a state bordering Missouri if such bordering
- 18 state has a reciprocal agreement with Missouri on hospice certification and the area served in
- 19 Missouri by the agency is contiguous to the area served in the bordering state.
- 20 5. Any hospice which has its parent office in a state which does not have a reciprocal
- 21 agreement with Missouri on hospice certification shall maintain a branch office in Missouri.
- 22 Such branch office shall maintain all records required by the department for survey and shall
- 23 be certificated as a hospice.
- 197.415. 1. The department shall review the applications and shall issue a license to
- 2 applicants who have complied with the requirements of sections 197.400 to 197.475 and have
- 3 received approval of the department.
- 4 2. A license shall be renewed annually upon approval of the department when the
- 5 following conditions have been met:
- 6 (1) The application for renewal is accompanied by a six-hundred-dollar license fee;
- 7 (2) The home health agency is in compliance with the requirements established
- 8 pursuant to the provisions of sections 197.400 to 197.475 as evidenced by ~~[a survey]~~ **an**
- 9 inspection by the department which shall occur~~[at least every thirty six months for agencies~~
- 10 ~~that have been in operation thirty six consecutive months from initial inspection. The~~
- 11 ~~frequency of inspections for agencies in operation at least thirty six consecutive months from~~
- 12 ~~the initial inspection shall be determined by such factors as number of complaints received~~
- 13 ~~and changes in management, supervision or ownership. The frequency of each survey~~
- 14 ~~inspection for any agency in operation less than thirty six consecutive months from the initial~~
- 15 ~~inspection shall occur and be conducted at least every twelve months]~~ **in accordance with**
- 16 **Title XVIII of the Social Security Act;**
- 17 (3) The application is accompanied by a statement of any changes in the information
- 18 previously filed with the department pursuant to section 197.410.
- 19 3. Each license shall be issued only for the home health agency listed in the
- 20 application. Licenses shall be posted in a conspicuous place in the main offices of the
- 21 licensed home health agency.
- 22 4. In lieu of any survey required by sections 197.400 to 197.475, the department may
- 23 accept in whole or in part written reports of the survey of any state or federal agency, or of
- 24 any professional accrediting agency, if such survey:
- 25 (1) Is comparable in scope and method to the department's surveys; and

26 (2) Is conducted [~~within one year of initial application or within thirty-six months for~~  
27 ~~the renewal of the home health license~~] **in accordance with Title XVIII of the Social**  
28 **Security Act** as required by subdivision (2) of subsection 2 of this section.

198.006. As used in sections 198.003 to 198.186, unless the context clearly indicates  
2 otherwise, the following terms mean:

3 (1) "Abuse", the infliction of physical, sexual, or emotional injury or harm;

4 (2) "Activities of daily living" or "ADL", one or more of the following activities of  
5 daily living:

6 (a) Eating;

7 (b) Dressing;

8 (c) Bathing;

9 (d) Toileting;

10 (e) Transferring; and

11 (f) Walking;

12 (3) "Administrator", the person who is in general administrative charge of a facility;

13 (4) "Affiliate":

14 (a) With respect to a partnership, each partner thereof;

15 (b) With respect to a limited partnership, the general partner and each limited partner  
16 with an interest of five percent or more in the limited partnership;

17 (c) With respect to a corporation, each person who owns, holds or has the power to  
18 vote five percent or more of any class of securities issued by the corporation, and each officer  
19 and director;

20 (d) With respect to a natural person, any parent, child, sibling, or spouse of that  
21 person;

22 (5) "Appropriately trained and qualified individual", an individual who is licensed or  
23 registered with the state of Missouri in a health care-related field or an individual with a  
24 degree in a health care-related field or an individual with a degree in a health care, social  
25 services, or human services field or an individual licensed under chapter 344 and who has  
26 received facility orientation training under 19 CSR [~~30-86.042(18)~~] **30-86.047**, and dementia  
27 training under section 192.2000 and twenty-four hours of additional training, approved by the  
28 department, consisting of definition and assessment of activities of daily living, assessment of  
29 cognitive ability, service planning, and interview skills;

30 (6) "Assisted living facility", any premises, other than a residential care facility,  
31 intermediate care facility, or skilled nursing facility, that is utilized by its owner, operator, or  
32 manager to provide twenty-four-hour care and services and protective oversight to three or  
33 more residents who are provided with shelter, board, and who may need and are provided  
34 with the following:

35 (a) Assistance with any activities of daily living and any instrumental activities of  
36 daily living;

37 (b) Storage, distribution, or administration of medications; and

38 (c) Supervision of health care under the direction of a licensed physician, provided  
39 that such services are consistent with a social model of care;

40

41 Such term shall not include a facility where all of the residents are related within the fourth  
42 degree of consanguinity or affinity to the owner, operator, or manager of the facility;

43 (7) "Community-based assessment", documented basic information and analysis  
44 provided by appropriately trained and qualified individuals describing an individual's abilities  
45 and needs in activities of daily living, instrumental activities of daily living, vision/hearing,  
46 nutrition, social participation and support, and cognitive functioning using an assessment tool  
47 approved by the department of health and senior services that is designed for community-  
48 based services and that is not the nursing home minimum data set;

49 (8) "Dementia", a general term for the loss of thinking, remembering, and reasoning  
50 so severe that it interferes with an individual's daily functioning, and may cause symptoms  
51 that include changes in personality, mood, and behavior;

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

53 (10) "Emergency", a situation, physical condition or one or more practices, methods  
54 or operations which presents imminent danger of death or serious physical or mental harm to  
55 residents of a facility;

56 (11) "Facility", any residential care facility, assisted living facility, intermediate care  
57 facility, or skilled nursing facility;

58 (12) "Health care provider", any person providing health care services or goods to  
59 residents and who receives funds in payment for such goods or services under Medicaid;

60 (13) "Instrumental activities of daily living", or "IADL", one or more of the following  
61 activities:

62 (a) Preparing meals;

63 (b) Shopping for personal items;

64 (c) Medication management;

65 (d) Managing money;

66 (e) Using the telephone;

67 (f) Housework; and

68 (g) Transportation ability;

69 (14) "Intermediate care facility", any premises, other than a residential care facility,  
70 assisted living facility, or skilled nursing facility, which is utilized by its owner, operator, or  
71 manager to provide twenty-four-hour accommodation, board, personal care, and basic health

72 and nursing care services under the daily supervision of a licensed nurse and under the  
73 direction of a licensed physician to three or more residents dependent for care and supervision  
74 and who are not related within the fourth degree of consanguinity or affinity to the owner,  
75 operator or manager of the facility;

76 (15) "Manager", any person other than the administrator of a facility who contracts or  
77 otherwise agrees with an owner or operator to supervise the general operation of a facility,  
78 providing such services as hiring and training personnel, purchasing supplies, keeping  
79 financial records, and making reports;

80 (16) "Medicaid", medical assistance under section 208.151, et seq., in compliance  
81 with Title XIX, Public Law 89-97, 1965 amendments to the Social Security Act (42 U.S.C.  
82 301, et seq.), as amended;

83 (17) "Neglect", the failure to provide, by those responsible for the care, custody, and  
84 control of a resident in a facility, the services which are reasonable and necessary to maintain  
85 the physical and mental health of the resident, when such failure presents either an imminent  
86 danger to the health, safety or welfare of the resident or a substantial probability that death or  
87 serious physical harm would result;

88 (18) "Operator", any person licensed or required to be licensed under the provisions  
89 of sections 198.003 to 198.096 in order to establish, conduct or maintain a facility;

90 (19) "Owner", any person who owns an interest of five percent or more in:

91 (a) The land on which any facility is located;

92 (b) The structure or structures in which any facility is located;

93 (c) Any mortgage, contract for deed, or other obligation secured in whole or in part by  
94 the land or structure in or on which a facility is located; or

95 (d) Any lease or sublease of the land or structure in or on which a facility is located.

