

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE BILL NO. 7
103RD GENERAL ASSEMBLY

0565H.04C

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal sections 96.192, 96.196, 167.627, 167.630, 190.053, 190.098, 190.101, 190.109, 190.246, 190.800, 191.227, 191.600, 191.603, 191.605, 191.607, 191.611, 191.614, 191.615, 191.648, 191.1145, 192.769, 195.417, 196.990, 206.110, 208.152, 210.030, 292.606, 301.142, 321.621, 332.081, 332.211, 332.281, 335.081, 338.010, 338.710, 345.050, and 579.060, RSMo, and to enact in lieu thereof fifty-eight 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 96.192, 96.196, 167.627, 167.630, 190.053, 190.098, 190.101, 2 190.109, 190.246, 190.800, 191.227, 191.600, 191.603, 191.605, 191.607, 191.611, 191.614, 3 191.615, 191.648, 191.1145, 192.769, 195.417, 196.990, 206.110, 208.152, 210.030, 4 292.606, 301.142, 321.621, 332.081, 332.211, 332.281, 335.081, 338.010, 338.710, 5 345.050, and 579.060, RSMo, are repealed and fifty-eight new sections enacted in lieu 6 thereof, to be known as sections 96.192, 96.196, 167.627, 167.630, 190.053, 190.076, 7 190.098, 190.101, 190.109, 190.112, 190.166, 190.246, 190.800, 191.227, 191.600, 191.603, 8 191.605, 191.607, 191.611, 191.614, 191.615, 191.648, 191.1145, 192.2521, 195.417, 9 196.990, 206.110, 206.158, 208.152, 210.030, 210.225, 292.606, 301.142, 321.621, 332.081, 10 332.211, 332.281, 332.700, 332.705, 332.710, 332.715, 332.720, 332.725, 332.730, 332.735, 11 332.740, 332.745, 332.750, 332.755, 332.760, 335.081, 338.010, 338.710, 345.050, 12 376.1240, 376.1280, 537.038, and 579.060, to read as follows:

96.192. 1. The board of trustees of any hospital authorized under subsection 2 of this 2 section, and established and organized under the provisions of sections 96.150 to 96.229~~[-]~~:

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

3 **(1) May invest up to ~~[twenty-five]~~ fifty percent of the hospital's "available funds",**
4 **defined in this section as funds not required for immediate disbursement in obligations or for**
5 **the operation of the hospital [~~in any United States investment grade fixed income funds or any~~**
6 **~~diversified stock funds, or both.~~], into:**

7 **(a) Any mutual funds that invest in stocks, bonds, or real estate, or any**
8 **combination thereof;**

9 **(b) Bonds that have:**

10 **a. One of the five highest long-term ratings or the highest short-term rating**
11 **issued by a nationally recognized rating agency; and**

12 **b. A final maturity of ten years or less;**

13 **(c) Money market investments; or**

14 **(d) Any combination of investments described in paragraphs (a) to (c) of this**
15 **subdivision; and**

16 **(2) Shall invest the remaining percentage of any available funds not invested as**
17 **allowed under subdivision (1) of this subsection into any investment in which the state**
18 **treasurer is allowed to invest.**

19 2. The provisions of this section shall only apply if the hospital:

20 (1) Receives less than ~~[one]~~ **three** percent of its annual revenues from municipal,
21 county, or state taxes; and

22 (2) Receives less than ~~[one]~~ **three** percent of its annual revenue from appropriated
23 funds from the municipality in which such hospital is located.

96.196. 1. A hospital organized under this chapter may purchase, operate or lease, as
2 lessor or lessee, related facilities or engage in health care activities, except in counties of the
3 third or fourth classification (other than the county in which the hospital is located) where
4 there already exists a hospital organized pursuant to this chapter ~~[and chapter 205 or 206]~~;
5 provided, however, that this exception shall not prohibit the continuation of existing activities
6 otherwise allowed by law.

7 2. If a hospital organized pursuant to this chapter accepts appropriated funds from the
8 city during the twelve months immediately preceding the date that the hospital purchases,
9 operates or leases its first related facility outside the city boundaries or engages in its first
10 health care activity outside the city boundaries, the governing body of the city shall approve
11 the hospital's plan for such purchase, operation or lease prior to implementation of the plan.

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

2 (1) **"Epinephrine delivery device", a single-use device used for the delivery of a**
3 **premeasured dose of epinephrine into the human body;**

4 (2) "Medication", any medicine prescribed or ordered by a physician for the treatment
5 of asthma or anaphylaxis, including without limitation inhaled bronchodilators and ~~auto-~~
6 ~~injectible~~ epinephrine **delivery devices**;

7 ~~[(2)]~~ (3) "Self-administration", a pupil's discretionary use of medication prescribed by
8 a physician or under a written treatment plan from a physician.

9 2. Each board of education and its employees and agents in this state shall grant any
10 pupil in the school authorization for the possession and self-administration of medication to
11 treat such pupil's chronic health condition, including but not limited to asthma or anaphylaxis
12 if:

13 (1) A licensed physician prescribed or ordered such medication for use by the pupil
14 and instructed such pupil in the correct and responsible use of such medication;

15 (2) The pupil has demonstrated to the pupil's licensed physician or the licensed
16 physician's designee, and the school nurse, if available, the skill level necessary to use the
17 medication and any device necessary to administer such medication prescribed or ordered;

18 (3) The pupil's physician has approved and signed a written treatment plan for
19 managing the pupil's chronic health condition, including asthma or anaphylaxis episodes and
20 for medication for use by the pupil. Such plan shall include a statement that the pupil is
21 capable of self-administering the medication under the treatment plan;

22 (4) The pupil's parent or guardian has completed and submitted to the school any
23 written documentation required by the school, including the treatment plan required under
24 subdivision (3) of this subsection and the liability statement required under subdivision (5) of
25 this subsection; and

26 (5) The pupil's parent or guardian has signed a statement acknowledging that the
27 school district and its employees or agents shall incur no liability as a result of any injury
28 arising from the self-administration of medication by the pupil or the administration of such
29 medication by school staff. Such statement shall not be construed to release the school
30 district and its employees or agents from liability for negligence.

31 3. An authorization granted under subsection 2 of this section shall:

32 (1) Permit such pupil to possess and self-administer such pupil's medication while in
33 school, at a school-sponsored activity, and in transit to or from school or school-sponsored
34 activity; and

35 (2) Be effective only for the same school and school year for which it is granted.
36 Such authorization shall be renewed by the pupil's parent or guardian each subsequent school
37 year in accordance with this section.

38 4. Any current duplicate prescription medication, if provided by a pupil's parent or
39 guardian or by the school, shall be kept at a pupil's school in a location at which the pupil or
40 school staff has immediate access in the event of an asthma or anaphylaxis emergency.

41 5. The information described in subdivisions (3) and (4) of subsection 2 of this
42 section shall be kept on file at the pupil's school in a location easily accessible in the event of
43 an emergency.

 167.630. 1. **As used in this section, the term "epinephrine delivery device" has
2 the same meaning given to the term in section 167.627.**

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

9 [~~2-~~] 3. To obtain [~~prefilled~~] epinephrine [~~auto-syringes~~] **delivery devices** for a school
10 district, a prescription written by a licensed physician, a physician's assistant, or nurse
11 practitioner is required. For such prescriptions, the school district shall be designated as the
12 patient, the nurse's name shall be required, and the prescription shall be filled at a licensed
13 pharmacy.

14 [~~3-~~] 4. A school nurse, contracted agent trained by a nurse, or other school employee
15 trained by and supervised by the nurse shall have the discretion to use an epinephrine [~~auto
16 syringe~~] **delivery device** on any student the school nurse, trained employee, or trained
17 contracted agent believes is having a life-threatening anaphylactic reaction based on the
18 training in recognizing an acute episode of an anaphylactic reaction. The provisions of
19 section 167.624 concerning immunity from civil liability for trained employees administering
20 lifesaving methods shall apply to trained employees administering [~~a prefilled auto-syringe~~]
21 **an epinephrine delivery device** under this section. Trained contracted agents shall have
22 immunity from civil liability for administering [~~a prefilled auto-syringe~~] **an epinephrine
23 delivery device** under this section.

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

- 7 (1) Information relating to the roles and duties of an ambulance district director;
- 8 (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~~
16 ~~at meetings thereafter until the board member has completed such training session. If any~~
17 ~~ambulance district board member fails to attend a training session within twelve months of~~
18 ~~taking office regardless of whether the board member received an attendance fee for a~~
19 ~~training session, the board member shall be ineligible to run for reelection for another term of~~
20 ~~office until the board member satisfies the training requirement of this section; however, this~~
21 ~~requirement shall only apply to board members elected after August 28, 2022]~~ **All members**
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**
25 **approved by the state advisory council on emergency medical services.**

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

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

190.098. 1. **As used in this section, the term "community paramedic services"**
2 **shall mean services provided by any entity that employs licensed paramedics who are**
3 **certified by the department as community paramedics for services that are:**

4 (1) **Provided in a nonemergent setting that is independent of an emergency**
5 **telephone service, 911 system, or emergency summons;**

6 (2) **Consistent with the training and education requirements described in**
7 **subdivision (2) of subsection 2 of this section, the scope of skill and practice for**
8 **community paramedics, and the supervisory standard approved by the entity's medical**
9 **director; and**

10 (3) **Reflected and documented in the entity's patient care plans or protocols**
11 **approved by the medical director in accordance with the provisions of section 190.142.**

12 2. In order for a person to be eligible for certification by the department as a
13 community paramedic, an individual shall:

14 (1) Be currently [~~certified~~] **licensed** as a paramedic;

15 (2) Successfully complete or have successfully completed a community paramedic
16 certification program from a college, university, or educational institution that has been
17 approved by the department or accredited by a national accreditation organization approved
18 by the department; and

19 (3) Complete an application form approved by the department.

20 ~~[2-]~~ **3.** A community paramedic shall practice in accordance with protocols and
21 supervisory standards established by the medical director. A community paramedic shall
22 provide services of a health care plan if the plan has been developed by the patient's physician
23 or by an advanced practice registered nurse through a collaborative practice arrangement with
24 a physician or a physician assistant through a collaborative practice arrangement with a
25 physician and there is no duplication of services to the patient from another provider.

26 ~~[3-]~~ **4. (1)** Any ambulance service shall enter into a written contract to provide
27 community paramedic services in another ambulance service area, as that term is defined in
28 section 190.100. The contract that is agreed upon may be for an indefinite period of time, as
29 long as it includes at least a sixty-day cancellation notice by either ambulance service.

30 **(2) Any ambulance service that seeks to provide community paramedic services**
31 **outside of the ambulance service's service area:**

32 **(a) Shall have a memorandum of understanding regarding the provision of such**
33 **services with the ambulance service in that service area if that ambulance service is**
34 **already providing community paramedic services; or**

35 **(b) Shall not be required to have a memorandum of understanding with the**
36 **ambulance service in that service area if that ambulance service is not already providing**
37 **community paramedic services, provided that the ambulance service seeking to provide**
38 **such services shall provide notification to the other ambulance service of the community**
39 **paramedic services to be provided.**

40 **(3) Any emergency medical response agency that seeks to provide community**
41 **paramedic services within its designated response service area may do so if the ground**
42 **ambulance service area within which the emergency medical response agency operates**
43 **does not already provide such services. If the ground ambulance service does provide**
44 **community paramedic services, the ground ambulance service may enter into a**
45 **memorandum of understanding with the emergency medical response agency in order**
46 **to coordinate programs and avoid service duplication. If the emergency medical**
47 **response agency provides community paramedic services in the ground ambulance**
48 **service's service area prior to the provision of such services by the ground ambulance**

49 **service, the emergency medical response agency and the ground ambulance service shall**
50 **enter into a memorandum of understanding for the coordination of services.**

51 **(4) Any community paramedic program shall notify the appropriate local**
52 **ambulance service when providing services within the service area of an ambulance**
53 **service.**

54 **(5) The department shall promulgate rules and regulations for the purpose of**
55 **identifying the community paramedic services entities that have met the standards**
56 **necessary to provide community paramedic services including, but not limited to,**
57 **physician medical oversight, training, patient record retention, formal relationships**
58 **with primary care services as needed, and quality improvement policies. Community**
59 **paramedic services entities shall be certified by the department. Any such certification**
60 **shall allow the entity to provide community paramedic services for a period of five**
61 **years.**

62 ~~[4-]~~ **5.** A community paramedic is subject to the provisions of sections 190.001 to
63 190.245 and rules promulgated under sections 190.001 to 190.245.

64 ~~[5-]~~ **6.** No person shall hold himself or herself out as a community paramedic or
65 provide the services of a community paramedic unless such person is certified by the
66 department.

67 ~~[6-]~~ **7.** The medical director shall approve the implementation of the community
68 paramedic program.

69 ~~[7-]~~ **8.** 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, 2013, shall be invalid
76 and void.

190.101. 1. There is hereby established a "State Advisory Council on Emergency
2 Medical Services" which shall consist of ~~sixteen~~ **no more than twenty-three** members, one
3 of which shall be ~~a resident~~ **the chief paramedic** of a city not within a county. The
4 members of the council shall be appointed ~~by the governor with the advice and consent of the~~
5 ~~senate~~ **in accordance with subsection 2 of this section** and shall serve terms of four years.
6 The ~~governor shall designate one of the members as chairperson~~ **council members shall**
7 **annually select a chairperson, along with other officers as the council deems necessary.**
8 The chairperson may appoint subcommittees that include noncouncil members.

9 **2. Council members shall be appointed as follows:**

10 **(1) The director of the department of health and senior services shall make**
11 **appointments to the council from the recommendations provided by the following:**

12 **(a) The statewide professional association representing ambulance service**
13 **managers;**

14 **(b) The statewide professional association representing emergency medical**
15 **technicians and paramedics;**

16 **(c) The statewide professional association representing ambulance districts;**

17 **(d) The statewide professional association representing fire chiefs;**

18 **(e) The statewide professional association representing fire protection districts;**

19 **(f) The statewide professional association representing firefighters;**

20 **(g) The statewide professional association representing emergency nurses;**

21 **(h) The statewide professional association representing the air ambulance**
22 **industry;**

23 **(i) The statewide professional association representing emergency medicine**
24 **physicians;**

25 **(j) The statewide association representing hospitals; and**

26 **(k) The statewide association representing pediatric emergency professionals;**

27 **(2) The director of health and senior services shall appoint a member to the**
28 **council with a background in mobile integrated health care-community paramedicine**
29 **(MIH-CP);**

30 **(3) Each regional EMS advisory committee shall appoint one member; and**

31 **(4) The time-critical diagnosis advisory committee established under section**
32 **190.257 shall appoint one member.**

33 **3.** The state EMS medical directors advisory committee and the regional EMS
34 advisory committees will be recognized as subcommittees of the state advisory council on
35 emergency medical services.

36 ~~3.] 4.~~ The council shall have geographical representation and representation from
37 appropriate areas of expertise in emergency medical services including volunteers,
38 professional organizations involved in emergency medical services, EMT's, paramedics,
39 nurses, firefighters, physicians, ambulance service administrators, hospital administrators and
40 other health care providers concerned with emergency medical services. ~~[The regional EMS~~
41 ~~advisory committees shall serve as a resource for the identification of potential members of~~
42 ~~the state advisory council on emergency medical services.~~

43 ~~4.] 5.~~ The state EMS medical director, as described under section 190.103, shall serve
44 as an ex officio member of the council.

45 ~~5.] 6.~~ The members of the council and subcommittees shall serve without
46 compensation except that members of the council shall, subject to appropriations, be

47 reimbursed for reasonable travel expenses and meeting expenses related to the functions of
48 the council.

49 ~~[6-]~~ 7. The purpose of the council is to make recommendations to the governor, the
50 general assembly, and the department on policies, plans, procedures and proposed regulations
51 on how to improve the statewide emergency medical services system. The council shall
52 advise the governor, the general assembly, and the department on all aspects of the emergency
53 medical services system.

54 ~~[7-]~~ 8. (1) There is hereby established a standing subcommittee of the council to
55 monitor the implementation of the recognition of the EMS personnel licensure interstate
56 compact under sections 190.900 to 190.939, the interstate commission for EMS personnel
57 practice, and the involvement of the state of Missouri. The subcommittee shall meet at least
58 biannually and receive reports from the Missouri delegate to the interstate commission for
59 EMS personnel practice. The subcommittee shall consist of at least seven members appointed
60 by the chair of the council, to include at least two members as recommended by the Missouri
61 state council of firefighters and one member as recommended by the Missouri Association of
62 Fire Chiefs. The subcommittee may submit reports and recommendations to the council, the
63 department of health and senior services, the general assembly, and the governor regarding
64 the participation of Missouri with the recognition of the EMS personnel licensure interstate
65 compact.

66 (2) The subcommittee shall formally request a public hearing for any rule proposed
67 by the interstate commission for EMS personnel practice in accordance with subsection 7 of
68 section 190.930. The hearing request shall include the request that the hearing be presented
69 live through the internet. The Missouri delegate to the interstate commission for EMS
70 personnel practice shall be responsible for ensuring that all hearings, notices of, and related
71 rulemaking communications as required by the compact be communicated to the council and
72 emergency medical services personnel under the provisions of subsections 4, 5, 6, and 8 of
73 section 190.930.

74 (3) The department of health and senior services shall not establish or increase fees
75 for Missouri emergency medical services personnel licensure in accordance with this chapter
76 for the purpose of creating the funds necessary for payment of an annual assessment under
77 subdivision (3) of subsection 5 of section 190.924.

78 ~~[8-]~~ 9. The council shall consult with the time-critical diagnosis advisory committee,
79 as described under section 190.257, regarding time-critical diagnosis.

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

4 2. Any person that owned and operated a licensed ambulance on December 31, 1997,
5 shall receive an ambulance service license from the department, unless suspended, revoked or
6 terminated, for that ambulance service area which was, on December 31, 1997, described and
7 filed with the department as the primary service area for its licensed ambulances on August
8 28, 1998, provided that the person makes application and adheres to the rules and regulations
9 promulgated by the department pursuant to sections 190.001 to 190.245.

10 3. The department shall issue a new ground ambulance service license to an
11 ambulance service that is not currently licensed by the department, or is currently licensed by
12 the department and is seeking to expand its ambulance service area, except as provided in
13 subsection 4 of this section, to be valid for a period of five years, unless suspended, revoked
14 or terminated, when the director finds that the applicant meets the requirements of ambulance
15 service licensure established pursuant to sections 190.100 to 190.245 and the rules adopted by
16 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
20 protection district that is authorized to provide ambulance service, in which the ambulance
21 service proposes to operate. If an ambulance service proposes to operate in unincorporated
22 portions of a county not within an ambulance district or fire protection district that is
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
27 the governing body of the political subdivision has adopted a resolution approving the
28 endorsement. The letter of endorsement shall affirmatively state that the proposed ambulance
29 service:

- 30 (1) Will provide a benefit to public health that outweighs the associated costs;
31 (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 ambulance
35 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
39 provision of ambulance services for that political subdivision shall expand, without further
40 action by the department, the ambulance service area of the licensed ambulance service to

41 include the jurisdictional boundaries of the political subdivision. The termination of the
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
46 attendees at the state fair.

47 5. The department shall renew a ground ambulance service license if the applicant
48 meets the requirements established pursuant to sections 190.001 to 190.245, and the rules
49 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 (1) Vehicle design, specification, operation and maintenance standards;
- 53 (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**
- 65 **(13) Ambulance service administrator qualifications.**

66 7. Application for a ground ambulance service license shall be made upon such forms
67 as prescribed by the department in rules adopted pursuant to sections 190.001 to 190.245.
68 The application form shall contain such information as the department deems necessary to
69 make a determination as to whether the ground ambulance service meets all the requirements
70 of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to
71 190.245.

**190.112. 1. Each ambulance service licensed under this chapter shall identify to
2 the department an individual as the ambulance service administrator, who shall be
3 responsible for the operations and staffing of the ambulance service.**

**4 2. Any individual identified as the ambulance service administrator under
5 subsection 1 of this section shall be required to have achieved basic training of at least
6 forty hours regarding the operations of an ambulance service and to complete two hours**

7 of annual continuing education to maintain the individual's status as the ambulance
8 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:

- 13 (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.

21 4. Any individual serving as an ambulance service administrator as of August
22 28, 2025, shall have until January 1, 2027, to demonstrate compliance with the
23 provisions of this section.

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

- 5 (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. The ambulance service shall not be
8 deemed to have such inadequate personnel as long as the ambulance service is staffed to
9 meet the needs of its emergency call volume. Each ambulance service shall have the
10 ability to staff a minimum of one ambulance unit twenty-four hours each day, seven
11 days each week, with at least two licensed emergency medical technicians. Any
12 ambulance service operating only one ambulance unit shall have a reasonable plan and
13 schedule for the services of a second ambulance unit;
- 14 (3) The ambulance service requires an inordinate amount of mutual aid from
15 neighboring services, such as more than ten percent of the total runs in the service area
16 in any given month or more than would be considered prudent, and thus cannot provide
17 an appropriate level of emergency response for the service area as would be considered
18 prudent by the typical ground ambulance services operator;
- 19 (4) The principal manager, board members, or other executives are determined
20 to be criminally liable for actions related to the license or service provided;

21 **(5) The license holder or principal manager, board members, or other executives**
22 **are determined by the Centers for Medicare and Medicaid Services to be ineligible for**
23 **participation in Medicare;**

24 **(6) The license holder or principal manager, board members, or other executives**
25 **are determined by the MO HealthNet division to be ineligible for participation in MO**
26 **HealthNet;**

27 **(7) The ambulance service administrator has failed to meet the required**
28 **qualifications or failed to complete the training required under section 190.112; or**

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

31 **2. If the department makes a determination of insolvency or insufficiency of**
32 **operations of a license holder under subsection 1 of this section, the department may**
33 **require the license holder to submit a corrective plan within fifteen days and require**
34 **implementation of the corrective plan within thirty days.**

35 **3. The department shall be required to provide notice of any determination by**
36 **the department of insolvency or insufficiency of operations of a license holder to other**
37 **license holders operating in the license holder's vicinity, members of the general**
38 **assembly who represent the license holder's service area, the governing officials of any**
39 **county or municipal entity in the license holder's service area, the appropriate regional**
40 **emergency medical services advisory committee, and the state advisory council on**
41 **emergency medical services.**

42 **4. The department shall immediately engage with other license holders in the**
43 **area to determine the extent to which ground ambulance service may be provided to the**
44 **affected service area during the time in which the license holder is unable to provide**
45 **adequate services, including any long-term service arrangements. The nature of the**
46 **agreement between the license holder and other license holders providing services to the**
47 **affected area may include an agreement to provide services, a joint powers agreement,**
48 **formal consideration, or some payment for services rendered.**

49 **5. Any license holder who provides assistance in the service area of another**
50 **license holder whose license has been suspended under this section shall have the right**
51 **to seek reasonable compensation from the license holder whose license to operate has**
52 **been suspended for all calls, stand-by time, and responses to medical emergencies**
53 **during such time as the license remains suspended. The reasonable compensation shall**
54 **not be limited to those expenses incurred in actual responses but may also include**
55 **reasonable expenses to maintain ambulance service including, but not limited to, the**
56 **daily operation costs of maintaining the service, personnel wages and benefits,**
57 **equipment purchases and maintenance, and other costs incurred in the operation of a**

58 **ground ambulance service. The license holder providing assistance shall be entitled to**
59 **an award of costs and reasonable attorney's fees in any action to enforce the provisions**
60 **of this subsection.**

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

2 (1) "Eligible person, firm, organization or other entity", an ambulance service or
3 emergency medical response agency, an emergency medical responder, or an emergency
4 medical technician who is employed by, or an enrolled member, person, firm, organization or
5 entity designated by, rule of the department of health and senior services in consultation with
6 other appropriate agencies. All such eligible persons, firms, organizations or other entities
7 shall be subject to the rules promulgated by the director of the department of health and senior
8 services;

9 (2) "Emergency health care provider":

10 (a) A physician licensed pursuant to chapter 334 with knowledge and experience in
11 the delivery of emergency care; or

12 (b) A hospital licensed pursuant to chapter 197 that provides emergency care;

13 **(3) "Epinephrine delivery device", a single-use device used for the delivery of a**
14 **premeasured dose of epinephrine into the human body.**

15 2. Possession and use of epinephrine [~~auto-injector~~] **delivery** devices shall be limited
16 as follows:

17 (1) No person shall use an epinephrine [~~auto-injector~~] **delivery** device unless such
18 person has successfully completed a training course in the use of epinephrine [~~auto-injector~~]
19 **delivery** devices approved by the director of the department of health and senior services.
20 Nothing in this section shall prohibit the use of an epinephrine [~~auto-injector~~] **delivery**
21 device:

22 (a) By a health care professional licensed or certified by this state who is acting
23 within the scope of his or her practice; or

24 (b) By a person acting pursuant to a lawful prescription;

25 (2) Every person, firm, organization and entity authorized to possess and use
26 epinephrine [~~auto-injector~~] **delivery** devices pursuant to this section shall use, maintain and
27 dispose of such devices in accordance with the rules of the department; **and**

28 (3) Every use of an epinephrine [~~auto-injector~~] **delivery** device pursuant to this
29 section shall immediately be reported to the emergency health care provider.

