

SECOND REGULAR SESSION

HOUSE BILL NO. 2372

103RD GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE PETERS.

5868H.011

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal sections 96.192, 96.196, 167.627, 167.630, 190.098, 190.246, 191.1146, 195.417, 196.990, 198.022, 206.110, 208.662, 301.142, 321.621, 332.081, 334.108, 335.081, 338.010, 338.333, 338.710, 345.050, and 579.060, RSMo, and to enact in lieu thereof forty new sections relating to health care, with penalty provisions.

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

Section A. Sections 96.192, 96.196, 167.627, 167.630, 190.098, 190.246, 191.1146, 195.417, 196.990, 198.022, 206.110, 208.662, 301.142, 321.621, 332.081, 334.108, 335.081, 338.010, 338.333, 338.710, 345.050, and 579.060, RSMo, are repealed and forty new sections enacted in lieu thereof, to be known as sections 9.412, 9.418, 9.502, 96.192, 96.196, 167.627, 167.630, 190.098, 190.246, 191.708, 191.1146, 192.021, 195.417, 196.990, 197.708, 198.022, 206.110, 206.158, 208.149, 208.662, 208.1400, 208.1405, 208.1410, 208.1415, 208.1420, 208.1425, 210.225, 301.142, 321.621, 332.081, 334.108, 335.081, 338.010, 338.333, 338.710, 345.050, 376.417, 376.1245, 376.1280, and 579.060, to read as follows:

9.412. The month of September each year is hereby designated as "Brain Aneurysm Awareness Month" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to raise awareness about the causes of and treatments for brain aneurysms, which affect nearly two hundred thousand people each year.

9.418. The last full week of April each year shall be known as "Infertility Awareness Week" in Missouri. Infertility is a medical condition defined by the inability to achieve pregnancy after twelve months or more of regular, unprotected sexual activity, or the inability to carry a pregnancy to live birth, affecting millions of

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.

5 individuals and couples worldwide. It is estimated that approximately one in eight
 6 couples in the United States experience infertility, impacting people across all racial,
 7 ethnic, socioeconomic, and cultural backgrounds. The citizens of this state are
 8 encouraged to participate in appropriate events and activities to raise awareness about
 9 infertility to help reduce stigma, foster understanding, and promote equitable access to
 10 fertility treatments and family-building options, including assisted reproductive
 11 technologies, adoption, and surrogacy.

9.502. March twenty-sixth of each year is hereby designated as "Pediatric Acute-
 2 Onset Neuropsychiatric Syndrome (PANS)/Pediatric Autoimmune Neuropsychiatric
 3 Disorder Associated with Streptococcus (PANDAS) Awareness Day". The citizens of
 4 this state are encouraged to participate in appropriate events and activities to raise
 5 PANS/PANDAS awareness.

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

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

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

9 (b) Bonds that have:

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

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

13 (c) Money market investments; or

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

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

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

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

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

96.196. 1. A hospital organized under this chapter may purchase, operate or lease, as
 2 lessor or lessee, related facilities or engage in health care activities, except in counties of the

3 third or fourth classification (other than the county in which the hospital is located) where
4 there already exists a hospital organized pursuant to this chapter [~~and chapter 205 or 206~~];
5 provided, however, that this exception shall not prohibit the continuation of existing activities
6 otherwise allowed by law.

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

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

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

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

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

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

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

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

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

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

26 (5) The pupil's parent or guardian has signed a statement acknowledging that the
27 school district and its employees or agents shall incur no liability as a result of any injury
28 arising from the self-administration of medication by the pupil or the administration of such

29 medication by school staff. Such statement shall not be construed to release the school
30 district and its employees or agents from liability for negligence.

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

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

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

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

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

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

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

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

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

22 immunity from civil liability for administering ~~[a prefilled auto syringe]~~ **an epinephrine**
23 **delivery device** under this section.

190.098. 1. **As used in this section, the term "community paramedic services"**
2 **means services that are:**

3 **(1) Provided by any entity that:**

4 **(a) Employs licensed paramedics who are certified as community paramedics by**
5 **the department; and**

6 **(b) Has received an endorsement by the department as a community paramedic**
7 **service entity;**

8 **(2) Provided in a nonemergent setting, independent of a 911 system or**
9 **emergency summons;**

10 **(3) Consistent with the training and education, as well as within the scope of skill**
11 **and practice, of the personnel and with the supervisory standard approved by the**
12 **medical director; and**

13 **(4) Reflected and documented in the entity's patient care plans or protocols**
14 **approved by the medical director in accordance with section 190.142.**