96

97 Owner does not include a holder of a debenture or bond purchased at public issue nor does it  
98 include any regulated lender unless the entity or person directly or through a subsidiary  
99 operates a facility;

100 (20) "Protective oversight", an awareness twenty-four hours a day of the location of a  
101 resident, the ability to intervene on behalf of the resident, the supervision of nutrition,  
102 medication, or actual provisions of care, and the responsibility for the welfare of the resident,  
103 except where the resident is on voluntary leave;

104 (21) "Resident", a person who by reason of aging, illness, disease, or physical or  
105 mental infirmity receives or requires care and services furnished by a facility and who resides  
106 or boards in or is otherwise kept, cared for, treated or accommodated in such facility for a  
107 period exceeding twenty-four consecutive hours;

108           (22) "Residential care facility", any premises, other than an assisted living facility,  
109 intermediate care facility, or skilled nursing facility, which is utilized by its owner, operator or  
110 manager to provide twenty-four-hour care to three or more residents, who are not related  
111 within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the  
112 facility and who need or are provided with shelter, board, and with protective oversight,  
113 which may include storage and distribution or administration of medications and care during  
114 short-term illness or recuperation, except that, for purposes of receiving supplemental welfare  
115 assistance payments under section 208.030, only any residential care facility licensed as a  
116 residential care facility II immediately prior to August 28, 2006, and that continues to meet  
117 such licensure requirements for a residential care facility II licensed immediately prior to  
118 August 28, 2006, shall continue to receive after August 28, 2006, the payment amount  
119 allocated immediately prior to August 28, 2006, for a residential care facility II under section  
120 208.030;

121           (23) "Skilled nursing facility", any premises, other than a residential care facility, an  
122 assisted living facility, or an intermediate care facility, which is utilized by its owner, operator  
123 or manager to provide for twenty-four-hour accommodation, board and skilled nursing care  
124 and treatment services to at least three residents who are not related within the fourth degree  
125 of consanguinity or affinity to the owner, operator or manager of the facility. Skilled nursing  
126 care and treatment services are those services commonly performed by or under the  
127 supervision of a registered professional nurse for individuals requiring twenty-four-hours-a-  
128 day care by licensed nursing personnel including acts of observation, care and counsel of the  
129 aged, ill, injured or infirm, the administration of medications and treatments as prescribed by  
130 a licensed physician or dentist, and other nursing functions requiring substantial specialized  
131 judgment and skill;

132           (24) "Social model of care", long-term care services based on the abilities, desires,  
133 and functional needs of the individual delivered in a setting that is more home-like than  
134 institutional and promotes the dignity, individuality, privacy, independence, and autonomy of  
135 the individual. Any facility licensed as a residential care facility II prior to August 28, 2006,  
136 shall qualify as being more home-like than institutional with respect to construction and  
137 physical plant standards;

138           (25) "Vendor", any person selling goods or services to a health care provider;

139           (26) "Voluntary leave", an off-premise leave initiated by:

140           (a) A resident that has not been declared mentally incompetent or incapacitated by a  
141 court; or

142           (b) A legal guardian of a resident that has been declared mentally incompetent or  
143 incapacitated by a court.

198.022. 1. Upon receipt of an application for a license to operate a facility, the department shall review the application, investigate the applicant and the statements sworn to in the application for license and conduct any necessary inspections. A license shall be issued if the following requirements are met:

(1) The statements in the application are true and correct;

(2) The facility and the operator are in substantial compliance with the provisions of sections 198.003 to 198.096 and the standards established thereunder;

(3) The applicant has the financial capacity to operate the facility;

(4) The administrator of an assisted living facility, a skilled nursing facility, or an intermediate care facility is currently licensed under the provisions of chapter 344;

(5) Neither the operator nor any principals in the operation of the facility have ever been convicted of a felony offense concerning the operation of a long-term health care facility or other health care facility or ever knowingly acted or knowingly failed to perform any duty which materially and adversely affected the health, safety, welfare or property of a resident, while acting in a management capacity. The operator of the facility or any principal in the operation of the facility shall not be under exclusion from participation in the Title XVIII (Medicare) or Title XIX (Medicaid) program of any state or territory;

(6) Neither the operator nor any principals involved in the operation of the facility have ever been convicted of a felony in any state or federal court arising out of conduct involving either management of a long-term care facility or the provision or receipt of health care;

(7) All fees due to the state have been paid.

2. Upon denial of any application for a license, the department shall so notify the applicant in writing, setting forth therein the reasons and grounds for denial.

3. The department may inspect any facility and any records and may make copies of records, at the facility, at the department's own expense, required to be maintained by sections 198.003 to 198.096 or by the rules and regulations promulgated thereunder at any time if a license has been issued to or an application for a license has been filed by the operator of such facility. Copies of any records requested by the department shall be prepared by the staff of such facility within two business days or as determined by the department. The department shall not remove or disassemble any medical record during any inspection of the facility, but may observe the photocopying or may make its own copies if the facility does not have the technology to make the copies. In accordance with the provisions of section 198.525, the department shall make at least ~~[two inspections]~~ **one inspection** per year, ~~[at least one of]~~ which shall be unannounced to the operator. The department may make such other inspections, announced or unannounced, as it deems necessary to carry out the provisions of sections 198.003 to 198.136.

38           4. Whenever the department has reasonable grounds to believe that a facility required  
39 to be licensed under sections 198.003 to 198.096 is operating without a license, and the  
40 department is not permitted access to inspect the facility, or when a licensed operator refuses  
41 to permit access to the department to inspect the facility, the department shall apply to the  
42 circuit court of the county in which the premises is located for an order authorizing entry for  
43 such inspection, and the court shall issue the order if it finds reasonable grounds for  
44 inspection or if it finds that a licensed operator has refused to permit the department access to  
45 inspect the facility.

46           5. Whenever the department is inspecting a facility in response to an application from  
47 an operator located outside of Missouri not previously licensed by the department, the  
48 department may request from the applicant the past five years compliance history of all  
49 facilities owned by the applicant located outside of this state.

          198.026. 1. Whenever a duly authorized representative of the department finds upon  
2 an inspection of a facility that it is not in compliance with the provisions of sections 198.003  
3 to 198.096 and the standards established thereunder, the operator or administrator shall be  
4 informed of the deficiencies in an exit interview conducted with the operator or administrator,  
5 or his or her designee. The department shall inform the operator or administrator, in writing,  
6 of any violation of a class I standard at the time the determination is made. A written report  
7 shall be prepared of any deficiency for which there has not been prompt remedial action, and  
8 a copy of such report and a written correction order shall be sent to the operator or  
9 administrator by ~~[certified mail or other]~~ a delivery service that provides a dated receipt of  
10 delivery ~~[at the facility address]~~ within ten working days after the inspection, stating  
11 separately each deficiency and the specific statute or regulation violated.

12           2. The operator or administrator shall have five working days following receipt of a  
13 written report and correction order regarding a violation of a class I standard and ten working  
14 days following receipt of the report and correction order regarding violations of class II or  
15 class III standards to request any conference and to submit a plan of correction for the  
16 department's approval which contains specific dates for achieving compliance. Within five  
17 working days after receiving a plan of correction regarding a violation of a class I standard  
18 and within ten working days after receiving a plan of correction regarding a violation of a  
19 class II or III standard, the department shall give its written approval or rejection of the plan.  
20 If there was a violation of any class I standard, immediate corrective action shall be taken by  
21 the operator or administrator and a written plan of correction shall be submitted to the  
22 department. The department shall give its written approval or rejection of the plan and if the  
23 plan is acceptable, a reinspection shall be conducted within twenty calendar days of the exit  
24 interview to determine if deficiencies have been corrected. If there was a violation of any  
25 class II standard and the plan of correction is acceptable, an unannounced reinspection shall

26 be conducted between forty and ninety calendar days from the date of the exit conference to  
27 determine the status of all previously cited deficiencies. If there was a violation of class III  
28 standards sufficient to establish that the facility was not in substantial compliance, an  
29 unannounced reinspection shall be conducted within one hundred twenty days of the exit  
30 interview to determine the status of previously identified deficiencies.

31 3. If, following the reinspection, the facility is found not in substantial compliance  
32 with sections 198.003 to 198.096 and the standards established thereunder or the operator is  
33 not correcting the noncompliance in accordance with the approved plan of correction, the  
34 department shall issue a notice of noncompliance, which shall be sent by ~~certified mail or~~  
35 ~~other~~ a delivery service that provides a dated receipt of delivery to ~~each person disclosed to~~  
36 ~~be an owner or~~ **the operator or administrator** of the facility, according to the most recent  
37 information or documents on file with the department.

38 4. The notice of noncompliance shall inform the operator or administrator that the  
39 department may seek the imposition of any of the sanctions and remedies provided for in  
40 section 198.067, or any other action authorized by law.

41 5. At any time after an inspection is conducted, the operator may choose to enter into  
42 a consent agreement with the department to obtain a probationary license. The consent  
43 agreement shall include a provision that the operator will voluntarily surrender the license if  
44 substantial compliance is not reached in accordance with the terms and deadlines established  
45 under the agreement. The agreement shall specify the stages, actions and time span to  
46 achieve substantial compliance.

47 6. Whenever a notice of noncompliance has been issued, the operator shall post a  
48 copy of the notice of noncompliance and a copy of the most recent inspection report in a  
49 conspicuous location in the facility, and the department shall send a copy of the notice of  
50 noncompliance to the department of social services, the department of mental health, and any  
51 other concerned federal, state or local governmental agencies.

198.036. 1. The department may revoke a license in any case in which it finds that:

2 (1) The operator failed or refused to comply with class I or II standards, as established  
3 by the department pursuant to section 198.085; or failed or refused to comply with class III  
4 standards as established by the department pursuant to section 198.085, where the aggregate  
5 effect of such noncompliances presents either an imminent danger to the health, safety or  
6 welfare of any resident or a substantial probability that death or serious physical harm would  
7 result;

8 (2) The operator refused to allow representatives of the department to inspect the  
9 facility for compliance with standards or denied representatives of the department access to  
10 residents and employees necessary to carry out the duties set forth in this chapter and rules

11 promulgated thereunder, except where employees of the facility are in the process of  
12 rendering immediate care to a resident of such facility;

13 (3) The operator knowingly acted or knowingly omitted any duty in a manner which  
14 would materially and adversely affect the health, safety, welfare or property of a resident;

15 (4) The operator demonstrated financial incapacity to operate and conduct the facility  
16 in accordance with the provisions of sections 198.003 to 198.096;

17 (5) The operator or any principals in the operation of the facility have ever been  
18 convicted of, or pled guilty or nolo contendere to a felony offense concerning the operation of  
19 a long-term health care facility or other health care facility, or ever knowingly acted or  
20 knowingly failed to perform any duty which materially and adversely affected the health,  
21 safety, welfare, or property of a resident while acting in a management capacity. The operator  
22 of the facility or any principal in the operation of the facility shall not be under exclusion  
23 from participation in the Title XVIII (Medicare) or Title XIX (Medicaid) program of any state  
24 or territory; or

25 (6) The operator or any principals involved in the operation of the facility have ever  
26 been convicted of or pled guilty or nolo contendere to a felony in any state or federal court  
27 arising out of conduct involving either management of a long-term care facility or the  
28 provision or receipt of health care.