30 3. (1) Use of an epinephrine [~~auto-injector~~] **delivery** device pursuant to this section
31 shall be considered first aid or emergency treatment for the purpose of any law relating to
32 liability.

33 (2) Purchase, acquisition, possession or use of an epinephrine ~~[auto-injector]~~ **delivery**
34 device pursuant to this section shall not constitute the unlawful practice of medicine or the
35 unlawful practice of a profession.

36 (3) Any person otherwise authorized to sell or provide an epinephrine ~~[auto-injector]~~
37 **delivery** device may sell or provide it to a person authorized to possess it pursuant to this
38 section.

39 4. Any person, firm, organization or entity that violates the provisions of this section
40 is guilty of a class B misdemeanor.

190.800. 1. Each ground ambulance service~~], except for any ambulance service~~
2 ~~owned and operated by an entity owned and operated by the state of Missouri, including but~~
3 ~~not limited to any hospital owned or operated by the board of curators, as defined in chapter~~
4 ~~172, or any department of the state,]~~ shall, in addition to all other fees and taxes now required
5 or paid, pay an ambulance service reimbursement allowance tax for the privilege of engaging
6 in the business of providing ambulance services in this state.

7 2. For the purpose of this section, the following terms shall mean:

8 (1) "Ambulance", the same meaning as such term is defined in section 190.100;

9 (2) "Ambulance service", the same meaning as such term is defined in section
10 190.100;

11 (3) "Engaging in the business of providing ambulance services in this state",
12 accepting payment for such services.

191.227. 1. All physicians, chiropractors, hospitals, dentists, and other duly licensed
2 practitioners in this state, herein called "providers", shall, upon written request of a patient, or
3 guardian or legally authorized representative of a patient, furnish a copy of his or her record
4 of that patient's health history and treatment rendered to the person submitting a written
5 request, except that such right shall be limited to access consistent with the patient's condition
6 and sound therapeutic treatment as determined by the provider. Beginning August 28, 1994,
7 such record shall be furnished within a reasonable time of the receipt of the request therefor
8 and upon payment of a fee as provided in this section.

9 2. Health care providers may condition the furnishing of the patient's health care
10 records to the patient, the patient's authorized representative or any other person or entity
11 authorized by law to obtain or reproduce such records upon payment of a fee for:

12 (1) (a) Search and retrieval, in an amount not more than twenty-four dollars and
13 eighty-five cents plus copying in the amount of fifty-seven cents per page for the cost of
14 supplies and labor plus, if the health care provider has contracted for off-site records storage
15 and management, any additional labor costs of outside storage retrieval, not to exceed twenty-
16 three dollars and twenty-six cents, as adjusted annually pursuant to subsection 6 of this
17 section; or

18 (b) The records shall be furnished electronically upon payment of the search,
19 retrieval, and copying fees set under this section at the time of the request or one hundred
20 eight dollars and eighty-eight cents total, whichever is less, if such person:

21 a. Requests health records to be delivered electronically in a format of the health care
22 provider's choice;

23 b. The health care provider stores such records completely in an electronic health
24 record; and

25 c. The health care provider is capable of providing the requested records and
26 affidavit, if requested, in an electronic format;

27 (2) Postage, to include packaging and delivery cost;

28 (3) Notary fee, not to exceed two dollars, if requested.
29

30 Such fee shall be the fee in effect on February 1, 2018, increased or decreased annually under
31 this section.

32 3. For purposes of subsections 1 and 2 of this section, "a copy of his or her record of
33 that patient's health history and treatment rendered" or "the patient's health care records"
34 includes a statement or record that no such health history or treatment record responsive to the
35 request exists.

36 4. Notwithstanding provisions of this section to the contrary, providers may charge
37 for the reasonable cost of all duplications of health care record material or information which
38 cannot routinely be copied or duplicated on a standard commercial photocopy machine.

39 5. The transfer of the patient's record done in good faith shall not render the provider
40 liable to the patient or any other person for any consequences which resulted or may result
41 from disclosure of the patient's record as required by this section.

42 6. Effective February first of each year, the fees listed in subsection 2 of this section
43 shall be increased or decreased annually based on the annual percentage change in the
44 unadjusted, U.S. city average, annual average inflation rate of the medical care component of
45 the Consumer Price Index for All Urban Consumers (CPI-U). The current reference base of
46 the index, as published by the Bureau of Labor Statistics of the United States Department of
47 Labor, shall be used as the reference base. For purposes of this subsection, the annual average
48 inflation rate shall be based on a twelve-month calendar year beginning in January and ending
49 in December of each preceding calendar year. The department of health and senior services
50 shall report the annual adjustment and the adjusted fees authorized in this section on the
51 department's internet website by February first of each year.

52 7. A health care provider may disclose a deceased patient's health care records or
53 payment records to the executor or administrator of the deceased person's estate, or pursuant
54 to a valid, unrevoked power of attorney for health care that specifically directs that the

55 deceased person's health care records be released to the agent after death. If an executor,
56 administrator, or agent has not been appointed, the deceased prior to death did not specifically
57 object to disclosure of his or her records in writing, and such disclosure is not inconsistent
58 with any prior expressed preference of the deceased that is known to the health care provider,
59 a deceased patient's health care records may be released upon written request of a person who
60 is deemed as the personal representative of the deceased person under this subsection.
61 Priority shall be given to the deceased patient's spouse and the records shall be released on the
62 affidavit of the surviving spouse that he or she is the surviving spouse. If there is no surviving
63 spouse, the health care records may be released to one of the following persons:

64 (1) The acting trustee of a trust created by the deceased patient either alone or with
65 the deceased patient's spouse;

66 (2) An adult child of the deceased patient on the affidavit of the adult child that he or
67 she is the adult child of the deceased;

68 (3) A parent of the deceased patient on the affidavit of the parent that he or she is the
69 parent of the deceased;

70 (4) An adult brother or sister of the deceased patient on the affidavit of the adult
71 brother or sister that he or she is the adult brother or sister of the deceased;

72 (5) A guardian or conservator of the deceased patient at the time of the patient's death
73 on the affidavit of the guardian or conservator that he or she is the guardian or conservator of
74 the deceased; or

75 (6) A guardian ad litem of the deceased's minor child based on the affidavit of the
76 guardian that he or she is the guardian ad litem of the minor child of the deceased.

77 **8. (1) Records containing a patient's health history and treatment created by an**
78 **emergency care provider, as defined in section 191.630, or a telecommunicator first**
79 **responder, as defined in section 650.320, in the course of the provider's or responder's**
80 **official duties while responding to a formal request for assistance shall be made**
81 **available, upon written request, to any person authorized to obtain the patient's health**
82 **care records under the provisions of this section.**

83 (2) The furnishing of health care records under this subsection may be
84 conditioned upon the payment of a fee in an amount equal to the fee allowed for the
85 furnishing of any other health care record under this section.

86 (3) Nothing in this subsection shall limit the release of information regarding the
87 general nature of the event that resulted in a formal request of assistance as long as any
88 personal health information is redacted.

89 (4) Nothing in this subsection shall limit the release of information to facilitate
90 the normal delivery of patient care or to evaluate the quality of care as part of an
91 established quality improvement program.

191.600. 1. Sections 191.600 to 191.615 establish a loan repayment program for
 2 graduates of [~~approved medical schools, schools of osteopathic medicine, schools of dentistry~~
 3 ~~and accredited chiropractic colleges~~] **an accredited graduate training program in any**
 4 **discipline designated in rule by the department** who practice in areas of defined need [~~and~~
 5 ~~shall be known as the "Health Professional Student Loan Repayment Program". Sections~~
 6 ~~191.600 to 191.615 shall apply to graduates of accredited chiropractic colleges when federal~~
 7 ~~guidelines for chiropractic shortage areas are developed~~], **to be known as the "Missouri**
 8 **State Loan Repayment Program (MOSLRP)". In designating disciplines, the**
 9 **department shall comply with limitations set forth in the National Health Service**
 10 **Corps Loan Repayment Program, 42 U.S.C. Section 254I-1, and any related notices of**
 11 **funding opportunity.**

12 2. The [~~"Health Professional Student Loan and~~] **"Missouri State Loan Repayment**
 13 **Program Fund"** is hereby created in the state treasury. All funds recovered from an individual
 14 pursuant to section 191.614 and all funds generated by loan repayments and penalties
 15 received pursuant to section 191.540 shall be credited to the fund. The moneys in the fund
 16 shall be used by the department of health and senior services to provide loan repayments
 17 pursuant to section 191.611 in accordance with sections 191.600 to 191.614.

191.603. As used in sections 191.600 to 191.615, the following terms shall mean:

2 (1) "Areas of defined need", areas designated by the department pursuant to section
 3 191.605, when services [~~of a physician, including a psychiatrist, chiropractor, or dentist~~] are
 4 needed to improve the patient-health professional ratio in the area, to contribute health care
 5 professional services to an area of economic impact, or to contribute health care professional
 6 services to an area suffering from the effects of a natural disaster;

7 (2) [~~"Chiropractor", a person licensed and registered pursuant to chapter 331;~~

8 (3)] "Department", the department of health and senior services[;]

9 (4) [~~"General dentist", dentists licensed and registered pursuant to chapter 332~~
 10 ~~engaged in general dentistry and who are providing such services to the general population;~~

11 (5) [~~"Primary care physician", physicians licensed and registered pursuant to chapter~~
 12 ~~334 engaged in general or family practice, internal medicine, pediatrics or obstetrics and~~
 13 ~~gynecology as their primary specialties, and who are providing such primary care services to~~
 14 ~~the general population;~~

15 (6) [~~"Psychiatrist", the same meaning as in section 632.005].~~

191.605. 1. The department shall designate counties, communities, or sections of
 2 urban areas as areas of defined need for medical, psychiatric, [~~chiropractic,~~] or dental services
 3 when such county, community or section of an urban area has been designated as a primary
 4 care health professional shortage area, a mental health care professional shortage area, or a
 5 dental health care professional shortage area by the federal Department of Health and Human

6 Services, or has been determined by the director of the department of health and senior
7 services to have an extraordinary need for health care professional services, without a
8 corresponding supply of such professionals.

9 **2. Annually, at least thirty-five percent of the appropriated funds allocated for**
10 **the Missouri state loan repayment program shall be designated for awards to primary**
11 **care physicians and general dentists. Any unused portion of such designated funds shall**
12 **be made available within the same fiscal year to the other types of health professions**
13 **designated by the department under section 191.600.**

191.607. The department shall adopt and promulgate regulations establishing
2 standards for determining eligible persons for loan repayment pursuant to sections 191.600 to
3 191.615. These standards shall include, but are not limited to the following:

4 (1) Citizenship or permanent residency in the United States;

5 (2) Residence in the state of Missouri;

6 (3) ~~[Enrollment as a full-time medical student in the final year of a course of study~~
7 ~~offered by an approved educational institution or licensed to practice medicine or osteopathy~~
8 ~~pursuant to chapter 334, including psychiatrists;~~

9 (4) ~~Enrollment as a full-time dental student in the final year of course study offered~~
10 ~~by an approved educational institution or licensed to practice general dentistry pursuant to~~
11 ~~chapter 332;~~

12 (5) ~~Enrollment as a full-time chiropractic student in the final year of course study~~
13 ~~offered by an approved educational institution or licensed to practice chiropractic medicine~~
14 ~~pursuant to chapter 331] Authorization to practice as any type of health professional~~
15 **designated in section 191.600;**

16 ~~[(6)] (4) Practice in an area of defined need; and~~

17 **(5) Submission of an application for loan repayment.**

191.611. 1. A loan payment provided for an individual under a written contract under
2 the ~~[health professional student loan payment]~~ **Missouri state loan repayment** program shall
3 consist of payment on behalf of the individual of the principal, interest, and related expenses
4 on government and commercial loans received by the individual for tuition, fees, books,
5 laboratory, and living expenses incurred by the individual.

6 2. For each year of obligated services that an individual contracts to serve in an area
7 of defined need, the director may pay an amount not to exceed the maximum amounts
8 allowed under the National Health Service Corps Loan Repayment Program, 42 U.S.C.
9 Section ~~[2541-1, P.L. 106-213]~~ **2541-1**, on behalf of the individual for loans described in
10 subsection 1 of this section.

11 3. The department may enter into an agreement with the holder of the loans for which
12 repayments are made pursuant to the ~~[health professional student loan payment]~~ **Missouri**

13 **state loan repayment** program to establish a schedule for the making of such payments if the
14 establishment of such a schedule would result in reducing the costs to the state.

15 4. Any qualifying communities providing a portion of a loan repayment shall be
16 considered first for placement.

191.614. 1. ~~[An individual who has entered into a written contract with the
2 department; and in the case of an individual who is enrolled in the final year of a course of
3 study and fails to maintain an acceptable level of academic standing in the educational
4 institution in which such individual is enrolled or voluntarily terminates such enrollment or is
5 dismissed from such educational institution before completion of such course of study or fails
6 to become licensed pursuant to chapter 331, 332 or 334 within one year shall be liable to the
7 state for the amount which has been paid on his or her behalf under the contract.~~

8 ~~2.]~~ If an individual breaches the written contract of the individual by failing either to
9 begin such individual's service obligation or to complete such service obligation, the state
10 shall be entitled to recover from the individual an amount equal to the sum of:

11 (1) The total of the amounts prepaid by the state on behalf of the individual;

12 (2) The interest on the amounts which would be payable if at the time the amounts
13 were paid they were loans bearing interest at the maximum prevailing rate as determined by
14 the Treasurer of the United States;

15 (3) An amount equal to any damages incurred by the department as a result of the
16 breach; **and**

17 (4) Any legal fees or associated costs incurred by the department or the state of
18 Missouri in the collection of damages.

19 ~~[3-]~~ 2. The department may act on behalf of a qualified community to recover from an
20 individual described in ~~[subsections 1 and 2 of]~~ this section the portion of a loan repayment
21 paid by such community for such individual.

191.615. 1. The department shall submit a grant application to the Secretary of the
2 United States Department of Health and Human Services as prescribed by the secretary to
3 obtain federal funds to finance the ~~[health professional student]~~ **Missouri state** loan
4 repayment program.

5 2. Sections 191.600 to 191.615 shall not be construed to require the department to
6 enter into contracts with individuals who qualify for the ~~[health professional student]~~
7 **Missouri state** loan repayment program when federal and state funds are not available for
8 such purpose.

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

2 (1) **"Designated sexually transmitted infection", chlamydia, gonorrhea,**
3 **trichomoniasis, or any other sexually transmitted infection designated as appropriate**
4 **for expedited partner therapy by the department of health and senior services or for**

5 **which expedited partner therapy was recommended in the most recent Centers for**
6 **Disease Control and Prevention guidelines for the prevention or treatment of sexually**
7 **transmitted infections;**

8 (2) "Expedited partner therapy" ~~[means]~~, the practice of treating the sex partners of
9 persons with ~~[chlamydia or gonorrhea]~~ **designated sexually transmitted infections** without
10 an intervening medical evaluation or professional prevention counseling;

11 (3) "**Health care professional**", a member of any profession regulated by chapter
12 **334 or 335 authorized to prescribe medications.**

13 2. Any licensed ~~[physician]~~ **health care professional** may, but shall not be required
14 to, utilize expedited partner therapy for the management of the partners of persons with
15 ~~[chlamydia or gonorrhea]~~ **designated sexually transmitted infections**. Notwithstanding the
16 requirements of 20 CSR 2150- 5.020 (5) or any other law to the contrary, a licensed
17 ~~[physician]~~ **health care professional** utilizing expedited partner therapy may prescribe and
18 dispense medications for the treatment of ~~[chlamydia or gonorrhea]~~ **a designated sexually**
19 **transmitted infection** for an individual who is the partner of a person with ~~[chlamydia or~~
20 ~~gonorrhea]~~ **a designated sexually transmitted infection** and who does not have an
21 established ~~[physician/patient]~~ **health care professional/patient** relationship with such
22 ~~[physician]~~ **health care professional**. ~~[Any antibiotic medications prescribed and dispensed~~
23 ~~for the treatment of chlamydia or gonorrhea under this section shall be in pill form.]~~

24 3. Any licensed ~~[physician]~~ **health care professional** utilizing expedited partner
25 therapy for the management of the partners with ~~[chlamydia or gonorrhea]~~ **designated**
26 **sexually transmitted infections** shall provide explanation and guidance to ~~[a]~~ **each** patient
27 ~~[diagnosed with chlamydia or gonorrhea]~~ of the preventative measures that can be taken by
28 the patient to stop the ~~[spread]~~ **transmission** of such ~~[diagnosis]~~ **infection**.

29 4. Any licensed ~~[physician]~~ **health care professional** utilizing expedited partner
30 therapy for the management of partners of persons with ~~[chlamydia or gonorrhea]~~ **designated**
31 **sexually transmitted infections** under this section shall have immunity from any civil
32 liability that may otherwise result by reason of such actions, unless such ~~[physician]~~ **health**
33 **care professional** acts negligently, recklessly, in bad faith, or with malicious purpose.

34 5. The department of health and senior services and the division of professional
35 registration within the department of commerce and insurance shall by rule develop
36 guidelines for the implementation of subsection 2 of this section. Any rule or portion of a
37 rule, as that term is defined in section 536.010, that is created under the authority delegated in
38 this section shall become effective only if it complies with and is subject to all of the
39 provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536
40 are nonseverable and if any of the powers vested with the general assembly pursuant to
41 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are

42 subsequently held unconstitutional, then the grant of rulemaking authority and any rule
43 proposed or adopted after August 28, 2010, shall be invalid and void.

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;

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

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

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

10 (5) "Originating site", a site at which a patient is located at the time health care
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**
16 **technologies**, which facilitate the assessment, diagnosis, consultation, treatment, education,
17 care management, and self-management of a patient's health care while such patient is at the
18 originating site and the health care provider is at the distant site. Telehealth or telemedicine
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.

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

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

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

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

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

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

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

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

**192.2521. A specialty hospital is exempt from the provisions of sections 192.2520
2 and 197.135 if such hospital has a policy for the transfer of a victim of a sexual assault to
3 an appropriate hospital with an emergency department. As used in this section,
4 "specialty hospital" means a hospital that has been designated by the department of
5 health and senior services as something other than a general acute care hospital.**

195.417. 1. The limits specified in this section shall not apply to any quantity of such
2 product, mixture, or preparation which must be dispensed, sold, or distributed in a pharmacy
3 pursuant to a valid prescription.

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

9 (1) The sole active ingredient; or

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

11 (3) A combination of any of the products specified in subdivisions (1) and (2) of this
12 subsection;

13

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

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

22 (1) The sole active ingredient; or

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

24 (3) A combination of any of the products specified in subdivisions (1) and (2) of this
25 subsection;

26

27 in any total amount greater than three and six-tenths grams without regard to the number of
28 transactions.

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

34 (1) The sole active ingredient; or

35 (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 this
37 subsection;

38

39 in any total amount greater than ~~forty-three~~ **sixty-one** and two-tenths grams, without regard
40 to the number of transactions.

41 5. All packages of any compound, mixture, or preparation containing any detectable
42 quantity of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or
43 optical isomers, or salts of optical isomers, except those that are excluded from Schedule V in
44 subsection 17 or 18 of section 195.017, shall be offered for sale only from behind a pharmacy
45 counter where the public is not permitted, and only by a registered pharmacist or registered
46 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. (1) **As used in this subsection, "administrator of the real-time electronic**
51 **pseudoephedrine tracking system" means the entity responsible for developing,**
52 **implementing, and maintaining the data collection system described in 19 CSR 30-**
53 **1.074 or any successor regulation.**

54 (2) **Beginning October 1, 2025, and continuing thereafter, any manufacturer of**
55 **any compound, mixture, or preparation specified in this section that is sold in or into the**
56 **state shall, on a monthly basis, pay fees to the administrator of the real-time electronic**
57 **pseudoephedrine tracking system.**

58 (3) **The administrator of the real-time electronic pseudoephedrine tracking**
59 **system shall be responsible for setting the fee levels required under this subsection.**

60 (4) **Upon the request of the department of health and senior services, any**
61 **manufacturer required to pay fees under this subsection shall provide written**
62 **documentation demonstrating that the manufacturer has paid such fees.**

63 8. No prescription shall be required for the dispensation, sale, or distribution of any
64 drug product containing any detectable amount of ephedrine, phenylpropanolamine, or
65 pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in an
66 amount within the limits described in subsections 2, 3, and 4 of this section. The
67 superintendent of the Missouri state highway patrol shall report to the revisor of statutes and
68 the general assembly by February first when the statewide number of methamphetamine
69 laboratory seizure incidents exceeds three hundred incidents in the previous calendar year.
70 The provisions of this subsection shall expire on April first of the calendar year in which the
71 revisor of statutes receives such notification.

72 ~~[8-]~~ 9. This section shall supersede and preempt any local ordinances or regulations,
73 including any ordinances or regulations enacted by any political subdivision of the state. This
74 section shall not apply to the sale of any animal feed products containing ephedrine or any
75 naturally occurring or herbal ephedra or extract of ephedra.

76 ~~[9-]~~ 10. Any local ordinances or regulations enacted by any political subdivision of
77 the state prior to August 28, 2020, requiring a prescription for the dispensation, sale, or
78 distribution of any drug product containing any detectable amount of ephedrine,
79 phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts
80 of optical isomers, in an amount within the limits described in subsections 2, 3, and 4 of this
81 section shall be void and of no effect and no such political subdivision shall maintain or
82 enforce such ordinance or regulation.

83 ~~[10-]~~ 11. All logs, records, documents, and electronic information maintained for the
84 dispensing of these products shall be open for inspection and copying by municipal, county,
85 and state or federal law enforcement officers whose duty it is to enforce the controlled
86 substances laws of this state or the United States.

87 ~~[11-]~~ **12.** All persons who dispense or offer for sale pseudoephedrine and ephedrine
88 products, except those that are excluded from Schedule V in subsection 17 or 18 of section
89 195.017, shall ensure that all such products are located only behind a pharmacy counter where
90 the public is not permitted.