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

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

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

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

23 ~~[2-]~~ **3.** A community paramedic shall practice in accordance with protocols and
24 supervisory standards established by the medical director~~].—A community paramedic shall~~
25 ~~provide services of a health care plan if the plan has been developed by the patient's physician~~
26 ~~or by an advanced practice registered nurse through a collaborative practice arrangement with~~
27 ~~a physician or a physician assistant through a collaborative practice arrangement with a~~
28 ~~physician and there is no duplication of services to the patient from another provider] **in**~~
29 **collaboration with the ambulance service administrator. Patient care plans that are**
30 **developed by the patient's physician, certified nurse practitioner, or physician assistant**
31 **shall be implemented through a collaboration with the medical director and agency.**

32 ~~[3-]~~ **4.** **(1) Any ambulance service ~~[shall enter into a written contract to provide~~**
33 **~~community paramedic services in another ambulance service area, as that term is defined in~~**
34 **~~section 190.100. The contract that is agreed upon may be for an indefinite period of time, as~~**
35 **~~long as it includes at least a sixty-day cancellation notice by either ambulance service] that~~**

36 seeks to provide community paramedic services outside of its ambulance service area, as
37 described in section 190.105 and administered by the department, and in the service
38 area of another ambulance service that currently provides community paramedic
39 services shall be required to have a memorandum of understanding with that
40 ambulance service regarding the provision of such community paramedic services.
41 An ambulance service that provides community paramedic services may provide
42 community paramedic services without a memorandum of understanding in the
43 ambulance service area of an ambulance service that is not providing community
44 paramedic services, but the ambulance service providing community paramedic
45 services shall provide notification to the ambulance service with emergency service
46 responsibilities in the service area of the general community paramedic activities being
47 performed.

48 (2) Nothing in this subsection shall prevent an ambulance service that provides
49 community paramedic services from honoring any formal contract or agreement with a
50 health care institution, hospital licensed under chapter 197, health clinic, or insurance
51 company for the provision of community paramedic services.

52 (3) An ambulance service that provides sustained community paramedic services
53 in an area outside the county of the ambulance service's primary 911 response territory
54 and where another ambulance service also offers community paramedic services shall
55 coordinate its community paramedic services with the local ambulance service offering
56 community paramedic services in that area.

57 (4) Any emergency medical response agency seeking to provide community
58 paramedic services within its designated response service area may do so if the ground
59 ambulance service covering the area within which the emergency medical response
60 agency is located does not provide community paramedic services. If such ground
61 ambulance service does provide community paramedic services, the ground ambulance
62 service may establish, at its sole discretion, a memorandum of understanding with the
63 emergency medical response agency planning to offer community paramedic services in
64 order to coordinate programs and avoid service duplication. If an emergency medical
65 response agency is providing community paramedic services in a service area before the
66 ground ambulance service in that service area begins offering community paramedic
67 services, the emergency medical response agency and the ground ambulance service
68 shall establish a memorandum of understanding for the coordination of services.

69 (5) A community paramedic program shall notify the appropriate local
70 ambulance service when providing services within the service area of an ambulance
71 service.

72 **(6) The department shall establish regulations for the purpose of recognizing**
73 **community paramedic service entities that have met the standards necessary to provide**
74 **community paramedic services, including physician medical oversight, training, patient**
75 **recordkeeping, formal relationships with primary care services where necessary, and**
76 **quality improvement policies. The department shall issue an endorsement to any**
77 **community paramedic service entity that meets such standards that allows the entity to**
78 **provide community paramedic services for a period of five years.**

79 ~~[4-]~~ **5.** A community paramedic is subject to the provisions of sections 190.001 to
80 190.245 and rules promulgated under sections 190.001 to 190.245.

81 ~~[5-]~~ **6.** No person shall hold himself or herself out as a community paramedic or
82 provide the services of a community paramedic unless such person is certified by the
83 department.

84 ~~[6-]~~ **7.** The medical director shall approve the implementation of the community
85 paramedic program.

86 ~~[7-]~~ **8.** Any rule or portion of a rule, as that term is defined in section 536.010, that is
87 created under the authority delegated in this section shall become effective only if it complies
88 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
89 This section and chapter 536 are nonseverable and if any of the powers vested with the
90 general assembly pursuant to chapter 536 to review, to delay the effective date, or to
91 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
92 rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid
93 and void.