29 2. Nothing in subdivision (2) of subsection 1 of this section shall be construed as  
30 allowing the department access to information not necessary to carry out the duties set forth in  
31 sections 198.006 to 198.186.

32 3. Upon revocation of a license, the director of the department shall so notify the  
33 operator in writing, setting forth the reason and grounds for the revocation. Notice of such  
34 revocation shall be sent ~~[either by certified mail, return receipt requested,]~~ **by a delivery**  
35 **service that provides a dated receipt of delivery** to the operator ~~[at the address of the~~  
36 ~~facility]~~ **and administrator**, or served personally upon the operator **and administrator**. The  
37 department shall provide the operator notice of such revocation at least ten days prior to its  
38 effective date.

198.525. 1. ~~[Except as otherwise provided pursuant to section 198.526,]~~ In order to  
2 comply with sections 198.012 and 198.022, the department of health and senior services shall  
3 inspect residential care facilities, assisted living facilities, intermediate care facilities, and  
4 skilled nursing **facilities**, including those facilities attached to acute care hospitals at least  
5 ~~[twice]~~ **once** a year.

6 2. The department shall not assign an individual to inspect or survey a long-term care  
7 facility licensed under this chapter, for any purpose, in which the inspector or surveyor was an  
8 employee of such facility within the preceding two years.

9           3. For any inspection or survey of a facility licensed under this chapter, regardless of  
10 the purpose, the department shall require every newly hired inspector or surveyor at the time  
11 of hiring or, with respect to any currently employed inspector or surveyor as of August 28,  
12 2009, to disclose:

13           (1) The name of every Missouri licensed long-term care facility in which he or she  
14 has been employed; and

15           (2) The name of any member of his or her immediate family who has been employed  
16 or is currently employed at a Missouri licensed long-term care facility.

17

18 The disclosures under this subsection shall be disclosed to the department whenever the event  
19 giving rise to disclosure first occurs.

20           4. For purposes of this section, the phrase "immediate family member" shall mean  
21 husband, wife, natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother,  
22 stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-  
23 law, grandparent or grandchild.

24           5. The information called for in this section shall be a public record under the  
25 provisions of subdivision (6) of section 610.010.

26           6. Any person may notify the department if facts exist that would lead a reasonable  
27 person to conclude that any inspector or surveyor has any personal or business affiliation that  
28 would result in a conflict of interest in conducting an inspection or survey for a facility. Upon  
29 receiving that notice, the department, when assigning an inspector or surveyor to inspect or  
30 survey a facility, for any purpose, shall take steps to verify the information and, if the  
31 department has probable cause to believe that it is correct, shall not assign the inspector or  
32 surveyor to the facility or any facility within its organization so as to avoid an appearance of  
33 prejudice or favor to the facility or bias on the part of the inspector or surveyor.

198.526. 1. ~~[Except as provided in subsection 3 of this section,]~~ The department of  
2 health and senior services shall inspect all facilities licensed by the department at least ~~[twice]~~  
3 **once** each year. Such inspections shall be conducted:

4           (1) Without the prior notification of the facility; and

5           (2) At times of the day, on dates and at intervals which do not permit facilities to  
6 anticipate such inspections.

7           2. The department shall annually reevaluate the inspection process to ensure the  
8 requirements of subsection 1 of this section are met.

9           3. ~~[The department may reduce the frequency of inspections to once a year if a~~  
10 ~~facility is found to be in substantial compliance. The basis for such determination shall~~  
11 ~~include, but not be limited to, the following:~~

12           ~~(1) Previous inspection reports;~~

13       ~~(2) The facility's history of compliance with rules promulgated pursuant to this~~  
14 ~~chapter;~~

15       ~~(3) The number and severity of complaints received about the facility; and~~

16       ~~(4) In the year subsequent to a finding of no class I violations or class II violations,~~  
17 ~~the facility does not have a change in ownership, operator, or, if the department finds it~~  
18 ~~significant, a change in director of nursing.~~

19       4.] Information regarding unannounced inspections shall be disclosed to employees  
20 of the department on a need-to-know basis only. Any employee of the department who  
21 knowingly discloses the time of an unannounced inspection in violation of this section is  
22 guilty of a class A misdemeanor and shall have his or her employment immediately  
23 terminated.

198.545. 1. This section shall be known and may be cited as the "Missouri Informal  
2 Dispute Resolution Act".

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

4       (1) "Deficiency", a facility's failure to meet a participation requirement or standard,  
5 whether state or federal, supported by evidence gathered from observation, interview, or  
6 record review;

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

8       (3) "Facility", a long-term care facility licensed under this chapter;

9       (4) "IDR", informal dispute resolution as provided for in this section;

10       (5) "Independent third party", the federally designated Medicare Quality  
11 Improvement Organization in this state;

12       (6) "Plan of correction", a facility's response to deficiencies which explains how  
13 corrective action will be accomplished, how the facility will identify other residents who may  
14 be affected by the deficiency practice, what measures will be used or systemic changes made  
15 to ensure that the deficient practice will not reoccur, and how the facility will monitor to  
16 ensure that solutions are sustained;

17       (7) "QIO", the federally designated Medicare Quality Improvement Organization in  
18 this state.

19       3. The department of health and senior services shall contract with an independent  
20 third party to conduct informal dispute resolution (IDR) for facilities licensed under this  
21 chapter. The IDR process, including conferences, shall constitute an informal administrative  
22 process and shall not be construed to be a formal evidentiary hearing. Use of IDR under this  
23 section shall not waive the facility's right to pursue further or additional legal actions.

24       4. The department shall establish an IDR process to determine whether a cited  
25 deficiency as evidenced by a statement of deficiencies against a facility shall be upheld. The  
26 department shall promulgate rules to incorporate by reference the provisions of 42 CFR

27 488.331 regarding the IDR process and to include the following minimum requirements for  
28 the IDR process:

29 (1) Within ten working days of the end of the survey, the department shall by  
30 ~~[certified mail]~~ **a delivery service that provides dated receipt of delivery** transmit to the  
31 facility a statement of deficiencies committed by the facility. Notification of the availability  
32 of an IDR and IDR process shall be included in the transmittal;

33 (2) Within ten ~~[calendar]~~ **working** days of receipt of the statement of deficiencies, the  
34 facility shall return a plan of correction to the department. Within such ten-day period, the  
35 facility may request in writing an IDR conference to refute the deficiencies cited in the  
36 statement of deficiencies;

37 (3) Within ten working days of receipt for an IDR conference made by a facility, the  
38 QIO shall hold an IDR conference unless otherwise requested by the facility. The IDR  
39 conference shall provide the facility with an opportunity to provide additional information or  
40 clarification in support of the facility's contention that the deficiencies were erroneously cited.  
41 The facility may be accompanied by counsel during the IDR conference. The type of IDR  
42 held shall be at the discretion of the facility, but shall be limited to:

43 (a) A desk review of written information submitted by the facility; or

44 (b) A telephonic conference; or

45 (c) A face-to-face conference held at the headquarters of the QIO or at the facility at  
46 the request of the facility.

47

48 If the QIO determines the need for additional information, clarification, or discussion after  
49 conclusion of the IDR conference, the department and the facility shall be present.

50 5. Within ten days of the IDR conference described in subsection 4 of this section, the  
51 QIO shall make a determination, based upon the facts and findings presented, and shall  
52 transmit the decision and rationale for the outcome in writing to the facility and the  
53 department.

54 6. If the department disagrees with such determination, the department shall transmit  
55 the department's decision and rationale for the reversal of the QIO's decision to the facility  
56 within ten calendar days of receiving the QIO's decision.

57 7. If the QIO determines that the original statement of deficiencies should be changed  
58 as a result of the IDR conference, the department shall transmit a revised statement of  
59 deficiencies to the facility with the notification of the determination within ten calendar days  
60 of the decision to change the statement of deficiencies.

61 8. Within ten calendar days of receipt of the determination made by the QIO and the  
62 revised statement of deficiencies, the facility shall submit a plan of correction to the  
63 department.

64           9. The department shall not post on its website or enter into the Centers for Medicare  
65 & Medicaid Services Online Survey, Certification and Reporting System, or report to any  
66 other agency, any information about the deficiencies which are in dispute unless the dispute  
67 determination is made and the facility has responded with a revised plan of correction, if  
68 needed.