91 ~~[12-]~~ **13.** The penalty for a knowing or reckless violation of this section is found in
92 section 579.060.

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

2 (1) "Administer", the direct application of an epinephrine ~~[auto-injector]~~ **delivery**
3 **device** to the body of 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, **child care facilities**,
8 amusement parks, and sports arenas. "Authorized entity" shall not include any public school
9 or public charter school;

10 (3) "Epinephrine ~~[auto-injector]~~ **delivery device**", a single-use device used for the
11 ~~[automatic-injection]~~ **delivery** of a premeasured dose of epinephrine into the human body;

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

13 (5) "Provide", the supply of one or more epinephrine ~~[auto-injectors]~~ **delivery**
14 **devices** to an individual;

15 (6) "Self-administration", a person's discretionary use of an epinephrine ~~[auto-~~
16 ~~injector]~~ **delivery device**.

17 2. A physician may prescribe epinephrine ~~[auto-injectors]~~ **delivery devices** in the
18 name of an authorized entity for use in accordance with this section, and pharmacists,
19 physicians, and other persons authorized to dispense prescription medications may dispense
20 epinephrine ~~[auto-injectors]~~ **delivery devices** under a prescription issued in the name of an
21 authorized entity.

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

31 4. An authorized entity that acquires a supply of epinephrine ~~[auto-injectors]~~ **delivery**
32 **devices** under a prescription issued in accordance with this section shall ensure that:

33 (1) Expected epinephrine ~~[auto-injector]~~ **delivery device** users receive training in
34 recognizing symptoms of severe allergic reactions including anaphylaxis and the use of
35 epinephrine ~~[auto-injectors]~~ **delivery devices** from a nationally recognized organization
36 experienced in training laypersons in emergency health treatment or another entity or person
37 approved by the department of health and senior services;

38 (2) All epinephrine ~~[auto-injectors]~~ **delivery devices** are maintained and stored
39 according to the epinephrine ~~[auto-injector's]~~ **delivery device's** instructions for use;

40 (3) Any person who provides or administers an epinephrine ~~[auto-injector]~~ **delivery**
41 **device** to an individual who the person believes in good faith is experiencing anaphylaxis
42 activates the emergency medical services system as soon as possible; and

43 (4) A proper review of all situations in which an epinephrine ~~[auto-injector]~~ **delivery**
44 **device** is used to render emergency care is conducted.

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

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

58 7. The following persons and entities shall not be liable for any injuries or related
59 damages that result from the administration or self-administration of an epinephrine ~~[auto-~~
60 ~~injector]~~ **delivery device** in accordance with this section that may constitute ordinary
61 negligence:

62 (1) An authorized entity that possesses and makes available epinephrine ~~[auto-~~
63 ~~injectors]~~ **delivery devices** and its employees, agents, and other trained persons;

64 (2) Any person who uses an epinephrine ~~[auto-injector]~~ **delivery device** made
65 available under this section;

66 (3) A physician that prescribes epinephrine ~~[auto-injectors]~~ **delivery devices** to an
67 authorized entity; or

68 (4) Any person or entity that conducts the training described in this section.

69

70 Such immunity does not apply to acts or omissions constituting a reckless disregard for the
71 safety of others or willful or wanton conduct. The administration of an epinephrine [~~auto-~~
72 ~~injector~~] **delivery device** in accordance with this section shall not be considered the practice
73 of medicine. The immunity from liability provided under this subsection is in addition to and
74 not in lieu of that provided under section 537.037. An authorized entity located in this state
75 shall not be liable for any injuries or related damages that result from the provision or
76 administration of an epinephrine [~~auto-injector~~] **delivery device** by its employees or agents
77 outside of this state if the entity or its employee or agent is not liable for such injuries or
78 related damages under the laws of the state in which such provision or administration
79 occurred. No trained person who is in compliance with this section and who in good faith and
80 exercising reasonable care fails to administer an epinephrine [~~auto-injector~~] **delivery device**
81 shall be liable for such failure.

82 8. All basic life support ambulances and stretcher vans operated in the state shall be
83 equipped with epinephrine [~~auto-injectors~~] **delivery devices** and be staffed by at least one
84 individual trained in the use of epinephrine [~~auto-injectors~~] **delivery devices**.

85 9. The provisions of this section shall apply in all counties within the state and any
86 city not within a county.

87 10. Nothing in this section shall be construed as superseding the provisions of section
88 167.630.

206.110. 1. A hospital district, both within and outside such district, except in
2 counties of the third or fourth classification (other than within the district boundaries) where
3 there already exists a hospital organized pursuant to [~~chapters 96, 205 or~~] this chapter;
4 provided, however, that this exception shall not prohibit the continuation or expansion of
5 existing activities otherwise allowed by law, shall have and exercise the following
6 governmental powers, and all other powers incidental, necessary, convenient or desirable
7 to carry out and effectuate the express powers:

8 (1) To establish and maintain a hospital or hospitals and hospital facilities, and to
9 construct, acquire, develop, expand, extend and improve any such hospital or hospital facility
10 including medical office buildings to provide offices for rental to physicians and dentists on
11 the district hospital's medical or dental staff, and the providing of sites therefor, including
12 offstreet parking space for motor vehicles;

13 (2) To acquire land in fee simple, rights in land and easements upon, over or across
14 land and leasehold interest in land and tangible and intangible personal property used or
15 useful for the location, establishment, maintenance, development, expansion, extension or

16 improvement of any hospital or hospital facility. The acquisition may be by dedication,
17 purchase, gift, agreement, lease, use or adverse possession or by condemnation;

18 (3) To operate, maintain and manage a hospital and hospital facilities, and to make
19 and enter into contracts, for the use, operation or management of a hospital or hospital
20 facilities; to engage in health care activities; and to make and enter into leases of equipment
21 and real property, a hospital or hospital facilities, as lessor or lessee, regardless of the duration
22 of such lease; and to provide rules and regulations for the operation, management or use of a
23 hospital or hospital facilities. Any agreement entered into pursuant to this subsection
24 pertaining to the lease of the hospital shall have a definite termination date as negotiated by
25 the parties, but this shall not preclude the trustees from entering into a renewal of the
26 agreement with the same or other parties pertaining to the same or other subjects upon such
27 terms and conditions as the parties may agree;

28 (4) To fix, charge and collect reasonable fees and compensation for the use or
29 occupancy of the hospital or any part thereof, or any hospital facility, and for nursing care,
30 medicine, attendance, or other services furnished by the hospital or hospital facilities,
31 according to the rules and regulations prescribed by the board from time to time;

32 (5) To borrow money and to issue bonds, notes, certificates, or other evidences of
33 indebtedness for the purpose of accomplishing any of its corporate purposes, subject to
34 compliance with any condition or limitation set forth in this chapter or otherwise provided by
35 the Constitution of the state of Missouri;

36 (6) To employ or enter into contracts for the employment of any person, firm, or
37 corporation, and for professional services, necessary or desirable for the accomplishment of
38 the corporate objects of the district or the proper administration, management, protection or
39 control of its property;

40 (7) To maintain the hospital for the benefit of the inhabitants of the area comprising
41 the district who are sick, injured, or maimed regardless of race, creed or color, and to adopt
42 such reasonable rules and regulations as may be necessary to render the use of the hospital of
43 the greatest benefit to the greatest number; to exclude from the use of the hospital all persons
44 who willfully disregard any of the rules and regulations so established; to extend the
45 privileges and use of the hospital to persons residing outside the area of the district upon such
46 terms and conditions as the board of directors prescribes by its rules and regulations;

47 (8) To police its property and to exercise police powers in respect thereto or in respect
48 to the enforcement of any rule or regulation provided by the ordinances of the district and to
49 employ and commission police officers and other qualified persons to enforce the same;

50 (9) To lease to or allow for any institution of higher education to use or occupy the
51 hospital, any real estate or facility owned or leased by the district or any part thereof for the
52 purpose of health care-related and general education or training.

53 2. The use of any hospital or hospital facility of a district shall be subject to the
54 reasonable regulation and control of the district and upon such reasonable terms and
55 conditions as shall be established by its board of directors.

56 3. A regulatory ordinance of a district adopted under any provision of this section
57 may provide for a suspension or revocation of any rights or privileges within the control of
58 the district for a violation of any such regulatory ordinance.

59 4. Nothing in this section or in other provisions of this chapter shall be construed to
60 authorize the district or board to establish or enforce any regulation or rule in respect to
61 hospitalization or the operation or maintenance of such hospital or any hospital facilities
62 within its jurisdiction which is in conflict with any federal or state law or regulation
63 applicable to the same subject matter.

**206.158. 1. The board of directors of any hospital district authorized under
2 subsection 2 of this section, and established and organized under the provisions of this
3 chapter:**

4 **(1) May invest up to fifty percent of its "available funds", defined in this section
5 as funds not required for immediate disbursement in obligations or for the operation of
6 the hospital district, into:**

7 **(a) Any mutual funds that invest in stocks, bonds, or real estate, or any
8 combination thereof;**

9 **(b) Bonds that have:**

10 **a. One of the five highest long-term ratings or the highest short-term rating
11 issued by a nationally recognized rating agency; and**

12 **b. A final maturity of ten years or less;**

13 **(c) Money market investments; or**

14 **(d) Any combination of investments described in paragraphs (a) to (c) of this
15 subdivision; and**

16 **(2) Shall invest the remaining percentage of any available funds not invested as
17 allowed under subdivision (1) of this subsection into any investment in which the state
18 treasurer is allowed to invest.**

19 **2. The provisions of this section shall apply only if the hospital district receives
20 less than three percent of its annual revenues from hospital district or state taxes.**

208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy
2 persons as described in section 208.151 who are unable to provide for it in whole or in part,
3 with any payments to be made on the basis of the reasonable cost of the care or reasonable
4 charge for the services as defined and determined by the MO HealthNet division, unless
5 otherwise hereinafter provided, for the following:

6 (1) Inpatient hospital services, except to persons in an institution for mental diseases
7 who are under the age of sixty-five years and over the age of twenty-one years; provided that
8 the MO HealthNet division shall provide through rule and regulation an exception process for
9 coverage of inpatient costs in those cases requiring treatment beyond the seventy-fifth
10 percentile professional activities study (PAS) or the MO HealthNet children's diagnosis
11 length-of-stay schedule; and provided further that the MO HealthNet division shall take into
12 account through its payment system for hospital services the situation of hospitals which
13 serve a disproportionate number of low-income patients;

14 (2) All outpatient hospital services, payments therefor to be in amounts which
15 represent no more than eighty percent of the lesser of reasonable costs or customary charges
16 for such services, determined in accordance with the principles set forth in Title XVIII A and
17 B, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section
18 301, et seq.), but the MO HealthNet division may evaluate outpatient hospital services
19 rendered under this section and deny payment for services which are determined by the MO
20 HealthNet division not to be medically necessary, in accordance with federal law and
21 regulations;

22 (3) Laboratory and X-ray services;

23 (4) Nursing home services for participants, except to persons with more than five
24 hundred thousand dollars equity in their home or except for persons in an institution for
25 mental diseases who are under the age of sixty-five years, when residing in a hospital licensed
26 by the department of health and senior services or a nursing home licensed by the department
27 of health and senior services or appropriate licensing authority of other states or government-
28 owned and -operated institutions which are determined to conform to standards equivalent to
29 licensing requirements in Title XIX of the federal Social Security Act (42 U.S.C. Section
30 ~~[301,]~~ **1396** et seq.), as amended, for nursing facilities. The MO HealthNet division may
31 recognize through its payment methodology for nursing facilities those nursing facilities
32 which serve a high volume of MO HealthNet patients. The MO HealthNet division when
33 determining the amount of the benefit payments to be made on behalf of persons under the
34 age of twenty-one in a nursing facility may consider nursing facilities furnishing care to
35 persons under the age of twenty-one as a classification separate from other nursing facilities;

36 (5) Nursing home costs for participants receiving benefit payments under subdivision
37 (4) of this subsection for those days, which shall not exceed twelve per any period of six
38 consecutive months, during which the participant is on a temporary leave of absence from the
39 hospital or nursing home, provided that no such participant shall be allowed a temporary
40 leave of absence unless it is specifically provided for in his **or her** plan of care. As used in
41 this subdivision, the term "temporary leave of absence" shall include all periods of time

42 during which a participant is away from the hospital or nursing home overnight because he **or**
43 **she** is visiting a friend or relative;

44 (6) Physicians' services, whether furnished in the office, home, hospital, nursing
45 home, or elsewhere, provided, that no funds shall be expended to any abortion facility, as
46 defined in section 188.015, or to any affiliate, as defined in section 188.015, of such abortion
47 facility;

48 (7) Subject to appropriation, up to twenty visits per year for services limited to
49 examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned
50 articulations and structures of the body provided by licensed chiropractic physicians
51 practicing within their scope of practice. Nothing in this subdivision shall be interpreted to
52 otherwise expand MO HealthNet services;

53 (8) Drugs and medicines when prescribed by a licensed physician, dentist, podiatrist,
54 or an advanced practice registered nurse; except that no payment for drugs and medicines
55 prescribed on and after January 1, 2006, by a licensed physician, dentist, podiatrist, or an
56 advanced practice registered nurse may be made on behalf of any person who qualifies for
57 prescription drug coverage under the provisions of P.L. 108-173;

58 (9) Emergency ambulance services and, effective January 1, 1990, medically
59 necessary transportation to scheduled, physician-prescribed nonelective treatments;

60 (10) Early and periodic screening and diagnosis of individuals who are under the age
61 of twenty-one to ascertain their physical or mental defects, and health care, treatment, and
62 other measures to correct or ameliorate defects and chronic conditions discovered thereby.
63 Such services shall be provided in accordance with the provisions of Section 6403 of P.L.
64 101-239 and federal regulations promulgated thereunder;

65 (11) Home health care services;

66 (12) Family planning as defined by federal rules and regulations; provided, that no
67 funds shall be expended to any abortion facility, as defined in section 188.015, or to any
68 affiliate, as defined in section 188.015, of such abortion facility; and further provided,
69 however, that such family planning services shall not include abortions or any abortifacient
70 drug or device that is used for the purpose of inducing an abortion unless such abortions are
71 certified in writing by a physician to the MO HealthNet agency that, in the physician's
72 professional judgment, the life of the mother would be endangered if the fetus were carried to
73 term;

74 (13) Inpatient psychiatric hospital services for individuals under age twenty-one as
75 defined in Title XIX of the federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

76 (14) Outpatient surgical procedures, including presurgical diagnostic services
77 performed in ambulatory surgical facilities which are licensed by the department of health
78 and senior services of the state of Missouri; except, that such outpatient surgical services shall

79 not include persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-
80 97, 1965 amendments to the federal Social Security Act, as amended, if exclusion of such
81 persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal
82 Social Security Act, as amended;

83 (15) Personal care services which are medically oriented tasks having to do with a
84 person's physical requirements, as opposed to housekeeping requirements, which enable a
85 person to be treated by his or her physician on an outpatient rather than on an inpatient or
86 residential basis in a hospital, intermediate care facility, or skilled nursing facility. Personal
87 care services shall be rendered by an individual not a member of the participant's family who
88 is qualified to provide such services where the services are prescribed by a physician in
89 accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible
90 to receive personal care services shall be those persons who would otherwise require
91 placement in a hospital, intermediate care facility, or skilled nursing facility. Benefits payable
92 for personal care services shall not exceed for any one participant one hundred percent of the
93 average statewide charge for care and treatment in an intermediate care facility for a
94 comparable period of time. Such services, when delivered in a residential care facility or
95 assisted living facility licensed under chapter 198, shall be authorized on a tier level based on
96 the services the resident requires and the frequency of the services. A resident of such facility
97 who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a
98 physician, qualify for the tier level with the fewest services. The rate paid to providers for
99 each tier of service shall be set subject to appropriations. Subject to appropriations, each
100 resident of such facility who qualifies for assistance under section 208.030 and meets the
101 level of care required in this section shall, at a minimum, if prescribed by a physician, be
102 authorized up to one hour of personal care services per day. Authorized units of personal care
103 services shall not be reduced or tier level lowered unless an order approving such reduction or
104 lowering is obtained from the resident's personal physician. Such authorized units of personal
105 care services or tier level shall be transferred with such resident if he or she transfers to
106 another such facility. Such provision shall terminate upon receipt of relevant waivers from
107 the federal Department of Health and Human Services. If the Centers for Medicare and
108 Medicaid Services determines that such provision does not comply with the state plan, this
109 provision shall be null and void. The MO HealthNet division shall notify the revisor of
110 statutes as to whether the relevant waivers are approved or a determination of noncompliance
111 is made;

112 (16) Mental health services. The state plan for providing medical assistance under
113 Title XIX of the Social Security Act, 42 U.S.C. Section ~~[304]~~ **1396 et seq.**, as amended, shall
114 include the following mental health services when such services are provided by community
115 mental health facilities operated by the department of mental health or designated by the

116 department of mental health as a community mental health facility or as an alcohol and drug
117 abuse facility or as a child-serving agency within the comprehensive children's mental health
118 service system established in section 630.097. The department of mental health shall
119 establish by administrative rule the definition and criteria for designation as a community
120 mental health facility and for designation as an alcohol and drug abuse facility. Such mental
121 health services shall include:

122 (a) Outpatient mental health services including preventive, diagnostic, therapeutic,
123 rehabilitative, and palliative interventions rendered to individuals in an individual or group
124 setting by a mental health professional in accordance with a plan of treatment appropriately
125 established, implemented, monitored, and revised under the auspices of a therapeutic team as
126 a part of client services management;

127 (b) Clinic mental health services including preventive, diagnostic, therapeutic,
128 rehabilitative, and palliative interventions rendered to individuals in an individual or group
129 setting by a mental health professional in accordance with a plan of treatment appropriately
130 established, implemented, monitored, and revised under the auspices of a therapeutic team as
131 a part of client services management;

132 (c) Rehabilitative mental health and alcohol and drug abuse services including home
133 and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative
134 interventions rendered to individuals in an individual or group setting by a mental health
135 or alcohol and drug abuse professional in accordance with a plan of treatment appropriately
136 established, implemented, monitored, and revised under the auspices of a therapeutic team as
137 a part of client services management. As used in this section, mental health professional and
138 alcohol and drug abuse professional shall be defined by the department of mental health
139 pursuant to duly promulgated rules. With respect to services established by this subdivision,
140 the department of social services, MO HealthNet division, shall enter into an agreement with
141 the department of mental health. Matching funds for outpatient mental health services, clinic
142 mental health services, and rehabilitation services for mental health and alcohol and drug
143 abuse shall be certified by the department of mental health to the MO HealthNet division.
144 The agreement shall establish a mechanism for the joint implementation of the provisions of
145 this subdivision. In addition, the agreement shall establish a mechanism by which rates for
146 services may be jointly developed;

147 (17) Such additional services as defined by the MO HealthNet division to be
148 furnished under waivers of federal statutory requirements as provided for and authorized by
149 the federal Social Security Act (42 U.S.C. Section 301, et seq.) subject to appropriation by the
150 general assembly;

151 (18) The services of an advanced practice registered nurse with a collaborative
152 practice agreement to the extent that such services are provided in accordance with chapters
153 334 and 335, and regulations promulgated thereunder;

154 (19) Nursing home costs for participants receiving benefit payments under
155 subdivision (4) of this subsection to reserve a bed for the participant in the nursing home
156 during the time that the participant is absent due to admission to a hospital for services which
157 cannot be performed on an outpatient basis, subject to the provisions of this subdivision:

158 (a) The provisions of this subdivision shall apply only if:

159 a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO
160 HealthNet certified licensed beds, according to the most recent quarterly census provided to
161 the department of health and senior services which was taken prior to when the participant is
162 admitted to the hospital; and

163 b. The patient is admitted to a hospital for a medical condition with an anticipated
164 stay of three days or less;

165 (b) The payment to be made under this subdivision shall be provided for a maximum
166 of three days per hospital stay;

167 (c) For each day that nursing home costs are paid on behalf of a participant under this
168 subdivision during any period of six consecutive months such participant shall, during the
169 same period of six consecutive months, be ineligible for payment of nursing home costs of
170 two otherwise available temporary leave of absence days provided under subdivision (5) of
171 this subsection; and

172 (d) The provisions of this subdivision shall not apply unless the nursing home
173 receives notice from the participant or the participant's responsible party that the participant
174 intends to return to the nursing home following the hospital stay. If the nursing home receives
175 such notification and all other provisions of this subsection have been satisfied, the nursing
176 home shall provide notice to the participant or the participant's responsible party prior to
177 release of the reserved bed;

178 (20) Prescribed medically necessary durable medical equipment. An electronic web-
179 based prior authorization system using best medical evidence and care and treatment
180 guidelines consistent with national standards shall be used to verify medical need;

181 (21) Hospice care. As used in this subdivision, the term "hospice care" means a
182 coordinated program of active professional medical attention within a home, outpatient and
183 inpatient care which treats the terminally ill patient and family as a unit, employing a
184 medically directed interdisciplinary team. The program provides relief of severe pain or other
185 physical symptoms and supportive care to meet the special needs arising out of physical,
186 psychological, spiritual, social, and economic stresses which are experienced during the final
187 stages of illness, and during dying and bereavement and meets the Medicare requirements for

188 participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement
189 paid by the MO HealthNet division to the hospice provider for room and board furnished by a
190 nursing home to an eligible hospice patient shall not be less than ninety-five percent of the
191 rate of reimbursement which would have been paid for facility services in that nursing home
192 facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239
193 (Omnibus Budget Reconciliation Act of 1989);

194 (22) Prescribed medically necessary dental services. Such services shall be subject to
195 appropriations. An electronic web-based prior authorization system using best medical
196 evidence and care and treatment guidelines consistent with national standards shall be used to
197 verify medical need;

198 (23) Prescribed medically necessary optometric services. Such services shall be
199 subject to appropriations. An electronic web-based prior authorization system using best
200 medical evidence and care and treatment guidelines consistent with national standards shall
201 be used to verify medical need;

202 (24) Blood clotting products-related services. For persons diagnosed with a bleeding
203 disorder, as defined in section 338.400, reliant on blood clotting products, as defined in
204 section 338.400, such services include:

205 (a) Home delivery of blood clotting products and ancillary infusion equipment and
206 supplies, including the emergency deliveries of the product when medically necessary;

207 (b) Medically necessary ancillary infusion equipment and supplies required to
208 administer the blood clotting products; and

209 (c) Assessments conducted in the participant's home by a pharmacist, nurse, or local
210 home health care agency trained in bleeding disorders when deemed necessary by the
211 participant's treating physician;

212 (25) **Medically necessary cochlear implants and hearing instruments, as defined**
213 **in section 345.015, that are:**

214 (a) **Prescribed by an audiologist, as defined in section 345.015; or**

215 (b) **Dispensed by a hearing instrument specialist, as defined in section 346.010;**

216 (26) The MO HealthNet division shall, by January 1, 2008, and annually thereafter,
217 report the status of MO HealthNet provider reimbursement rates as compared to one hundred
218 percent of the Medicare reimbursement rates and compared to the average dental
219 reimbursement rates paid by third-party payors licensed by the state. The MO HealthNet
220 division shall, by July 1, 2008, provide to the general assembly a four-year plan to achieve
221 parity with Medicare reimbursement rates and for third-party payor average dental
222 reimbursement rates. Such plan shall be subject to appropriation and the division shall
223 include in its annual budget request to the governor the necessary funding needed to complete
224 the four-year plan developed under this subdivision.

