SECOND REGULAR SESSION HOUSE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NOS. 2824 & 1723

102ND GENERAL ASSEMBLY

5826H.02C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 190.053, 190.109, 191.1145, 195.417, 196.990, 335.081, and 579.060, RSMo, and to enact in lieu thereof twelve new sections relating to health care, with penalty provisions.

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

Section A. Sections 190.053, 190.109, 191.1145, 195.417, 196.990, 335.081, and 579.060, RSMo, are repealed and twelve new sections enacted in lieu thereof, to be known as sections 190.053, 190.076, 190.109, 190.112, 190.166, 191.1145, 195.417, 196.990, 198.700, 335.081, 337.800, and 579.060, to read as follows:

190.053. 1. All members of the board of directors of an ambulance district first elected on or after January 1, 2008, shall attend and complete an educational seminar or conference or other suitable training on the role and duties of a board member of an ambulance district. The training required under this section shall be offered by a statewide sasociation organized for the benefit of ambulance districts or be approved by the state advisory council on emergency medical services. Such training shall include, at a minimum:

7 8 (1) Information relating to the roles and duties of an ambulance district director;(2) A review of all state statutes and regulations relevant to ambulance districts;

- 9 (3) State ethics laws;
- 10 (4) State sunshine laws, chapter 610;
- 11 (5) Financial and fiduciary responsibility;
- 12 (6) State laws relating to the setting of tax rates; and
- 13 (7) State laws relating to revenue limitations.

14 2. [If any ambulance district board member fails to attend a training session within

15 twelve months after taking office, the board member shall not be compensated for attendance

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.

at meetings thereafter until the board member has completed such training session. If any 16 ambulance district board member fails to attend a training session within twelve months of 17 taking office regardless of whether the board member received an attendance fee for a 18 training session, the board member shall be ineligible to run for reelection for another term of 19 20 office until the board member satisfies the training requirement of this section; however, this requirement shall only apply to board members elected after August 28, 2022] All members 21 22 of the board of directors of an ambulance district shall complete three hours of 23 continuing education for each term of office. The continuing education shall be offered 24 by a statewide association organized for the benefit of ambulance districts or be

approved by the state advisory council on emergency medical services.

3. Any ambulance district board member who fails to complete the initial training and continuing education requirements on or before the anniversary date of the member's election or appointment as required under this section shall immediately be disqualified from office. Upon such disqualification, the member's position shall be deemed vacant without further process or declaration. The vacancy shall be filled in the manner provided for in section 190.052.

190.076. In addition to the annual audit required under section 190.075, each ambulance district shall, at least once every three years, arrange for a certified public accountant or a firm of certified public accountants to audit the records and accounts of the district. The audit shall be made freely available to the public on the district's website or by other electronic means.

190.109. 1. The department shall, within a reasonable time after receipt of an application, cause such investigation as the department deems necessary to be made of the 3 applicant for a ground ambulance license.

2. Any person that owned and operated a licensed ambulance on December 31, 1997,
shall receive an ambulance service license from the department, unless suspended, revoked or
terminated, for that ambulance service area which was, on December 31, 1997, described and
filed with the department as the primary service area for its licensed ambulances on August
28, 1998, provided that the person makes application and adheres to the rules and regulations
promulgated by the department pursuant to sections 190.001 to 190.245.

3. The department shall issue a new ground ambulance service license to an ambulance service that is not currently licensed by the department, or is currently licensed by the department and is seeking to expand its ambulance service area, except as provided in subsection 4 of this section, to be valid for a period of five years, unless suspended, revoked or terminated, when the director finds that the applicant meets the requirements of ambulance service licensure established pursuant to sections 190.100 to 190.245 and the rules adopted by the department pursuant to sections 190.001 to 190.245. In order to be considered for a new

17 ambulance service license, an ambulance service shall submit to the department a letter of 18 endorsement from each ambulance district or fire protection district that is authorized to 19 provide ambulance service, or from each municipality not within an ambulance district or fire protection district that is authorized to provide ambulance service, in which the ambulance 20 21 service proposes to operate. If an ambulance service proposes to operate in unincorporated portions of a county not within an ambulance district or fire protection district that is 22 23 authorized to provide ambulance service, in order to be considered for a new ambulance 24 service license, the ambulance service shall submit to the department a letter of endorsement 25 from the county. Any letter of endorsement required pursuant to this section shall verify that 26 the political subdivision has conducted a public hearing regarding the endorsement and that the governing body of the political subdivision has adopted a resolution approving the 27 28 endorsement. The letter of endorsement shall affirmatively state that the proposed ambulance 29 service:

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(1) Will provide a benefit to public health that outweighs the associated costs;

(2) Will maintain or enhance the public's access to ambulance services;

32 (3) Will maintain or improve the public health and promote the continued 33 development of the regional emergency medical service system;

34 (4) Has demonstrated the appropriate expertise in the operation of ambulance35 services; and

36 (5) Has demonstrated the financial resources necessary for the operation of the 37 proposed ambulance service.