69           10. Any rule or portion of a rule, as that term is defined in section 536.010, that is  
70 created under the authority delegated in this section shall become effective only if it complies  
71 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.  
72 This section and chapter 536 are nonseverable and if any of the powers vested with the  
73 general assembly pursuant to chapter 536 to review, to delay the effective date, or to  
74 disapprove and annul a rule are subsequently held unconstitutional, then the grant of  
75 rulemaking authority and any rule proposed or adopted after August 28, 2009, shall be invalid  
76 and void.

**198.640. As used in sections 198.640 to 198.648, the following terms shall mean:**

2           **(1) "Controlling person", a business entity, officer, program administrator, or**  
3 **director whose responsibilities include the direction of the management or policies of a**  
4 **supplemental health care services agency. The term "controlling person" also means an**  
5 **individual who, directly or indirectly, beneficially owns an interest in a corporation,**  
6 **partnership, or other business association that is a controlling person;**

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

8           **(3) "Health care facility", a licensed hospital defined under section 197.020 or a**  
9 **licensed entity defined under subdivision (6), (14), (22), or (23) of section 198.006;**

10          **(4) "Health care personnel", any individual licensed, accredited, or certified by**  
11 **the state of Missouri to perform specified health services consistent with state law;**

12          **(5) "Person", an individual, firm, corporation, partnership, or association;**

13          **(6) "Supplemental health care services agency" or "agency", a person, firm,**  
14 **corporation, partnership, or association engaged for hire in the business of providing or**  
15 **procuring temporary employment in health care facilities for health care personnel,**  
16 **including a temporary nursing staffing agency as defined in section 383.130, or that**  
17 **operates a digital website or digital smartphone application that facilitates the provision**  
18 **of the engagement of health care personnel and accepts requests for health care**  
19 **personnel through its digital website or digital smartphone application. The term**  
20 **"supplemental health care services agency" or "agency" shall not include an individual**  
21 **who engages, only on his or her own behalf, to provide the individual's services on a**  
22 **temporary basis to health care facilities or a home health agency licensed under section**  
23 **197.415 and shall not include a person, firm, corporation, partnership, or association**  
24 **engaged in the provision of contracted specialty services by a practitioner as defined**

25 under subdivision (4) of section 376.1575, to a hospital as defined under section 197.020,  
26 or to other individuals or entities providing health care that are not health care facilities.

198.642. 1. A person who operates a supplemental health care services agency  
2 shall register annually with the department. Each separate business location of the  
3 agency shall have a separate registration with the department. Fees collected under this  
4 section shall be deposited in the state treasury and credited to the state general revenue  
5 fund.

6 2. The department shall establish forms and procedures for processing each  
7 supplemental health care services agency registration application. An application for  
8 agency registration shall include at least the following:

9 (1) The names and addresses of each person having an ownership interest in the  
10 agency;

11 (2) If the owner is a corporation, copies of the articles of incorporation or  
12 articles of association and current bylaws, together with the names and addresses of  
13 officers and directors;

14 (3) Satisfactory proof of compliance with the provisions of sections 198.640 to  
15 198.648;

16 (4) Any other relevant information that the department determines is necessary  
17 to properly evaluate an application for registration;

18 (5) Policies and procedures that describe how the agency's records will be  
19 immediately available at all times to the department upon request; and

20 (6) A registration fee that may be established in rule by the department as  
21 determined to be necessary to meet the expenses of the department for the  
22 administration of the provisions of sections 198.640 to 198.648, but in no case shall  
23 such fee be more than one thousand dollars.

24

25 If an agency fails to provide the items required in this subsection to the department, the  
26 department shall immediately suspend or refuse to issue the supplemental health care  
27 services agency registration. An agency may appeal the department's decision to the  
28 administrative hearing commission under chapter 621.

29 3. A registration issued by the department according to this section shall be  
30 effective for a period of one year from the date of its issuance, unless the registration has  
31 been revoked or suspended under the provisions of this section or unless the agency is  
32 sold or ownership or management is transferred. If an agency is sold or ownership or  
33 management is transferred, the registration of the agency shall be void, and the new  
34 owner or operator may apply for a new registration.

35           **4. The department shall be responsible for the oversight of supplemental health**  
36 **care services agencies through annual unannounced surveys, complaint investigations,**  
37 **and other actions necessary to ensure compliance with sections 198.640 to 198.648.**

**198.644. 1. Each registered supplemental health care services agency shall be**  
2 **required, as a condition of registration, to meet the following minimum criteria, which**  
3 **may be supplemented by rules promulgated by the department:**

4           **(1) Provide to the health care facility to which any temporary health care**  
5 **personnel are supplied documentation that each health care personnel meets all**  
6 **licensing or certification requirements for the position in which the health care**  
7 **personnel will be working and documentation that each health care personnel meets all**  
8 **training and continuing education standards for the position in which the health care**  
9 **personnel will be working for the type of facility or entity with which the health care**  
10 **personnel is placed in compliance with any federal, state, or local requirements;**

11           **(2) Comply with all pertinent requirements relating to the health and other**  
12 **qualifications of personnel employed in health care facilities, including requirements**  
13 **related to background checks in sections 192.2490 and 192.2495;**

14           **(3) Not restrict in any manner the employment opportunities of its health care**  
15 **personnel;**

16           **(4) Carry, or require the health care personnel to carry, and provide proof of**  
17 **medical malpractice insurance to insure against loss, damages, or expenses incident to a**  
18 **claim arising out of the death or injury of any person as the result of negligence or**  
19 **malpractice in the provision of health care services by the agency or by any health care**  
20 **personnel of the agency;**

21           **(5) Maintain, and provide proof of, insurance coverage for workers'**  
22 **compensation for all health care personnel provided or procured by the agency or, if**  
23 **the health care personnel provided or procured by the agency are independent**  
24 **contractors, require occupational accident insurance;**

25           **(6) Refrain in any contract with any health care personnel or health care facility**  
26 **from requiring the payment of liquidated damages, employment fees, or other**  
27 **compensation should the health care personnel be hired as a permanent employee of**  
28 **a health care facility;**

29           **(7) (a) Submit a report to the department on a quarterly basis for each health**  
30 **care facility participating in Medicare or Medicaid with which the agency contracts that**  
31 **includes all of the following:**

32           **a. A detailed list of the average amount charged to the health care facility for**  
33 **each individual health care personnel category; and**

34           b. A detailed list of the average amount paid by the agency to health care  
35 personnel in each individual health care personnel category;

36           (b) Such reports shall be considered closed records under section 610.021,  
37 provided that the department shall annually prepare reports of aggregate data that does  
38 not identify any data specific to any supplemental health care services agency;

39           (8) Retain all records for ten calendar years in a manner to allow them to be  
40 immediately available to the department;

41           (9) Provide services to a health care facility during the year preceding the  
42 agency's registration renewal date;

43           (10) Indemnify and hold harmless a health care facility for any damages,  
44 sanctions, or civil monetary penalties that are proximately caused by an action or failure  
45 to act of any health care personnel the agency provides to the health care facility;  
46 however, if the damages, sanctions, or civil monetary penalties are proximately caused  
47 by the negligence, action, or failure to act by the health care facility, then liability shall  
48 be determined by a percentage of fault and shall be the sole responsibility of the party  
49 against whom such determination is made.

50           2. Failure to comply with the provisions of this section shall subject the  
51 supplemental health care services agency to revocation or nonrenewal of its registration.

52           3. The registration of a supplemental health care services agency that knowingly  
53 supplies to a health care facility a person with an illegally or fraudulently obtained or  
54 issued diploma, registration, license, certificate, or background study shall be revoked  
55 by the department upon fifteen days' advance written notice.

56           4. (1) Any supplemental health care services agency whose registration has been  
57 suspended or revoked may appeal the department's decision to the administrative  
58 hearing commission under the provisions of chapter 621.

59           (2) If a controlling person has been notified by the department that the  
60 supplemental health care services agency will not receive an initial registration or that a  
61 renewal of the registration has been denied, the controlling person or a legal  
62 representative on behalf of the agency may request and receive a hearing on the  
63 denial before the administrative hearing commission under the provisions of chapter  
64 621.

65           5. (1) The controlling person of a supplemental health care services agency  
66 whose registration has not been renewed or has been revoked because of noncompliance  
67 with the provisions of sections 198.640 to 198.648 shall not be eligible to apply for or  
68 receive a registration for five years following the effective date of the nonrenewal or  
69 revocation.

70           (2) The department shall not issue or renew a registration to a supplemental  
71 health care services agency if a controlling person includes any individual or entity that  
72 was a controlling person of an agency whose registration was not renewed or was  
73 revoked as described in subdivision (1) of this subsection for five years following the  
74 effective date of nonrenewal or revocation.

198.646. The department shall establish a system for reporting complaints  
2 against a supplemental health care services agency or its health care personnel.  
3 Complaints may be made by any member of the public. The department shall  
4 investigate any complaint received and shall report the department's findings to the  
5 complaining party and the agency or health care personnel involved.