225 2. Additional benefit payments for medical assistance shall be made on behalf of
226 those eligible needy children, pregnant women and blind persons with any payments to be
227 made on the basis of the reasonable cost of the care or reasonable charge for the services as
228 defined and determined by the MO HealthNet division, unless otherwise hereinafter provided,
229 for the following:

230 (1) Dental services;

231 (2) Services of podiatrists as defined in section 330.010;

232 (3) Optometric services as described in section 336.010;

233 (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, ~~[hearing~~
234 ~~aids,]~~ and wheelchairs;

235 (5) Hospice care. As used in this subdivision, the term "hospice care" means a
236 coordinated program of active professional medical attention within a home, outpatient and
237 inpatient care which treats the terminally ill patient and family as a unit, employing a
238 medically directed interdisciplinary team. The program provides relief of severe pain or other
239 physical symptoms and supportive care to meet the special needs arising out of physical,
240 psychological, spiritual, social, and economic stresses which are experienced during the final
241 stages of illness, and during dying and bereavement and meets the Medicare requirements for
242 participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement
243 paid by the MO HealthNet division to the hospice provider for room and board furnished by a
244 nursing home to an eligible hospice patient shall not be less than ninety-five percent of the
245 rate of reimbursement which would have been paid for facility services in that nursing home
246 facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239
247 (Omnibus Budget Reconciliation Act of 1989);

248 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a
249 coordinated system of care for individuals with disabling impairments. Rehabilitation
250 services must be based on an individualized, goal-oriented, comprehensive and coordinated
251 treatment plan developed, implemented, and monitored through an interdisciplinary
252 assessment designed to restore an individual to an optimal level of physical, cognitive, and
253 behavioral function. The MO HealthNet division shall establish by administrative rule the
254 definition and criteria for designation of a comprehensive day rehabilitation service facility,
255 benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is
256 defined in section 536.010, that is created under the authority delegated in this subdivision
257 shall become effective only if it complies with and is subject to all of the provisions of
258 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
259 nonseverable and if any of the powers vested with the general assembly pursuant to chapter
260 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently

261 held unconstitutional, then the grant of rulemaking authority and any rule proposed or
262 adopted after August 28, 2005, shall be invalid and void.

263 3. The MO HealthNet division may require any participant receiving MO HealthNet
264 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after
265 July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all
266 covered services except for those services covered under subdivisions (15) and (16) of
267 subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner
268 authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.)
269 and regulations thereunder. When substitution of a generic drug is permitted by the prescriber
270 according to section 338.056, and a generic drug is substituted for a name-brand drug, the
271 MO HealthNet division may not lower or delete the requirement to make a co-payment
272 pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods
273 or services described under this section must collect from all participants the additional
274 payment that may be required by the MO HealthNet division under authority granted herein,
275 if the division exercises that authority, to remain eligible as a provider. Any payments made
276 by participants under this section shall be in addition to and not in lieu of payments made by
277 the state for goods or services described herein except the participant portion of the pharmacy
278 professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists.
279 A provider may collect the co-payment at the time a service is provided or at a later date. A
280 provider shall not refuse to provide a service if a participant is unable to pay a required
281 payment. If it is the routine business practice of a provider to terminate future services to an
282 individual with an unclaimed debt, the provider may include uncollected co-payments under
283 this practice. Providers who elect not to undertake the provision of services based on a
284 history of bad debt shall give participants advance notice and a reasonable opportunity for
285 payment. A provider, representative, employee, independent contractor, or agent of a
286 pharmaceutical manufacturer shall not make co-payment for a participant. This subsection
287 shall not apply to other qualified children, pregnant women, or blind persons. If the Centers
288 for Medicare and Medicaid Services does not approve the MO HealthNet state plan
289 amendment submitted by the department of social services that would allow a provider to
290 deny future services to an individual with uncollected co-payments, the denial of services
291 shall not be allowed. The department of social services shall inform providers regarding the
292 acceptability of denying services as the result of unpaid co-payments.

293 4. The MO HealthNet division shall have the right to collect medication samples from
294 participants in order to maintain program integrity.

295 5. Reimbursement for obstetrical and pediatric services under subdivision (6) of
296 subsection 1 of this section shall be timely and sufficient to enlist enough health care
297 providers so that care and services are available under the state plan for MO HealthNet

298 benefits at least to the extent that such care and services are available to the general
299 population in the geographic area, as required under subparagraph (a)(30)(A) of 42 U.S.C.
300 Section 1396a and federal regulations promulgated thereunder.

301 6. Beginning July 1, 1990, reimbursement for services rendered in federally funded
302 health centers shall be in accordance with the provisions of subsection 6402(c) and Section
303 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations
304 promulgated thereunder.

305 7. Beginning July 1, 1990, the department of social services shall provide notification
306 and referral of children below age five, and pregnant, breast-feeding, or postpartum women
307 who are determined to be eligible for MO HealthNet benefits under section 208.151 to the
308 special supplemental food programs for women, infants and children administered by the
309 department of health and senior services. Such notification and referral shall conform to the
310 requirements of Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

311 8. Providers of long-term care services shall be reimbursed for their costs in
312 accordance with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42
313 U.S.C. Section 1396a, as amended, and regulations promulgated thereunder.

314 9. Reimbursement rates to long-term care providers with respect to a total change in
315 ownership, at arm's length, for any facility previously licensed and certified for participation
316 in the MO HealthNet program shall not increase payments in excess of the increase that
317 would result from the application of Section 1902 (a)(13)(C) of the Social Security Act, 42
318 U.S.C. Section 1396a (a)(13)(C).

319 10. The MO HealthNet division may enroll qualified residential care facilities and
320 assisted living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

321 11. Any income earned by individuals eligible for certified extended employment at a
322 sheltered workshop under chapter 178 shall not be considered as income for purposes of
323 determining eligibility under this section.

324 12. If the Missouri Medicaid audit and compliance unit changes any interpretation or
325 application of the requirements for reimbursement for MO HealthNet services from the
326 interpretation or application that has been applied previously by the state in any audit of a MO
327 HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected
328 MO HealthNet providers five business days before such change shall take effect. Failure of
329 the Missouri Medicaid audit and compliance unit to notify a provider of such change shall
330 entitle the provider to continue to receive and retain reimbursement until such notification is
331 provided and shall waive any liability of such provider for recoupment or other loss of any
332 payments previously made prior to the five business days after such notice has been sent.
333 Each provider shall provide the Missouri Medicaid audit and compliance unit a valid email
334 address and shall agree to receive communications electronically. The notification required

335 under this section shall be delivered in writing by the United States Postal Service or
336 electronic mail to each provider.

337 13. Nothing in this section shall be construed to abrogate or limit the department's
338 statutory requirement to promulgate rules under chapter 536.

339 14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral,
340 social, and psychophysiological services for the prevention, treatment, or management of
341 physical health problems shall be reimbursed utilizing the behavior assessment and
342 intervention reimbursement codes 96150 to 96154 or their successor codes under the
343 Current Procedural Terminology (CPT) coding system. Providers eligible for such
344 reimbursement shall include psychologists.

345 15. There shall be no payments made under this section for gender transition
346 surgeries, cross-sex hormones, or puberty-blocking drugs, as such terms are defined in section
347 191.1720, for the purpose of a gender transition.

210.030. 1. Every licensed physician, midwife, registered nurse and all persons who
2 may undertake, in a professional way, the obstetrical and gynecological care of a pregnant
3 woman in the state of Missouri shall, if the woman consents, take or cause to be taken a
4 sample of venous blood of such woman at the time of the first prenatal examination, or not
5 later than twenty days after the first prenatal examination, **another sample at twenty-eight**
6 **weeks of pregnancy, and another sample immediately after birth** and subject such
7 ~~[sample] samples~~ to an approved and standard serological test for syphilis~~[-an]~~ **and** approved
8 serological ~~[test] tests~~ for hepatitis B, **hepatitis C, human immunodeficiency virus (HIV),**
9 and such other treatable diseases and metabolic disorders as are prescribed by the department
10 of health and senior services. ~~[In any area of the state designated as a syphilis outbreak area~~
11 ~~by the department of health and senior services, if the mother consents, a sample of her~~
12 ~~venous blood shall be taken later in the course of pregnancy and at delivery for additional~~
13 ~~testing for syphilis as may be prescribed by the department]~~ **If a mother tests positive for**
14 **syphilis, hepatitis B, hepatitis C, or HIV, or any combination of such diseases, the**
15 **physician or person providing care shall administer treatment in accordance with the**
16 **most recent accepted medical practice.** If a mother tests positive for hepatitis B, the
17 physician or person who professionally undertakes the pediatric care of a newborn shall also
18 administer the appropriate doses of hepatitis B vaccine and hepatitis B immune globulin
19 (HBIG) in accordance with the current recommendations of the Advisory Committee on
20 Immunization Practices (ACIP). If the mother's hepatitis B status is unknown, the appropriate
21 dose of hepatitis B vaccine shall be administered to the newborn in accordance with the
22 current ACIP recommendations. If the mother consents, a sample of her venous blood shall
23 be taken. If she tests positive for hepatitis B, hepatitis B immune globulin (HBIG) shall be
24 administered to the newborn in accordance with the current ACIP recommendations.

25 2. The department of health and senior services shall~~[, in consultation with the~~
26 ~~Missouri genetic disease advisory committee,]~~ make such rules pertaining to such tests as
27 shall be dictated by accepted medical practice, and tests shall be of the types approved **or**
28 **accepted** by the ~~[department of health and senior services. An approved and standard test for~~
29 ~~syphilis, hepatitis B, and other treatable diseases and metabolic disorders shall mean a test~~
30 ~~made in a laboratory approved by the department of health and senior services]~~ **United States**
31 **Food and Drug Administration**. No individual shall be denied testing by the department of
32 health and senior services because of inability to pay.

33 **3. All persons providing care under this section shall do so pursuant to the**
34 **provisions of section 431.061.**

210.225. 1. This section shall be known and may be cited as "Elijah's Law".

2 **2. (1) Before July 1, 2027, each licensed child care provider shall adopt a policy**
3 **on allergy prevention and response with priority given to addressing potentially deadly**
4 **food-borne allergies. Such policy shall contain, but shall not be limited to, the following**
5 **elements:**

6 **(a) Distinguishing between building-wide, room-level, and individual approaches**
7 **to allergy prevention and management;**

8 **(b) Providing an age-appropriate response to building-level and room-level**
9 **allergy education and prevention;**

10 **(c) Describing the role of child care facility staff in determining how to manage**
11 **an allergy problem, whether through a plan prepared for a child under Section 504 of**
12 **the Rehabilitation Act of 1973, as amended, for a child with an allergy that has been**
13 **determined to be a disability, an individualized health plan for a child who has an**
14 **allergy that is not disabling, or another allergy management plan;**

15 **(d) Describing the role of other children and parents in cooperating to prevent**
16 **and mitigate allergies;**

17 **(e) Addressing confidentiality issues involved with sharing medical information,**
18 **including specifying when parental permission is required to make medical information**
19 **available; and**

20 **(f) Coordinating with the department of elementary and secondary education,**
21 **local health authorities, and other appropriate entities to ensure efficient promulgation**
22 **of accurate information and to ensure that existing child care facility safety and**
23 **environmental policies do not conflict.**

24 **(2) Such policies may contain information from or links to child care facility**
25 **allergy prevention information furnished by the Food Allergy Research & Education**
26 **organization or equivalent organization with a medical advisory board that has allergy**
27 **specialists.**

28 **3. The department of elementary and secondary education shall, in cooperation**
29 **with any appropriate professional association, develop a model policy or policies before**
30 **July 1, 2026.**

 292.606. 1. Fees shall be collected for a period of six years from August 28, [~~2018~~]
2 **2025.**

3 2. (1) Any employer required to report under subsection 1 of section 292.605, except
4 local governments and family-owned farm operations, shall submit an annual fee to the
5 commission of one hundred dollars along with the Tier II form. Owners or operators of
6 petroleum retail facilities shall pay a fee of no more than fifty dollars for each such facility.
7 Any person, firm or corporation selling, delivering or transporting petroleum or petroleum
8 products and whose primary business deals with petroleum products or who is covered by the
9 provisions of chapter 323, if such person, firm or corporation is paying fees under the
10 provisions of the federal hazardous materials transportation registration and fee assessment
11 program, shall deduct such federal fees from those fees owed to the state under the provisions
12 of this subsection. If the federal fees exceed or are equal to what would otherwise be owed
13 under this subsection, such employer shall not be liable for state fees under this subsection.
14 In relation to petroleum products "primary business" shall mean that the person, firm or
15 corporation shall earn more than fifty percent of hazardous chemical revenues from the sale,
16 delivery or transport of petroleum products. For the purpose of calculating fees, all grades of
17 gasoline are considered to be one product, all grades of heating oils, diesel fuels, kerosenes,
18 naphthas, aviation turbine fuel, and all other heavy distillate products except for grades of
19 gasoline are considered to be one product, and all varieties of motor lubricating oil are
20 considered to be one product. For the purposes of this section "facility" shall mean all
21 buildings, equipment, structures and other stationary items that are located on a single site or
22 on contiguous or adjacent sites and which are owned or operated by the same person. If more
23 than three hazardous substances or mixtures are reported on the Tier II form, the employer
24 shall submit an additional twenty-dollar fee for each hazardous substance or mixture. Fees
25 collected under this subdivision shall be for each hazardous chemical on hand at any one time
26 in excess of ten thousand pounds or for extremely hazardous substances on hand at any one
27 time in excess of five hundred pounds or the threshold planning quantity, whichever is less, or
28 for explosives or blasting agents on hand at any one time in excess of one hundred pounds.
29 However, no employer shall pay more than ten thousand dollars per year in fees. Moneys
30 acquired through litigation and any administrative fees paid pursuant to subsection 3 of this
31 section shall not be applied toward this cap.

32 (2) Employers engaged in transporting hazardous materials by pipeline except local
33 gas distribution companies regulated by the Missouri public service commission shall pay to
34 the commission a fee of two hundred fifty dollars for each county in which they operate.

35 (3) Payment of fees is due each year by March first. A late fee of ten percent of the
36 total owed, plus one percent per month of the total, may be assessed by the commission.

37 (4) If, on March first of each year, fees collected under this section and natural
38 resources damages made available pursuant to section 640.235 exceed one million dollars,
39 any excess over one million dollars shall be proportionately credited to fees payable in the
40 succeeding year by each employer who was required to pay a fee and who did pay a fee in the
41 year in which the excess occurred. The limit of one million dollars contained herein shall be
42 reviewed by the commission concurrent with the review of fees as required in subsection 1 of
43 this section.

44 3. Beginning January 1, 2013, any employer filing its Tier II form pursuant to
45 subsection 1 of section 292.605 may request that the commission distribute that employer's
46 Tier II report to the local emergency planning committees and fire departments listed in its
47 Tier II report. Any employer opting to have the commission distribute its Tier II report shall
48 pay an additional fee of ten dollars for each facility listed in the report at the time of filing to
49 recoup the commission's distribution costs. Fees shall be deposited in the chemical
50 emergency preparedness fund established under section 292.607. An employer who pays the
51 additional fee and whose Tier II report includes all local emergency planning committees and
52 fire departments required to be notified under subsection 1 of section 292.605 shall satisfy the
53 reporting requirements of subsection 1 of section 292.605. The commission shall develop a
54 mechanism for an employer to exercise its option to have the commission distribute its Tier II
55 report.

56 4. Local emergency planning committees receiving funds under section 292.604 shall
57 coordinate with the commission and the department in chemical emergency planning,
58 training, preparedness, and response activities. Local emergency planning committees
59 receiving funds under this section, section 260.394, sections 292.602, 292.604, 292.605,
60 292.615 and section 640.235 shall provide to the commission an annual report of
61 expenditures and activities.

62 5. Fees collected by the department and all funds provided to local emergency
63 planning committees shall be used for chemical emergency preparedness purposes as outlined
64 in sections 292.600 to 292.625 and the federal act, including contingency planning for
65 chemical releases; exercising, evaluating, and distributing plans, providing training related to
66 chemical emergency preparedness and prevention of chemical accidents; identifying facilities
67 required to report; processing the information submitted by facilities and making it available
68 to the public; receiving and handling emergency notifications of chemical releases; operating
69 a local emergency planning committee; and providing public notice of chemical preparedness
70 activities. Local emergency planning committees receiving funds under this section may

71 combine such funds with other local emergency planning committees to further the purposes
72 of sections 292.600 to 292.625, or the federal act.

73 6. The commission shall establish criteria and guidance on how funds received by
74 local emergency planning committees may be used.

75 **7. A one-time fee shall be assessed in accordance with subsection 2 of this section**
76 **and shall be calculated based on the filing due on March 1, 2025, and shall be paid by**
77 **November 1, 2025.**

301.142. 1. As used in sections 301.141 to 301.143, the following terms mean:

2 (1) "Department", the department of revenue;

3 (2) "Director", the director of the department of revenue;

4 (3) "Other authorized health care practitioner" includes advanced practice registered
5 nurses licensed pursuant to chapter 335, physician assistants licensed pursuant to chapter 334,
6 chiropractors licensed pursuant to chapter 331, podiatrists licensed pursuant to chapter 330,
7 assistant physicians, physical therapists licensed pursuant to chapter 334, **occupational**
8 **therapists licensed pursuant to chapter 324**, and optometrists licensed pursuant to chapter
9 336;

10 (4) "Physically disabled", a natural person who is blind, as defined in section 8.700,
11 or a natural person with medical disabilities which prohibits, limits, or severely impairs one's
12 ability to ambulate or walk, as determined by a licensed physician or other authorized health
13 care practitioner as follows:

14 (a) The person cannot ambulate or walk fifty or less feet without stopping to rest due
15 to a severe and disabling arthritic, neurological, orthopedic condition, or other severe and
16 disabling condition; or

17 (b) The person cannot ambulate or walk without the use of, or assistance from, a
18 brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or

19 (c) Is restricted by a respiratory or other disease to such an extent that the person's
20 forced respiratory expiratory volume for one second, when measured by spirometry, is less
21 than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest; or

22 (d) Uses portable oxygen; or

23 (e) Has a cardiac condition to the extent that the person's functional limitations are
24 classified in severity as class III or class IV according to standards set by the American Heart
25 Association; or

26 (f) Except as otherwise provided in subdivision (3) of subsection 16 of this section, a
27 person's age, in and of itself, shall not be a factor in determining whether such person is
28 physically disabled or is otherwise entitled to disabled license plates and/or disabled
29 windshield hanging placards within the meaning of sections 301.141 to 301.143;

30 (5) "Physician", a person licensed to practice medicine pursuant to chapter 334;

31 (6) "Physician's statement", a statement personally signed by a duly authorized person
32 which certifies that a person is disabled as defined in this section;

33 (7) "Temporarily disabled person", a disabled person as defined in this section whose
34 disability or incapacity is expected to last no more than one hundred eighty days;

35 (8) "Temporary windshield placard", a placard to be issued to persons who are
36 temporarily disabled persons as defined in this section, certification of which shall be
37 indicated on the physician's statement;

38 (9) "Windshield placard", a placard to be issued to persons who are physically
39 disabled as defined in this section, certification of which shall be indicated on the physician's
40 statement.

41 2. Other authorized health care practitioners may furnish to a disabled or temporarily
42 disabled person a physician's statement for only those physical health care conditions for
43 which such health care practitioner is legally authorized to diagnose and treat.

44 3. A physician's statement shall:

45 (1) Be on a form prescribed by the director of revenue;

46 (2) Set forth the specific diagnosis and medical condition which renders the person
47 physically disabled or temporarily disabled as defined in this section;

48 (3) Include the physician's or other authorized health care practitioner's license
49 number; and

50 (4) Be personally signed by the issuing physician or other authorized health care
51 practitioner.

52 4. If it is the professional opinion of the physician or other authorized health care
53 practitioner issuing the statement that the physical disability of the applicant, user, or member
54 of the applicant's household is permanent, it shall be noted on the statement. Otherwise, the
55 physician or other authorized health care practitioner shall note on the statement the
56 anticipated length of the disability, which shall determine the expiration date for the
57 temporary windshield placard, and which period shall not exceed one hundred eighty days. If
58 the physician or health care practitioner fails to record an expiration date on the physician's
59 statement, the director shall issue a temporary windshield placard for a period of thirty days.

60 5. A physician or other authorized health care practitioner who issues or signs a
61 physician's statement so that disabled plates or a disabled windshield placard may be obtained
62 shall maintain in such disabled person's medical chart documentation that such a certificate
63 has been issued, the date the statement was signed, the diagnosis or condition which existed
64 that qualified the person as disabled pursuant to this section and shall contain sufficient
65 documentation so as to objectively confirm that such condition exists.

66 6. The medical or other records of the physician or other authorized health care
67 practitioner who issued a physician's statement shall be open to inspection and review by such

68 practitioner's licensing board, in order to verify compliance with this section. Information
69 contained within such records shall be confidential unless required for prosecution,
70 disciplinary purposes, or otherwise required to be disclosed by law.

71 7. Owners of motor vehicles who are residents of the state of Missouri, and who are
72 physically disabled, owners of motor vehicles operated at least fifty percent of the time by a
73 physically disabled person, or owners of motor vehicles used to primarily transport physically
74 disabled members of the owner's household may obtain disabled person license plates. Such
75 owners, upon application to the director accompanied by the documents and fees provided for
76 in this section, a current physician's statement which has been issued within ninety days
77 proceeding the date the application is made, and proof of compliance with the state motor
78 vehicle laws relating to registration and licensing of motor vehicles, shall be issued motor
79 vehicle license plates for vehicles, other than commercial vehicles with a gross weight in
80 excess of twenty-four thousand pounds, upon which shall be inscribed the international
81 wheelchair accessibility symbol and the word "DISABLED" in addition to a combination of
82 letters and numbers. Such license plates shall be made with fully reflective material with a
83 common color scheme and design, shall be clearly visible at night, and shall be aesthetically
84 attractive, as prescribed by section 301.130. If at any time an individual who obtained
85 disabled license plates issued under this subsection no longer occupies a residence with a
86 physically disabled person, or no longer owns a vehicle that is operated at least fifty percent
87 of the time by a physically disabled person, such individual shall surrender the disabled
88 license plates to the department within thirty days of becoming ineligible for their use.

89 8. The director shall further issue, upon request, to such applicant one, and for good
90 cause shown, as the director may define by rule and regulations, not more than two,
91 removable disabled windshield hanging placards for use when the disabled person is
92 occupying a vehicle or when a vehicle not bearing the permanent handicap plate is being used
93 to pick up, deliver, or collect the physically disabled person issued the disabled motor vehicle
94 license plate or disabled windshield hanging placard.

95 9. No additional fee shall be paid to the director for the issuance of the special license
96 plates provided in this section, except for special personalized license plates and other license
97 plates described in this subsection. Priority for any specific set of special license plates shall
98 be given to the applicant who received the number in the immediately preceding license
99 period subject to the applicant's compliance with the provisions of this section and any
100 applicable rules or regulations issued by the director. If determined feasible by the advisory
101 committee established in section 301.129, any special license plate issued pursuant to this
102 section may be adapted to also include the international wheelchair accessibility symbol and
103 the word "DISABLED" as prescribed in this section and such plate may be issued to any

104 applicant who meets the requirements of this section and the other appropriate provision of
105 this chapter, subject to the requirements and fees of the appropriate provision of this chapter.

