

FIRST REGULAR SESSION
[PERFECTED]
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 943
103RD GENERAL ASSEMBLY

2192H.03P

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal sections 96.192, 96.196, 190.053, 190.098, 190.101, 190.109, 190.800, 191.227, 191.648, 195.417, 196.990, 206.110, 208.152, 210.030, 301.142, 332.081, 335.081, 338.010, 338.710, and 579.060, RSMo, and to enact in lieu thereof twenty-six new sections relating to health care, with penalty provisions.

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

Section A. Sections 96.192, 96.196, 190.053, 190.098, 190.101, 190.109, 190.800, 191.227, 191.648, 195.417, 196.990, 206.110, 208.152, 210.030, 301.142, 332.081, 335.081, 338.010, 338.710, and 579.060, RSMo, are repealed and twenty-six new sections enacted in lieu thereof, to be known as sections 96.192, 96.196, 190.053, 190.076, 190.098, 190.101, 190.109, 190.112, 190.166, 190.800, 191.227, 191.648, 192.2521, 195.417, 196.990, 198.700, 206.110, 206.158, 208.152, 210.030, 301.142, 332.081, 335.081, 338.010, 338.710, and 579.060, to read as follows:

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

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

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

(b) **Bonds that have:**

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.

- 10 **a. One of the five highest long-term ratings or the highest short-term rating**
11 **issued by a nationally recognized rating agency; and**
12 **b. A final maturity of ten years or less;**
13 **(c) Money market investments; or**
14 **(d) Any combination of investments described in paragraphs (a) to (c) of this**
15 **subdivision; and**

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

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

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

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

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

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

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

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

13 (7) State laws relating to revenue limitations.

14 2. ~~[If any ambulance district board member fails to attend a training session within~~
15 ~~twelve months after taking office, the board member shall not be compensated for attendance~~
16 ~~at meetings thereafter until the board member has completed such training session. If any~~
17 ~~ambulance district board member fails to attend a training session within twelve months of~~
18 ~~taking office regardless of whether the board member received an attendance fee for a~~
19 ~~training session, the board member shall be ineligible to run for reelection for another term of~~
20 ~~office until the board member satisfies the training requirement of this section; however, this~~
21 ~~requirement shall only apply to board members elected after August 28, 2022]~~ All members
22 of the board of directors of an ambulance district shall complete three hours of
23 continuing education for each term of office. The continuing education shall be offered
24 by a statewide association organized for the benefit of ambulance districts or be
25 approved by the state advisory council on emergency medical services.

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

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

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

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

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

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

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

- 14 (1) Be currently ~~[certified]~~ **licensed** as a paramedic;
- 15 (2) Successfully complete or have successfully completed a community paramedic
16 certification program from a college, university, or educational institution that has been
17 approved by the department or accredited by a national accreditation organization approved
18 by the department; and
- 19 (3) Complete an application form approved by the department.
- 20 ~~[2-]~~ **3. A community paramedic shall practice in accordance with protocols and**
21 **supervisory standards established by the medical director. A community paramedic shall**
22 **provide services of a health care plan if the plan has been developed by the patient's physician**
23 **or by an advanced practice registered nurse through a collaborative practice arrangement with**
24 **a physician or a physician assistant through a collaborative practice arrangement with a**
25 **physician and there is no duplication of services to the patient from another provider.**
- 26 ~~[3-]~~ **4. (1) Any ambulance service shall enter into a written contract to provide**
27 **community paramedic services in another ambulance service area, as that term is defined in**
28 **section 190.100. The contract that is agreed upon may be for an indefinite period of time, as**
29 **long as it includes at least a sixty-day cancellation notice by either ambulance service.**
- 30 **(2) Any ambulance service that seeks to provide community paramedic services**
31 **outside of the ambulance service's service area:**
- 32 **(a) Shall have a memorandum of understanding regarding the provision of such**
33 **services with the ambulance service in that service area if that ambulance service is**
34 **already providing community paramedic services; or**
- 35 **(b) Shall not be required to have a memorandum of understanding with the**
36 **ambulance service in that service area if that ambulance service is not already providing**
37 **community paramedic services, provided that the ambulance service seeking to provide**
38 **such services shall provide notification to the other ambulance service of the community**
39 **paramedic services to be provided.**
- 40 **(3) Any emergency medical response agency that seeks to provide community**
41 **paramedic services within its designated response service area may do so if the ground**
42 **ambulance service area within which the emergency medical response agency operates**
43 **does not already provide such services. If the ground ambulance service does provide**
44 **community paramedic services, the ground ambulance service may enter into a**
45 **memorandum of understanding with the emergency medical response agency in order**
46 **to coordinate programs and avoid service duplication. If the emergency medical**
47 **response agency provides community paramedic services in the ground ambulance**
48 **service's service area prior to the provision of such services by the ground ambulance**
49 **service, the emergency medical response agency and the ground ambulance service shall**
50 **enter into a memorandum of understanding for the coordination of services.**