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

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

9 (2) "Emergency health care provider":

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

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

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

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

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

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

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

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

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

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

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

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

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

**191.708. 1. The chief medical officer or chief medical director of the department
2 of health and senior services, the department of mental health, or the MO HealthNet
3 division of the department of social services, or any licensed physician acting with the
4 express written consent of the director of any such department or division, may, within
5 his or her scope of practice, issue:**

6 **(1) Nonspecific recommendations for doula services;**

7 **(2) A medical standing order for prenatal vitamins; or**

8 **(3) A medical standing order for any other purpose, other than for controlled
9 substances, that is promulgated by rule in compliance with chapter 536.**

10 **2. Any standing order issued under this section shall:**

11 **(1) Be made available on the relevant department's website while in effect;**

12 **(2) Terminate upon removal of the issuing medical professional's authority**
13 **under this section by vacancy of his or her position or otherwise; and**

14 **(3) If not terminated sooner under subdivision (2) of this subsection, expire**
15 **within one year of issuance unless renewed.**

16 **3. The chief medical officer, chief medical director, or other authorized and**
17 **licensed physician described in subsection 1 of this section shall be immune from**
18 **criminal prosecution, disciplinary action from his or her professional licensing board,**
19 **and civil liability for issuing a medical standing order or recommendation in accordance**
20 **with this section, including for any outcome related to the standing order or**
21 **recommendation.**

191.1146. 1. Physicians licensed under chapter 334 who use telemedicine shall
2 ensure that a properly established physician-patient relationship exists with the person who
3 receives the telemedicine services. The physician-patient relationship may be established by:

4 (1) An in-person encounter through a medical ~~[interview]~~ **evaluation** and physical
5 examination;

6 (2) Consultation with another physician, or that physician's delegate, who has an
7 established relationship with the patient and an agreement with the physician to participate in
8 the patient's care; or

9 (3) A telemedicine encounter, if the standard of care does not require an in-person
10 encounter, and in accordance with evidence-based standards of practice and telemedicine
11 practice guidelines that address the clinical and technological aspects of telemedicine.

12 2. In order to establish a physician-patient relationship through telemedicine:

13 (1) The technology utilized shall be sufficient to establish an informed diagnosis as
14 though the medical ~~[interview]~~ **evaluation** and, **if required to meet the standard of care,**
15 **the physical examination has been performed in person; ~~and~~**

16 (2) Prior to providing treatment, including issuing prescriptions or physician
17 certifications under Article XIV of the Missouri Constitution, a physician who uses
18 telemedicine shall ~~[interview]~~ **evaluate** the patient, collect or review **the patient's** relevant
19 medical history, and perform an examination sufficient for the diagnosis and treatment of the
20 patient. ~~[A]~~ **Any** questionnaire completed by the patient, whether via the internet or
21 telephone, **shall be reviewed by the treating health care professional, as defined in section**
22 **376.1350, and shall include such information sufficient to provide the information as**
23 **though the medical evaluation has been performed in person, otherwise such**
24 **questionnaire** does not constitute an acceptable medical ~~[interview]~~ **evaluation** and
25 examination for the provision of treatment by telehealth; **and**

26 **(3) Any provider that uses a questionnaire to establish a physician-patient**
27 **relationship through telemedicine shall be employed or contracted with a business entity**
28 **that is licensed to provide health care in this state.**

29 **3. A health care provider that uses a medical evaluation questionnaire completed**
30 **by the patient by way of the internet or telephone shall provide a written report within**
31 **fourteen days of evaluation to the patient's primary health care provider, if provided by**
32 **the patient, that contains:**

33 **(1) The identity of the patient;**

34 **(2) The date of the evaluation;**

35 **(3) The diagnosis and treatment provided, if any; and**

36 **(4) Any further instructions provided to the patient.**

192.021. 1. The department of health and senior services shall be authorized to
2 **contract directly with an entity on a qualified vendor list composed of Missouri affiliates**
3 **of national public health associations or public health institutes in order to assist in**
4 **carrying out its duties to promote the health and wellbeing of the residents of this state.**
5 **Such contracts may include, but not be limited to, efforts to assist in the delivery of**
6 **health services to residents throughout the state and the administration of grant funds**
7 **and related programs.**

8 **2. Within sixty days after the end of each fiscal year, the department and the**
9 **designated affiliate shall provide the general assembly with an annual report and**
10 **accounting of any appropriations and grant funds received and expended by the**
11 **designated affiliate pursuant to this section during the immediate prior fiscal year and**
12 **may provide recommendations and suggestions for improvement in services provided.**

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

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

9 **(1) The sole active ingredient; or**

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

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

13

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

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

22 (1) The sole active ingredient; or

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

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

26

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

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

34 (1) The sole active ingredient; or

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

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

38

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

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

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

50 7. (1) **As used in this subsection, "administrator of the real-time electronic**
51 **pseudoephedrine tracking system" means the entity responsible for developing,**
52 **implementing, and maintaining the data collection system described in 19 CSR 30-**
53 **1.074 or any successor regulation.**

54 (2) **Beginning October 1, 2026, and continuing thereafter, any manufacturer of**
55 **any compound, mixture, or preparation specified in this section that is sold in or into the**
56 **state shall, on a monthly basis, pay fees to the administrator of the real-time electronic**
57 **pseudoephedrine tracking system.**