38 4. A contract between a political subdivision and a licensed ambulance service for the provision of ambulance services for that political subdivision shall expand, without further 39 40 action by the department, the ambulance service area of the licensed ambulance service to include the jurisdictional boundaries of the political subdivision. The termination of the 41 42 aforementioned contract shall result in a reduction of the licensed ambulance service's 43 ambulance service area by removing the geographic area of the political subdivision from its 44 ambulance service area, except that licensed ambulance service providers may provide 45 ambulance services as are needed at and around the state fair grounds for protection of attendees at the state fair. 46

5. The department shall renew a ground ambulance service license if the applicant meets the requirements established pursuant to sections 190.001 to 190.245, and the rules adopted by the department pursuant to sections 190.001 to 190.245.

50 6. The department shall promulgate rules relating to the requirements for a ground 51 ambulance service license including, but not limited to:

52 53 (1) Vehicle design, specification, operation and maintenance standards;

(2) Equipment requirements;

- 54 (3) Staffing requirements;
- 55 (4) Five-year license renewal;
- 56 (5) Records and forms;
- 57 (6) Medical control plans;
- 58 (7) Medical director qualifications;
- 59 (8) Standards for medical communications;

60 (9) Memorandums of understanding with emergency medical response agencies that 61 provide advanced life support;

- 62 (10) Quality improvement committees; [and]
- 63 (11) Response time, patient care and transportation standards;
- 64 (12) Participation with regional EMS advisory committees; and
 - (13) Ambulance service administrator qualifications.

7. Application for a ground ambulance service license shall be made upon such forms
as prescribed by the department in rules adopted pursuant to sections 190.001 to 190.245.
The application form shall contain such information as the department deems necessary to
make a determination as to whether the ground ambulance service meets all the requirements
of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to
190.245.

190.112. 1. Each ambulance service licensed under sections 190.001 to 190.245
shall identify to the department an individual as the ambulance service administrator,
who shall be responsible for the operations and staffing of the ambulance service.

2. Any individual identified as the ambulance service administrator under subsection 1 of this section shall be required to have achieved basic training of at least forty hours regarding the operations of an ambulance service and to complete two hours of annual continuing education to maintain the individual's status as the ambulance service administrator.

9 **3.** The training required under this section shall be offered by a statewide 10 association organized for the benefit of ambulance districts or be approved by the state 11 advisory council on emergency medical services. Such training shall include 12 information on:

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- (1) Basic principles of accounting and economics;
- 14 (2) State and federal laws applicable to ambulance services;
- 15 (3) Regulatory requirements applicable to ambulance services;
- 16 (4) Human resources management and laws;
- 17 (5) Grant writing, contracts, and fundraising;
- 18 (6) The state sunshine law requirements under chapter 610 and state ethics laws;
- 19 and

20 (7) Volunteer and community involvement.

4. Any individual serving as an ambulance service administrator as of August 22 28, 2024, shall have until January 1, 2026, to meet the training requirements of this 23 section.

190.166. 1. In addition to the grounds for disciplinary action described in 2 section 190.165, the department may refuse to issue, deny renewal of, or suspend a 3 license required under section 190.109, or take other corrective actions as described in 4 this section, based on any of the following considerations:

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(1) The license holder is determined to be financially insolvent;

6 (2) The ambulance service has inadequate personnel to operate the ambulance 7 service to provide basic emergency operations at a level in which, at a minimum, one 8 basic life support ambulance is available twenty-four hours daily;

9 (3) The ambulance service requires an inordinate amount of mutual aid from 10 neighboring services, such as more than ten percent of the total runs in the jurisdiction 11 in any given month or more than would be considered prudent, and thus cannot provide 12 an appropriate level of emergency response for the service area that would be 13 considered prudent by the typical operator of emergency ambulance services;

(4) The principal manager or a board member or executive of the ambulance
 service is determined to be criminally liable for actions related to the license or service
 provided;

17 (5) The license holder or principal manager or a board member or other 18 executive of the ambulance service is determined by the Centers for Medicare and 19 Medicaid Services to be ineligible for participation in Medicare;

20 (6) The license holder or principal manager or a board member or other 21 executive of the ambulance service is determined by the MO HealthNet division to be 22 ineligible for participation in the MO HealthNet program;

23 (7) The ambulance service administrator has failed to meet the required 24 qualifications or failed to complete the training required in section 190.112; or

(8) If the ambulance service is an ambulance district, three or more board
members have failed to complete the training required in section 190.053.