198.648. The department shall promulgate rules to implement the provisions of  
2 sections 198.640 to 198.648. Any rule or portion of a rule, as that term is defined in  
3 section 536.010, that is created under the authority delegated in this section shall  
4 become effective only if it complies with and is subject to all of the provisions of chapter  
5 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable,  
6 and if any of the powers vested with the general assembly pursuant to chapter 536 to  
7 review, to delay the effective date, or to disapprove and annul a rule are subsequently  
8 held unconstitutional, then the grant of rulemaking authority and any rule proposed or  
9 adopted after August 28, 2022, shall be invalid and void.

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.

208.909. 1. Consumers receiving personal care assistance services shall be  
2 responsible for:

- 3 (1) Supervising their personal care attendant;
- 4 (2) Verifying wages to be paid to the personal care attendant;
- 5 (3) Preparing and submitting time sheets, signed by both the consumer and personal
- 6 care attendant, to the vendor on a biweekly basis;
- 7 (4) Promptly notifying the department within ten days of any changes in
- 8 circumstances affecting the personal care assistance services plan or in the consumer's
- 9 place of residence;
- 10 (5) Reporting any problems resulting from the quality of services rendered by the
- 11 personal care attendant to the vendor. If the consumer is unable to resolve any problems
- 12 resulting from the quality of service rendered by the personal care attendant with the vendor,
- 13 the consumer shall report the situation to the department;
- 14 (6) Providing the vendor with all necessary information to complete required
- 15 paperwork for establishing the employer identification number;
- 16 (7) Allowing the vendor to comply with its quality assurance and supervision process,
- 17 which shall include, but not be limited to, annual face-to-face home visits and monthly case
- 18 management activities; and
- 19 (8) Reporting to the department significant changes in their health and ability to self-
- 20 direct care.
- 21 2. Participating vendors shall be responsible for:
- 22 (1) Collecting time sheets or reviewing reports of delivered services and certifying
- 23 the accuracy thereof;
- 24 (2) The Medicaid reimbursement process, including the filing of claims and reporting
- 25 data to the department as required by rule;
- 26 (3) Transmitting the individual payment directly to the personal care attendant on
- 27 behalf of the consumer;
- 28 (4) **Ensuring all payroll, employment, and other taxes are paid timely;**
- 29 (5) Monitoring the performance of the personal care assistance services plan. Such
- 30 monitoring shall occur during the annual face-to-face home visit under section 208.918. The
- 31 vendor shall document whether services are being provided to the consumer as set forth in the
- 32 plan of care. If the attendant was not providing services as set forth in the plan of care, the
- 33 vendor shall notify the department and the department may suspend services to the consumer;
- 34 and
- 35 ~~[(5)]~~ (6) Reporting to the department significant changes in the consumer's health or
- 36 ability to self-direct care.
- 37 3. No state or federal financial assistance shall be authorized or expended to pay for
- 38 services provided to a consumer under sections 208.900 to 208.927, if the primary benefit of
- 39 the services is to the household unit, or is a household task that the members of the

40 consumer's household may reasonably be expected to share or do for one another when they  
41 live in the same household, unless such service is above and beyond typical activities  
42 household members may reasonably provide for another household member without a  
43 disability.

44 4. No state or federal financial assistance shall be authorized or expended to pay for  
45 personal care assistance services provided by a personal care attendant who has not  
46 undergone the background screening process under section 192.2495. If the personal care  
47 attendant has a disqualifying finding under section 192.2495, no state or federal assistance  
48 shall be made, unless a good cause waiver is first obtained from the department in accordance  
49 with section 192.2495.

50 5. (1) All vendors shall, by July 1, 2015, have, maintain, and use a telephone tracking  
51 system for the purpose of reporting and verifying the delivery of consumer-directed services  
52 as authorized by the department of health and senior services or its designee. The telephone  
53 tracking system shall be used to process payroll for employees and for submitting claims for  
54 reimbursement to the MO HealthNet division. At a minimum, the telephone tracking system  
55 shall:

- 56 (a) Record the exact date services are delivered;
- 57 (b) Record the exact time the services begin and exact time the services end;
- 58 (c) Verify the telephone number from which the services are registered;
- 59 (d) Verify that the number from which the call is placed is a telephone number unique  
60 to the client;
- 61 (e) Require a personal identification number unique to each personal care attendant;
- 62 (f) Be capable of producing reports of services delivered, tasks performed, client  
63 identity, beginning and ending times of service and date of service in summary fashion that  
64 constitute adequate documentation of service; and
- 65 (g) Be capable of producing reimbursement requests for consumer approval that  
66 assures accuracy and compliance with program expectations for both the consumer and  
67 vendor.

68 (2) As new technology becomes available, the department may allow use of a more  
69 advanced tracking system, provided that such system is at least as capable of meeting the  
70 requirements of this subsection.

71 (3) The department of health and senior services shall promulgate by rule the  
72 minimum necessary criteria of the telephone tracking system. Any rule or portion of a rule, as  
73 that term is defined in section 536.010, that is created under the authority delegated in this  
74 section shall become effective only if it complies with and is subject to all of the provisions of  
75 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are  
76 nonseverable and if any of the powers vested with the general assembly pursuant to chapter

77 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently  
78 held unconstitutional, then the grant of rulemaking authority and any rule proposed or  
79 adopted after August 28, 2010, shall be invalid and void.

80 **6. (1) The vendor shall be liable to the consumer for any garnishment action**  
81 **occurring or that has occurred as a result of the vendor's failure to timely pay payroll,**  
82 **employment, or other taxes on behalf of the consumer under subsection 2 of this section.**  
83 **The vendor shall notify the consumer of any communication or correspondence from**  
84 **any federal, state, or local tax authority of any overdue or unpaid tax obligation, as well**  
85 **as any notice of an impending garnishment.**

86 **(2) The vendor shall be subject to a one-thousand-dollar penalty per occurrence**  
87 **of the vendor's failure to timely pay payroll, employment, or other taxes on behalf of the**  
88 **consumer under subsection 2 of this section.**

210.921. 1. The department shall not provide any registry information pursuant to  
2 this section unless the department obtains the name and address of the person ~~[calling]~~ **or**  
3 **entity requesting the information**, and determines that the inquiry is for employment  
4 purposes only. For purposes of sections 210.900 to 210.936, "employment purposes"  
5 includes direct employer-employee relationships, prospective employer-employee  
6 relationships, **direct or prospective independent contractor relationships of health care**  
7 **personnel with a supplemental health care services agency, as defined in section 198.640,**  
8 and screening and interviewing of persons or facilities by those persons contemplating the  
9 placement of an individual in a child-care, elder-care, mental health, or personal-care setting.  
10 Disclosure of background information concerning a given applicant recorded by the  
11 department in the registry shall be limited to:

12 (1) Confirming whether the individual is listed in the registry; and

13 (2) Indicating whether the individual has been listed or named in any of the  
14 background checks listed in subsection 2 of section 210.903. If such individual has been so  
15 listed, the department of health and senior services shall only disclose the name of the  
16 background check in which the individual has been identified. With the exception of any  
17 agency licensed or contracted by the state to provide child care, elder care, mental health  
18 services, or personal care which shall receive specific information immediately if requested,  
19 any specific information related to such background check shall only be disclosed after the  
20 department has received a signed request from the person ~~[calling]~~ **or entity requesting the**  
21 **information**, with the person's **or entity's** name, address and reason for requesting the  
22 information.

23 2. Any person **or entity** requesting registry information shall be informed that the  
24 registry information provided pursuant to this section consists only of information relative to

25 the state of Missouri and does not include information from other states or information that  
26 may be available from other states.

27 3. Any person who uses the information obtained from the registry for any purpose  
28 other than that specifically provided for in sections 210.900 to 210.936 is guilty of a class B  
29 misdemeanor.

30 4. When any registry information is disclosed pursuant to subdivision (2) of  
31 subsection 1 of this section, the department shall notify the registrant of the name and address  
32 of the person **or entity** making the inquiry.

33 5. The department of health and senior services staff providing information pursuant  
34 to sections 210.900 to 210.936 shall have immunity from any liability, civil or criminal, that  
35 otherwise might result by reason of such actions; provided, however, any department of  
36 health and senior services staff person who releases registry information in bad faith or with  
37 ill intent shall not have immunity from any liability, civil or criminal. Any such person shall  
38 have the same immunity with respect to participation in any judicial proceeding resulting  
39 from the release of registry information. The department is prohibited from selling the  
40 registry or any portion of the registry for any purpose including employment purposes as  
41 defined in subsection 1 of this section.

301.020. 1. Every owner of a motor vehicle or trailer, which shall be operated or  
2 driven upon the highways of this state, except as herein otherwise expressly provided, shall  
3 annually file, by mail or otherwise, in the office of the director of revenue, an application for  
4 registration on a blank to be furnished by the director of revenue for that purpose containing:

5 (1) A brief description of the motor vehicle or trailer to be registered, including the  
6 name of the manufacturer, the vehicle identification number, the amount of motive power of  
7 the motor vehicle, stated in figures of horsepower and whether the motor vehicle is to be  
8 registered as a motor vehicle primarily for business use as defined in section 301.010;

9 (2) The name, the applicant's identification number and address of the owner of such  
10 motor vehicle or trailer;

11 (3) The gross weight of the vehicle and the desired load in pounds if the vehicle is a  
12 commercial motor vehicle or trailer.

