

FIRST REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NO. 943**  
**103RD GENERAL ASSEMBLY**

2192H.03C

JOSEPH ENGLER, Chief Clerk

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**AN ACT**

To repeal sections 96.192, 96.196, 190.053, 190.098, 190.101, 190.109, 191.648, 195.417, 196.990, 206.110, 208.152, 210.030, 332.081, 335.081, 338.010, and 579.060, RSMo, and to enact in lieu thereof twenty-two new sections relating to health care, with penalty provisions.

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

Section A. Sections 96.192, 96.196, 190.053, 190.098, 190.101, 190.109, 191.648, 2 195.417, 196.990, 206.110, 208.152, 210.030, 332.081, 335.081, 338.010, and 579.060, 3 RSMo, are repealed and twenty-two new sections enacted in lieu thereof, to be known as 4 sections 96.192, 96.196, 190.053, 190.076, 190.098, 190.101, 190.109, 190.112, 190.166, 5 191.648, 192.2521, 195.417, 196.990, 198.700, 206.110, 206.158, 208.152, 210.030, 6 332.081, 335.081, 338.010, and 579.060, to read as follows:

96.192. 1. The board of trustees of any hospital authorized under subsection 2 of this 2 section, and established and organized under the provisions of sections 96.150 to 96.229[~~7~~]:

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

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

7           (1) Information relating to the roles and duties of an ambulance district director;

8           (2) A review of all state statutes and regulations relevant to ambulance districts;

9           (3) State ethics laws;

10           (4) State sunshine laws, chapter 610;

11           (5) Financial and fiduciary responsibility;

12           (6) State laws relating to the setting of tax rates; and

13           (7) State laws relating to revenue limitations.

14           2. ~~[If any ambulance district board member fails to attend a training session within~~  
15 ~~twelve months after taking office, the board member shall not be compensated for attendance~~

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

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

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

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

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

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

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

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

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

15 **(2) Successfully complete or have successfully completed a community paramedic**  
16 **certification program from a college, university, or educational institution that has been**

17 approved by the department or accredited by a national accreditation organization approved  
18 by the department; and

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

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

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

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

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

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

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

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

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

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

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

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

69           ~~[7-]~~ **8.** Any rule or portion of a rule, as that term is defined in section 536.010, that is  
70 created under the authority delegated in this section shall become effective only if it complies  
71 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.  
72 This section and chapter 536 are nonseverable and if any of the powers vested with the  
73 general assembly pursuant to chapter 536 to review, to delay the effective date, or to  
74 disapprove and annul a rule are subsequently held unconstitutional, then the grant of  
75 rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid  
76 and void.

190.101. 1. There is hereby established a "State Advisory Council on Emergency  
2 Medical Services" which shall consist of ~~[sixteen]~~ **no more than twenty-three** members~~;~~  
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 basic emergency operations. The ambulance service shall not be**  
8 **deemed to have such inadequate personnel as long as the ambulance service is staffed to**  
9 **meet the needs of its emergency call volume. Each ambulance service shall have the**  
10 **ability to staff a minimum of one ambulance unit twenty-four hours each day, seven**  
11 **days each week, with at least two licensed emergency medical technicians. Any**  
12 **ambulance service operating only one ambulance unit shall have a reasonable plan and**  
13 **schedule for the services of a second ambulance unit;**
- 14 (3) **The ambulance service requires an inordinate amount of mutual aid from**  
15 **neighboring services, such as more than ten percent of the total runs in the service area**  
16 **in any given month or more than would be considered prudent, and thus cannot provide**  
17 **an appropriate level of emergency response for the service area as would be considered**  
18 **prudent by the typical ground ambulance services operator;**
- 19 (4) **The principal manager, board members, or other executives are determined**  
20 **to be criminally liable for actions related to the license or service provided;**
- 21 (5) **The license holder or principal manager, board members, or other executives**  
22 **are determined by the Centers for Medicare and Medicaid Services to be ineligible for**  
23 **participation in Medicare;**

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

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

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

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

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

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

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

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.