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

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

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

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

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

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

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

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

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

2 (1) "Administer", the direct application of an epinephrine ~~[auto-injector]~~ **delivery**
3 **device** to the body of an individual;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

69

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

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

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

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

**197.708. Each hospital shall display in a prominent place within the waiting
2 rooms of the emergency department and the labor and delivery department a printed
3 sign with the following text in all capital letters: "WARNING: ASSAULTING A
4 HEALTH CARE PROFESSIONAL WHO IS ENGAGED IN THE PERFORMANCE
5 OF HIS OR HER OFFICIAL DUTIES, INCLUDING STRIKING A HEALTH CARE
6 PROFESSIONAL WITH ANY BODILY FLUID, IS A SERIOUS CRIME AND WILL
7 BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW."**

198.022. 1. Upon receipt of an application for a license to operate a facility, the
2 department shall review the application, investigate the applicant and the statements sworn to
3 in the application for license and conduct any necessary inspections. A license shall be issued
4 if the following requirements are met:

5 (1) The statements in the application are true and correct;

6 (2) The facility and the operator are in substantial compliance with the provisions of
7 sections 198.003 to 198.096 and the standards established thereunder;

8 (3) The applicant has the financial capacity to operate the facility;

9 (4) The administrator of an assisted living facility, a skilled nursing facility, or an
10 intermediate care facility is currently licensed under the provisions of chapter 344;

11 (5) Neither the operator nor any principals in the operation of the facility have ever
12 been convicted of a felony offense concerning the operation of a long-term health care facility
13 or other health care facility or ever knowingly acted or knowingly failed to perform any duty
14 which materially and adversely affected the health, safety, welfare or property of a resident,
15 while acting in a management capacity. The operator of the facility or any principal in the
16 operation of the facility shall not be under exclusion from participation in the Title XVIII
17 (Medicare) or Title XIX (Medicaid) program of any state or territory;

18 (6) Neither the operator nor any principals involved in the operation of the facility
19 have ever been convicted of a felony in any state or federal court arising out of conduct
20 involving either management of a long-term care facility or the provision or receipt of health
21 care; **and**

22 (7) All fees due to the state have been paid.

23 2. Upon denial of any application for a license, the department shall so notify the
24 applicant in writing, setting forth therein the reasons and grounds for denial.

25 3. The department may inspect any facility and any records and may make copies of
26 records, at the facility, at the department's own expense, required to be maintained by sections
27 198.003 to 198.096 or by the rules and regulations promulgated thereunder at any time if a
28 license has been issued to or an application for a license has been filed by the operator of such
29 facility. Copies of any records requested by the department shall be prepared by the staff of
30 such facility within two business days or as determined by the department. The department
31 shall not remove or disassemble any medical record during any inspection of the facility, but
32 may observe the photocopying or may make its own copies if the facility does not have the
33 technology to make the copies. In accordance with the provisions of section 198.525, the
34 department shall make at least one inspection per year, which shall be unannounced to the
35 operator. The department may make such other inspections, announced or unannounced, as it
36 deems necessary to carry out the provisions of sections 198.003 to 198.136.

37 4. Whenever the department has reasonable grounds to believe that a facility required
38 to be licensed under sections 198.003 to 198.096 is operating without a license, and the
39 department is not permitted access to inspect the facility, or when a licensed operator refuses
40 to permit access to the department to inspect the facility, the department shall apply to the
41 circuit court of the county in which the premises is located for an order authorizing entry for
42 such inspection, and the court shall issue the order if it finds reasonable grounds for
43 inspection or if it finds that a licensed operator has refused to permit the department access to
44 inspect the facility.

45 5. Whenever the department is inspecting a facility in response to an application from
46 an operator located outside of Missouri not previously licensed by the department, the
47 department may request from the applicant the past five years of compliance history of all
48 facilities owned by the applicant located outside of this state.

49 **6. (1) In lieu of any inspection required by sections 198.003 to 198.186 or**
50 **sections 198.525 to 198.528 for residential care facilities and assisted living facilities, the**
51 **department may accept, in whole or in part, written reports of the survey of any state or**
52 **federal agency, or of any professional accrediting agency, if such survey is:**

53 **(a) Comparable in scope and method to the department's surveys; and**

54 **(b) Conducted in accordance with Title XVIII of the Social Security Act.**

55 **(2) Failure by a residential care facility or assisted living facility to maintain an**
56 **accredited status by a recognized accrediting entity shall result in the assisted living**
57 **facility or residential care facility being subject to an inspection pursuant to section**
58 **198.525.**

59 **(3) The residential care facility or the assisted living facility shall provide to the**
60 **department the accreditation report verifying accreditation status to be published on**
61 **the department's website and made publicly available pursuant to section 198.030.**