13 2. If the vehicle is a motor vehicle primarily for business use as defined in section  
14 301.010 and if such vehicle is ten years of age or less and has less than one hundred fifty  
15 thousand miles on the odometer, the director of revenue shall retain the odometer information  
16 provided in the vehicle inspection report, and provide for prompt access to such information,  
17 together with the vehicle identification number for the motor vehicle to which such  
18 information pertains, for a period of ten years after the receipt of such information. This  
19 section shall not apply unless:

20 (1) The application for the vehicle's certificate of ownership was submitted after July  
21 1, 1989; and

22 (2) The certificate was issued pursuant to a manufacturer's statement of origin.

23 3. If the vehicle is any motor vehicle other than a motor vehicle primarily for business  
24 use, a recreational motor vehicle, motorcycle, motortricycle, autocycle, bus, or any  
25 commercial motor vehicle licensed for over twelve thousand pounds and if such motor  
26 vehicle is ten years of age or less and has less than one hundred fifty thousand miles on the  
27 odometer, the director of revenue shall retain the odometer information provided in the  
28 vehicle inspection report, and provide for prompt access to such information, together with  
29 the vehicle identification number for the motor vehicle to which such information pertains,  
30 for a period of ten years after the receipt of such information. This subsection shall not apply  
31 unless:

32 (1) The application for the vehicle's certificate of ownership was submitted after July  
33 1, 1990; and

34 (2) The certificate was issued pursuant to a manufacturer's statement of origin.

35 4. If the vehicle qualifies as a reconstructed motor vehicle, motor change vehicle,  
36 specially constructed motor vehicle, non-USA-std motor vehicle, as defined in section  
37 301.010, or prior salvage as referenced in section 301.573, the owner or lienholder shall  
38 surrender the certificate of ownership. The owner shall make an application for a new  
39 certificate of ownership, pay the required title fee, and obtain the vehicle examination  
40 certificate required pursuant to subsection 9 of section 301.190. If an insurance company  
41 pays a claim on a salvage vehicle as defined in section 301.010 and the owner retains the  
42 vehicle, as prior salvage, the vehicle shall only be required to meet the examination  
43 requirements under subsection 10 of section 301.190. Notarized bills of sale along with a  
44 copy of the front and back of the certificate of ownership for all major component parts  
45 installed on the vehicle and invoices for all essential parts which are not defined as major  
46 component parts shall accompany the application for a new certificate of ownership. If the  
47 vehicle is a specially constructed motor vehicle, as defined in section 301.010, two pictures of  
48 the vehicle shall be submitted with the application. If the vehicle is a kit vehicle, the  
49 applicant shall submit the invoice and the manufacturer's statement of origin on the kit. If the  
50 vehicle requires the issuance of a special number by the director of revenue or a replacement  
51 vehicle identification number, the applicant shall submit the required application and  
52 application fee. All applications required under this subsection shall be submitted with any  
53 applicable taxes which may be due on the purchase of the vehicle or parts. The director of  
54 revenue shall appropriately designate "Reconstructed Motor Vehicle", "Motor Change  
55 Vehicle", "Non-USA-Std Motor Vehicle", or "Specially Constructed Motor Vehicle" on the  
56 current and all subsequent issues of the certificate of ownership of such vehicle.

57           5. Every insurance company that pays a claim for repair of a motor vehicle which as  
58 the result of such repairs becomes a reconstructed motor vehicle as defined in section 301.010  
59 or that pays a claim on a salvage vehicle as defined in section 301.010 and the owner is  
60 retaining the vehicle shall in writing notify the owner of the vehicle, and in a first party claim,  
61 the lienholder if a lien is in effect, that he is required to surrender the certificate of ownership,  
62 and the documents and fees required pursuant to subsection 4 of this section to obtain a prior  
63 salvage motor vehicle certificate of ownership or documents and fees as otherwise required  
64 by law to obtain a salvage certificate of ownership, from the director of revenue. The  
65 insurance company shall within thirty days of the payment of such claims report to the  
66 director of revenue the name and address of such owner, the year, make, model, vehicle  
67 identification number, and license plate number of the vehicle, and the date of loss and  
68 payment.

69           6. Anyone who fails to comply with the requirements of this section shall be guilty of  
70 a class B misdemeanor.

71           7. An applicant for registration may make a donation of one dollar to promote a  
72 blindness education, screening and treatment program. The director of revenue shall collect  
73 the donations and deposit all such donations in the state treasury to the credit of the blindness  
74 education, screening and treatment program fund established in section 209.015. Moneys in  
75 the blindness education, screening and treatment program fund shall be used solely for the  
76 purposes established in section 209.015; except that the department of revenue shall retain no  
77 more than one percent for its administrative costs. The donation prescribed in this subsection  
78 is voluntary and may be refused by the applicant for registration at the time of issuance or  
79 renewal. The director shall inquire of each applicant at the time the applicant presents the  
80 completed application to the director whether the applicant is interested in making the one  
81 dollar donation prescribed in this subsection.

82           8. An applicant for registration may make a donation of **an amount not less than** one  
83 dollar to promote an organ donor program. The director of revenue shall collect the donations  
84 and deposit all such donations in the state treasury to the credit of the organ donor program  
85 fund as established in sections 194.297 to 194.304. Moneys in the organ donor fund shall be  
86 used solely for the purposes established in sections 194.297 to 194.304, except that the  
87 department of revenue shall retain no more than one percent for its administrative costs. The  
88 donation prescribed in this subsection is voluntary and may be refused by the applicant for  
89 registration at the time of issuance or renewal. The director shall inquire of each applicant at  
90 the time the applicant presents the completed application to the director whether the applicant  
91 is interested in making ~~the~~ **a contribution not less than** one dollar ~~donation~~ **as** prescribed  
92 in this subsection.

93           9. An applicant for registration may make a donation of one dollar to the Missouri  
94 medal of honor recipients fund. The director of revenue shall collect the donations and  
95 deposit all such donations in the state treasury to the credit of the Missouri medal of honor  
96 recipients fund as established in section 226.925. Moneys in the medal of honor recipients  
97 fund shall be used solely for the purposes established in section 226.925, except that the  
98 department of revenue shall retain no more than one percent for its administrative costs. The  
99 donation prescribed in this subsection is voluntary and may be refused by the applicant for  
100 registration at the time of issuance or renewal. The director shall inquire of each applicant at  
101 the time the applicant presents the completed application to the director whether the applicant  
102 is interested in making the one dollar donation prescribed in this subsection.

302.171. 1. The director shall verify that an applicant for a driver's license is a  
2 Missouri resident or national of the United States or a noncitizen with a lawful immigration  
3 status, and a Missouri resident before accepting the application. The director shall not issue a  
4 driver's license for a period that exceeds the duration of an applicant's lawful immigration  
5 status in the United States. The director may establish procedures to verify the Missouri  
6 residency or United States naturalization or lawful immigration status and Missouri residency  
7 of the applicant and establish the duration of any driver's license issued under this section. An  
8 application for a license shall be made upon an approved form furnished by the director.  
9 Every application shall state the full name, Social Security number, age, height, weight, color  
10 of eyes, sex, residence, mailing address of the applicant, and the classification for which the  
11 applicant has been licensed, and, if so, when and by what state, and whether or not such  
12 license has ever been suspended, revoked, or disqualified, and, if revoked, suspended or  
13 disqualified, the date and reason for such suspension, revocation or disqualification and  
14 whether the applicant is making a one **or more** dollar donation to promote an organ donation  
15 program as prescribed in subsection 2 **of this section**, to promote a blindness education,  
16 screening and treatment program as prescribed in subsection 3 **of this section**, or the Missouri  
17 medal of honor recipients fund prescribed in subsection 4 of this section. A driver's license,  
18 nondriver's license, or instruction permit issued under this chapter shall contain the applicant's  
19 legal name as it appears on a birth certificate or as legally changed through marriage or court  
20 order. No name change by common usage based on common law shall be permitted. The  
21 application shall also contain such information as the director may require to enable the  
22 director to determine the applicant's qualification for driving a motor vehicle; and shall state  
23 whether or not the applicant has been convicted in this or any other state for violating the laws  
24 of this or any other state or any ordinance of any municipality, relating to driving without a  
25 license, careless driving, or driving while intoxicated, or failing to stop after an accident and  
26 disclosing the applicant's identity, or driving a motor vehicle without the owner's consent.  
27 The application shall contain a certification by the applicant as to the truth of the facts stated

28 therein. Every person who applies for a license to operate a motor vehicle who is less than  
29 twenty-one years of age shall be provided with educational materials relating to the hazards of  
30 driving while intoxicated, including information on penalties imposed by law for violation of  
31 the intoxication-related offenses of the state. Beginning January 1, 2001, if the applicant is  
32 less than eighteen years of age, the applicant must comply with all requirements for the  
33 issuance of an intermediate driver's license pursuant to section 302.178. For persons  
34 mobilized and deployed with the United States Armed Forces, an application under this  
35 subsection shall be considered satisfactory by the department of revenue if it is signed by a  
36 person who holds general power of attorney executed by the person deployed, provided the  
37 applicant meets all other requirements set by the director.