106 10. Any physically disabled person, or the parent or guardian of any such person, or
107 any not-for-profit group, organization, or other entity which transports more than one
108 physically disabled person, may apply to the director of revenue for a removable windshield
109 placard. The placard may be used in motor vehicles which do not bear the permanent
110 handicap symbol on the license plate. Such placards must be hung from the front, middle
111 rearview mirror of a parked motor vehicle and may not be hung from the mirror during
112 operation. These placards may only be used during the period of time when the vehicle is
113 being used by a disabled person, or when the vehicle is being used to pick up, deliver, or
114 collect a disabled person, and shall be surrendered to the department, within thirty days, if a
115 group, organization, or entity that obtained the removable windshield placard due to the
116 transportation of more than one physically disabled person no longer transports more than one
117 disabled person. When there is no rearview mirror, the placard shall be displayed on the
118 dashboard on the driver's side.

119 11. The removable windshield placard shall conform to the specifications, in respect
120 to size, color, and content, as set forth in federal regulations published by the Department of
121 Transportation. The removable windshield placard shall be renewed every four years. The
122 director may stagger the expiration dates to equalize workload. Only one removable placard
123 may be issued to an applicant who has been issued disabled person license plates. Upon
124 request, one additional windshield placard may be issued to an applicant who has not been
125 issued disabled person license plates.

126 12. A temporary windshield placard shall be issued to any physically disabled person,
127 or the parent or guardian of any such person who otherwise qualifies except that the physical
128 disability, in the opinion of the physician, is not expected to exceed a period of one hundred
129 eighty days. The temporary windshield placard shall conform to the specifications, in respect
130 to size, color, and content, as set forth in federal regulations published by the Department of
131 Transportation. The fee for the temporary windshield placard shall be two dollars. Upon
132 request, and for good cause shown, one additional temporary windshield placard may be
133 issued to an applicant. Temporary windshield placards shall be issued upon presentation of
134 the physician's statement provided by this section and shall be displayed in the same manner
135 as removable windshield placards. A person or entity shall be qualified to possess and
136 display a temporary removable windshield placard for six months and the placard may be
137 renewed once for an additional six months if a physician's statement pursuant to this section is
138 supplied to the director of revenue at the time of renewal.

139 13. A windshield placard shall be renewable only by the person or entity to which the
140 placard was originally issued. Any placard issued pursuant to this section shall only be used

141 when the physically disabled occupant for whom the disabled plate or placard was issued is in
142 the motor vehicle at the time of parking or when a physically disabled person is being
143 delivered or collected. A disabled license plate and/or a removable windshield hanging
144 placard are not transferable and may not be used by any other person whether disabled or not.

145 14. At the time the disabled plates or windshield hanging placards are issued, the
146 director shall issue a registration certificate which shall include the applicant's name, address,
147 and other identifying information as prescribed by the director, or if issued to an agency, such
148 agency's name and address. This certificate shall further contain the disabled license plate
149 number or, for windshield hanging placards, the registration or identifying number stamped
150 on the placard. The validated registration receipt given to the applicant shall serve as the
151 registration certificate.

152 15. The director shall, upon issuing any disabled registration certificate for license
153 plates and/or windshield hanging placards, provide information which explains that such
154 plates or windshield hanging placards are nontransferable, and the restrictions explaining who
155 and when a person or vehicle which bears or has the disabled plates or windshield hanging
156 placards may be used or be parked in a disabled reserved parking space, and the penalties
157 prescribed for violations of the provisions of this act.

158 16. (1) Except as otherwise provided in this subsection, every applicant for issuance
159 of a disabled license plate or placard shall be required to present a new physician's statement
160 dated no more than ninety days prior to such application, and for renewal applications a
161 physician's statement dated no more than ninety days prior to such application shall be
162 required every eighth year.

163 (2) Notwithstanding any provision of law to the contrary, if the applicant has
164 presented proof of disability in the form of a statement from the United States Department of
165 Veterans Affairs verifying that the person is permanently disabled, the applicant shall not be
166 required to provide a physician's statement for the purpose of issuance or renewal of disabled
167 person license plates or windshield placards.

168 (3) Notwithstanding the provisions of paragraph (f) of subdivision (4) of subsection 1
169 of this section, any person seventy-five years of age or older who provided a physician's
170 statement with the original application shall not be required to provide a physician's statement
171 for the purpose of renewal of disabled person license plates or windshield placards.

172 17. The director of revenue upon receiving a physician's statement pursuant to this
173 subsection shall check with the state board of registration for the healing arts created in
174 section 334.120, or the Missouri state board of nursing established in section 335.021, with
175 respect to physician's statements signed by advanced practice registered nurses, or the
176 Missouri state board of chiropractic examiners established in section 331.090, with respect to
177 physician's statements signed by licensed chiropractors, or with the board of optometry

178 established in section 336.130, with respect to physician's statements signed by licensed
179 optometrists, or the state board of podiatric medicine created in section 330.100, with respect
180 to physician's statements signed by physicians of the foot or podiatrists, **or the Missouri**
181 **board of occupational therapy established in section 324.063, with respect to physician's**
182 **statements signed by licensed occupational therapists,** to determine whether the physician
183 is duly licensed and registered pursuant to law.

184 18. The boards shall cooperate with the director and shall supply information
185 requested pursuant to this subsection. The director shall, in cooperation with the boards
186 which shall assist the director, establish a list of all Missouri physicians and other authorized
187 health care practitioners and of any other information necessary to administer this section.

188 19. Where the owner's application is based on the fact that the vehicle is used at least
189 fifty percent of the time by a physically disabled person, the applicant shall submit a
190 statement stating this fact, in addition to the physician's statement. The statement shall be
191 signed by both the owner of the vehicle and the physically disabled person. The applicant
192 shall be required to submit this statement with each application for license plates. No person
193 shall willingly or knowingly submit a false statement and any such false statement shall be
194 considered perjury and may be punishable pursuant to section 301.420.

195 20. The director of revenue shall retain all physicians' statements and all other
196 documents received in connection with a person's application for disabled license plates and/
197 or disabled windshield placards.

198 21. The director of revenue shall enter into reciprocity agreements with other states or
199 the federal government for the purpose of recognizing disabled person license plates or
200 windshield placards issued to physically disabled persons.

201 22. When a person to whom disabled person license plates or a removable or
202 temporary windshield placard or both have been issued dies, the personal representative of the
203 decedent or such other person who may come into or otherwise take possession of the
204 disabled license plates or disabled windshield placard shall return the same to the director of
205 revenue under penalty of law. Failure to return such plates or placards shall constitute a class
206 B misdemeanor.

207 23. The director of revenue may order any person issued disabled person license
208 plates or windshield placards to submit to an examination by a chiropractor, osteopath, or
209 physician, or to such other investigation as will determine whether such person qualifies for
210 the special plates or placards.

211 24. If such person refuses to submit or is found to no longer qualify for special plates
212 or placards provided for in this section, the director of revenue shall collect the special plates
213 or placards, and shall furnish license plates to replace the ones collected as provided by this
214 chapter.

215 25. In the event a removable or temporary windshield placard is lost, stolen, or
216 mutilated, the lawful holder thereof shall, within five days, file with the director of revenue an
217 application and an affidavit stating such fact, in order to purchase a new placard. The fee for
218 the replacement windshield placard shall be four dollars.

219 26. Fraudulent application, renewal, issuance, procurement or use of disabled person
220 license plates or windshield placards shall be a class A misdemeanor. It is a class B
221 misdemeanor for a physician, chiropractor, podiatrist or optometrist to certify that an
222 individual or family member is qualified for a license plate or windshield placard based on a
223 disability, the diagnosis of which is outside their scope of practice or if there is no basis for
224 the diagnosis.

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

2 **(1) "Epinephrine delivery device", a single-use device used for the delivery of a**
3 **premeasured dose of epinephrine into the human body;**

4 **(2) "Qualified first responder" [~~shall mean~~], any state and local law enforcement**
5 **agency staff, fire department personnel, fire district personnel, or licensed emergency medical**
6 **technician who is acting under the directives and established protocols of a medical director**
7 **who comes in contact with a person suffering from an anaphylactic reaction and who has**
8 **received training in recognizing and responding to anaphylactic reactions and the**
9 **administration of epinephrine [~~auto-injector~~] delivery devices to a person suffering from**
10 **an apparent anaphylactic reaction[=];**

11 **(3) "Qualified first responder agencies" [~~shall mean~~], any state or local law**
12 **enforcement agency, fire department, or ambulance service that provides documented training**
13 **to its staff related to the administration of epinephrine [~~auto-injector~~] delivery devices in an**
14 **apparent anaphylactic reaction.**

15 2. The director of the department of health and senior services, if a licensed
16 physician, may issue a statewide standing order for epinephrine [~~auto-injector~~] **delivery**
17 **devices for adult patients to fire protection districts in nonmetropolitan areas in Missouri as**
18 **such areas are determined according to the United States Census Bureau's American**
19 **Community Survey, based on the most recent of five-year period estimate data in which the**
20 **final year of the estimate ends in either zero or five. If the director of the department of health**
21 **and senior services is not a licensed physician, the department of health and senior services**
22 **may employ or contract with a licensed physician who may issue such a statewide order with**
23 **the express consent of the director.**

24 3. Possession and use of epinephrine [~~auto-injector~~] **delivery** devices for adult
25 patients shall be limited as follows:

26 (1) No person shall use an epinephrine [~~auto-injector~~] **delivery** device pursuant to this
27 section unless such person has successfully completed a training course in the use of

28 epinephrine ~~[auto-injector]~~ **delivery** devices for adult patients approved by the director of the
29 department of health and senior services. Nothing in this section shall prohibit the use of an
30 epinephrine ~~[auto-injector]~~ **delivery** device:

31 (a) By a health care professional licensed or certified by this state who is acting
32 within the scope of his or her practice; or

33 (b) By a person acting pursuant to a lawful prescription;

34 (2) Every person, firm, organization and entity authorized to possess and use
35 epinephrine ~~[auto-injector]~~ **delivery** devices for adult patients pursuant to this section shall
36 use, maintain and dispose of such devices for adult patients in accordance with the rules of the
37 department; **and**

38 (3) Every use of an epinephrine ~~[auto-injector]~~ **delivery** device pursuant to this
39 section shall immediately be reported to the emergency health care provider as defined in
40 section 190.246.

41 4. (1) Use of an epinephrine ~~[auto-injector]~~ **delivery** device pursuant to this section
42 shall be considered first aid or emergency treatment for the purpose of any law relating to
43 liability.

44 (2) Purchase, acquisition, possession or use of an epinephrine ~~[auto-injector]~~ **delivery**
45 device pursuant to this section shall not constitute the unlawful practice of medicine or the
46 unlawful practice of a profession.

47 (3) Any person otherwise authorized to sell or provide an epinephrine ~~[auto-injector]~~
48 **delivery** device may sell or provide it to a person authorized to possess it pursuant to this
49 section.

50 5. (1) There is hereby created in the state treasury the "Epinephrine ~~[Auto-injector]~~
51 **Delivery** Devices for Fire Personnel Fund", which shall consist of ~~[money collected under~~
52 ~~this section]~~ **moneys appropriated to the fund**. The state treasurer shall be custodian of the
53 fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve
54 disbursements. The moneys in the fund as set forth in this section shall be subject to
55 appropriation by the general assembly for the particular purpose for which collected. The
56 fund shall be a dedicated fund and money in the fund shall be used solely by the department
57 of health and senior services for the purposes of providing epinephrine ~~[auto-injector]~~
58 **delivery** devices for adult patients to qualified first responder agencies as used in this section.

59 (2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys
60 remaining in the fund at the end of the biennium shall not revert to the credit of the general
61 revenue fund.

62 (3) The state treasurer shall invest moneys in the fund in the same manner as other
63 funds are invested. Any interest and moneys earned on such investments shall be credited to
64 the fund.

332.081. 1. Notwithstanding any other provision of law to the contrary, hospitals
2 licensed under chapter 197 shall be authorized to employ any or all of the following oral
3 health providers:

4 (1) A dentist licensed under this chapter for the purpose of treating on hospital
5 premises those patients who present with a dental condition and such treatment is necessary to
6 ameliorate the condition for which they presented such as severe pain or tooth abscesses;

7 (2) An oral and maxillofacial surgeon licensed under this chapter for the purpose of
8 treating oral conditions that need to be ameliorated as part of treating the underlying cause of
9 the patient's medical needs including, but not limited to, head and neck cancer, HIV or AIDS,
10 severe trauma resulting in admission to the hospital, organ transplant, diabetes, or seizure
11 disorders. It shall be a condition of treatment that such patients are admitted to the hospital on
12 either an in- or out-patient basis; and

13 (3) A maxillofacial prosthodontist licensed under this chapter for the purpose of
14 treating and supporting patients of a head and neck cancer team or other complex care or
15 surgical team for the fabrication of appliances following ablative surgery, surgery to correct
16 birth anomalies, extensive radiation treatment of the head or neck, or trauma-related surgery.

17 2. No person or other entity shall practice dentistry in Missouri or provide dental
18 services as ~~defined~~ **described** in section 332.071 unless and until the board has issued to the
19 person a certificate certifying that the person has been duly registered as a dentist in Missouri
20 or the board has issued such certificate to an entity that has been duly registered to provide
21 dental services by licensed dentists and dental hygienists and unless and until the board has
22 issued to the person a license, to be renewed each period, as provided in this chapter, to
23 practice dentistry or as a dental hygienist, or has issued to the person or entity a permit, to be
24 renewed each period, to provide dental services in Missouri. Nothing in this chapter shall be
25 so construed as to make it unlawful for:

26 (1) A legally qualified physician or surgeon, who does not practice dentistry as a
27 specialty, from extracting teeth;

28 (2) A dentist licensed in a state other than Missouri from making a clinical
29 demonstration before a meeting of dentists in Missouri;

30 (3) Dental students in any accredited dental school to practice dentistry under the
31 personal direction of instructors;

32 (4) Dental hygiene students in any accredited dental hygiene school to practice dental
33 hygiene under the personal direction of instructors;

34 (5) A duly registered and licensed dental hygienist in Missouri to practice dental
35 hygiene as defined in section 332.091;

36 (6) A dental assistant, certified dental assistant, or expanded functions dental assistant
37 to be delegated duties as defined in section 332.093;

38 (7) A duly registered dentist or dental hygienist to teach in an accredited dental or
39 dental hygiene school;

40 (8) A person who has been granted a dental faculty permit under section 332.183 to
41 practice dentistry in the scope of his or her employment at an accredited dental school,
42 college, or program in Missouri;

43 (9) A duly qualified anesthesiologist or nurse anesthetist to administer an anesthetic
44 in connection with dental services or dental surgery;

45 (10) A person to practice dentistry in or for:

46 (a) The United States Armed Forces;

47 (b) The United States Public Health Service;

48 (c) Migrant, community, or health care for the homeless health centers provided in
49 Section 330 of the Public Health Service Act (42 U.S.C. Section 254b);

50 (d) Federally qualified health centers as defined in Section 1905(l) (42 U.S.C. Section
51 1396d(l)) of the Social Security Act;

52 (e) Governmental entities, including county health departments; or

53 (f) The United States Veterans Bureau; or

54 (11) A dentist licensed in a state other than Missouri to evaluate a patient or render an
55 oral, written, or otherwise documented dental opinion when providing testimony or records
56 for the purpose of a civil or criminal action before any judicial or administrative proceeding
57 of this state or other forum in this state.

58 3. No corporation shall practice dentistry as defined in section 332.071 unless that
59 corporation is organized under the provisions of chapter 355 or 356 provided that a
60 corporation organized under the provisions of chapter 355 and qualifying as an organization
61 under 26 U.S.C. Section 501(c)(3) may only employ dentists and dental hygienists licensed in
62 this state to render dental services to Medicaid recipients, low-income individuals who have
63 available income below two hundred percent of the federal poverty level, and all participants
64 in the SCHIP program, unless such limitation is contrary to or inconsistent with federal or
65 state law or regulation. This subsection shall not apply to:

66 (1) A hospital licensed under chapter 197 that provides care and treatment only to
67 children under the age of eighteen at which a person regulated under this chapter provides
68 dental care within the scope of his or her license or registration;

69 (2) A federally qualified health center as defined in Section 1905(l) of the Social
70 Security Act (42 U.S.C. Section 1396d(l)), or a migrant, community, or health care for the
71 homeless health center provided for in Section 330 of the Public Health Services Act (42
72 U.S.C. Section 254b) at which a person regulated under this chapter provides dental care
73 within the scope of his or her license or registration;

74 (3) A city or county health department organized under chapter 192 or chapter 205 at
75 which a person regulated under this chapter provides dental care within the scope of his or her
76 license or registration;

77 (4) A social welfare board organized under section 205.770, a city health department
78 operating under a city charter, or a city-county health department at which a person regulated
79 under this chapter provides dental care within the scope of his or her license or registration;

80 (5) Any entity that has received a permit from the dental board and does not receive
81 compensation from the patient or from any third party on the patient's behalf at which a
82 person regulated under this chapter provides dental care within the scope of his or her license
83 or registration; **or**

84 (6) Any hospital nonprofit corporation exempt from taxation under Section 501(c)(3)
85 of the Internal Revenue Code, as amended, that engages in its operations and provides dental
86 services at facilities owned by a city, county, or other political subdivision of the state, **or any**
87 **entity contracted with the state to provide care in a correctional center, as such term is**
88 **defined in section 217.010**, at which a person regulated under this chapter provides dental
89 care within the scope of his or her license or registration.

90

91 If any of the entities exempted from the requirements of this subsection are unable to provide
92 services to a patient due to the lack of a qualified provider and a referral to another entity is
93 made, the exemption shall extend to the person or entity that subsequently provides services
94 to the patient.

95 4. No unincorporated organization shall practice dentistry as defined in section
96 332.071 unless such organization is exempt from federal taxation under Section 501(c)(3) of
97 the Internal Revenue Code of 1986, as amended, and provides dental treatment without
98 compensation from the patient or any third party on their behalf as a part of a broader
99 program of social services including food distribution. Nothing in this chapter shall prohibit
100 organizations under this subsection from employing any person regulated by this chapter.

101 5. A dentist shall not enter into a contract that allows a person who is not a dentist to
102 influence or interfere with the exercise of the dentist's independent professional judgment.

103 6. A not-for-profit corporation organized under the provisions of chapter 355 and
104 qualifying as an organization under 26 U.S.C. Section 501(c)(3), an unincorporated
105 organization operating pursuant to subsection 4 of this section, or any other person should not
106 direct or interfere or attempt to direct or interfere with a licensed dentist's professional
107 judgment and competent practice of dentistry. Nothing in this subsection shall be so
108 construed as to make it unlawful for not-for-profit organizations to enforce employment
109 contracts, corporate policy and procedure manuals, or quality improvement or assurance
110 requirements.

111 7. All entities defined in subsection 3 of this section and those exempted under
112 subsection 4 of this section shall apply for a permit to employ dentists and dental hygienists
113 licensed in this state to render dental services, and the entity shall apply for the permit in
114 writing on forms provided by the Missouri dental board. The board shall not charge a fee of
115 any kind for the issuance or renewal of such permit. The provisions of this subsection shall
116 not apply to a federally qualified health center as defined in Section 1905(l) of the Social
117 Security Act (42 U.S.C. Section 1396d(l)).

118 8. Any entity that obtains a permit to render dental services in this state is subject to
119 discipline pursuant to section 332.321. If the board concludes that the person or entity has
120 committed an act or is engaging in a course of conduct that would be grounds for disciplinary
121 action, the board may file a complaint before the administrative hearing commission. The
122 board may refuse to issue or renew the permit of any entity for one or any combination of
123 causes stated in subsection 2 of section 332.321. The board shall notify the applicant in
124 writing of the reasons for the refusal and shall advise the applicant of his or her right to file a
125 complaint with the administrative hearing commission as provided by chapter 621.

126 9. A federally qualified health center as defined in Section 1905(l) of the Social
127 Security Act (42 U.S.C. Section 1396d(l)) shall register with the board. The information
128 provided to the board as part of the registration shall include the name of the health center, the
129 nonprofit status of the health center, sites where dental services will be provided, and the
130 names of all persons employed by, or contracting with, the health center who are required to
131 hold a license pursuant to this chapter. The registration shall be renewed every twenty-four
132 months. The board shall not charge a fee of any kind for the issuance or renewal of the
133 registration. The registration of the health center shall not be subject to discipline pursuant to
134 section 332.321. Nothing in this subsection shall prohibit disciplinary action against a
135 licensee of this chapter who is employed by, or contracts with, such health center for the
136 actions of the licensee in connection with such employment or contract.

137 10. The board may promulgate rules and regulations to ensure not-for-profit
138 corporations are rendering care to the patient populations as set forth herein, including
139 requirements for covered not-for-profit corporations to report patient census data to the board.
140 The provisions of this subsection shall not apply to a federally qualified health center as
141 defined in Section 1905(l) of the Social Security Act (42 U.S.C. Section 1396d(l)).

142 11. All not-for-profit corporations organized or operated pursuant to the provisions of
143 chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3), or the
144 requirements relating to migrant, community, or health care for the homeless health centers
145 provided in Section 330 of the Public Health Service Act (42 U.S.C. Section 254b) and
146 federally qualified health centers as defined in Section 1905(l) (42 U.S.C. Section 1396d(l))
147 of the Social Security Act, that employ persons who practice dentistry or dental hygiene in

148 this state shall do so in accordance with the relevant laws of this state except to the extent that
149 such laws are contrary to, or inconsistent with, federal statute or regulation.