62 **(4) The residential care facility or the assisted living facility shall immediately**
63 **forward any complaint or report of suspected abuse or neglect that is reported to the**
64 **accrediting entity to the department in the same manner as provided under section**
65 **198.070.**

66 **(5) If a facility that is exempted from an annual inspection under this subsection**
67 **has one or more violations of a class I standard, as described in section 198.085, such**
68 **facility shall be subject to a full survey by the state under this section.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2 **(1) "Clinical pathology services", professional medical services provided by a
3 pathologist for the examination, diagnosis, and interpretation of laboratory tests**

4 performed on patient specimens to aid in the diagnosis and treatment of disease.
5 Clinical pathology services include, but are not limited to, hematology, microbiology,
6 immunology, clinical chemistry, molecular pathology, and other laboratory-based
7 diagnostic procedures;

8 (2) "Hospital-based pathologist", a licensed physician specializing in pathology
9 who provides clinical pathology services within a hospital setting;

10 (3) "Professional component of clinical pathology services", the portion of
11 clinical pathology services that involves the pathologist's professional expertise in
12 interpreting and supervising laboratory tests, excluding the technical component of
13 performing the laboratory tests.

14 2. The fee for the professional component of clinical pathology services shall be
15 paid by MO HealthNet for professional services provided by a hospital-based
16 pathologist for inpatient clinical pathology services rendered to patients covered by
17 the MO HealthNet program.

18 3. The reimbursement amount for the professional component of clinical
19 pathology services shall be set at thirty percent of the approved outpatient simplified fee
20 schedule based on Medicare's clinical laboratory fee schedule for the corresponding
21 clinical pathology services payable by MO HealthNet.

22 4. (1) If the fee for the professional component of clinical pathology services is
23 paid for professional services provided by a pathologist employed by the hospital where
24 the clinical pathology services are rendered to covered MO HealthNet patients, the
25 professional fee shall be paid directly to the hospital.

26 (2) If the fee for the professional component of clinical pathology services is paid
27 for professional services provided by a pathologist who is not employed by the hospital
28 where clinical pathology services are rendered to covered MO HealthNet patients, the
29 professional fee shall be paid directly to the third party providing the services.

30 5. The department of social services shall promulgate all necessary rules and
31 regulations for the administration of this section. Any rule or portion of a rule, as that
32 term is defined in section 536.010, that is created under the authority delegated in this
33 section shall become effective only if it complies with and is subject to all of the
34 provisions of chapter 536 and, if applicable, section 536.028. This section and chapter
35 536 are nonseverable and if any of the powers vested with the general assembly
36 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul
37 a rule are subsequently held unconstitutional, then the grant of rulemaking authority
38 and any rule proposed or adopted after August 28, 2026, shall be invalid and void.

208.662. 1. There is hereby established within the department of social services the
2 "Show-Me Healthy Babies Program" as a separate children's health insurance program

3 (CHIP) for any low-income unborn child. The program shall be established under the
4 authority of Title XXI of the federal Social Security Act, the State Children's Health
5 Insurance Program, as amended, and 42 CFR 457.1.

6 2. For an unborn child to be enrolled in the show-me healthy babies program, his or
7 her mother shall not be eligible for coverage under Title XIX of the federal Social Security
8 Act, the Medicaid program, as it is administered by the state, and shall not have access to
9 affordable employer-subsidized health care insurance or other affordable health care coverage
10 that includes coverage for the unborn child. In addition, the unborn child shall be in a family
11 with income eligibility of no more than three hundred percent of the federal poverty level, or
12 the equivalent modified adjusted gross income, unless the income eligibility is set lower by
13 the general assembly through appropriations. In calculating family size as it relates to income
14 eligibility, the family shall include, in addition to other family members, the unborn child, or
15 in the case of a mother with a multiple pregnancy, all unborn children.

16 3. Coverage for an unborn child enrolled in the show-me healthy babies program
17 shall include all prenatal care and pregnancy-related services that benefit the health of the
18 unborn child and that promote healthy labor, delivery, and birth, **including childbirth**
19 **education classes**. Coverage need not include services that are solely for the benefit of the
20 pregnant mother, that are unrelated to maintaining or promoting a healthy pregnancy, and that
21 provide no benefit to the unborn child. However, the department may include pregnancy-
22 related assistance as defined in 42 U.S.C. Section 1397ll.

23 4. There shall be no waiting period before an unborn child may be enrolled in the
24 show-me healthy babies program. In accordance with the definition of child in 42 CFR
25 457.10, coverage shall include the period from conception to birth. The department shall
26 develop a presumptive eligibility procedure for enrolling an unborn child. There shall be
27 verification of the pregnancy.

28 5. Coverage for the child shall continue for up to one year after birth, unless otherwise
29 prohibited by law or unless otherwise limited by the general assembly through appropriations.