27 2. If the department determines an ambulance service is financially insolvent or 28 its operations are insufficient as described in subsection 1 of this section, the department 29 may require the license holder to submit a corrective action plan within fifteen days and 30 require implementation of such corrective action plan within thirty days.

31 **3.** The department shall provide notice of any determination of insolvency or 32 insufficiency of operations of a license holder by the department to:

(1) Other license holders operating in the license holder's vicinity;

34 (2) Members of the general assembly who represent all or part of the license 35 holder's service area;

36 (3) The governing officials of any county or municipal entity in the license
 37 holder's service area;

38 39 (4) The appropriate regional EMS advisory committee; and

(5) The state advisory council on emergency medical services.

40 4. (1) Upon taking any disciplinary action under this section or section 190.165, 41 the department shall immediately engage with other license holders in the affected area. 42 The holder of a provisional or suspended license may enter into an agreement with other 43 license holders to provide services to the affected area. Such agreement may be in the 44 form of an agreement to provide services, a joint powers agreement, formal 45 consideration, or payment for services rendered.

46 (2) If there is any conflict regarding which license holder will provide service to 47 the affected area, or if there is no license holder willing to provide service to the affected area, the department may request the administrative hearing commission, during the 48 proceedings related to the disciplinary action, to appoint a licensed ambulance service to 49 50 operate in the ambulance service area on a short-term basis during the pendency of the 51 disciplinary action. The administrative hearing commission may order a licensed 52 ambulance service to operate in the ambulance service area during the pendency of the 53 disciplinary action, which may include receiving any fees or payment for services 54 rendered from the license holder that is the subject of the disciplinary action.

55 (3) If the license of the license holder that is the subject of the disciplinary action is suspended or revoked, the administrative hearing commission shall ensure there is a 56 57 licensed ambulance service to operate in the affected ambulance service area directly 58 after the suspension or revocation and approve of such licensed ambulance service to 59 operate in the affected ambulance service area directly after the suspension or revocation. The administrative hearing commission shall include in its suspension or 60 61 revocation decision a statement that identifies the licensed ambulance service authorized 62 by the administrative hearing commission to operate in the affected ambulance service 63 area.

5. Any ambulance service operator who provides assistance in the service area of another ambulance service operator whose license to operate has been suspended under this section shall have the right to seek reasonable compensation from the ambulance service operator whose license to operate has been suspended under this section for all calls, stand-by time, and responses to medical emergencies during such time the license remains suspended. The reasonable compensation shall not be limited to only those expenses incurred in actual responses but may include reasonable expenses to maintain

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the ambulance service including, but not limited to, the daily operation costs of maintaining the service, personnel wages and benefits, equipment purchases and maintenance, and other costs incurred in the operation of an ambulance service. The ambulance service operator providing assistance shall be entitled to an award of costs and reasonable attorney's fees in any action to enforce the provisions of this section.

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

3 (1) "Asynchronous store-and-forward transfer", the collection of a patient's relevant 4 health information and the subsequent transmission of that information from an originating 5 site to a health care provider at a distant site without the patient being present;

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(2) "Clinical staff", any health care provider licensed in this state;

7 (3) "Distant site", a site at which a health care provider is located while providing
8 health care services by means of telemedicine;

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(4) "Health care provider", as that term is defined in section 376.1350;

10 (5) "Originating site", a site at which a patient is located at the time health care 11 services are provided to him or her by means of telemedicine. For the purposes of 12 asynchronous store-and-forward transfer, originating site shall also mean the location at 13 which the health care provider transfers information to the distant site;

14 (6) "Telehealth" or "telemedicine", the delivery of health care services by means of 15 information and communication technologies, including audiovisual and audio-only technologies, which facilitate the assessment, diagnosis, consultation, treatment, education, 16 17 care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine 18 19 shall also include the use of asynchronous store-and-forward technology. Health care 20 providers shall not be limited in their choice of electronic platforms used to deliver 21 telehealth or telemedicine, provided that all services delivered are in accordance with 22 the Health Insurance Portability and Accountability Act of 1996.

23 2. Any licensed health care provider shall be authorized to provide telehealth services 24 if such services are within the scope of practice for which the health care provider is licensed 25 and are provided with the same standard of care as services provided in person. This section 26 shall not be construed to prohibit a health carrier, as defined in section 376.1350, from 27 reimbursing nonclinical staff for services otherwise allowed by law.

3. In order to treat patients in this state through the use of telemedicine or telehealth,
health care providers shall be fully licensed to practice in this state and shall be subject to
regulation by their respective professional boards.

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

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

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

38 (3) Episodic consultation by a health care provider licensed and located in another39 state who provides such consultation services on request to a physician in this state.