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

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

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

9 (1) The sole active ingredient; or

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

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

13

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

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

22 (1) The sole active ingredient; or

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

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

26

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

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

34 (1) The sole active ingredient; or

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

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

38

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

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

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

50 7. 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.**

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

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

13           (2) To acquire land in fee simple, rights in land and easements upon, over or across  
14 land and leasehold interest in land and tangible and intangible personal property used or  
15 useful for the location, establishment, maintenance, development, expansion, extension or  
16 improvement of any hospital or hospital facility. The acquisition may be by dedication,  
17 purchase, gift, agreement, lease, use or adverse possession or by condemnation;

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

28           (4) To fix, charge and collect reasonable fees and compensation for the use or  
29 occupancy of the hospital or any part thereof, or any hospital facility, and for nursing care,

30 medicine, attendance, or other services furnished by the hospital or hospital facilities,  
31 according to the rules and regulations prescribed by the board from time to time;

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

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

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

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

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

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

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

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

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

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

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

9           **(b) Bonds that have:**

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

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

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

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

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

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

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

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

14           (2) All outpatient hospital services, payments therefor to be in amounts which  
15 represent no more than eighty percent of the lesser of reasonable costs or customary charges  
16 for such services, determined in accordance with the principles set forth in Title XVIII A and  
17 B, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section  
18 301, et seq.), but the MO HealthNet division may evaluate outpatient hospital services  
19 rendered under this section and deny payment for services which are determined by the MO

20 HealthNet division not to be medically necessary, in accordance with federal law and  
21 regulations;

22 (3) Laboratory and X-ray services;

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

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

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

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

53 (8) Drugs and medicines when prescribed by a licensed physician, dentist, podiatrist,  
54 or an advanced practice registered nurse; except that no payment for drugs and medicines  
55 prescribed on and after January 1, 2006, by a licensed physician, dentist, podiatrist, or an

56 advanced practice registered nurse may be made on behalf of any person who qualifies for  
57 prescription drug coverage under the provisions of P.L. 108-173;

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

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

65 (11) Home health care services;

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

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

76 (14) Outpatient surgical procedures, including presurgical diagnostic services  
77 performed in ambulatory surgical facilities which are licensed by the department of health  
78 and senior services of the state of Missouri; except, that such outpatient surgical services shall  
79 not include persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-  
80 97, 1965 amendments to the federal Social Security Act, as amended, if exclusion of such  
81 persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal  
82 Social Security Act, as amended;

83 (15) Personal care services which are medically oriented tasks having to do with a  
84 person's physical requirements, as opposed to housekeeping requirements, which enable a  
85 person to be treated by his or her physician on an outpatient rather than on an inpatient or  
86 residential basis in a hospital, intermediate care facility, or skilled nursing facility. Personal  
87 care services shall be rendered by an individual not a member of the participant's family who  
88 is qualified to provide such services where the services are prescribed by a physician in  
89 accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible  
90 to receive personal care services shall be those persons who would otherwise require  
91 placement in a hospital, intermediate care facility, or skilled nursing facility. Benefits payable  
92 for personal care services shall not exceed for any one participant one hundred percent of the

93 average statewide charge for care and treatment in an intermediate care facility for a  
94 comparable period of time. Such services, when delivered in a residential care facility or  
95 assisted living facility licensed under chapter 198, shall be authorized on a tier level based on  
96 the services the resident requires and the frequency of the services. A resident of such facility  
97 who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a  
98 physician, qualify for the tier level with the fewest services. The rate paid to providers for  
99 each tier of service shall be set subject to appropriations. Subject to appropriations, each  
100 resident of such facility who qualifies for assistance under section 208.030 and meets the  
101 level of care required in this section shall, at a minimum, if prescribed by a physician, be  
102 authorized up to one hour of personal care services per day. Authorized units of personal care  
103 services shall not be reduced or tier level lowered unless an order approving such reduction or  
104 lowering is obtained from the resident's personal physician. Such authorized units of personal  
105 care services or tier level shall be transferred with such resident if he or she transfers to  
106 another such facility. Such provision shall terminate upon receipt of relevant waivers from  
107 the federal Department of Health and Human Services. If the Centers for Medicare and  
108 Medicaid Services determines that such provision does not comply with the state plan, this  
109 provision shall be null and void. The MO HealthNet division shall notify the revisor of  
110 statutes as to whether the relevant waivers are approved or a determination of noncompliance  
111 is made;

112 (16) Mental health services. The state plan for providing medical assistance under  
113 Title XIX of the Social Security Act, 42 U.S.C. Section ~~[304]~~ **1396 et seq.**, as amended, shall  
114 include the following mental health services when such services are provided by community  
115 mental health facilities operated by the department of mental health or designated by the  
116 department of mental health as a community mental health facility or as an alcohol and drug  
117 abuse facility or as a child-serving agency within the comprehensive children's mental health  
118 service system established in section 630.097. The department of mental health shall  
119 establish by administrative rule the definition and criteria for designation as a community  
120 mental health facility and for designation as an alcohol and drug abuse facility. Such mental  
121 health services shall include:

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

127 (b) Clinic mental health services including preventive, diagnostic, therapeutic,  
128 rehabilitative, and palliative interventions rendered to individuals in an individual or group  
129 setting by a mental health professional in accordance with a plan of treatment appropriately