38         2. An applicant for a license may make a donation of **an amount not less than one**  
39 dollar to promote an organ donor program. The director of revenue shall collect the donations  
40 and deposit all such donations in the state treasury to the credit of the organ donor program  
41 fund established in sections 194.297 to 194.304. Moneys in the organ donor program fund  
42 shall be used solely for the purposes established in sections 194.297 to 194.304 except that  
43 the department of revenue shall retain no more than one percent for its administrative costs.  
44 The donation prescribed in this subsection is voluntary and may be refused by the applicant  
45 for the license at the time of issuance or renewal of the license. The director shall make  
46 available an informational booklet or other informational sources on the importance of organ  
47 and tissue donations to applicants for licensure as designed by the organ donation advisory  
48 committee established in sections 194.297 to 194.304. The director shall inquire of each  
49 applicant at the time the licensee presents the completed application to the director whether  
50 the applicant is interested in making the one **or more** dollar donation prescribed in this  
51 subsection and whether the applicant is interested in inclusion in the organ donor registry and  
52 shall also specifically inform the licensee of the ability to consent to organ donation by  
53 placing a donor symbol sticker authorized and issued by the department of health and senior  
54 services on the back of his or her driver's license or identification card as prescribed by  
55 subdivision (1) of subsection 1 of section 194.225. A symbol may be placed on the front of  
56 the license or identification card indicating the applicant's desire to be listed in the registry at  
57 the applicant's request at the time of his or her application for a driver's license or  
58 identification card, or the applicant may instead request an organ donor sticker from the  
59 department of health and senior services by application on the department of health and senior  
60 services' website. Upon receipt of an organ donor sticker sent by the department of health and  
61 senior services, the applicant shall place the sticker on the back of his or her driver's license or  
62 identification card to indicate that he or she has made an anatomical gift. The director shall  
63 notify the department of health and senior services of information obtained from applicants  
64 who indicate to the director that they are interested in registry participation, and the

65 department of health and senior services shall enter the complete name, address, date of birth,  
66 race, gender and a unique personal identifier in the registry established in subsection 1 of  
67 section 194.304.

68         3. An applicant for a license may make a donation of one dollar to promote a  
69 blindness education, screening and treatment program. The director of revenue shall collect  
70 the donations and deposit all such donations in the state treasury to the credit of the blindness  
71 education, screening and treatment program fund established in section 209.015. Moneys in  
72 the blindness education, screening and treatment program fund shall be used solely for the  
73 purposes established in section 209.015; except that the department of revenue shall retain no  
74 more than one percent for its administrative costs. The donation prescribed in this subsection  
75 is voluntary and may be refused by the applicant for the license at the time of issuance or  
76 renewal of the license. The director shall inquire of each applicant at the time the licensee  
77 presents the completed application to the director whether the applicant is interested in  
78 making the one dollar donation prescribed in this subsection.

79         4. An applicant for registration may make a donation of one dollar to the Missouri  
80 medal of honor recipients fund. The director of revenue shall collect the donations and  
81 deposit all such donations in the state treasury to the credit of the Missouri medal of honor  
82 recipients fund as established in section 226.925. Moneys in the medal of honor recipients  
83 fund shall be used solely for the purposes established in section 226.925, except that the  
84 department of revenue shall retain no more than one percent for its administrative costs. The  
85 donation prescribed in this subsection is voluntary and may be refused by the applicant for  
86 registration at the time of issuance or renewal. The director shall inquire of each applicant at  
87 the time the applicant presents the completed application to the director whether the applicant  
88 is interested in making the one dollar donation prescribed in this subsection.

89         5. Beginning July 1, 2005, the director shall deny the driving privilege of any person  
90 who commits fraud or deception during the examination process or who makes application  
91 for an instruction permit, driver's license, or nondriver's license which contains or is  
92 substantiated with false or fraudulent information or documentation, or who knowingly  
93 conceals a material fact or otherwise commits a fraud in any such application. The period of  
94 denial shall be one year from the effective date of the denial notice sent by the director. The  
95 denial shall become effective ten days after the date the denial notice is mailed to the person.  
96 The notice shall be mailed to the person at the last known address shown on the person's  
97 driving record. The notice shall be deemed received three days after mailing unless returned  
98 by the postal authorities. No such individual shall reapply for a driver's examination,  
99 instruction permit, driver's license, or nondriver's license until the period of denial is  
100 completed. No individual who is denied the driving privilege under this section shall be  
101 eligible for a limited driving privilege issued under section 302.309.

102           6. All appeals of denials under this section shall be made as required by section  
103 302.311.

104           7. The period of limitation for criminal prosecution under this section shall be  
105 extended under subdivision (1) of subsection 3 of section 556.036.

106           8. The director may promulgate rules and regulations necessary to administer and  
107 enforce this section. No rule or portion of a rule promulgated pursuant to the authority of this  
108 section shall become effective unless it has been promulgated pursuant to chapter 536.

109           9. Notwithstanding any provision of this chapter that requires an applicant to provide  
110 proof of Missouri residency for renewal of a noncommercial driver's license, noncommercial  
111 instruction permit, or nondriver's license, an applicant who is sixty-five years and older and  
112 who was previously issued a Missouri noncommercial driver's license, noncommercial  
113 instruction permit, or Missouri nondriver's license is exempt from showing proof of Missouri  
114 residency.

115           10. Notwithstanding any provision of this chapter, for the renewal of a  
116 noncommercial driver's license, noncommercial instruction permit, or nondriver's license, a  
117 photocopy of an applicant's United States birth certificate along with another form of  
118 identification approved by the department of revenue, including, but not limited to, United  
119 States military identification or United States military discharge papers, shall constitute  
120 sufficient proof of Missouri citizenship.

121           11. Notwithstanding any other provision of this chapter, if an applicant does not meet  
122 the requirements of subsection 9 of this section and does not have the required documents to  
123 prove Missouri residency, United States naturalization, or lawful immigration status, the  
124 department may issue a one-year driver's license renewal. This one-time renewal shall only  
125 be issued to an applicant who previously has held a Missouri noncommercial driver's license,  
126 noncommercial instruction permit, or nondriver's license for a period of fifteen years or more  
127 and who does not have the required documents to prove Missouri residency, United States  
128 naturalization, or lawful immigration status. After the expiration of the one-year period, no  
129 further renewal shall be provided without the applicant producing proof of Missouri  
130 residency, United States naturalization, or lawful immigration status.

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

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

565.184. 1. A person commits the offense of abuse of an elderly person, a person with a disability, or a vulnerable person if he or she:

(1) Purposely engages in conduct involving more than one incident that causes emotional distress to an elderly person, a person with a disability, or a vulnerable person. The course of conduct shall be such as would cause a reasonable elderly person, person with a disability, or vulnerable person to suffer substantial emotional distress; or

(2) Intentionally fails to provide care, goods or services to an elderly person, a person with a disability, or a vulnerable person. The result of the conduct shall be such as would cause a reasonable elderly person, person with a disability, or vulnerable person to suffer physical or emotional distress; or

(3) Knowingly acts or knowingly fails to act in a manner which results in a substantial risk to the life, body or health of an elderly person, a person with a disability, or a vulnerable person.

2. The offense of abuse of an elderly person, a person with a disability, or a vulnerable person is a class ~~A misdemeanor~~ **D felony**. Nothing in this section shall be construed to mean that an elderly person, a person with a disability, or a vulnerable person is abused solely because such person chooses to rely on spiritual means through prayer, in lieu of medical care, for his or her health care, as evidence by such person's explicit consent, advance directive for health care, or practice.

630.155. 1. A person commits the offense of patient, resident or client abuse or neglect against any person admitted on a voluntary or involuntary basis to any mental health facility or mental health program in which people may be civilly detained pursuant to chapter 632, or any patient, resident or client of any residential facility, day program or specialized service operated, funded or licensed by the department if he knowingly does any of the following:

(1) Beats, strikes or injures any person, patient, resident or client;

(2) Mistreats or maltreats, handles or treats any such person, patient, resident or client in a brutal or inhuman manner;

(3) Uses any more force than is reasonably necessary for the proper control, treatment or management of such person, patient, resident or client;

(4) Fails to provide services which are reasonable and necessary to maintain the physical and mental health of any person, patient, resident or client when such failure presents

14 either an imminent danger to the health, safety or welfare of the person, patient, resident or  
15 client, or a substantial probability that death or serious physical harm will result.

16 2. Patient, resident or client abuse or neglect is a class A misdemeanor unless  
17 committed under subdivision (2) or (4) of subsection 1 of this section in which case such  
18 abuse or neglect shall be a class ~~E~~ D felony.

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

2 (1) "Department", the department of mental health;

3 (2) "Essential caregiver", a family member, friend, guardian, or other individual  
4 selected by a facility resident or client who has not been adjudged incapacitated under  
5 chapter 475, or the guardian or legal representative of the resident or client;

6 (3) "Facility", a facility operated, licensed, or certified by the department.

7 2. During a state of emergency declared pursuant to chapter 44 relating to  
8 infectious, contagious, communicable, or dangerous diseases, a facility shall allow a  
9 resident or client who has not been adjudged incapacitated under chapter 475, a  
10 resident's or client's guardian, or a resident's or client's legally authorized  
11 representative to designate an essential caregiver for in-person contact with the  
12 resident or client in accordance with the standards and guidelines developed by the  
13 department under this section. Essential caregivers shall be considered a part of the  
14 resident's or client's care team, along with the resident's or client's health care providers  
15 and facility staff.