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

6. No originating site for services or activities provided under this section shall be 43 required to maintain immediate availability of on-site clinical staff during the telehealth 44 services, except as necessary to meet the standard of care for the treatment of the patient's 45 medical condition if such condition is being treated by an eligible health care provider who is 46 47 not at the originating site, has not previously seen the patient in person in a clinical setting, and is not providing coverage for a health care provider who has an established relationship 48 49 with the patient. Health care providers shall not be limited in their choice of electronic platforms used to deliver telehealth or telemedicine. 50

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

195.417. 1. The limits specified in this section shall not apply to any quantity of suchproduct, mixture, or preparation which must be dispensed, sold, or distributed in a pharmacypursuant to a valid prescription.

2. Within any thirty-day period, no person shall sell, dispense, or otherwise provide to the same individual, and no person shall purchase, receive, or otherwise acquire more than the following amount: any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, either as:

9 10 (1) The sole active ingredient; or

(2) One of the active ingredients of a combination drug; or

(3) A combination of any of the products specified in subdivisions (1) and (2) of thissubsection;

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14 in any total amount greater than seven and two-tenths grams, without regard to the number of

15 transactions.

3. Within any twenty-four-hour period, no pharmacist, intern pharmacist, or registered pharmacy technician shall sell, dispense, or otherwise provide to the same individual, and no person shall purchase, receive, or otherwise acquire more than the following amount: any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, either as:

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- (1) The sole active ingredient; or
- (2) One of the active ingredients of a combination drug; or

(3) A combination of any of the products specified in subdivisions (1) and (2) of thissubsection;

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in any total amount greater than three and six-tenths grams without regard to the number oftransactions.

4. Within any twelve-month period, no person shall sell, dispense, or otherwise provide to the same individual, and no person shall purchase, receive, or otherwise acquire more than the following amount: any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, either as:

34 (1) The sole active ingredient; or

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- (2) One of the active ingredients of a combination drug; or
- 36 (3) A combination of any of the products specified in subdivisions (1) and (2) of this37 subsection;
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in any total amount greater than [forty-three] sixty-one and two-tenths grams, without regard
to the number of transactions.

5. All packages of any compound, mixture, or preparation containing any detectable quantity of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, except those that are excluded from Schedule V in subsection 17 or 18 of section 195.017, shall be offered for sale only from behind a pharmacy counter where the public is not permitted, and only by a registered pharmacist or registered pharmacy technician under section 195.017.

47 6. Each pharmacy shall submit information regarding sales of any compound,
48 mixture, or preparation as specified in this section in accordance with transmission methods
49 and frequency established by the department by regulation.

50 7. No prescription shall be required for the dispensation, sale, or distribution of any 51 drug product containing any detectable amount of ephedrine, phenylpropanolamine, or 52 pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in an

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amount within the limits described in subsections 2, 3, and 4 of this section. The superintendent of the Missouri state highway patrol shall report to the revisor of statutes and the general assembly by February first when the statewide number of methamphetamine laboratory seizure incidents exceeds three hundred incidents in the previous calendar year. The provisions of this subsection shall expire on April first of the calendar year in which the revisor of statutes receives such notification.

8. This section shall supersede and preempt any local ordinances or regulations, including any ordinances or regulations enacted by any political subdivision of the state. This section shall not apply to the sale of any animal feed products containing ephedrine or any naturally occurring or herbal ephedra or extract of ephedra.

9. Any local ordinances or regulations enacted by any political subdivision of the state prior to August 28, 2020, requiring a prescription for the dispensation, sale, or distribution of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in an amount within the limits described in subsections 2, 3, and 4 of this section shall be void and of no effect and no such political subdivision shall maintain or enforce such ordinance or regulation.

10. All logs, records, documents, and electronic information maintained for the dispensing of these products shall be open for inspection and copying by municipal, county, and state or federal law enforcement officers whose duty it is to enforce the controlled substances laws of this state or the United States.

11. All persons who dispense or offer for sale pseudoephedrine and ephedrine products, except those that are excluded from Schedule V in subsection 17 or 18 of section 195.017, shall ensure that all such products are located only behind a pharmacy counter where the public is not permitted.

12. The penalty for a knowing or reckless violation of this section is found in section579.060.

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

2 (1) "Administer", the direct application of an epinephrine auto-injector to the body of 3 an individual;

4 (2) "Authorized entity", any entity or organization at or in connection with which 5 allergens capable of causing anaphylaxis may be present including, but not limited to, 6 qualified first responders, as such term is defined in section 321.621, **facilities licensed** 7 **under chapter 198**, restaurants, recreation camps, youth sports leagues, amusement parks, 8 and sports arenas. "Authorized entity" shall not include any public school or public charter 9 school;

10 (3) "Epinephrine auto-injector", a single-use device used for the automatic injection11 of a premeasured dose of epinephrine into the human body;

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(4) "Physician", a physician licensed in this state under chapter 334;

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(5) "Provide", the supply of one or more epinephrine auto-injectors to an individual;

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(6) "Self-administration", a person's discretionary use of an epinephrine auto-injector.