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

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

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

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

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

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

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

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

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

- 12 (a) The statewide professional association representing ambulance service
13 managers;
- 14 (b) The statewide professional association representing emergency medical
15 technicians and paramedics;
- 16 (c) The statewide professional association representing ambulance districts;
- 17 (d) The statewide professional association representing fire chiefs;
- 18 (e) The statewide professional association representing fire protection districts;
- 19 (f) The statewide professional association representing firefighters;
- 20 (g) The statewide professional association representing emergency nurses;
- 21 (h) The statewide professional association representing the air ambulance
22 industry;
- 23 (i) The statewide professional association representing emergency medicine
24 physicians;
- 25 (j) The statewide association representing hospitals; and
- 26 (k) The statewide association representing pediatric emergency professionals;
- 27 (2) The director of health and senior services shall appoint a member to the
28 council with a background in mobile integrated health care-community paramedicine
29 (MIH-CP);
- 30 (3) Each regional EMS advisory committee shall appoint one member; and
- 31 (4) The time-critical diagnosis advisory committee established under section
32 190.257 shall appoint one member.
- 33 3. The state EMS medical directors advisory committee and the regional EMS
34 advisory committees will be recognized as subcommittees of the state advisory council on
35 emergency medical services.
- 36 ~~[3-] 4. The council shall have geographical representation and representation from~~
37 ~~appropriate areas of expertise in emergency medical services including volunteers,~~
38 ~~professional organizations involved in emergency medical services, EMT's, paramedics,~~
39 ~~nurses, firefighters, physicians, ambulance service administrators, hospital administrators and~~
40 ~~other health care providers concerned with emergency medical services. [The regional EMS~~
41 ~~advisory committees shall serve as a resource for the identification of potential members of~~
42 ~~the state advisory council on emergency medical services.~~
- 43 ~~4-] 5. The state EMS medical director, as described under section 190.103, shall serve~~
44 ~~as an ex officio member of the council.~~
- 45 ~~[5-] 6. The members of the council and subcommittees shall serve without~~
46 ~~compensation except that members of the council shall, subject to appropriations, be~~
47 ~~reimbursed for reasonable travel expenses and meeting expenses related to the functions of~~
48 ~~the council.~~

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

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

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

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

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

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

4 2. Any person that owned and operated a licensed ambulance on December 31, 1997,
5 shall receive an ambulance service license from the department, unless suspended, revoked or
6 terminated, for that ambulance service area which was, on December 31, 1997, described and

7 filed with the department as the primary service area for its licensed ambulances on August
8 28, 1998, provided that the person makes application and adheres to the rules and regulations
9 promulgated by the department pursuant to sections 190.001 to 190.245.

10 3. The department shall issue a new ground ambulance service license to an
11 ambulance service that is not currently licensed by the department, or is currently licensed by
12 the department and is seeking to expand its ambulance service area, except as provided in
13 subsection 4 of this section, to be valid for a period of five years, unless suspended, revoked
14 or terminated, when the director finds that the applicant meets the requirements of ambulance
15 service licensure established pursuant to sections 190.100 to 190.245 and the rules adopted by
16 the department pursuant to sections 190.001 to 190.245. In order to be considered for a new
17 ambulance service license, an ambulance service shall submit to the department a letter of
18 endorsement from each ambulance district or fire protection district that is authorized to
19 provide ambulance service, or from each municipality not within an ambulance district or fire
20 protection district that is authorized to provide ambulance service, in which the ambulance
21 service proposes to operate. If an ambulance service proposes to operate in unincorporated
22 portions of a county not within an ambulance district or fire protection district that is
23 authorized to provide ambulance service, in order to be considered for a new ambulance
24 service license, the ambulance service shall submit to the department a letter of endorsement
25 from the county. Any letter of endorsement required pursuant to this section shall verify that
26 the political subdivision has conducted a public hearing regarding the endorsement and that
27 the governing body of the political subdivision has adopted a resolution approving the
28 endorsement. The letter of endorsement shall affirmatively state that the proposed ambulance
29 service:

- 30 (1) Will provide a benefit to public health that outweighs the associated costs;
31 (2) Will maintain or enhance the public's access to ambulance services;
32 (3) Will maintain or improve the public health and promote the continued
33 development of the regional emergency medical service system;
34 (4) Has demonstrated the appropriate expertise in the operation of ambulance
35 services; and
36 (5) Has demonstrated the financial resources necessary for the operation of the
37 proposed ambulance service.

38 4. A contract between a political subdivision and a licensed ambulance service for the
39 provision of ambulance services for that political subdivision shall expand, without further
40 action by the department, the ambulance service area of the licensed ambulance service to
41 include the jurisdictional boundaries of the political subdivision. The termination of the
42 aforementioned contract shall result in a reduction of the licensed ambulance service's
43 ambulance service area by removing the geographic area of the political subdivision from its

44 ambulance service area, except that licensed ambulance service providers may provide
45 ambulance services as are needed at and around the state fair grounds for protection of
46 attendees at the state fair.

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

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

- 52 (1) Vehicle design, specification, operation and maintenance standards;
- 53 (2) Equipment requirements;
- 54 (3) Staffing requirements;
- 55 (4) Five-year license renewal;
- 56 (5) Records and forms;
- 57 (6) Medical control plans;
- 58 (7) Medical director qualifications;
- 59 (8) Standards for medical communications;
- 60 (9) Memorandums of understanding with emergency medical response agencies that
61 provide advanced life support;
- 62 (10) Quality improvement committees; ~~and~~
- 63 (11) Response time, patient care and transportation standards;
- 64 **(12) Participation with regional EMS advisory committees; and**
- 65 **(13) Ambulance service administrator qualifications.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

29

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

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

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

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

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

52 7. A health care provider may disclose a deceased patient's health care records or
53 payment records to the executor or administrator of the deceased person's estate, or pursuant
54 to a valid, unrevoked power of attorney for health care that specifically directs that the
55 deceased person's health care records be released to the agent after death. If an executor,
56 administrator, or agent has not been appointed, the deceased prior to death did not specifically
57 object to disclosure of his or her records in writing, and such disclosure is not inconsistent
58 with any prior expressed preference of the deceased that is known to the health care provider,
59 a deceased patient's health care records may be released upon written request of a person who

60 is deemed as the personal representative of the deceased person under this subsection.
61 Priority shall be given to the deceased patient's spouse and the records shall be released on the
62 affidavit of the surviving spouse that he or she is the surviving spouse. If there is no surviving
63 spouse, the health care records may be released to one of the following persons:

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

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

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

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

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

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

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

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

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

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

191.648. 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) "Facility", an independent living facility or a long-term care facility, as those
3 terms are defined in this section;

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

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

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

16 (1) Written or electronic documentation of the existence of any relationships
17 between the referral agency and the facility, including common ownership or control of

18 the facility and financial, business, management, or familial relationships between the
19 referral agency and the facility;

20 (2) That the referral agency receives a fee from the facility for the referral; and

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

24 (a) A detailed description of the services provided by the referral agency in
25 exchange for the fee paid by the facility;

26 (b) 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 without a
28 fee or other penalty for such termination;

29 (c) A requirement that the referral agency communicate the cancellation of the
30 agreement to all facilities to which the prospective resident has been referred;

31 (d) 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 (e) 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 facility on or before the date the resident
40 becomes an occupant of or is admitted to the facility. No referral agency shall charge a
41 fee or other penalty to any facility resulting from the termination of an agreement by a
42 prospective resident or representative of a prospective resident.