30 6. (1) Pregnancy-related and postpartum coverage for the mother shall begin on the
31 day the pregnancy ends and extend through the last day of the month that includes the sixtieth
32 day after the pregnancy ends, unless otherwise prohibited by law or unless otherwise limited
33 by the general assembly through appropriations. The department may include pregnancy-
34 related assistance as defined in 42 U.S.C. Section 1397ll.

35 (2) (a) Subject to approval of any necessary state plan amendments or waivers,
36 beginning on July 6, 2023, mothers eligible to receive coverage under this section shall
37 receive medical assistance benefits during the pregnancy and during the twelve-month period
38 that begins on the last day of the woman's pregnancy and ends on the last day of the month in
39 which such twelve-month period ends, consistent with the provisions of 42 U.S.C. Section

40 1397gg(e)(1)(J). The department shall seek any necessary state plan amendments or waivers
41 to implement the provisions of this subdivision when the number of ineligible MO HealthNet
42 participants removed from the program in 2023 pursuant to section 208.239 exceeds the
43 projected number of beneficiaries likely to enroll in benefits in 2023 under this subdivision
44 and subdivision (28) of subsection 1 of section 208.151, as determined by the department, by
45 at least one hundred individuals.

46 (b) The provisions of this subdivision shall remain in effect for any period of time
47 during which the federal authority under 42 U.S.C. Section 1397gg(e)(1)(J), as amended, or
48 any successor statutes or implementing regulations, is in effect.

49 7. The department shall provide coverage for an unborn child enrolled in the show-
50 me healthy babies program in the same manner in which the department provides coverage
51 for the children's health insurance program (CHIP) in the county of the primary residence of
52 the mother.

53 8. The department shall provide information about the show-me healthy babies
54 program to maternity homes as defined in section 135.600, pregnancy resource centers as
55 defined in section 135.630, and other similar agencies and programs in the state that assist
56 unborn children and their mothers. The department shall consider allowing such agencies and
57 programs to assist in the enrollment of unborn children in the program, and in making
58 determinations about presumptive eligibility and verification of the pregnancy.

59 9. Within sixty days after August 28, 2014, the department shall submit a state plan
60 amendment or seek any necessary waivers from the federal Department of Health and Human
61 Services requesting approval for the show-me healthy babies program.

62 10. At least annually, the department shall prepare and submit a report to the
63 governor, the speaker of the house of representatives, and the president pro tempore of the
64 senate analyzing and projecting the cost savings and benefits, if any, to the state, counties,
65 local communities, school districts, law enforcement agencies, correctional centers, health
66 care providers, employers, other public and private entities, and persons by enrolling unborn
67 children in the show-me healthy babies program. The analysis and projection of cost savings
68 and benefits, if any, may include but need not be limited to:

69 (1) The higher federal matching rate for having an unborn child enrolled in the show-
70 me healthy babies program versus the lower federal matching rate for a pregnant woman
71 being enrolled in MO HealthNet or other federal programs;

72 (2) The efficacy in providing services to unborn children through managed care
73 organizations, group or individual health insurance providers or premium assistance, or
74 through other nontraditional arrangements of providing health care;

75 (3) The change in the proportion of unborn children who receive care in the first
76 trimester of pregnancy due to a lack of waiting periods, by allowing presumptive eligibility,

77 or by removal of other barriers, and any resulting or projected decrease in health problems
78 and other problems for unborn children and women throughout pregnancy; at labor, delivery,
79 and birth; and during infancy and childhood;

80 (4) The change in healthy behaviors by pregnant women, such as the cessation of the
81 use of tobacco, alcohol, illicit drugs, or other harmful practices, and any resulting or projected
82 short-term and long-term decrease in birth defects; poor motor skills; vision, speech, and
83 hearing problems; breathing and respiratory problems; feeding and digestive problems; and
84 other physical, mental, educational, and behavioral problems; and

85 (5) The change in infant and maternal mortality, preterm births and low birth weight
86 babies and any resulting or projected decrease in short-term and long-term medical and other
87 interventions.

88 11. The show-me healthy babies program shall not be deemed an entitlement
89 program, but instead shall be subject to a federal allotment or other federal appropriations and
90 matching state appropriations.

91 12. Nothing in this section shall be construed as obligating the state to continue the
92 show-me healthy babies program if the allotment or payments from the federal government
93 end or are not sufficient for the program to operate, or if the general assembly does not
94 appropriate funds for the program.

95 13. Nothing in this section shall be construed as expanding MO HealthNet or
96 fulfilling a mandate imposed by the federal government on the state.