15 2. A physician may prescribe epinephrine auto-injectors in the name of an authorized 16 entity for use in accordance with this section, and pharmacists, physicians, and other persons 17 authorized to dispense prescription medications may dispense epinephrine auto-injectors 18 under a prescription issued in the name of an authorized entity.

19 3. An authorized entity may acquire and stock a supply of epinephrine auto-injectors 20 under a prescription issued in accordance with this section. Such epinephrine auto-injectors 21 shall be stored in a location readily accessible in an emergency and in accordance with the 22 epinephrine auto-injector's instructions for use and any additional requirements established by the department of health and senior services by rule. An authorized entity shall designate 23 24 employees or agents who have completed the training required under this section to be 25 responsible for the storage, maintenance, and general oversight of epinephrine auto-injectors acquired by the authorized entity. 26

4. An authorized entity that acquires a supply of epinephrine auto-injectors under aprescription issued in accordance with this section shall ensure that:

(1) Expected epinephrine auto-injector users receive training in recognizing
 symptoms of severe allergic reactions including anaphylaxis and the use of epinephrine
 auto-injectors from a nationally recognized organization experienced in training laypersons in
 emergency health treatment or another entity or person approved by the department of health
 and senior services;

34 (2) All epinephrine auto-injectors are maintained and stored according to the 35 epinephrine auto-injector's instructions for use;

36 (3) Any person who provides or administers an epinephrine auto-injector to an 37 individual who the person believes in good faith is experiencing anaphylaxis activates the 38 emergency medical services system as soon as possible; and

39 (4) A proper review of all situations in which an epinephrine auto-injector is used to40 render emergency care is conducted.

5. Any authorized entity that acquires a supply of epinephrine auto-injectors under a prescription issued in accordance with this section shall notify the emergency communications district or the ambulance dispatch center of the primary provider of emergency medical services where the epinephrine auto-injectors are to be located within the entity's facility.

6. No person shall provide or administer an epinephrine auto-injector to any 46 individual who is under eighteen years of age without the verbal consent of a parent or 47 48 guardian who is present at the time when provision or administration of the epinephrine auto-49 injector is needed. Provided, however, that a person may provide or administer an epinephrine auto-injector to such an individual without the consent of a parent or guardian if 50 the parent or guardian is not physically present and the person reasonably believes the 51 52 individual shall be in imminent danger without the provision or administration of the 53 epinephrine auto-injector.

54 7. The following persons and entities shall not be liable for any injuries or related 55 damages that result from the administration or self-administration of an epinephrine auto-56 injector in accordance with this section that may constitute ordinary negligence:

57 (1) An authorized entity that possesses and makes available epinephrine auto-58 injectors and its employees, agents, and other trained persons;

59 (2) Any person who uses an epinephrine auto-injector made available under this 60 section;

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(3) A physician that prescribes epinephrine auto-injectors to an authorized entity; or

- (4) Any person or entity that conducts the training described in this section.
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64 Such immunity does not apply to acts or omissions constituting a reckless disregard for the 65 safety of others or willful or wanton conduct. The administration of an epinephrine autoinjector in accordance with this section shall not be considered the practice of medicine. The 66 immunity from liability provided under this subsection is in addition to and not in lieu of that 67 provided under section 537.037. An authorized entity located in this state shall not be liable 68 for any injuries or related damages that result from the provision or administration of an 69 70 epinephrine auto-injector by its employees or agents outside of this state if the entity or its employee or agent is not liable for such injuries or related damages under the laws of the state 71 in which such provision or administration occurred. No trained person who is in compliance 72 73 with this section and who in good faith and exercising reasonable care fails to administer an 74 epinephrine auto-injector shall be liable for such failure.

8. All basic life support ambulances and stretcher vans operated in the state shall be equipped with epinephrine auto-injectors and be staffed by at least one individual trained in the use of epinephrine auto-injectors.

9. The provisions of this section shall apply in all counties within the state and anycity not within a county.

10. Nothing in this section shall be construed as superseding the provisions of section167.630.

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

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(1) "Long-term care facility", any facility licensed under this chapter;

3 (2) "Referral agency", an individual or entity that provides referrals to a long-4 term care facility for a fee that is collected from the long-term care facility. The term 5 "referral agency" shall not include a long-term care facility or its employees, a family 6 member of a resident of a long-term care facility, or a resident of a long-term care facility regardless of whether the resident who refers a prospective resident to a long-7 term care facility receives a discount or other remuneration from the long-term care 8 9 facility.