~~332.211. [The board shall grant without examination a certificate of registration and a
2 license to a dentist who has been licensed in another state for at least five consecutive years
3 immediately preceding his applying, if the board is satisfied by proof adduced by the
4 applicant that his qualifications are at least equivalent to the requirements for initial
5 registration as a dentist in Missouri under the provisions of this chapter, that he is at least
6 twenty one years of age and is of good moral character and reputation; provided that the
7 board may by rule require an applicant under this section to take any examination over
8 Missouri laws given to dentists initially seeking licensure under section 332.151 and to take a
9 practical examination if his licensure in any state was ever denied, revoked or suspended for
10 incompetency or inability to practice in a safe manner, or if he has failed any practical
11 examination given as a prerequisite to licensure as a dentist in any state. Any such dentist
12 applying to be so registered and licensed shall accompany his application with a fee not
13 greater than the dental examination and license fees and if registered and licensed shall renew
14 his license as provided in section 332.181.]~~ **1. For purposes of this section, the following
15 terms mean:**

16 **(1) "License", a license, certificate, registration, permit, accreditation, or**
17 **military occupational specialty that enables a person to legally practice an occupation or**
18 **profession in a particular jurisdiction;**

19 **(2) "Military", the Armed Forces of the United States, including the Air Force,**
20 **Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard, and any other**
21 **military branch that is designated by Congress as part of the Armed Forces of the**
22 **United States, and all reserve components and auxiliaries. The term "military" also**
23 **includes the military reserves and militia of any United States territory or state;**

24 **(3) "Nonresident military spouse", a nonresident spouse of an active duty**
25 **member of the Armed Forces of the United States who has been transferred or is**
26 **scheduled to be transferred to the state of Missouri, or who has been transferred or is**
27 **scheduled to be transferred to an adjacent state and is or will be domiciled in the state of**
28 **Missouri, or has moved to the state of Missouri on a permanent change-of-station basis;**

29 **(4) "Oversight body", any board, department, agency, or office of a jurisdiction**
30 **that issues licenses;**

31 **(5) "Resident military spouse", a spouse of an active duty member of the Armed**
32 **Forces of the United States who has been transferred or is scheduled to be transferred to**
33 **the state of Missouri or an adjacent state and who is a permanent resident of the state of**
34 **Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her**
35 **home of record.**

36 **2. Any person who holds a valid current dentist license issued by another state, a**
37 **branch or unit of the military, a territory of the United States, or the District of**
38 **Columbia, and who has been licensed for at least one year in such other jurisdiction,**
39 **may submit to the board an application for a dentist license in Missouri along with proof**
40 **of current licensure and proof of licensure for at least one year in the other jurisdiction.**

41 **3. The board shall:**

42 **(1) Within six months of receiving an application described in subsection 2 of**
43 **this section, waive any examination, educational, or experience requirements for**
44 **licensure in this state for the applicant if it determines that there were minimum**
45 **education requirements and, if applicable, work experience and clinical supervision**
46 **requirements in effect and the other jurisdiction verifies that the person met those**
47 **requirements in order to be licensed or certified in that jurisdiction. The board may**
48 **require an applicant to take and pass an examination specific to the laws of this state; or**

49 **(2) Within thirty days of receiving an application described in subsection 2 of**
50 **this section from a nonresident military spouse or a resident military spouse, waive any**
51 **examination, educational, or experience requirements for licensure in this state for the**
52 **applicant and issue such applicant a license under this section if such applicant**
53 **otherwise meets the requirements of this section.**

54 **4. (1) The board shall not waive any examination, educational, or experience**
55 **requirements for any applicant who has had his or her license revoked by an oversight**
56 **body outside the state; who is currently under investigation, who has a complaint**
57 **pending, or who is currently under disciplinary action, except as provided in subdivision**
58 **(2) of this subsection, with an oversight body outside the state; who does not hold a**
59 **license in good standing with an oversight body outside the state; who has a criminal**
60 **record that would disqualify him or her for licensure in Missouri; or who does not hold**
61 **a valid current license in the other jurisdiction on the date the board receives his or her**
62 **application under this section.**

63 **(2) If another jurisdiction has taken disciplinary action against an applicant, the**
64 **board shall determine if the cause for the action was corrected and the matter resolved.**
65 **If the matter has not been resolved by that jurisdiction, the board may deny a license**
66 **until the matter is resolved.**

67 **5. Nothing in this section shall prohibit the board from denying a license to an**
68 **applicant under this section for any reason described in section 332.321.**

69 **6. Any person who is licensed under the provisions of this section shall be subject**
70 **to the board's jurisdiction and all rules and regulations pertaining to the practice as a**
71 **dentist in this state.**

72 **7. This section shall not be construed to waive any requirement for an applicant**
73 **to pay any fees.**

 332.281. [~~The board shall grant without examination a certificate of registration and
2 license to a dental hygienist who has been licensed in another state for at least two
3 consecutive years immediately preceding his application to practice in Missouri if the board is
4 satisfied by proof adduced by the applicant that his qualifications are at least equivalent to the
5 requirements for initial registration as a dental hygienist in Missouri under the provisions of
6 this chapter; provided that the board may by rule require an applicant under this section to
7 take any examination over Missouri laws given to dental hygienist initially seeking licensure
8 under section 332.251 and to take a practical examination if his licensure in any state was
9 ever denied, revoked or suspended for incompetency or inability to practice in a safe manner,
10 or if he has failed any practical examination given as a prerequisite to licensure as a dental
11 hygienist in any state. Any such dental hygienist applying to be so registered and licensed
12 shall accompany his application with a fee not greater than the dental hygienist examination
13 and license fees and if registered and licensed shall renew his license as provided in section
14 332.261.] **1. For purposes of this section, the following terms mean:**~~

15 **(1) "License", a license, certificate, registration, permit, accreditation, or**
16 **military occupational specialty that enables a person to legally practice an occupation or**
17 **profession in a particular jurisdiction;**

18 **(2) "Military", the Armed Forces of the United States, including the Air Force,**
19 **Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard, and any other**
20 **military branch that is designated by Congress as part of the Armed Forces of the**
21 **United States, and all reserve components and auxiliaries. The term "military" also**
22 **includes the military reserves and militia of any United States territory or state;**

23 **(3) "Nonresident military spouse", a nonresident spouse of an active duty**
24 **member of the Armed Forces of the United States who has been transferred or is**
25 **scheduled to be transferred to the state of Missouri, or who has been transferred or is**
26 **scheduled to be transferred to an adjacent state and is or will be domiciled in the state of**
27 **Missouri, or has moved to the state of Missouri on a permanent change-of-station basis;**

28 **(4) "Oversight body", any board, department, agency, or office of a jurisdiction**
29 **that issues licenses;**

30 **(5) "Resident military spouse", a spouse of an active duty member of the Armed**
31 **Forces of the United States who has been transferred or is scheduled to be transferred to**
32 **the state of Missouri or an adjacent state and who is a permanent resident of the state of**
33 **Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her**
34 **home of record.**

35 **2. Any person who holds a valid current dental hygienist license issued by**
36 **another state, a branch or unit of the military, a territory of the United States, or the**
37 **District of Columbia, and who has been licensed for at least one year in such other**
38 **jurisdiction, may submit to the board an application for a dental hygienist license in**
39 **Missouri along with proof of current licensure and proof of licensure for at least one**
40 **year in the other jurisdiction.**

41 **3. The board shall:**

42 **(1) Within six months of receiving an application described in subsection 2 of**
43 **this section, waive any examination, educational, or experience requirements for**
44 **licensure in this state for the applicant if it determines that there were minimum**
45 **education requirements and, if applicable, work experience and clinical supervision**
46 **requirements in effect and the other jurisdiction verifies that the person met those**
47 **requirements in order to be licensed or certified in that jurisdiction. The board may**
48 **require an applicant to take and pass an examination specific to the laws of this state; or**

49 **(2) Within thirty days of receiving an application described in subsection 2 of**
50 **this section from a nonresident military spouse or a resident military spouse, waive any**
51 **examination, educational, or experience requirements for licensure in this state for the**
52 **applicant and issue such applicant a license under this section if such applicant**
53 **otherwise meets the requirements of this section.**

54 **4. (1) The board shall not waive any examination, educational, or experience**
55 **requirements for any applicant who has had his or her license revoked by an oversight**
56 **body outside the state; who is currently under investigation, who has a complaint**
57 **pending, or who is currently under disciplinary action, except as provided in subdivision**
58 **(2) of this subsection, with an oversight body outside the state; who does not hold a**
59 **license in good standing with an oversight body outside the state; who has a criminal**
60 **record that would disqualify him or her for licensure in Missouri; or who does not hold**
61 **a valid current license in the other jurisdiction on the date the board receives his or her**
62 **application under this section.**

63 **(2) If another jurisdiction has taken disciplinary action against an applicant, the**
64 **board shall determine if the cause for the action was corrected and the matter resolved.**
65 **If the matter has not been resolved by that jurisdiction, the board may deny a license**
66 **until the matter is resolved.**

67 **5. Nothing in this section shall prohibit the board from denying a license to an**
68 **applicant under this section for any reason described in section 332.321.**

69 **6. Any person who is licensed under the provisions of this section shall be subject**
70 **to the board's jurisdiction and all rules and regulations pertaining to the practice as a**
71 **dental hygienist in this state.**

72 7. This section shall not be construed to waive any requirement for an applicant
73 to pay any fees.

332.700. Sections 332.700 to 332.760 shall be known and cited as the Dentist and
2 Dental Hygienist Compact. The purposes of this Compact are to facilitate the interstate
3 practice of dentistry and dental hygiene and improve public access to dentistry and
4 dental hygiene services by providing Dentists and Dental Hygienists licensed in a
5 Participating State the ability to practice in Participating States in which they are not
6 licensed. The Compact does this by establishing a pathway for Dentists and Dental
7 Hygienists licensed in a Participating State to obtain a Compact Privilege that
8 authorizes them to practice in another Participating State in which they are not licensed.
9 The Compact enables Participating States to protect the public health and safety with
10 respect to the practice of such Dentists and Dental Hygienists, through the State's
11 authority to regulate the practice of dentistry and dental hygiene in the State. The
12 Compact:

13 (1) Enables Dentists and Dental Hygienists who qualify for a Compact Privilege
14 to practice in other Participating States without satisfying burdensome and duplicative
15 requirements associated with securing a License to practice in those States;

16 (2) Promotes mobility and addresses workforce shortages through each
17 Participating State's acceptance of a Compact Privilege to practice in that State;

18 (3) Increases public access to qualified, licensed Dentists and Dental Hygienists
19 by creating a responsible, streamlined pathway for Licensees to practice in Participating
20 States;

21 (4) Enhances the ability of Participating States to protect the public's health and
22 safety;

23 (5) Does not interfere with licensure requirements established by a Participating
24 State;

25 (6) Facilitates the sharing of licensure and disciplinary information among
26 Participating States;

27 (7) Requires Dentists and Dental Hygienists who practice in a Participating State
28 pursuant to a Compact Privilege to practice within the Scope of Practice authorized in
29 that State;

30 (8) Extends the authority of a Participating State to regulate the practice of
31 dentistry and dental hygiene within its borders to Dentists and Dental Hygienists who
32 practice in the State through a Compact Privilege;

33 (9) Promotes the cooperation of Participating States in regulating the practice of
34 dentistry and dental hygiene within those States;

35 (10) Facilitates the relocation of military members and their spouses who are
36 licensed to practice dentistry or dental hygiene.

332.705. As used in this Compact, unless the context requires otherwise, the
2 following definitions shall apply:

3 (1) "Active Military Member" means any person with full-time duty status in
4 the armed forces of the United States, including members of the National Guard and
5 Reserve.

6 (2) "Adverse Action" means disciplinary action or encumbrance imposed on a
7 License or Compact Privilege by a State Licensing Authority.

8 (3) "Alternative Program" means a non-disciplinary monitoring or practice
9 remediation process applicable to a Dentist or Dental Hygienist approved by a State
10 Licensing Authority of a Participating State in which the Dentist or Dental Hygienist is
11 licensed. This includes, but is not limited to, programs to which Licensees with
12 substance abuse or addiction issues are referred in lieu of Adverse Action.

13 (4) "Clinical Assessment" means examination or process, required for licensure
14 as a Dentist or Dental Hygienist as applicable, that provides evidence of clinical
15 competence in dentistry or dental hygiene.

16 (5) "Commissioner" means the individual appointed by a Participating State to
17 serve as the member of the Commission for that Participating State.

18 (6) "Compact" means this Dentist and Dental Hygienist Compact.

19 (7) "Compact Privilege" means the authorization granted by a Remote State to
20 allow a Licensee from a Participating State to practice as a Dentist or Dental Hygienist
21 in a Remote State.

22 (8) "Continuing Professional Development" means a requirement, as a condition
23 of License renewal to provide evidence of successful participation in educational or
24 professional activities relevant to practice or area of work.

25 (9) "Criminal Background Check" means the submission of fingerprints or
26 other biometric-based information for a License applicant for the purpose of obtaining
27 that applicant's criminal history record information, as defined in 28 C.F.R. § 20.3(d)
28 from the Federal Bureau of Investigation and the State's criminal history record
29 repository as defined in 28 C.F.R. § 20.3(f).

30 (10) "Data System" means the Commission's repository of information about
31 Licensees, including but not limited to examination, licensure, investigative, Compact
32 Privilege, Adverse Action, and Alternative Program.

33 (11) "Dental Hygienist" means an individual who is licensed by a State Licensing
34 Authority to practice dental hygiene.

35 (12) "Dentist" means an individual who is licensed by a State Licensing
36 Authority to practice dentistry.

37 (13) "Dentist and Dental Hygienist Compact Commission" or "Commission"
38 means a joint government agency established by this Compact comprised of each State
39 that has enacted the Compact and a national administrative body comprised of a
40 Commissioner from each State that has enacted the Compact.

41 (14) "Encumbered License" means a License that a State Licensing Authority
42 has limited in any way other than through an Alternative Program.

43 (15) "Executive Board" means the Chair, Vice Chair, Secretary and Treasurer
44 and any other Commissioners as may be determined by Commission Rule or bylaw.

45 (16) "Jurisprudence Requirement" means the assessment of an individual's
46 knowledge of the laws and Rules governing the practice of dentistry or dental hygiene,
47 as applicable, in a State.

48 (17) "License" means current authorization by a State, other than authorization
49 pursuant to a Compact Privilege, or other privilege, for an individual to practice as a
50 Dentist or Dental Hygienist in that State.

51 (18) "Licensee" means an individual who holds an unrestricted License from a
52 Participating State to practice as a Dentist or Dental Hygienist in that State.

53 (19) "Model Compact" means the model for the Dentist and Dental Hygienist
54 Compact on file with the Council of State Governments or other entity as designated by
55 the Commission.

56 (20) "Participating State" means a State that has enacted the Compact and been
57 admitted to the Commission in accordance with the provisions herein and Commission
58 Rules.

59 (21) "Qualifying License" means a License that is not an Encumbered License
60 issued by a Participating State to practice dentistry or dental hygiene.

61 (22) "Remote State" means a Participating State where a Licensee who is not
62 licensed as a Dentist or Dental Hygienist is exercising or seeking to exercise the Compact
63 Privilege.

64 (23) "Rule" means a regulation promulgated by an entity that has the force of
65 law.

66 (24) "Scope of Practice" means the procedures, actions, and processes a Dentist
67 or Dental Hygienist licensed in a State is permitted to undertake in that State and the
68 circumstances under which the Licensee is permitted to undertake those procedures,
69 actions and processes. Such procedures, actions and processes and the circumstances
70 under which they may be undertaken may be established through means, including, but

71 not limited to, statute, regulations, case law, and other processes available to the State
72 Licensing Authority or other government agency.

73 (25) "Significant Investigative Information" means information, records, and
74 documents received or generated by a State Licensing Authority pursuant to an
75 investigation for which a determination has been made that there is probable cause to
76 believe that the Licensee has violated a statute or regulation that is considered more
77 than a minor infraction for which the State Licensing Authority could pursue Adverse
78 Action against the Licensee.

79 (26) "State" means any state, commonwealth, district, or territory of the United
80 States of America that regulates the practices of dentistry and dental hygiene.

81 (27) "State Licensing Authority" means an agency or other entity of a State that
82 is responsible for the licensing and regulation of Dentists or Dental Hygienists.

332.710. 1. In order to join the Compact and thereafter continue as a
2 Participating State, a State must:

3 (1) Enact a compact that is not materially different from the Model Compact as
4 determined in accordance with Commission Rules;

5 (2) Participate fully in the Commission's Data System;

6 (3) Have a mechanism in place for receiving and investigating complaints about
7 its Licensees and License applicants;

8 (4) Notify the Commission, in compliance with the terms of the Compact and
9 Commission Rules, of any Adverse Action or the availability of Significant Investigative
10 Information regarding a Licensee and License applicant;

11 (5) Fully implement a Criminal Background Check requirement, within a time
12 frame established by Commission Rule, by receiving the results of a qualifying Criminal
13 Background Check;

14 (6) Comply with the Commission Rules applicable to a Participating State;

15 (7) Accept the National Board Examinations of the Joint Commission on
16 National Dental Examinations or another examination accepted by Commission Rule as
17 a licensure examination;

18 (8) Accept for licensure that applicants for a Dentist License graduate from a
19 predoctoral dental education program accredited by the Commission on Dental
20 Accreditation, or another accrediting agency recognized by the United States
21 Department of Education for the accreditation of dentistry and dental hygiene
22 education programs, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of
23 Dental Medicine (D.M.D.) degree;

24 (9) Accept for licensure that applicants for a Dental Hygienist License graduate
25 from a dental hygiene education program accredited by the Commission on Dental

26 Accreditation or another accrediting agency recognized by the United States
27 Department of Education for the accreditation of dentistry and dental hygiene
28 education programs;

29 (10) Require for licensure that applicants successfully complete a Clinical
30 Assessment;

31 (11) Have Continuing Professional Development requirements as a condition for
32 License renewal; and

33 (12) Pay a participation fee to the Commission as established by Commission
34 Rule.

35 2. Providing alternative pathways for an individual to obtain an unrestricted
36 License does not disqualify a State from participating in the Compact.

37 3. When conducting a Criminal Background Check the State Licensing
38 Authority shall:

39 (1) Consider that information in making a licensure decision;

40 (2) Maintain documentation of completion of the Criminal Background Check
41 and background check information to the extent allowed by State and federal law; and

42 (3) Report to the Commission whether it has completed the Criminal
43 Background Check and whether the individual was granted or denied a License.

44 4. A Licensee of a Participating State who has a Qualifying License in that State
45 and does not hold an Encumbered License in any other Participating State, shall be
46 issued a Compact Privilege in a Remote State in accordance with the terms of the
47 Compact and Commission Rules. If a Remote State has a Jurisprudence Requirement a
48 Compact Privilege will not be issued to the Licensee unless the Licensee has satisfied the
49 Jurisprudence Requirement.

332.715. 1. To obtain and exercise the Compact Privilege under the terms and
2 provisions of the Compact, the Licensee shall:

3 (1) Have a Qualifying License as a Dentist or Dental Hygienist in a Participating
4 State;

5 (2) Be eligible for a Compact Privilege in any Remote State in accordance with
6 subsections 4, 7, and 8 of this section;

7 (3) Submit to an application process whenever the Licensee is seeking a Compact
8 Privilege;

9 (4) Pay any applicable Commission and Remote State fees for a Compact
10 Privilege in the Remote State;

11 (5) Meet any Jurisprudence Requirement established by a Remote State in
12 which the Licensee is seeking a Compact Privilege;

13 **(6) Have passed a National Board Examination of the Joint Commission on**
14 **National Dental Examinations or another examination accepted by Commission Rule;**

15 **(7) For a Dentist, have graduated from a predoctoral dental education program**
16 **accredited by the Commission on Dental Accreditation, or another accrediting agency**
17 **recognized by the United States Department of Education for the accreditation of**
18 **dentistry and dental hygiene education programs, leading to the Doctor of Dental**
19 **Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;**

20 **(8) For a Dental Hygienist, have graduated from a dental hygiene education**
21 **program accredited by the Commission on Dental Accreditation or another accrediting**
22 **agency recognized by the United States Department of Education for the accreditation**
23 **of dentistry and dental hygiene education programs;**

24 **(9) Have successfully completed a Clinical Assessment for licensure;**

25 **(10) Report to the Commission Adverse Action taken by any non-Participating**
26 **State when applying for a Compact Privilege and, otherwise, within thirty (30) days**
27 **from the date the Adverse Action is taken;**

28 **(11) Report to the Commission when applying for a Compact Privilege the**
29 **address of the Licensee's primary residence and thereafter immediately report to the**
30 **Commission any change in the address of the Licensee's primary residence; and**

31 **(12) Consent to accept service of process by mail at the Licensee's primary**
32 **residence on record with the Commission with respect to any action brought against the**
33 **Licensee by the Commission or a Participating State, and consent to accept service of a**
34 **subpoena by mail at the Licensee's primary residence on record with the Commission**
35 **with respect to any action brought or investigation conducted by the Commission or a**
36 **Participating State.**

37 **2. The Licensee must comply with the requirements of subsection 1 of this**
38 **section to maintain the Compact Privilege in the Remote State. If those requirements**
39 **are met, the Compact Privilege will continue as long as the Licensee maintains a**
40 **Qualifying License in the State through which the Licensee applied for the Compact**
41 **Privilege and pays any applicable Compact Privilege renewal fees.**

42 **3. A Licensee providing dentistry or dental hygiene in a Remote State under the**
43 **Compact Privilege shall function within the Scope of Practice authorized by the Remote**
44 **State for a Dentist or Dental Hygienist licensed in that State.**

45 **4. A Licensee providing dentistry or dental hygiene pursuant to a Compact**
46 **Privilege in a Remote State is subject to that State's regulatory authority. A Remote**
47 **State may, in accordance with due process and that State's laws, by Adverse Action**
48 **revoke or remove a Licensee's Compact Privilege in the Remote State for a specific**
49 **period of time and impose fines or take any other necessary actions to protect the health**

50 and safety of its citizens. If a Remote State imposes an Adverse Action against a
51 Compact Privilege that limits the Compact Privilege, that Adverse Action applies to all
52 Compact Privileges in all Remote States. A Licensee whose Compact Privilege in a
53 Remote State is removed for a specified period of time is not eligible for a Compact
54 Privilege in any other Remote State until the specific time for removal of the Compact
55 Privilege has passed and all encumbrance requirements are satisfied.

56 5. If a License in a Participating State is an Encumbered License, the Licensee
57 shall lose the Compact Privilege in a Remote State and shall not be eligible for a
58 Compact Privilege in any Remote State until the License is no longer encumbered.

59 6. Once an Encumbered License in a Participating State is restored to good
60 standing, the Licensee must meet the requirements of subsection 1 of this section to
61 obtain a Compact Privilege in a Remote State.

62 7. If a Licensee's Compact Privilege in a Remote State is removed by the Remote
63 State, the individual shall lose or be ineligible for the Compact Privilege in any Remote
64 State until the following occur:

65 (1) The specific period of time for which the Compact Privilege was removed has
66 ended; and

67 (2) All conditions for removal of the Compact Privilege have been satisfied.

68 8. Once the requirements of subsection 7 of this section have been met, the
69 Licensee must meet the requirements in subsection 1 of this section to obtain a Compact
70 Privilege in a Remote State.

332.720. An Active Military Member and their spouse shall not be required to
2 pay to the Commission for a Compact Privilege the fee otherwise charged by the
3 Commission. If a Remote State chooses to charge a fee for a Compact Privilege, it may
4 choose to charge a reduced fee or no fee to an Active Military Member and their spouse
5 for a Compact Privilege.

332.725. 1. A Participating State in which a Licensee is licensed shall have
2 exclusive authority to impose Adverse Action against the Qualifying License issued by
3 that Participating State.

4 2. A Participating State may take Adverse Action based on the Significant
5 Investigative Information of a Remote State, so long as the Participating State follows its
6 own procedures for imposing Adverse Action.

7 3. Nothing in this Compact shall override a Participating State's decision that
8 participation in an Alternative Program may be used in lieu of Adverse Action and that
9 such participation shall remain non-public if required by the Participating State's laws.
10 Participating States must require Licensees who enter any Alternative Program in lieu
11 of discipline to agree not to practice pursuant to a Compact Privilege in any other

12 **Participating State during the term of the Alternative Program without prior**
13 **authorization from such other Participating State.**

14 **4. Any Participating State in which a Licensee is applying to practice or is**
15 **practicing pursuant to a Compact Privilege may investigate actual or alleged violations**
16 **of the statutes and regulations authorizing the practice of dentistry or dental hygiene in**
17 **any other Participating State in which the Dentist or Dental Hygienist holds a License or**
18 **Compact Privilege.**

19 **5. A Remote State shall have the authority to:**

20 **(1) Take Adverse Actions as set forth in subsection 4 of section 332.715 against a**
21 **Licensee's Compact Privilege in the State;**

22 **(2) In furtherance of its rights and responsibilities under the Compact and the**
23 **Commission's Rules issue subpoenas for both hearings and investigations that require**
24 **the attendance and testimony of witnesses, and the production of evidence. Subpoenas**
25 **issued by a State Licensing Authority in a Participating State for the attendance and**
26 **testimony of witnesses, or the production of evidence from another Participating State,**
27 **shall be enforced in the latter State by any court of competent jurisdiction, according to**
28 **the practice and procedure of that court applicable to subpoenas issued in proceedings**
29 **pending before it. The issuing authority shall pay any witness fees, travel expenses,**
30 **mileage, and other fees required by the service statutes of the State where the witnesses**
31 **or evidence are located; and**

32 **(3) If otherwise permitted by State law, recover from the Licensee the costs of**
33 **investigations and disposition of cases resulting from any Adverse Action taken against**
34 **that Licensee.**

35 **6. (1) In addition to the authority granted to a Participating State by its Dentist**
36 **or Dental Hygienist licensure act or other applicable State law, a Participating State**
37 **may jointly investigate Licensees with other Participating States.**

38 **(2) Participating States shall share any Significant Investigative Information,**
39 **litigation, or compliance materials in furtherance of any joint or individual investigation**
40 **initiated under the Compact.**

41 **7. (1) After a Licensee's Compact Privilege in a Remote State is terminated, the**
42 **Remote State may continue an investigation of the Licensee that began when the**
43 **Licensee had a Compact Privilege in that Remote State.**

44 **(2) If the investigation yields what would be Significant Investigative**
45 **Information had the Licensee continued to have a Compact Privilege in that Remote**
46 **State, the Remote State shall report the presence of such information to the Data System**
47 **as required by subdivision (6) of subsection 2 of section 332.735 as if it was Significant**
48 **Investigative Information.**

332.730. 1. The Compact Participating States hereby create and establish a joint
2 government agency whose membership consists of all Participating States that have
3 enacted the Compact. The Commission is an instrumentality of the Participating States
4 acting jointly and not an instrumentality of any one State. The Commission shall come
5 into existence on or after the effective date of the Compact as set forth in subsection 1 of
6 section 332.750.