43 (2) The facility shall:

44 (a) Not pay the referral agency a fee until such facility receives the written or
45 electronic agreement required in subsection 2 of this section and the resident becomes
46 an occupant of or is admitted to the facility; and

47 (b) 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 counties of the third or fourth classification (other than within the district boundaries) where there already exists a hospital organized pursuant to ~~[chapters 96, 205 or]~~ this chapter; provided, however, that this exception shall not prohibit the continuation or expansion of existing activities otherwise allowed by law, shall have and exercise the following governmental powers, and all other powers incidental, necessary, convenient or desirable to carry out and effectuate the express powers:

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

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

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

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

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

(6) To employ or enter into contracts for the employment of any person, firm, or 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 ~~[304,]~~ **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.

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

- 2 (1) "Department", the department of revenue;
- 3 (2) "Director", the director of the department of revenue;
- 4 (3) "Other authorized health care practitioner" includes advanced practice registered
5 nurses licensed pursuant to chapter 335, physician assistants licensed pursuant to chapter 334,
6 chiropractors licensed pursuant to chapter 331, podiatrists licensed pursuant to chapter 330,
7 assistant physicians, physical therapists licensed pursuant to chapter 334, **occupational**
8 **therapists licensed pursuant to chapter 324**, and optometrists licensed pursuant to chapter
9 336;
- 10 (4) "Physically disabled", a natural person who is blind, as defined in section 8.700,
11 or a natural person with medical disabilities which prohibits, limits, or severely impairs one's
12 ability to ambulate or walk, as determined by a licensed physician or other authorized health
13 care practitioner as follows:

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

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

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

22 (d) Uses portable oxygen; or

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

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

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

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

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

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

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

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

44 3. A physician's statement shall:

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

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

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

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

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

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

66 6. The medical or other records of the physician or other authorized health care
67 practitioner who issued a physician's statement shall be open to inspection and review by such
68 practitioner's licensing board, in order to verify compliance with this section. Information
69 contained within such records shall be confidential unless required for prosecution,
70 disciplinary purposes, or otherwise required to be disclosed by law.

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

87 of the time by a physically disabled person, such individual shall surrender the disabled
88 license plates to the department within thirty days of becoming ineligible for their use.

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

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

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

119 11. The removable windshield placard shall conform to the specifications, in respect
120 to size, color, and content, as set forth in federal regulations published by the Department of
121 Transportation. The removable windshield placard shall be renewed every four years. The
122 director may stagger the expiration dates to equalize workload. Only one removable placard
123 may be issued to an applicant who has been issued disabled person license plates. Upon

124 request, one additional windshield placard may be issued to an applicant who has not been
125 issued disabled person license plates.

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

139 13. A windshield placard shall be renewable only by the person or entity to which the
140 placard was originally issued. Any placard issued pursuant to this section shall only be used
141 when the physically disabled occupant for whom the disabled plate or placard was issued is in
142 the motor vehicle at the time of parking or when a physically disabled person is being
143 delivered or collected. A disabled license plate and/or a removable windshield hanging
144 placard are not transferable and may not be used by any other person whether disabled or not.

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

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

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

161 physician's statement dated no more than ninety days prior to such application shall be
162 required every eighth year.

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

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

172 17. The director of revenue upon receiving a physician's statement pursuant to this
173 subsection shall check with the state board of registration for the healing arts created in
174 section 334.120, or the Missouri state board of nursing established in section 335.021, with
175 respect to physician's statements signed by advanced practice registered nurses, or the
176 Missouri state board of chiropractic examiners established in section 331.090, with respect to
177 physician's statements signed by licensed chiropractors, or ~~with~~ the board of optometry
178 established in section 336.130, with respect to physician's statements signed by licensed
179 optometrists, or the state board of podiatric medicine created in section 330.100, with respect
180 to physician's statements signed by physicians of the foot or podiatrists, **or the Missouri**
181 **board of occupational therapy established in section 324.063, with respect to physician's**
182 **statements signed by licensed occupational therapists**, to determine whether the physician
183 is duly licensed and registered pursuant to law.

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

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

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

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

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

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

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

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

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

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.

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

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

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

18 4. After a full year of program operation, the board shall prepare and submit an
19 evaluation report to the governor and the general assembly describing the operation of the

20 program and the funds allocated. ~~[Unless otherwise authorized by the general assembly, the~~
21 ~~program shall expire on August 28, 2026.]~~

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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