16 3. The facility shall inform, in writing, residents and clients who have not been  
17 adjudged incapacitated under chapter 475, or guardians or legal representatives of  
18 residents or clients, of the "Essential Caregiver Program" and the process for  
19 designating an essential caregiver.

20 4. The department shall develop standards and guidelines concerning the  
21 essential caregiver program, including, but not limited to, the following:

22 (1) The facility shall allow at least two individuals per resident or client to be  
23 designated as essential caregivers, although the facility may limit the in-person contact  
24 to one caregiver at a time. The caregiver shall not be required to have previously served  
25 in a caregiver capacity prior to the declared state of emergency;

26 (2) The facility shall establish a reasonable in-person contact schedule to allow  
27 the essential caregiver to provide care to the resident or client for at least four hours  
28 each day, including evenings, weekends, and holidays, but shall allow for twenty-four-  
29 hour in-person care as necessary and appropriate for the well-being of the resident or  
30 client. The essential caregiver shall be permitted to leave and return during the  
31 scheduled hours or be replaced by another essential caregiver;

32           **(3) The facility shall establish procedures to enable physical contact between the**  
33 **resident or client and the essential caregiver. The facility may not require the essential**  
34 **caregiver to undergo more stringent screening, testing, hygiene, personal protective**  
35 **equipment, and other infection control and prevention protocols than required of**  
36 **facility employees;**

37           **(4) The facility shall specify in its protocols the criteria that the facility will use if**  
38 **it determines that in-person contact by a particular essential caregiver is inconsistent**  
39 **with the resident's or client's therapeutic care and treatment or is a safety risk to other**  
40 **residents, clients, or staff at the facility. Any limitations placed upon a particular**  
41 **essential caregiver shall be reviewed and documented every seven days to determine if**  
42 **the limitations remain appropriate; and**

43           **(5) The facility may restrict or revoke in-person contact by an essential caregiver**  
44 **who fails to follow required protocols and procedures established under this subsection.**

45           **5. (1) A facility may request from the department a suspension of in-person**  
46 **contact by essential caregivers for a period not to exceed seven days. The department**  
47 **may deny the facility's request to suspend in-person contact with essential caregivers if**  
48 **the department determines that such in-person contact does not pose a serious**  
49 **community health risk. A facility may request from the department an extension of a**  
50 **suspension for more than seven days; provided, that the department shall not approve**  
51 **an extension period for longer than seven days at a time. A facility shall not suspend in-**  
52 **person caregiver visitation for more than fourteen consecutive days in a twelve-month**  
53 **period or for more than forty-five total days in a twelve-month period.**

54           **(2) The department shall suspend in-person contact by essential caregivers**  
55 **under this section if it determines that doing so is required under federal law, including**  
56 **a determination that federal law requires a suspension of in-person contact by members**  
57 **of the resident's or client's care team.**

58           **(3) The attorney general shall institute all suits necessary on behalf of the state to**  
59 **defend the right of the state to implement the provisions of this section to ensure access**  
60 **by residents and clients to essential caregivers as part of their care team.**

61           **6. The provisions of this section shall not be construed to require an essential**  
62 **caregiver to provide necessary care to a resident or client and a facility shall not require**  
63 **an essential caregiver to provide necessary care.**

64           **7. The provisions of this section shall not apply to those residents or clients**  
65 **whose particular plan of therapeutic care and treatment necessitates restricted or**  
66 **otherwise limited visitation for reasons unrelated to the stated reason for the declared**  
67 **state of emergency.**

68           **8. A facility, its employees, and its contractors shall be immune from civil**  
69 **liability for an injury or harm caused by or resulting from:**

70           **(1) Exposure to a contagious disease or other harmful agent that is specified**  
71 **during the state of emergency declared pursuant to chapter 44; or**

72           **(2) Acts or omissions by essential caregivers who are present in the facility;**

73

74 **as a result of the implementation of the essential caregiver program under this section.**

75 **The immunity described in this subsection shall not apply to any act or omission by a**  
76 **facility, its employees, or its contractors that constitutes recklessness or willful**  
77 **misconduct.**

          660.010. 1. There is hereby created a "Department of Social Services" in charge of a  
2 director appointed by the governor, by and with the advice and consent of the senate. All the  
3 powers, duties and functions of the director of the department of public health and welfare,  
4 chapters 191 and 192, and others, not previously reassigned by executive reorganization plan  
5 number 2 of 1973 as submitted by the governor under chapter 26 except those assigned to the  
6 department of mental health, are transferred by type I transfer to the director of the  
7 department of social services and the office of the director, department of public health and  
8 welfare is abolished. The department of public health and welfare is abolished. All  
9 employees of the department of social services shall be covered by the provisions of chapter  
10 36 except the director of the department and the director's secretary, all division directors and  
11 their secretaries, and no more than three additional positions in each division which may be  
12 designated by the division director.

13           2. It is the intent of the general assembly in establishing the department of social  
14 services, as provided herein, to authorize the director of the department to coordinate the  
15 state's programs devoted to those unable to provide for themselves and for the rehabilitation  
16 of victims of social disadvantage. The director shall use the resources provided to the  
17 department to provide comprehensive programs and leadership striking at the roots of  
18 dependency, disability and abuse of society's rules with the purpose of improving service and  
19 economical operations. The department is directed to take all steps possible to consolidate  
20 and coordinate the field operations of the department to maximize service to the citizens of  
21 the state.

22           3. All references to the division of welfare shall hereafter be construed to mean the  
23 department of social services or the appropriate division within the department.

24           4. The state's responsibility under public law 452 of the eighty-eighth Congress and  
25 others, pertaining to the Office of Economic Opportunity, is transferred by type I transfer to  
26 the department of social services.

27           5. ~~[The state's responsibility under public law 73, Older Americans Act of 1965, of~~  
28 ~~the eighty-ninth Congress is transferred by type I transfer to the department of social services.~~

29           6.] All the powers, duties and functions vested by law in the curators of the  
30 University of Missouri relating to crippled children's services, chapter 201, are transferred by  
31 type I transfer to the department of social services.

32           ~~[7.]~~ 6. All the powers, duties and functions vested in the state board of training  
33 schools, chapter 219 and others, are transferred by type I transfer to the "Division of Youth  
34 Services" hereby authorized in the department of social services headed by a director  
35 appointed by the director of the department. The state board of training schools shall be  
36 reconstituted as an advisory board on youth services, appointed by the director of the  
37 department. The advisory board shall visit each facility of the division as often as possible,  
38 shall file a written report with the director of the department and the governor on conditions  
39 they observed relating to the care and rehabilitative efforts in behalf of children assigned to  
40 the facility, the security of the facility and any other matters pertinent in their judgment.  
41 Copies of these reports shall be filed with the legislative library. Members of the advisory  
42 board shall receive reimbursement for their expenses and twenty-five dollars a day for each  
43 day they engage in official business relating to their duties. The members of the board shall  
44 be provided with identification means by the director of the division permitting immediate  
45 access to all facilities enabling them to make unannounced entrance to facilities they wish to  
46 inspect.

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

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

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

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

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

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

~~2. Applications for such licenses, both frozen dessert and mellorine, shall be accompanied by a statutory fee as follows: For each plant producing annually not in excess of five thousand gallons, ten dollars; in excess of five thousand gallons and not in excess of fifteen thousand gallons, fifteen dollars; in excess of fifteen thousand gallons and not in excess of twenty five thousand gallons, twenty five dollars; in excess of twenty five thousand gallons and not in excess of fifty thousand gallons, fifty dollars; in excess of fifty thousand gallons and not in excess of one hundred thousand gallons, seventy five dollars; in excess of one hundred thousand gallons and not in excess of two hundred thousand gallons, one hundred dollars; in excess of two hundred thousand gallons and not in excess of four hundred thousand gallons, one hundred twenty five dollars; over four hundred thousand gallons, one hundred fifty dollars, and shall be made to the director of the department of health and senior services, upon such forms and shall show such information as may be demanded by the department of health and senior services, and the said director of the department of health and senior services, upon receipt of application for such license, shall cause to be investigated the equipment and the sanitary conditions of the plant or place of business for which the license is applied. If the condition of the plant or place of business is found to be satisfactory, a license shall be issued by the director of the department of health and senior services to such applicant.~~

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

~~4. The director of the department of health and senior services may withhold and refuse to issue a license for any plant or place of business that has not been conducted or is not prepared to be conducted in accordance with the requirements of sections 196.851 to 196.895 or any rules issued hereunder. The director of the department of health and senior services shall have the power to revoke any license issued under sections 196.851 to 196.895 whenever it is determined by him that any of the provisions of sections 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.]

2 [251.070. The department shall be responsible for the implementation  
3 of the Older Americans Act in Missouri. This agency shall develop a state  
4 plan describing a program for carrying out the Older Americans Act and shall  
5 be the sole agency responsible for coordinating all state programs related to  
the implementation of such plan.]

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

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