7 2. (1) Each Participating State shall have and be limited to one (1)
8 Commissioner selected by that Participating State's State Licensing Authority or, if
9 the State has more than one State Licensing Authority, selected collectively by the State
10 Licensing Authorities.

11 (2) The Commissioner shall be a member or designee of such Authority or
12 Authorities.

13 (3) The Commission may by Rule or bylaw establish a term of office for
14 Commissioners and may by Rule or bylaw establish term limits.

15 (4) The Commission may recommend to a State Licensing Authority or
16 Authorities, as applicable, removal or suspension of an individual as the State's
17 Commissioner.

18 (5) A Participating State's State Licensing Authority, or Authorities, as
19 applicable, shall fill any vacancy of its Commissioner on the Commission within sixty
20 (60) days of the vacancy.

21 (6) Each Commissioner shall be entitled to one vote on all matters that are voted
22 upon by the Commission.

23 (7) The Commission shall meet at least once during each calendar year.
24 Additional meetings may be held as set forth in the bylaws. The Commission may meet
25 by telecommunication, video conference or other similar electronic means.

26 3. The Commission shall have the following powers:

27 (1) Establish the fiscal year of the Commission;

28 (2) Establish a code of conduct and conflict of interest policies;

29 (3) Adopt Rules and bylaws;

30 (4) Maintain its financial records in accordance with the bylaws;

31 (5) Meet and take such actions as are consistent with the provisions of this
32 Compact, the Commission's Rules, and the bylaws;

33 (6) Initiate and conclude legal proceedings or actions in the name of the
34 Commission, provided that the standing of any State Licensing Authority to sue or be
35 sued under applicable law shall not be affected;

- 36 **(7) Maintain and certify records and information provided to a Participating**
37 **State as the authenticated business records of the Commission, and designate a person**
38 **to do so on the Commission's behalf;**
- 39 **(8) Purchase and maintain insurance and bonds;**
- 40 **(9) Borrow, accept, or contract for services of personnel, including, but not**
41 **limited to, employees of a Participating State;**
- 42 **(10) Conduct an annual financial review;**
- 43 **(11) Hire employees, elect or appoint officers, fix compensation, define duties,**
44 **grant such individuals appropriate authority to carry out the purposes of the Compact,**
45 **and establish the Commission's personnel policies and programs relating to conflicts of**
46 **interest, qualifications of personnel, and other related personnel matters;**
- 47 **(12) As set forth in the Commission Rules, charge a fee to a Licensee for the**
48 **grant of a Compact Privilege in a Remote State and thereafter, as may be established by**
49 **Commission Rule, charge the Licensee a Compact Privilege renewal fee for each**
50 **renewal period in which that Licensee exercises or intends to exercise the Compact**
51 **Privilege in that Remote State. Nothing herein shall be construed to prevent a Remote**
52 **State from charging a Licensee a fee for a Compact Privilege or renewals of a Compact**
53 **Privilege, or a fee for the Jurisprudence Requirement if the Remote State imposes such**
54 **a requirement for the grant of a Compact Privilege;**
- 55 **(13) Accept any and all appropriate gifts, donations, grants of money, other**
56 **sources of revenue, equipment, supplies, materials, and services, and receive, utilize, and**
57 **dispose of the same; provided that at all times the Commission shall avoid any**
58 **appearance of impropriety and/or conflict of interest;**
- 59 **(14) Lease, purchase, retain, own, hold, improve, or use any property, real,**
60 **personal, or mixed, or any undivided interest therein;**
- 61 **(15) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise**
62 **dispose of any property real, personal, or mixed;**
- 63 **(16) Establish a budget and make expenditures;**
- 64 **(17) Borrow money;**
- 65 **(18) Appoint committees, including standing committees, which may be**
66 **composed of members, State regulators, State legislators or their representatives, and**
67 **consumer representatives, and such other interested persons as may be designated in**
68 **this Compact and the bylaws;**
- 69 **(19) Provide and receive information from, and cooperate with, law enforcement**
70 **agencies;**
- 71 **(20) Elect a Chair, Vice Chair, Secretary and Treasurer and such other officers**
72 **of the Commission as provided in the Commission's bylaws;**

73 **(21) Establish and elect an Executive Board;**

74 **(22) Adopt and provide to the Participating States an annual report;**

75 **(23) Determine whether a State's enacted compact is materially different from**
76 **the Model Compact language such that the State would not qualify for participation in**
77 **the Compact; and**

78 **(24) Perform such other functions as may be necessary or appropriate to achieve**
79 **the purposes of this Compact.**

80 **4. (1) All meetings of the Commission that are not closed pursuant to this**
81 **subsection shall be open to the public. Notice of public meetings shall be posted on the**
82 **Commission's website at least thirty (30) days prior to the public meeting.**

83 **(2) Notwithstanding subdivision (1) of this subsection, the Commission may**
84 **convene an emergency public meeting by providing at least twenty-four (24) hours prior**
85 **notice on the Commission's website, and any other means as provided in the**
86 **Commission's Rules, for any of the reasons it may dispense with notice of proposed**
87 **rulemaking under subsection 12 of section 332.740. The Commission's legal counsel**
88 **shall certify that one of the reasons justifying an emergency public meeting has been**
89 **met.**

90 **(3) Notice of all Commission meetings shall provide the time, date, and location**
91 **of the meeting, and if the meeting is to be held or accessible via telecommunication,**
92 **video conference, or other electronic means, the notice shall include the mechanism for**
93 **access to the meeting through such means.**

94 **(4) The Commission may convene in a closed, non-public meeting for the**
95 **Commission to receive legal advice or to discuss:**

96 **(a) Non-compliance of a Participating State with its obligations under the**
97 **Compact;**

98 **(b) The employment, compensation, discipline or other matters, practices or**
99 **procedures related to specific employees or other matters related to the Commission's**
100 **internal personnel practices and procedures;**

101 **(c) Current or threatened discipline of a Licensee or Compact Privilege holder**
102 **by the Commission or by a Participating State's Licensing Authority;**

103 **(d) Current, threatened, or reasonably anticipated litigation;**

104 **(e) Negotiation of contracts for the purchase, lease, or sale of goods, services, or**
105 **real estate;**

106 **(f) Accusing any person of a crime or formally censuring any person;**

107 **(g) Trade secrets or commercial or financial information that is privileged or**
108 **confidential;**

109 **(h) Information of a personal nature where disclosure would constitute a clearly**
110 **unwarranted invasion of personal privacy;**

111 **(i) Investigative records compiled for law enforcement purposes;**

112 **(j) Information related to any investigative reports prepared by or on behalf of**
113 **or for use of the Commission or other committee charged with responsibility of**
114 **investigation or determination of compliance issues pursuant to the Compact;**

115 **(k) Legal advice;**

116 **(l) Matters specifically exempted from disclosure to the public by federal or**
117 **Participating State law; and**

118 **(m) Other matters as promulgated by the Commission by Rule.**

119 **(5) If a meeting, or portion of a meeting, is closed, the presiding officer shall state**
120 **that the meeting will be closed and reference each relevant exempting provision, and**
121 **such reference shall be recorded in the minutes.**

122 **(6) The Commission shall keep minutes that fully and clearly describe all**
123 **matters discussed in a meeting and shall provide a full and accurate summary of actions**
124 **taken, and the reasons therefor, including a description of the views expressed. All**
125 **documents considered in connection with an action shall be identified in such minutes.**
126 **All minutes and documents of a closed meeting shall remain under seal, subject to**
127 **release only by a majority vote of the Commission or order of a court of competent**
128 **jurisdiction.**

129 **5. (1) The Commission shall pay, or provide for the payment of, the reasonable**
130 **expenses of its establishment, organization, and ongoing activities.**

131 **(2) The Commission may accept any and all appropriate sources of revenue,**
132 **donations, and grants of money, equipment, supplies, materials, and services.**

133 **(3) The Commission may levy on and collect an annual assessment from each**
134 **Participating State and impose fees on Licensees of Participating States when a**
135 **Compact Privilege is granted, to cover the cost of the operations and activities of the**
136 **Commission and its staff, which must be in a total amount sufficient to cover its annual**
137 **budget as approved each fiscal year for which sufficient revenue is not provided by**
138 **other sources. The aggregate annual assessment amount for Participating States shall**
139 **be allocated based upon a formula that the Commission shall promulgate by Rule.**

140 **(4) The Commission shall not incur obligations of any kind prior to securing the**
141 **funds adequate to meet the same; nor shall the Commission pledge the credit of any**
142 **Participating State, except by and with the authority of the Participating State.**

143 **(5) The Commission shall keep accurate accounts of all receipts and**
144 **disbursements. The receipts and disbursements of the Commission shall be subject**
145 **to the financial review and accounting procedures established under its bylaws. All**

146 receipts and disbursements of funds handled by the Commission shall be subject to an
147 annual financial review by a certified or licensed public accountant, and the report of
148 the financial review shall be included in and become part of the annual report of the
149 Commission.

150 6. (1) The Executive Board shall have the power to act on behalf of the
151 Commission according to the terms of this Compact. The powers, duties, and
152 responsibilities of the Executive Board shall include:

153 (a) Overseeing the day-to-day activities of the administration of the Compact
154 including compliance with the provisions of the Compact, the Commission's Rules and
155 bylaws;

156 (b) Recommending to the Commission changes to the Rules or bylaws, changes
157 to this Compact legislation, fees charged to Compact Participating States, fees charged
158 to Licensees, and other fees;

159 (c) Ensuring Compact administration services are appropriately provided,
160 including by contract;

161 (d) Preparing and recommending the budget;

162 (e) Maintaining financial records on behalf of the Commission;

163 (f) Monitoring Compact compliance of Participating States and providing
164 compliance reports to the Commission;

165 (g) Establishing additional committees as necessary;

166 (h) Exercising the powers and duties of the Commission during the interim
167 between Commission meetings, except for adopting or amending Rules, adopting or
168 amending bylaws, and exercising any other powers and duties expressly reserved to the
169 Commission by Rule or bylaw; and

170 (i) Other duties as provided in the Rules or bylaws of the Commission.

171 (2) The Executive Board shall be composed of up to seven (7) members:

172 (a) The Chair, Vice Chair, Secretary and Treasurer of the Commission and any
173 other members of the Commission who serve on the Executive Board shall be voting
174 members of the Executive Board; and

175 (b) Other than the Chair, Vice Chair, Secretary, and Treasurer, the Commission
176 may elect up to three (3) voting members from the current membership of the
177 Commission.

178 (3) The Commission may remove any member of the Executive Board as
179 provided in the Commission's bylaws.

180 (4) The Executive Board shall meet at least annually.

181 (a) An Executive Board meeting at which it takes or intends to take formal
182 action on a matter shall be open to the public, except that the Executive Board may meet

183 in a closed, non-public session of a public meeting when dealing with any of the matters
184 covered under subdivision (4) of subsection 4 of this section.

185 (b) The Executive Board shall give five (5) business days' notice of its public
186 meetings, posted on its website and as it may otherwise determine to provide notice to
187 persons with an interest in the public matters the Executive Board intends to address at
188 those meetings.

189 (5) The Executive Board may hold an emergency meeting when acting for the
190 Commission to:

191 (a) Meet an imminent threat to public health, safety, or welfare;

192 (b) Prevent a loss of Commission or Participating State funds; or

193 (c) Protect public health and safety.

194 7. (1) The members, officers, executive director, employees and representatives
195 of the Commission shall be immune from suit and liability, both personally and in their
196 official capacity, for any claim for damage to or loss of property or personal injury or
197 other civil liability caused by or arising out of any actual or alleged act, error, or
198 omission that occurred, or that the person against whom the claim is made had a
199 reasonable basis for believing occurred within the scope of Commission employment,
200 duties or responsibilities; provided that nothing in this subdivision shall be construed to
201 protect any such person from suit or liability for any damage, loss, injury, or liability
202 caused by the intentional or willful or wanton misconduct of that person. The
203 procurement of insurance of any type by the Commission shall not in any way
204 compromise or limit the immunity granted hereunder.

205 (2) The Commission shall defend any member, officer, executive director,
206 employee, and representative of the Commission in any civil action seeking to impose
207 liability arising out of any actual or alleged act, error, or omission that occurred within
208 the scope of Commission employment, duties, or responsibilities, or as determined by
209 the Commission that the person against whom the claim is made had a reasonable basis
210 for believing occurred within the scope of Commission employment, duties, or
211 responsibilities; provided that nothing herein shall be construed to prohibit that
212 person from retaining their own counsel at their own expense; and provided further,
213 that the actual or alleged act, error, or omission did not result from that person's
214 intentional or willful or wanton misconduct.

215 (3) Notwithstanding subdivision (1) of this subsection, should any member,
216 officer, executive director, employee, or representative of the Commission be held liable
217 for the amount of any settlement or judgment arising out of any actual or alleged act,
218 error, or omission that occurred within the scope of that individual's employment,
219 duties, or responsibilities for the Commission, or that the person to whom that

220 individual is liable had a reasonable basis for believing occurred within the scope of the
221 individual's employment, duties, or responsibilities for the Commission, the
222 Commission shall indemnify and hold harmless such individual, provided that the
223 actual or alleged act, error, or omission did not result from the intentional or willful or
224 wanton misconduct of the individual.

225 (4) Nothing herein shall be construed as a limitation on the liability of any
226 Licensee for professional malpractice or misconduct, which shall be governed solely by
227 any other applicable State laws.

228 (5) Nothing in this Compact shall be interpreted to waive or otherwise abrogate
229 a Participating State's state action immunity or state action affirmative defense with
230 respect to antitrust claims under the Sherman Act, Clayton Act, or any other State or
231 federal antitrust or anticompetitive law or regulation.

232 (6) Nothing in this Compact shall be construed to be a waiver of sovereign
233 immunity by the Participating States or by the Commission.

332.735. 1. The Commission shall provide for the development, maintenance,
2 operation, and utilization of a coordinated database and reporting system containing
3 licensure, Adverse Action, and the presence of Significant Investigative Information on
4 all Licensees and applicants for a License in Participating States.

5 2. Notwithstanding any other provision of State law to the contrary, a
6 Participating State shall submit a uniform data set to the Data System on all individuals
7 to whom this Compact is applicable as required by the Rules of the Commission,
8 including:

9 (1) Identifying information;

10 (2) Licensure data;

11 (3) Adverse Actions against a Licensee, License applicant or Compact Privilege
12 and information related thereto;

13 (4) Non-confidential information related to Alternative Program participation,
14 the beginning and ending dates of such participation, and other information related to
15 such participation;

16 (5) Any denial of an application for licensure, and the reason or reasons for such
17 denial, (excluding the reporting of any criminal history record information where
18 prohibited by law);

19 (6) The presence of Significant Investigative Information; and

20 (7) Other information that may facilitate the administration of this Compact or
21 the protection of the public, as determined by the Rules of the Commission.

22 3. The records and information provided to a Participating State pursuant to
23 this Compact or through the Data System, when certified by the Commission or an

24 agent thereof, shall constitute the authenticated business records of the Commission,
25 and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-
26 judicial or administrative proceedings in a Participating State.

27 4. Significant Investigative Information pertaining to a Licensee in any
28 Participating State will only be available to other Participating States.

29 5. It is the responsibility of the Participating States to monitor the database to
30 determine whether Adverse Action has been taken against a Licensee or License
31 applicant. Adverse Action information pertaining to a Licensee or License applicant in
32 any Participating State will be available to any other Participating State.

33 6. Participating States contributing information to the Data System may
34 designate information that may not be shared with the public without the express
35 permission of the contributing State.

36 7. Any information submitted to the Data System that is subsequently expunged
37 pursuant to federal law or the laws of the Participating State contributing the
38 information shall be removed from the Data System.

332.740. 1. The Commission shall promulgate reasonable Rules in order to
2 effectively and efficiently implement and administer the purposes and provisions of the
3 Compact. A Commission Rule shall be invalid and have no force or effect only if a court
4 of competent jurisdiction holds that the Rule is invalid because the Commission
5 exercised its rulemaking authority in a manner that is beyond the scope and purposes of
6 the Compact, or the powers granted hereunder, or based upon another applicable
7 standard of review.

8 2. The Rules of the Commission shall have the force of law in each Participating
9 State, provided however that where the Rules of the Commission conflict with the laws
10 of the Participating State that establish the Participating State's Scope of Practice as
11 held by a court of competent jurisdiction, the Rules of the Commission shall be
12 ineffective in that State to the extent of the conflict.

13 3. The Commission shall exercise its Rulemaking powers pursuant to the criteria
14 set forth in this section and the Rules adopted thereunder. Rules shall become binding
15 as of the date specified by the Commission for each Rule.

16 4. If a majority of the legislatures of the Participating States rejects a
17 Commission Rule or portion of a Commission Rule, by enactment of a statute or
18 resolution in the same manner used to adopt the Compact, within four (4) years of the
19 date of adoption of the Rule, then such Rule shall have no further force and effect in any
20 Participating State or to any State applying to participate in the Compact.

21 5. Rules shall be adopted at a regular or special meeting of the Commission.

22 **6. Prior to adoption of a proposed Rule, the Commission shall hold a public**
23 **hearing and allow persons to provide oral and written comments, data, facts, opinions,**
24 **and arguments.**

25 **7. Prior to adoption of a proposed Rule by the Commission, and at least thirty**
26 **(30) days in advance of the meeting at which the Commission will hold a public hearing**
27 **on the proposed Rule, the Commission shall provide a Notice of Proposed Rulemaking:**

28 **(1) On the website of the Commission or other publicly accessible platform;**

29 **(2) To persons who have requested notice of the Commission's notices of**
30 **proposed rulemaking; and**

31 **(3) In such other way or ways as the Commission may by Rule specify.**

32 **8. The Notice of Proposed Rulemaking shall include:**

33 **(1) The time, date, and location of the public hearing at which the Commission**
34 **will hear public comments on the proposed Rule and, if different, the time, date, and**
35 **location of the meeting where the Commission will consider and vote on the proposed**
36 **Rule;**

37 **(2) If the hearing is held via telecommunication, video conference, or other**
38 **electronic means, the Commission shall include the mechanism for access to the hearing**
39 **in the Notice of Proposed Rulemaking;**

40 **(3) The text of the proposed Rule and the reason therefor;**

41 **(4) A request for comments on the proposed Rule from any interested person;**
42 **and**

43 **(5) The manner in which interested persons may submit written comments.**

44 **9. All hearings will be recorded. A copy of the recording and all written**
45 **comments and documents received by the Commission in response to the proposed Rule**
46 **shall be available to the public.**

47 **10. Nothing in this section shall be construed as requiring a separate hearing on**
48 **each Commission Rule. Rules may be grouped for the convenience of the Commission**
49 **at hearings required by this section.**

50 **11. The Commission shall, by majority vote of all Commissioners, take final**
51 **action on the proposed Rule based on the rulemaking record.**

52 **(1) The Commission may adopt changes to the proposed Rule provided the**
53 **changes do not enlarge the original purpose of the proposed Rule.**

54 **(2) The Commission shall provide an explanation of the reasons for substantive**
55 **changes made to the proposed Rule as well as reasons for substantive changes not made**
56 **that were recommended by commenters.**

57 **(3) The Commission shall determine a reasonable effective date for the Rule.**
58 **Except for an emergency as provided in subsection 12 of this section, the effective date**

59 of the Rule shall be no sooner than thirty (30) days after the Commission issuing the
60 notice that it adopted or amended the Rule.

61 12. Upon determination that an emergency exists, the Commission may consider
62 and adopt an emergency Rule with 24 hours' notice, with opportunity to comment,
63 provided that the usual rulemaking procedures provided in the Compact and in this
64 section shall be retroactively applied to the Rule as soon as reasonably possible, in no
65 event later than ninety (90) days after the effective date of the Rule. For the purposes of
66 this provision, an emergency Rule is one that must be adopted immediately in order to:

- 67 (1) Meet an imminent threat to public health, safety, or welfare;
68 (2) Prevent a loss of Commission or Participating State funds;
69 (3) Meet a deadline for the promulgation of a Rule that is established by federal
70 law or rule; or
71 (4) Protect public health and safety.

72 13. The Commission or an authorized committee of the Commission may direct
73 revisions to a previously adopted Rule for purposes of correcting typographical errors,
74 errors in format, errors in consistency, or grammatical errors. Public notice of any
75 revisions shall be posted on the website of the Commission. The revision shall be subject
76 to challenge by any person for a period of thirty (30) days after posting. The revision
77 may be challenged only on grounds that the revision results in a material change to a
78 Rule. A challenge shall be made in writing and delivered to the Commission prior to the
79 end of the notice period. If no challenge is made, the revision will take effect without
80 further action. If the revision is challenged, the revision may not take effect without the
81 approval of the Commission.

82 14. No Participating State's rulemaking requirements shall apply under this
83 Compact.

332.745. 1. (1) The executive and judicial branches of State government in each
2 Participating State shall enforce this Compact and take all actions necessary and
3 appropriate to implement the Compact.

4 (2) Venue is proper and judicial proceedings by or against the Commission shall
5 be brought solely and exclusively in a court of competent jurisdiction where the
6 principal office of the Commission is located. The Commission may waive venue and
7 jurisdictional defenses to the extent it adopts or consents to participate in alternative
8 dispute resolution proceedings. Nothing herein shall affect or limit the selection or
9 propriety of venue in any action against a Licensee for professional malpractice,
10 misconduct or any such similar matter.

11 (3) The Commission shall be entitled to receive service of process in any
12 proceeding regarding the enforcement or interpretation of the Compact or Commission

13 Rule and shall have standing to intervene in such a proceeding for all purposes. Failure
14 to provide the Commission service of process shall render a judgment or order void as
15 to the Commission, this Compact, or promulgated Rules.

16 2. (1) If the Commission determines that a Participating State has defaulted in
17 the performance of its obligations or responsibilities under this Compact or the
18 promulgated Rules, the Commission shall provide written notice to the defaulting State.
19 The notice of default shall describe the default, the proposed means of curing the
20 default, and any other action that the Commission may take, and shall offer training
21 and specific technical assistance regarding the default.

22 (2) The Commission shall provide a copy of the notice of default to the other
23 Participating States.

24 3. If a State in default fails to cure the default, the defaulting State may be
25 terminated from the Compact upon an affirmative vote of a majority of the
26 Commissioners, and all rights, privileges and benefits conferred on that State by this
27 Compact may be terminated on the effective date of termination. A cure of the default
28 does not relieve the offending State of obligations or liabilities incurred during the
29 period of default.