130 established, implemented, monitored, and revised under the auspices of a therapeutic team as  
131 a part of client services management;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

230 (1) Dental services;

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

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

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

235 (5) Hospice care. As used in this subdivision, the term "hospice care" means a  
236 coordinated program of active professional medical attention within a home, outpatient and  
237 inpatient care which treats the terminally ill patient and family as a unit, employing a  
238 medically directed interdisciplinary team. The program provides relief of severe pain or other

239 physical symptoms and supportive care to meet the special needs arising out of physical,  
240 psychological, spiritual, social, and economic stresses which are experienced during the final  
241 stages of illness, and during dying and bereavement and meets the Medicare requirements for  
242 participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement  
243 paid by the MO HealthNet division to the hospice provider for room and board furnished by a  
244 nursing home to an eligible hospice patient shall not be less than ninety-five percent of the  
245 rate of reimbursement which would have been paid for facility services in that nursing home  
246 facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239  
247 (Omnibus Budget Reconciliation Act of 1989);

248 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a  
249 coordinated system of care for individuals with disabling impairments. Rehabilitation  
250 services must be based on an individualized, goal-oriented, comprehensive and coordinated  
251 treatment plan developed, implemented, and monitored through an interdisciplinary  
252 assessment designed to restore an individual to an optimal level of physical, cognitive, and  
253 behavioral function. The MO HealthNet division shall establish by administrative rule the  
254 definition and criteria for designation of a comprehensive day rehabilitation service facility,  
255 benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is  
256 defined in section 536.010, that is created under the authority delegated in this subdivision  
257 shall become effective only if it complies with and is subject to all of the provisions of  
258 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are  
259 nonseverable and if any of the powers vested with the general assembly pursuant to chapter  
260 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently  
261 held unconstitutional, then the grant of rulemaking authority and any rule proposed or  
262 adopted after August 28, 2005, shall be invalid and void.

263 3. The MO HealthNet division may require any participant receiving MO HealthNet  
264 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after  
265 July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all  
266 covered services except for those services covered under subdivisions (15) and (16) of  
267 subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner  
268 authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.)  
269 and regulations thereunder. When substitution of a generic drug is permitted by the prescriber  
270 according to section 338.056, and a generic drug is substituted for a name-brand drug, the  
271 MO HealthNet division may not lower or delete the requirement to make a co-payment  
272 pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods  
273 or services described under this section must collect from all participants the additional  
274 payment that may be required by the MO HealthNet division under authority granted herein,  
275 if the division exercises that authority, to remain eligible as a provider. Any payments made

276 by participants under this section shall be in addition to and not in lieu of payments made by  
277 the state for goods or services described herein except the participant portion of the pharmacy  
278 professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists.  
279 A provider may collect the co-payment at the time a service is provided or at a later date. A  
280 provider shall not refuse to provide a service if a participant is unable to pay a required  
281 payment. If it is the routine business practice of a provider to terminate future services to an  
282 individual with an unclaimed debt, the provider may include uncollected co-payments under  
283 this practice. Providers who elect not to undertake the provision of services based on a  
284 history of bad debt shall give participants advance notice and a reasonable opportunity for  
285 payment. A provider, representative, employee, independent contractor, or agent of a  
286 pharmaceutical manufacturer shall not make co-payment for a participant. This subsection  
287 shall not apply to other qualified children, pregnant women, or blind persons. If the Centers  
288 for Medicare and Medicaid Services does not approve the MO HealthNet state plan  
289 amendment submitted by the department of social services that would allow a provider to  
290 deny future services to an individual with uncollected co-payments, the denial of services  
291 shall not be allowed. The department of social services shall inform providers regarding the  
292 acceptability of denying services as the result of unpaid co-payments.

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

295 5. Reimbursement for obstetrical and pediatric services under subdivision (6) of  
296 subsection 1 of this section shall be timely and sufficient to enlist enough health care  
297 providers so that care and services are available under the state plan for MO HealthNet  
298 benefits at least to the extent that such care and services are available to the general  
299 population in the geographic area, as required under subparagraph (a)(30)(A) of 42 U.S.C.  
300 Section 1396a and federal regulations promulgated thereunder.

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

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

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

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

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

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

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

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

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

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

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

25 2. The department of health and senior services shall~~[-in consultation with the~~  
26 ~~Missouri genetic disease advisory committee,]~~ make such rules pertaining to such tests as  
27 shall be dictated by accepted medical practice, and tests shall be of the types approved **or**  
28 **accepted** by the ~~[department of health and senior services]~~ **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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