10 2. A referral agency shall disclose or provide, as applicable, to a prospective 11 resident or the representative of the prospective resident referred to a long-term care 12 facility:

13 (1) Written or electronic documentation of the existence of any relationships between the referral agency and the long-term care facility, including common 14 ownership or control of the long-term care facility and financial, business, management, 15 16 or familial relationships between the referral agency and the long-term care facility;

17 (2) That the referral agency receives a fee from the long-term care facility for the 18 referral; and

19 (3) Written documentation of the agreement between the referral agency and the prospective resident or representative of the prospective resident. The agreement shall 20 21 include:

22 (a) The right of the prospective resident or representative of the prospective 23 resident to terminate the referral agency's services for any reason at any time;

24 (b) A requirement that the referral agency communicate the cancellation of the 25 agreement to all long-term care facilities to which the prospective resident has been 26 referred;

27 (c) The right of the prospective resident or representative of the prospective 28 resident to request not to be contacted in the future by the referral agency; and

29 (d) The right of the prospective resident or representative of the prospective 30 resident to receive the referral agency's privacy policy upon request to the referral 31 agency.

32 3. (1) The referral agency and the prospective resident or representative of the prospective resident shall sign and date, in writing or electronically, the agreement 33 34 required in subsection 2 of this section. The referral agency shall provide a written or electronic copy of the signed agreement to the long-term care facility on or before the 35 36 date the resident is admitted to the long-term care facility.

37 (2) The long-term care facility shall:

(a) Not pay the referral agency a fee until such facility receives the written or
 electronic agreement required in subsection 2 of this section;

40 (b) Maintain a written or electronic copy of the agreement required in 41 subsection 2 of this section at the long-term care facility for at least one year after the 42 date that the new resident is admitted; and

43 (c) Not sell or transfer the prospective resident's or prospective resident's 44 representative's contact information to a third party without the written consent of the 45 prospective resident or representative of the prospective resident.

46 **4.** A referral agency that violates this section is subject to a civil penalty of up to 47 five hundred dollars per violation.

5. The attorney general or a circuit attorney may bring a civil action on behalf of the state to seek the imposition of a civil penalty for a violation of this section or to enjoin the continuance of the violation by the referral agency.

335.081. So long as the person involved does not represent or hold himself or herself
out as a nurse licensed to practice in this state, no provision of sections 335.011 to 335.096
shall be construed as prohibiting:

4 (1) The practice of any profession for which a license is required and issued pursuant 5 to the laws of this state by a person duly licensed to practice that profession;

6 (2) The services rendered by technicians, nurses' aides or their equivalent trained and 7 employed in public or private hospitals and licensed long-term care facilities except the 8 services rendered in licensed long-term care facilities shall be limited to administering 9 medication, excluding injectable **medications** other than:

10 **(a)** Insulin;

11 (b) Subcutaneous injectable medications to treat diabetes as ordered by an 12 individual legally authorized to prescribe such medications; and

13 (c) Epinephrine auto-injectors ordered for stock supply in accordance with 14 section 196.990 or prescribed for a resident's individual use by an individual legally 15 authorized to prescribe such epinephrine auto-injectors. Expected epinephrine autoinjector users shall receive training set forth in section 196.990. As used in this 16 paragraph, the term "epinephrine auto-injector" means a single-use device used for the 17 automatic injection of a premeasured dose of epinephrine into the human body or 18 another epinephrine delivery system approved by the United States Food and Drug 19 20 Administration for public use;

(3) The providing of nursing care by friends or members of the family of the personreceiving such care;

(4) The incidental care of the sick, aged, or infirm by domestic servants or persons
 primarily employed as housekeepers;

25 26 (5) The furnishing of nursing assistance in the case of an emergency situation;

(6) The practice of nursing under proper supervision:

(a) As a part of the course of study by students enrolled in approved schools ofprofessional nursing or in schools of practical nursing;

(b) By graduates of accredited nursing programs pending the results of the firstlicensing examination or ninety days after graduation, whichever first occurs;

31 (c) A graduate nurse who is prevented from attending the first licensing examination 32 following graduation by reason of active duty in the military may practice as a graduate nurse 33 pending the results of the first licensing examination scheduled by the board following the 34 release of such graduate nurse from active military duty or pending the results of the first 35 licensing examination taken by the graduate nurse while involved in active military service 36 whichever comes first;

(7) The practice of nursing in this state by any legally qualified nurse duly licensed to
practice in another state whose engagement requires such nurse to accompany and care for a
patient temporarily residing in this state for a period not to exceed six months;

40 (8) The practice of any legally qualified nurse who is employed by the government of 41 the United States or any bureau, division or agency thereof, while in the discharge of his or 42 her official duties or to the practice of any legally qualified nurse serving in the Armed Forces 43 of the United States while stationed within this state;

(9) Nonmedical nursing care of the sick with or without compensation when done in
connection with the practice of the religious tenets of any church by adherents thereof, as long
as they do not engage in the practice of nursing as defined in sections 335.011 to 335.096;

(10) The practice of any legally qualified and licensed nurse of another state, territory,
or foreign country whose responsibilities include transporting patients into, out of, or through
this state while actively engaged in patient transport that does not exceed forty-eight hours in
this state.