208.1400. Sections 208.1400 to 208.1425 shall be known and may be cited as the
2 **"Missouri Doula Reimbursement Act".**

208.1405. For purposes of sections 208.1400 to 208.1425, the following terms
2 **mean:**

3 (1) **"Community-based network", a network that is representative of a**
4 **community or significant segments of a community and engaged in meeting that**
5 **community's needs in the area of social, human, or health services;**

6 (2) **"Community navigation services", services that connect pregnant**
7 **individuals and their families with available resources using a community-based**
8 **approach including, but not limited to, an approach that understands the services and**
9 **supports available to pregnant and postpartum individuals receiving MO HealthNet**
10 **benefits and facilitates access to those resources based upon an assessment of social**
11 **service needs;**

12 (3) **"Doula", a trained professional providing continuous physical, emotional,**
13 **and informational support to a pregnant individual, from the prenatal, the intrapartum,**
14 **and up to the first twelve months of the postpartum periods. Doulas also provide**

15 assistance by referring pregnant individuals to community-based networks and certified
16 and licensed perinatal professionals in multiple disciplines;

17 (4) "Doula services", services provided by a doula;

18 (5) "Fee-for-service", a payment model where services are unbundled and paid
19 for separately;

20 (6) "Intrapartum", the period of pregnancy during labor and delivery or
21 childbirth. Services provided during this period are rendered to the pregnant
22 individual;

23 (7) "Managed care", the delivery of Medicaid health benefits and additional
24 services through contracted arrangements between state Medicaid agencies and
25 managed care organizations that accept a set per member per month (capitation)
26 payment for these services;

27 (8) "Postpartum", the one-year period after a pregnancy ends;

28 (9) "Prenatal", the period of pregnancy before labor or childbirth. Services
29 provided during this period are rendered to the pregnant individual.

208.1410. The following doula services shall be covered by the MO HealthNet
2 program:

3 (1) A combined total of six prenatal and postpartum support sessions;

4 (2) One birth attendance;

5 (3) Up to two visits for general consultation on lactation at any time during the
6 prenatal and postpartum periods; and

7 (4) Community navigation services, except that any community navigation
8 services provided outside any visit or session billed under subdivisions (1) to (3) of this
9 section shall be billed only up to ten times total over the course of the pregnancy and
10 postpartum period.

208.1415. A doula shall be eligible for participation as a provider of doula
2 services covered by the MO HealthNet program only if the doula:

3 (1) Is enrolled as a MO HealthNet provider;

4 (2) Is eighteen years of age or older;

5 (3) Holds liability insurance as an individual or through a supervising
6 organization; and

7 (4) Either:

8 (a) Possesses a current certificate issued by a national or Missouri-based doula
9 training organization whose curriculum meets guidelines established by the MO
10 HealthNet division by rule; or

11 (b) Received training from a source not described in paragraph (a) of this
12 subdivision, or from multiple sources, whose curriculum meets the guidelines

13 established under paragraph (a) of this subdivision as verified by a public roster
14 maintained by a statewide organization composed of doula trainers from three or more
15 independent, well-established doula training organizations located in Missouri whose
16 purpose includes the validation of core competencies of training.

208.1420. 1. Once enrolled as a MO HealthNet provider, a doula shall be eligible
2 to enroll as a provider with fee-for-service and managed care payers affiliated with the
3 MO HealthNet program.

4 2. Doula services shall be reimbursed on a fee-for-service schedule.

208.1425. The MO HealthNet division shall promulgate all necessary rules and
2 regulations for the administration of sections 208.1400 to 208.1425. Any rule or portion
3 of a rule, as that term is defined in section 536.010, that is created under the authority
4 delegated in this section shall become effective only if it complies with and is subject to
5 all of the provisions of chapter 536 and, if applicable, section 536.028. This section and
6 chapter 536 are nonseverable and if any of the powers vested with the general assembly
7 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul
8 a rule are subsequently held unconstitutional, then the grant of rulemaking authority
9 and any rule proposed or adopted after August 28, 2026, shall be invalid and void.

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

2 2. (1) Before July 1, 2028, each licensed child care provider shall adopt a policy
3 on allergy prevention and response with priority given to addressing potentially deadly
4 foodborne allergies. Such policy shall contain, but shall not be limited to, the following
5 elements:

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

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

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

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

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

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

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

28 3. The department of elementary and secondary education shall, in cooperation
 29 with any appropriate professional association, develop a model policy or policies before
 30 July 1, 2027.