30 4. Termination of participation in the Compact shall be imposed only after all
31 other means of securing compliance have been exhausted. Notice of intent to suspend or
32 terminate shall be given by the Commission to the governor, the majority and minority
33 leaders of the defaulting State's legislature, the defaulting State's State Licensing
34 Authority or Authorities, as applicable, and each of the Participating States' State
35 Licensing Authority or Authorities, as applicable.

36 5. A State that has been terminated is responsible for all assessments,
37 obligations, and liabilities incurred through the effective date of termination, including
38 obligations that extend beyond the effective date of termination.

39 6. Upon the termination of a State's participation in this Compact, that State
40 shall immediately provide notice to all Licensees of the State, including Licensees of
41 other Participating States issued a Compact Privilege to practice within that State, of
42 such termination. The terminated State shall continue to recognize all Compact
43 Privileges then in effect in that State for a minimum of one hundred eighty (180) days
44 after the date of said notice of termination.

45 7. The Commission shall not bear any costs related to a State that is found to be
46 in default or that has been terminated from the Compact, unless agreed upon in writing
47 between the Commission and the defaulting State.

48 8. The defaulting State may appeal the action of the Commission by petitioning
49 the U.S. District Court for the District of Columbia or the federal district where the

50 Commission has its principal offices. The prevailing party shall be awarded all costs of
51 such litigation, including reasonable attorney's fees.

52 9. (1) Upon request by a Participating State, the Commission shall attempt to
53 resolve disputes related to the Compact that arise among Participating States and
54 between Participating States and non-Participating States.

55 (2) The Commission shall promulgate a Rule providing for both mediation and
56 binding dispute resolution for disputes as appropriate.

57 10. (1) The Commission, in the reasonable exercise of its discretion, shall enforce
58 the provisions of this Compact and the Commission's Rules.

59 (2) By majority vote, the Commission may initiate legal action against a
60 Participating State in default in the United States District Court for the District of
61 Columbia or the federal district where the Commission has its principal offices to
62 enforce compliance with the provisions of the Compact and its promulgated Rules. The
63 relief sought may include both injunctive relief and damages. In the event judicial
64 enforcement is necessary, the prevailing party shall be awarded all costs of such
65 litigation, including reasonable attorney's fees. The remedies herein shall not be the
66 exclusive remedies of the Commission. The Commission may pursue any other
67 remedies available under federal or the defaulting Participating State's law.

68 (3) A Participating State may initiate legal action against the Commission in the
69 U.S. District Court for the District of Columbia or the federal district where the
70 Commission has its principal offices to enforce compliance with the provisions of the
71 Compact and its promulgated Rules. The relief sought may include both injunctive
72 relief and damages. In the event judicial enforcement is necessary, the prevailing party
73 shall be awarded all costs of such litigation, including reasonable attorney's fees.

74 (4) No individual or entity other than a Participating State may enforce this
75 Compact against the Commission.

332.750. 1. The Compact shall come into effect on the date on which the
2 Compact statute is enacted into law in the seventh Participating State.

3 (1) On or after the effective date of the Compact, the Commission shall convene
4 and review the enactment of each of the States that enacted the Compact prior to the
5 Commission convening ("Charter Participating States") to determine if the statute
6 enacted by each such Charter Participating State is materially different than the Model
7 Compact.

8 (a) A Charter Participating State whose enactment is found to be materially
9 different from the Model Compact shall be entitled to the default process set forth in
10 section 332.745.

11 **(b) If any Participating State is later found to be in default, or is terminated or**
12 **withdraws from the Compact, the Commission shall remain in existence and the**
13 **Compact shall remain in effect even if the number of Participating States should be less**
14 **than seven (7).**

15 **(2) Participating States enacting the Compact subsequent to the Charter**
16 **Participating States shall be subject to the process set forth in subdivision (23) of**
17 **subsection 3 of section 332.730 to determine if their enactments are materially different**
18 **from the Model Compact and whether they qualify for participation in the Compact.**

19 **(3) All actions taken for the benefit of the Commission or in furtherance of the**
20 **purposes of the administration of the Compact prior to the effective date of the Compact**
21 **or the Commission coming into existence shall be considered to be actions of the**
22 **Commission unless specifically repudiated by the Commission.**

23 **(4) Any State that joins the Compact subsequent to the Commission's initial**
24 **adoption of the Rules and bylaws shall be subject to the Commission's Rules and bylaws**
25 **as they exist on the date on which the Compact becomes law in that State. Any Rule**
26 **that has been previously adopted by the Commission shall have the full force and effect**
27 **of law on the day the Compact becomes law in that State.**

28 **2. Any Participating State may withdraw from this Compact by enacting a**
29 **statute repealing that State's enactment of the Compact.**

30 **(1) A Participating State's withdrawal shall not take effect until one hundred**
31 **eighty (180) days after enactment of the repealing statute.**

32 **(2) Withdrawal shall not affect the continuing requirement of the withdrawing**
33 **State's Licensing Authority or Authorities to comply with the investigative and Adverse**
34 **Action reporting requirements of this Compact prior to the effective date of withdrawal.**

35 **(3) Upon the enactment of a statute withdrawing from this Compact, the State**
36 **shall immediately provide notice of such withdrawal to all Licensees within that State.**
37 **Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing**
38 **State shall continue to recognize all Compact Privileges to practice within that State**
39 **granted pursuant to this Compact for a minimum of one hundred eighty (180) days after**
40 **the date of such notice of withdrawal.**

41 **3. Nothing contained in this Compact shall be construed to invalidate or prevent**
42 **any licensure agreement or other cooperative arrangement between a Participating**
43 **State and a non-Participating State that does not conflict with the provisions of this**
44 **Compact.**

45 **4. This Compact may be amended by the Participating States. No amendment to**
46 **this Compact shall become effective and binding upon any Participating State until it is**
47 **enacted into the laws of all Participating States.**

332.755. 1. This Compact and the Commission's rulemaking authority shall be
2 liberally construed so as to effectuate the purposes, and the implementation and
3 administration of the Compact. Provisions of the Compact expressly authorizing or
4 requiring the promulgation of Rules shall not be construed to limit the Commission's
5 rulemaking authority solely for those purposes.

6 2. The provisions of this Compact shall be severable and if any phrase, clause,
7 sentence or provision of this Compact is held by a court of competent jurisdiction to be
8 contrary to the constitution of any Participating State, a State seeking participation in
9 the Compact, or of the United States, or the applicability thereof to any government,
10 agency, person or circumstance is held to be unconstitutional by a court of competent
11 jurisdiction, the validity of the remainder of this Compact and the applicability thereof
12 to any other government, agency, person or circumstance shall not be affected thereby.

13 3. Notwithstanding subsection 2 of this section, the Commission may deny a
14 State's participation in the Compact or, in accordance with the requirements of
15 subsection 2 of section 332.745, terminate a Participating State's participation in the
16 Compact, if it determines that a constitutional requirement of a Participating State is a
17 material departure from the Compact. Otherwise, if this Compact shall be held to be
18 contrary to the constitution of any Participating State, the Compact shall remain in full
19 force and effect as to the remaining Participating States and in full force and effect as to
20 the Participating State affected as to all severable matters.

332.760. 1. Nothing herein shall prevent or inhibit the enforcement of any other
2 law of a Participating State that is not inconsistent with the Compact.

3 2. Any laws, statutes, regulations, or other legal requirements in a Participating
4 State in conflict with the Compact are superseded to the extent of the conflict.

5 3. All permissible agreements between the Commission and the Participating
6 States are binding in accordance with their terms.

335.081. So long as the person involved does not represent or hold himself or herself
2 out as a nurse licensed to practice in this state, no provision of sections 335.011 to 335.096
3 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 delivery devices 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 delivery devices. Expected epinephrine**
16 **delivery device users shall receive training set forth in section 196.990. As used in this**
17 **paragraph, the term "epinephrine delivery device" means a single-use device used for**
18 **the delivery of a premeasured dose of epinephrine into the human body;**

19 (3) The providing of nursing care by friends or members of the family of the person
20 receiving such care;

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

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

24 (6) The practice of nursing under proper supervision:

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

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

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

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

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

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

45 (10) The practice of any legally qualified and licensed nurse of another state, territory,
46 or foreign country whose responsibilities include transporting patients into, out of, or through

47 this state while actively engaged in patient transport that does not exceed forty-eight hours in
48 this state.

338.010. 1. The "practice of pharmacy" includes:

2 (1) The interpretation, implementation, and evaluation of medical prescription orders,
3 including any legend drugs under 21 U.S.C. Section 353, and the receipt, transmission, or
4 handling of such orders or facilitating the dispensing of such orders;

5 (2) The designing, initiating, implementing, and monitoring of a medication
6 therapeutic plan in accordance with the provisions of this section;

7 (3) The compounding, dispensing, labeling, and administration of drugs and devices
8 pursuant to medical prescription orders;

9 (4) The ordering and administration of vaccines approved or authorized by the U.S.
10 Food and Drug Administration, excluding vaccines for cholera, monkeypox, Japanese
11 encephalitis, typhoid, rabies, yellow fever, tick-borne encephalitis, anthrax, tuberculosis,
12 dengue, Hib, polio, rotavirus, smallpox, **chikungunya**, and any vaccine approved after
13 January 1, [2023] **2025**, to persons at least seven years of age or the age recommended by the
14 Centers for Disease Control and Prevention, whichever is older, pursuant to joint
15 promulgation of rules established by the board of pharmacy and the state board of
16 registration for the healing arts unless rules are established under a state of emergency as
17 described in section 44.100;

18 (5) The participation in drug selection according to state law and participation in drug
19 utilization reviews;

20 (6) The proper and safe storage of drugs and devices and the maintenance of proper
21 records thereof;

22 (7) Consultation with patients and other health care practitioners, and veterinarians
23 and their clients about legend drugs, about the safe and effective use of drugs and devices;

24 (8) The prescribing and dispensing of any nicotine replacement therapy product under
25 section 338.665;

26 (9) The dispensing of HIV postexposure prophylaxis pursuant to section 338.730; and

27 (10) The offering or performing of those acts, services, operations, or transactions
28 necessary in the conduct, operation, management and control of a pharmacy.

29 2. No person shall engage in the practice of pharmacy unless he or she is licensed
30 under the provisions of this chapter.

31 3. This chapter shall not be construed to prohibit the use of auxiliary personnel under
32 the direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties.
33 This assistance in no way is intended to relieve the pharmacist from his or her responsibilities
34 for compliance with this chapter and he or she will be responsible for the actions of the
35 auxiliary personnel acting in his or her assistance.

36 4. This chapter shall not be construed to prohibit or interfere with any legally
37 registered practitioner of medicine, dentistry, or podiatry, or veterinary medicine only for use
38 in animals, or the practice of optometry in accordance with and as provided in sections
39 195.070 and 336.220 in the compounding, administering, prescribing, or dispensing of his or
40 her own prescriptions.

41 5. A pharmacist with a certificate of medication therapeutic plan authority may
42 provide medication therapy services pursuant to a written protocol from a physician licensed
43 under chapter 334 to patients who have established a physician-patient relationship, as
44 described in subdivision (1) of subsection 1 of section 191.1146, with the protocol physician.
45 The written protocol authorized by this section shall come only from the physician and shall
46 not come from a nurse engaged in a collaborative practice arrangement under section
47 334.104, or from a physician assistant engaged in a collaborative practice arrangement under
48 section 334.735.

49 6. Nothing in this section shall be construed as to prevent any person, firm or
50 corporation from owning a pharmacy regulated by sections 338.210 to 338.315, provided that
51 a licensed pharmacist is in charge of such pharmacy.

52 7. Nothing in this section shall be construed to apply to or interfere with the sale of
53 nonprescription drugs and the ordinary household remedies and such drugs or medicines as
54 are normally sold by those engaged in the sale of general merchandise.

55 8. No health carrier as defined in chapter 376 shall require any physician with which
56 they contract to enter into a written protocol with a pharmacist for medication therapeutic
57 services.

58 9. This section shall not be construed to allow a pharmacist to diagnose or
59 independently prescribe pharmaceuticals.

60 10. The state board of registration for the healing arts, under section 334.125, and the
61 state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the
62 use of protocols for medication therapy services. Such rules shall require protocols to include
63 provisions allowing for timely communication between the pharmacist and the protocol
64 physician or similar body authorized by this section, and any other patient protection
65 provisions deemed appropriate by both boards. In order to take effect, such rules shall be
66 approved by a majority vote of a quorum of each board. Neither board shall separately
67 promulgate rules regulating the use of protocols for medication therapy services. Any rule or
68 portion of a rule, as that term is defined in section 536.010, that is created under the authority
69 delegated in this section shall become effective only if it complies with and is subject to all of
70 the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter
71 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
72 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are

73 subsequently held unconstitutional, then the grant of rulemaking authority and any rule
74 proposed or adopted after August 28, 2007, shall be invalid and void.

75 11. The state board of pharmacy may grant a certificate of medication therapeutic
76 plan authority to a licensed pharmacist who submits proof of successful completion of a
77 board-approved course of academic clinical study beyond a bachelor of science in pharmacy,
78 including but not limited to clinical assessment skills, from a nationally accredited college or
79 university, or a certification of equivalence issued by a nationally recognized professional
80 organization and approved by the board of pharmacy.

81 12. Any pharmacist who has received a certificate of medication therapeutic plan
82 authority may engage in the designing, initiating, implementing, and monitoring of a
83 medication therapeutic plan as defined by a written protocol from a physician that may be
84 specific to each patient for care by a pharmacist.

85 13. Nothing in this section shall be construed to allow a pharmacist to make a
86 therapeutic substitution of a pharmaceutical prescribed by a physician unless authorized by
87 the written protocol or the physician's prescription order.

88 14. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary
89 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or
90 an equivalent title means a person who has received a doctor's degree in veterinary medicine
91 from an accredited school of veterinary medicine or holds an Educational Commission for
92 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary
93 Medical Association (AVMA).

94 15. In addition to other requirements established by the joint promulgation of rules by
95 the board of pharmacy and the state board of registration for the healing arts:

96 (1) A pharmacist shall administer vaccines by protocol in accordance with treatment
97 guidelines established by the Centers for Disease Control and Prevention (CDC);

98 (2) A pharmacist who is administering a vaccine shall request a patient to remain in
99 the pharmacy a safe amount of time after administering the vaccine to observe any adverse
100 reactions. Such pharmacist shall have adopted emergency treatment protocols.

101 16. In addition to other requirements by the board, a pharmacist shall receive
102 additional training as required by the board and evidenced by receiving a certificate from the
103 board upon completion, and shall display the certification in his or her pharmacy where
104 vaccines are delivered.

105 17. A pharmacist shall inform the patient that the administration of a vaccine will be
106 entered into the ShowMeVax system, as administered by the department of health and senior
107 services. The patient shall attest to the inclusion of such information in the system by signing
108 a form provided by the pharmacist. If the patient indicates that he or she does not want such
109 information entered into the ShowMeVax system, the pharmacist shall provide a written

110 report within fourteen days of administration of a vaccine to the patient's health care provider,
111 if provided by the patient, containing:

- 112 (1) The identity of the patient;
- 113 (2) The identity of the vaccine or vaccines administered;
- 114 (3) The route of administration;
- 115 (4) The anatomic site of the administration;
- 116 (5) The dose administered; and
- 117 (6) The date of administration.

118 18. A pharmacist licensed under this chapter may order and administer vaccines
119 approved or authorized by the U.S. Food and Drug Administration to address a public health
120 need, as lawfully authorized by the state or federal government, or a department or agency
121 thereof, during a state or federally declared public health emergency.

338.710. 1. There is hereby created in the Missouri board of pharmacy the "RX Cares
2 for Missouri Program". The goal of the program shall be to promote medication safety and to
3 prevent prescription drug abuse, misuse, and diversion in Missouri.

4 2. The board, in consultation with the department, shall be authorized to expend,
5 allocate, or award funds appropriated to the board to private or public entities to develop or
6 provide programs or education to promote medication safety or to suppress or prevent
7 prescription drug abuse, misuse, and diversion in the state of Missouri. In no case shall the
8 authorization include, nor the funds be expended for, any state prescription drug monitoring
9 program including, but not limited to, such as are defined in 38 CFR 1.515. Funds disbursed
10 to a state agency under this section may enhance, but shall not supplant, funds otherwise
11 appropriated to such state agency.

12 3. The board shall be the administrative agency responsible for implementing the
13 program in consultation with the department. The board and the department may enter into
14 interagency agreements between themselves to allow the department to assist in the
15 management or operation of the program. The board may award funds directly to the
16 department to implement, manage, develop, or provide programs or education pursuant to the
17 program.

18 4. After a full year of program operation, the board shall prepare and submit an
19 evaluation report to the governor and the general assembly describing the operation of the
20 program and the funds allocated. ~~[Unless otherwise authorized by the general assembly, the
21 program shall expire on August 28, 2026.]~~

345.050. To be eligible for licensure by the board by examination, each applicant
2 shall submit the application fee and shall furnish evidence of such person's current
3 competence and shall:

4 (1) Hold a master's or a doctoral degree from a program that was awarded
5 "accreditation candidate" status or is accredited by the Council on Academic Accreditation of
6 the American Speech-Language-Hearing Association or other accrediting agency approved
7 by the board in the area in which licensure is sought;

8 (2) Submit official transcripts from one or more accredited colleges or universities
9 presenting evidence of the completion of course work and clinical practicum requirements
10 equivalent to that required by the Council on Academic Accreditation of the American
11 Speech-Language-Hearing Association or other accrediting agency approved by the board;

12 (3) Present written evidence of completion of a clinical fellowship from supervisors.
13 The experience required by this subdivision shall follow the completion of the requirements
14 of subdivisions (1) and (2) of this section. This period of employment shall be under the
15 direct supervision of a ~~[person who is]~~ licensed ~~[by the state of Missouri in the profession in~~
16 ~~which the applicant seeks to be licensed]~~ **speech-language pathologist in good standing.**
17 Persons applying with an audiology clinical doctoral degree are exempt from this provision;
18 and

19 (4) Pass an examination promulgated or approved by the board. The board shall
20 determine the subject and scope of the examinations.

**376.1240. 1. For purposes of this section, terms shall have the same meanings as
2 ascribed to them in section 376.1350, and the term "self-administered hormonal
3 contraceptive" shall mean a drug that is composed of one or more hormones and that is
4 approved by the Food and Drug Administration to prevent pregnancy, excluding
5 emergency contraception. Nothing in this section shall be construed to apply to
6 medications approved by the Food and Drug Administration to terminate an existing
7 pregnancy.**

8 **2. Any health benefit plan delivered, issued for delivery, continued, or renewed
9 in this state on or after January 1, 2026, that provides coverage for self-administered
10 hormonal contraceptives shall provide coverage to reimburse a health care provider or
11 dispensing entity for the dispensing of a supply of self-administered hormonal
12 contraceptives intended to last up to one year.**

13 **3. The coverage required under this section shall not be subject to any greater
14 deductible or co-payment than other similar health care services provided by the health
15 benefit plan.**

376.1280. 1. As used in this section, the following terms mean:

2 (1) "Elevated risk of opioid misuse", when an enrollee meets one or more of the
3 following criteria, as determined by the prescribing health care professional:

4 (a) Current or previous history or diagnosis of a substance use disorder;

5 **(b) Completion of an advance health care directive to limit pain control to**
6 **nonopioid measures as described in section 459.016;**

7 **(c) Increased risk for opioid overdose, dependency, or serious side effects based**
8 **on the patient's age or diagnosis; or**

9 **(d) Currently prescribed medications with contraindications for opioid use;**

10 **(2) "Enrollee", the same meaning given to the term in section 376.1350;**

11 **(3) "Health benefit plan", the same meaning given to the term in section**
12 **376.1350;**

13 **(4) "Health care professional", the same meaning given to the term in section**
14 **376.1350.**

15 **2. Notwithstanding any provision of law to the contrary, when a licensed health**
16 **care professional acting within the scope of his or her license prescribes a nonopioid**
17 **medication for the treatment of pain to a patient with an elevated risk of opioid misuse,**
18 **it shall be unlawful for a health benefit plan to:**

19 **(1) Deny coverage of the nonopioid prescription drug in favor of an opioid**
20 **prescription drug;**

21 **(2) Require the patient to try an opioid prescription drug before providing**
22 **coverage of the nonopioid prescription drug; or**

23 **(3) Require a higher level of cost-sharing for the nonopioid prescription drug**
24 **than for an opioid prescription drug.**

25 **3. This section shall apply to health benefit plans delivered, issued for delivery,**
26 **continued, or renewed on or after January 1, 2026.**

537.038. 1. No person who, without compensation, renders emergency care at
2 **the scene of an accident or other emergency shall be held liable for any civil damages for**
3 **acts or omissions other than damages occasioned by gross negligence or by willful or**
4 **wanton acts or omissions by such person in rendering such emergency care.**

5 **2. Any emergency care or assistance provided in accordance with the provisions**
6 **of section 334.930 or 537.037 shall not be subject to the provisions of this section but**
7 **shall be subject to the provisions of section 334.930 or 537.037.**

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

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

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

27 (5) Purchases, receives, or otherwise acquires within a twelve-month period any
28 number of packages of any drug product containing any detectable amount of ephedrine,
29 phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of
30 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 or
40 dispenses packages that do not conform to the packaging requirements of section 195.418.

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

44 (1) Sells, distributes, dispenses, or otherwise provides any number of packages of any
45 drug product containing detectable amounts of ephedrine, phenylpropanolamine, or

46 pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in a total
47 amount greater than three and six-tenth grams to the same individual within a twenty-four
48 hour period, unless the amount is dispensed, sold, or distributed pursuant to a valid
49 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

59 (4) Sells, distributes, dispenses or otherwise provides to an individual under eighteen
60 years of age without a valid prescription any number of packages of any drug product
61 containing any detectable quantity of pseudoephedrine, its salts, isomers, or salts of optical
62 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. **A manufacturer commits the offense of unlawful sale, distribution, or**
70 **purchase of over-the-counter methamphetamine precursor drugs if he or she knowingly**
71 **fails to pay the fees required under subsection 7 of section 195.417.**

72 5. The offense of unlawful sale, distribution, or purchase of over-the-counter
73 methamphetamine precursor drugs is a class A misdemeanor.

2 ~~[192.769. 1. On completion of a mammogram, a mammography~~
3 ~~facility certified by the United States Food and Drug Administration (FDA) or~~
4 ~~by a certification agency approved by the FDA shall provide to the patient the~~
5 ~~following notice:~~

6 ~~"If your mammogram demonstrates that you have dense breast tissue,~~
7 ~~which could hide abnormalities, and you have other risk factors for breast~~
8 ~~cancer that have been identified, you might benefit from supplemental~~
9 ~~screening tests that may be suggested by your ordering physician. Dense~~
10 ~~breast tissue, in and of itself, is a relatively common condition. Therefore, this~~
11 ~~information is not provided to cause undue concern, but rather to raise your~~
~~awareness and to promote discussion with your physician regarding the~~

12 ~~presence of other risk factors, in addition to dense breast tissue. A report of~~
13 ~~your mammography results will be sent to you and your physician. You~~
14 ~~should contact your physician if you have any questions or concerns regarding~~
15 ~~this report."~~

16 ~~2. Nothing in this section shall be construed to create a duty of care~~
17 ~~beyond the duty to provide notice as set forth in this section.~~

18 ~~3. The information required by this section or evidence that a person~~
19 ~~violated this section is not admissible in a civil, judicial, or administrative~~
20 ~~proceeding.~~

21 ~~4. A mammography facility is not required to comply with the~~
22 ~~requirements of this section until January 1, 2015.]~~

✓