337.800. 1. There is hereby established within the department of commerce and
insurance the "Dialectical Behavior Therapy Task Force" to consist of the following
members:

4 (1) The director of the department of commerce and insurance, or his or her 5 designee, who shall serve as chair;

6 (2) The director of the department of mental health, or his or her designee, who 7 shall serve as vice chair;

8 (3) One member of the senate, to be appointed by the president pro tempore of 9 the senate;

10 (4) One member of the senate, to be appointed by the minority floor leader of the11 senate;

12 (5) One member of the house of representatives, to be appointed by the speaker 13 of the house of representatives;

14 (6) One member of the house of representatives, to be appointed by the minority
15 floor leader of the house of representatives;

(7) Three individuals certified by the Dialectical Behavior Therapy Linehan
 Board of Certification as dialectical behavior therapy providers, to be appointed by the
 department of mental health;

19 (8) One dialectical behavior therapy program administrator with the 20 department of mental health, to be appointed by the department of mental health;

21 (9) One member of the insurance industry, to be appointed by the department of 22 commerce and insurance;

(10) One representative of the Missouri Psychological Association, to be
 appointed by the director of the department of commerce and insurance based on
 recommendations of the Missouri Psychological Association;

(11) One representative of the National Association of Social Workers - Missouri
Chapter, to be appointed by the director of the department of commerce and insurance
based on recommendations of the National Association of Social Workers - Missouri
Chapter;

(12) One representative of the Missouri Mental Health Counselors Association,
 to be appointed by the director of the department of commerce and insurance based on
 recommendations of the Missouri Mental Health Counselors Association;

33 (13) The executive director of the Missouri state committee of psychologists, or
 34 his or her designee;

35 (14) One representative of Aspire Advocates for Behavioral Health, to be 36 appointed by the director of the department of commerce and insurance based on 37 recommendations of Aspire Advocates for Behavioral Health;

(15) One representative of the National Alliance on Mental Illness, to be
 appointed by the director of the department of commerce and insurance based on
 recommendations of the National Alliance on Mental Illness; and

41 (16) One representative of the American Foundation for Suicide Prevention, to
42 be appointed by the director of the department of commerce and insurance based on
43 recommendations of the American Foundation for Suicide Prevention.

2. A majority of the members of the task force shall constitute a quorum, but the concurrence of a majority of the members shall be required for the determination of any matter within the task force's duties. Any vacancy on the task force shall be filled in the same manner as the original appointment. 3. The task force shall hold its first meeting before October 31, 2024, at which time the task force shall receive public testimony regarding dialectical behavior therapy and determine when further meetings shall occur and the focus of such meetings. The task force shall hold at least three meetings. The task force shall meet in person, by telephone, or by video conference.

53 4. The task force shall compile a report of its activities for submission to the 54 general assembly and the governor, which shall include:

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(1) Recommendations on strategies to:

56 (a) Improve the availability and number of providers delivering dialectical 57 behavior therapy with fidelity to that model of treatment throughout this state;

(b) Limit out-of-pocket costs to patients receiving dialectical behavior therapy
 services;

60 (c) Identify and remediate barriers to successful dialectical behavior therapy 61 patient participation in dialectical behavior therapy services;

(d) Ensure that reimbursement of dialectical behavior therapy by health benefit
 plans and the MO HealthNet program covers all components of the dialectical behavior
 therapy model; and

65 (e) Improve accessibility of dialectical behavior therapy to special populations, 66 such as youth, veterans, and individuals living in rural areas of the state;

67 (2) A recommendation on whether to establish standards and procedures for 68 obtaining Missouri certification in dialectical behavior therapy for providers and 69 programs that are derived from the research that supports the evidence-based 70 treatment that Dr. Marsha Linehan and her colleagues developed;

(3) A recommendation on whether to establish a voluntary registry for dialectical behavior therapy providers and programs. If the task force recommends establishing such a voluntary registry, the report of the task force shall also include recommendations on the standards and procedures that should be required of providers and programs for registration;

(4) Recommendations on initiatives by the department of mental health and the
 department of commerce and insurance to increase the practice of dialectical behavior
 therapy with fidelity to the model of treatment throughout this state; and

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(5) Recommendations on any other issue the task force considers relevant.

5. The department of commerce and insurance shall provide such research,
clerical, technical, and other services as the task force may require in its duties under
this section.

