

FIRST REGULAR SESSION

HOUSE BILL NO. 943

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE PETERS.

2192H.011

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal sections 190.053, 190.098, 190.101, 190.109, 191.648, 195.417, 196.990, 208.152, 210.030, 332.081, 335.081, 338.010, and 579.060, RSMo, and to enact in lieu thereof seventeen new sections relating to health care, with penalty provisions.

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

Section A. Sections 190.053, 190.098, 190.101, 190.109, 191.648, 195.417, 196.990, 208.152, 210.030, 332.081, 335.081, 338.010, and 579.060, RSMo, are repealed and seventeen new sections enacted in lieu thereof, to be known as sections 190.053, 190.076, 190.098, 190.101, 190.109, 190.112, 190.166, 191.648, 195.417, 196.990, 198.700, 208.152, 210.030, 332.081, 335.081, 338.010, and 579.060, to read as follows:

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

- (1) Information relating to the roles and duties of an ambulance district director;
- (2) A review of all state statutes and regulations relevant to ambulance districts;
- (3) State ethics laws;
- (4) State sunshine laws, chapter 610;
- (5) Financial and fiduciary responsibility;
- (6) State laws relating to the setting of tax rates; and
- (7) State laws relating to revenue limitations.

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.

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. 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. ~~[Any ambulance service shall enter into a written contract to provide community~~
27 ~~paramedic services in another ambulance service area, as that term is defined in section~~
28 ~~190.100. The contract that is agreed upon may be for an indefinite period of time, as long as~~
29 ~~it includes at least a sixty-day cancellation notice by either ambulance service.]~~ **(1) Any**
30 **ambulance service that seeks to provide community paramedic services outside of the**
31 **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 **(2) 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 **(3) 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 **(4) 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. A community paramedic is subject to the provisions of sections 190.001 to 190.245
63 and rules promulgated under sections 190.001 to 190.245.

64 5. No person shall hold himself or herself out as a community paramedic or provide
65 the services of a community paramedic unless such person is certified by the department.

66 6. The medical director shall approve the implementation of the community
67 paramedic program.

68 7. Any rule or portion of a rule, as that term is defined in section 536.010, that is
69 created under the authority delegated in this section shall become effective only if it complies
70 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
71 This section and chapter 536 are nonseverable and if any of the powers vested with the
72 general assembly pursuant to chapter 536 to review, to delay the effective date, or to
73 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
74 rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid
75 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~~;~~
3 ~~one of which shall be a resident of a city not within a county].~~ The members of the council
4 shall be appointed ~~[by the governor with the advice and consent of the senate]~~ **in accordance**
5 **with subsection 2 of this section** and shall serve terms of four years. The ~~[governor shall~~
6 ~~designate one of the members as chairperson]~~ **council members shall annually select a**
7 **chairperson, along with other officers as the council deems necessary.** The chairperson
8 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 for basic emergency operations, determined by the ability to staff a**
8 **minimum of one ambulance unit twenty-four hours per day, seven days per week, with**
9 **at least two licensed emergency medical technicians and a reasonable plan and schedule**
10 **for the services of a second ambulance;**
- 11 **(3) The ambulance service requires an inordinate amount of mutual aid from**
12 **neighboring services, such as more than ten percent of the total runs in the service area**
13 **in any given month or more than would be considered prudent, and thus cannot provide**
14 **an appropriate level of emergency response for the service area as would be considered**
15 **prudent by the typical ground ambulance services operator;**
- 16 **(4) The principal manager, board members, or other executives are determined**
17 **to be criminally liable for actions related to the license or service provided;**
- 18 **(5) The license holder or principal manager, board members, or other executives**
19 **are determined by the Centers for Medicare and Medicaid Services to be ineligible for**
20 **participation in Medicare;**

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

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

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

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

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

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

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

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.

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

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

63 9. Any local ordinances or regulations enacted by any political subdivision of the
64 state prior to August 28, 2020, requiring a prescription for the dispensation, sale, or
65 distribution of any drug product containing any detectable amount of ephedrine,
66 phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts
67 of optical isomers, in an amount within the limits described in subsections 2, 3, and 4 of this

68 section shall be void and of no effect and no such political subdivision shall maintain or
69 enforce such ordinance or regulation.

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

74 11. All persons who dispense or offer for sale pseudoephedrine and ephedrine
75 products, except those that are excluded from Schedule V in subsection 17 or 18 of section
76 195.017, shall ensure that all such products are located only behind a pharmacy counter where
77 the public is not permitted.

78 12. The penalty for a knowing or reckless violation of this section is found in section
79 579.060.

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

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

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

10 (3) "Epinephrine auto-injector", a single-use device used for the automatic injection
11 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 to an individual;

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

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

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

25 responsible for the storage, maintenance, and general oversight of epinephrine auto-injectors
26 acquired by the authorized entity.

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

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

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

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

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

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

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

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

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

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

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

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

63

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

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

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

80 10. Nothing in this section shall be construed as superseding the provisions of section
81 167.630.

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

2 (1) "Independent living facility", a communal living structure in which at least
3 fifty percent of the residents are fifty-five years of age or older that provides its residents
4 with on-site access to dining, transportation, medical care, and basic housekeeping and
5 laundry services and that is not licensed by the state;

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

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

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

17 **(1) Written or electronic documentation of the existence of any relationships**
18 **between the referral agency and the long-term care facility, including common**
19 **ownership or control of the long-term care facility and financial, business, management,**
20 **or familial relationships between the referral agency and the long-term care facility;**

21 **(2) That the referral agency receives a fee from the long-term care facility for the**
22 **referral; and**

23 **(3) Written documentation of the agreement between the referral agency and the**
24 **prospective resident or representative of the prospective resident. The agreement shall**
25 **include:**

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

28 **(b) A requirement that the referral agency communicate the cancellation of the**
29 **agreement to all long-term care facilities to which the prospective resident has been**
30 **referred;**

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

33 **(d) The right of the prospective resident or representative of the prospective**
34 **resident to receive the referral agency's privacy policy upon request to the referral**
35 **agency.**

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

41 **(2) The long-term care facility shall:**

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

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

47 **(c) Not sell or transfer the prospective resident's or prospective resident's**
48 **representative's contact information to a third party without the written consent of the**
49 **prospective resident or representative of the prospective resident.**

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

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

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]~~ **United States Food and Drug**
29 **Administration.** ~~[An approved and standard test for syphilis, hepatitis B, and other treatable~~
30 ~~diseases and metabolic disorders shall mean a test made in a laboratory approved by the~~
31 ~~department of health and senior services.]~~ No individual shall be denied testing by the
32 department of health and senior services because of inability to pay.

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.

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

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

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

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

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

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

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

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

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

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

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

47 (10) The practice of any legally qualified and licensed nurse of another state, territory,
48 or foreign country whose responsibilities include transporting patients into, out of, or through
49 this state while actively engaged in patient transport that does not exceed forty-eight hours in
50 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.

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
47 total amount greater than three and six-tenth grams to the same individual within a twenty-
48 four 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. The offense of unlawful sale, distribution, or purchase of over-the-counter
70 methamphetamine precursor drugs is a class A misdemeanor.

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