6. Before October 31, 2025, the task force shall provide to the general assembly,
the governor, and the director of the department of commerce and insurance a written

report detailing its findings and recommendations, including the identification of any
recommendations that may require enabling legislation. The task force shall expire on
October 31, 2025.

7. Members shall serve on the task force without compensation but may, at the discretion of the director of the department of commerce and insurance, be reimbursed for actual and necessary expenses incurred in the performance of their official duties as members of the task force.

579.060. 1. A person commits the offense of unlawful sale, distribution, or purchase 2 of over-the-counter methamphetamine precursor drugs if he or she knowingly:

3 (1) Sells, distributes, dispenses, or otherwise provides any number of packages of any 4 drug product containing detectable amounts of ephedrine, phenylpropanolamine, or 5 pseudoephedrine, or any of their salts, optical isomers, or salts of optical isomers, in a 6 total amount greater than seven and two-tenths grams to the same individual within a thirty-7 day period, unless the amount is dispensed, sold, or distributed pursuant to a valid 8 prescription; or

9 (2) Purchases, receives, or otherwise acquires within a thirty-day period any number 10 of packages of any drug product containing any detectable amount of ephedrine, 11 phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts 12 of optical isomers in a total amount greater than seven and two-tenths grams, without regard 13 to the number of transactions, unless the amount is purchased, received, or acquired pursuant 14 to a valid prescription; or

(3) Purchases, receives, or otherwise acquires within a twenty-four-hour period any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers in a total amount greater than three and six-tenths grams, without regard to the number of transactions, unless the amount is purchased, received, or acquired pursuant to a valid prescription; or

(4) Sells, distributes, dispenses, or otherwise provides any number of packages of any drug product containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts, optical isomers, or salts of optical isomers, in a total amount greater than [forty-three] sixty-one and two-tenths grams to the same individual within a twelve-month period, unless the amount is dispensed, sold, or distributed pursuant to a valid prescription; or

(5) Purchases, receives, or otherwise acquires within a twelve-month period any
number of packages of any drug product containing any detectable amount of ephedrine,
phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of
optical isomers in a total amount greater than [forty-three] sixty-one and two-tenths grams,

31 without regard to the number of transactions, unless the amount is purchased, received, or 32 acquired pursuant to a valid prescription; or

33 (6) Dispenses or offers drug products that are not excluded from Schedule V in 34 subsection 17 or 18 of section 195.017 and that contain detectable amounts of ephedrine, 35 phenylpropanolamine, or pseudoephedrine, or any of their salts, optical isomers, or salts of 36 optical isomers, without ensuring that such products are located behind a pharmacy counter 37 where the public is not permitted and that such products are dispensed by a registered 38 pharmacist or pharmacy technician under subsection 11 of section 195.017; or

39 (7) Holds a retail sales license issued under chapter 144 and knowingly sells or40 dispenses packages that do not conform to the packaging requirements of section 195.418.

2. A pharmacist, intern pharmacist, or registered pharmacy technician commits the
offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine
precursor drugs if he or she knowingly:

(1) Sells, distributes, dispenses, or otherwise provides any number of packages of any drug product containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in a total amount greater than three and six-tenth grams to the same individual within a twentyfour hour period, unless the amount is dispensed, sold, or distributed pursuant to a valid prescription; or

50 (2) Fails to submit information under subsection 13 of section 195.017 and subsection 51 6 of section 195.417 about the sales of any compound, mixture, or preparation of products 52 containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or 53 any of their salts, optical isomers, or salts of optical isomers, in accordance with transmission 54 methods and frequency established by the department of health and senior services; or

55 (3) Fails to implement and maintain an electronic log, as required by subsection 12 of 56 section 195.017, of each transaction involving any detectable quantity of pseudoephedrine, its 57 salts, isomers, or salts of optical isomers or ephedrine, its salts, optical isomers, or salts of 58 optical isomers; or

(4) Sells, distributes, dispenses or otherwise provides to an individual under eighteen wears of age without a valid prescription any number of packages of any drug product containing any detectable quantity of pseudoephedrine, its salts, isomers, or salts of optical isomers, or ephedrine, its salts or optical isomers, or salts of optical isomers.

63 3. Any person who violates the packaging requirements of section 195.418 and is 64 considered the general owner or operator of the outlet where ephedrine, pseudoephedrine, or 65 phenylpropanolamine products are available for sale shall not be penalized if he or she 66 documents that an employee training program was in place to provide the employee who

- 67 made the unlawful retail sale with information on the state and federal regulations regarding
- 68 ephedrine, pseudoephedrine, or phenylpropanolamine.
- 69 4. The offense of unlawful sale, distribution, or purchase of over-the-counter70 methamphetamine precursor drugs is a class A misdemeanor.