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~~
 12 ~~one's~~] **that prohibit, limit, or severely impair the person's** ability to ambulate or walk, as
 13 determined by a licensed physician or other authorized health 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, **or** 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 **physically** disabled or
42 temporarily disabled person a physician's statement for only those physical health care
43 conditions for 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 **physically** disabled pursuant to this section, and ~~[shall contain]~~
65 sufficient 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 ~~[preceding]~~ **preceding** the date the application is made, and proof of compliance with the
78 state motor vehicle laws relating to registration and licensing of motor vehicles, shall be
79 issued motor vehicle license plates for vehicles, other than commercial vehicles with a gross
80 weight in excess of twenty-four thousand pounds, upon which shall be inscribed the
81 international wheelchair accessibility symbol and the word "DISABLED" in addition to a
82 combination of letters and numbers. Such license plates shall be made with fully reflective
83 material with a common color scheme and design, shall be clearly visible at night, and shall
84 be aesthetically attractive, as prescribed by section 301.130. If at any time an individual who
85 obtained disabled license plates issued under this subsection no longer occupies a residence
86 with a physically disabled person, or no longer owns a vehicle that is operated at least fifty
87 percent of the time by a physically disabled person, such individual shall surrender the
88 disabled license plates to the department within thirty days of becoming ineligible for their
89 use.

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

96 9. No additional fee shall be paid to the director for the issuance of the special license
97 plates provided in this section, except for special personalized license plates and other license
98 plates described in this subsection. Priority for any specific set of special license plates shall
99 be given to the applicant who received the number in the immediately preceding license

100 period subject to the applicant's compliance with the provisions of this section and any
101 applicable rules or regulations issued by the director. If determined feasible by the advisory
102 committee established in section ~~[301.129]~~ **301.125**, any special license plate issued pursuant
103 to this section may be adapted to also include the international wheelchair accessibility
104 symbol and the word "DISABLED" as prescribed in this section and such plate may be issued
105 to any applicant who meets the requirements of this section and the other appropriate
106 provision of this chapter, subject to the requirements and fees of the appropriate provision of
107 this chapter.

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

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

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

137 as removable windshield placards. A person or entity shall be qualified to possess and
138 display a temporary removable windshield placard for six months and the placard may be
139 renewed once for an additional six months if a physician's statement pursuant to this section is
140 supplied to the director of revenue at the time of renewal.

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

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

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

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

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

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

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

187 18. The boards shall cooperate with the director and shall supply information
188 requested pursuant to this ~~[subsection]~~ **section**. The director shall, in cooperation with the
189 boards which shall assist the director, establish a list of all Missouri physicians and other
190 authorized health care practitioners and of any other information necessary to administer this
191 section.

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

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

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

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

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

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

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

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

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

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

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

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

15 2. The director of the department of health and senior services, if a licensed
16 physician, may issue a statewide standing order for epinephrine [~~auto-injector~~] **delivery**
17 **devices for adult patients to fire protection districts in nonmetropolitan areas in Missouri as**
18 **such areas are determined according to the United States Census Bureau's American**
19 **Community Survey, based on the most recent of five-year period estimate data in which the**

20 final year of the estimate ends in either zero or five. If the director of the department of health
21 and senior services is not a licensed physician, the department of health and senior services
22 may employ or contract with a licensed physician who may issue such a statewide order with
23 the express consent of the director.

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

26 (1) No person shall use an epinephrine ~~[auto-injector]~~ **delivery** device pursuant to this
27 section unless such person has successfully completed a training course in the use of
28 epinephrine ~~[auto-injector]~~ **delivery** devices for adult patients approved by the director of the
29 department of health and senior services. Nothing in this section shall prohibit the use of an
30 epinephrine ~~[auto-injector]~~ **delivery** device:

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

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

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

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

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

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

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

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

57 of health and senior services for the purposes of providing epinephrine [~~auto-injector~~]
58 **delivery** devices for adult patients to qualified first responder agencies as used in this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

46 (a) The United States Armed Forces;

47 (b) The United States Public Health Service;

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

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

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

53 (f) The United States Veterans Bureau; or

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

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

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

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

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

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

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

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

90

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

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

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

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

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

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

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

137 10. The board may promulgate rules and regulations to ensure not-for-profit
138 corporations are rendering care to the patient populations as set forth herein, including
139 requirements for covered not-for-profit corporations to report patient census data to the board.

140 The provisions of this subsection shall not apply to a federally qualified health center as
141 defined in Section 1905(l) of the Social Security Act (42 U.S.C. Section 1396d(l)).

142 11. All not-for-profit corporations organized or operated pursuant to the provisions of
143 chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3), or the
144 requirements relating to migrant, community, or health care for the homeless health centers
145 provided in Section 330 of the Public Health Service Act (42 U.S.C. Section 254b) and
146 federally qualified health centers as defined in Section 1905(l) (42 U.S.C. Section 1396d(l))
147 of the Social Security Act, that employ persons who practice dentistry or dental hygiene in
148 this state shall do so in accordance with the relevant laws of this state except to the extent that
149 such laws are contrary to, or inconsistent with, federal statute or regulation.

334.108. 1. Prior to prescribing any drug, controlled substance, or other treatment
2 through telemedicine, as defined in section 191.1145, or the internet, a physician shall
3 establish a valid physician-patient relationship as described in section 191.1146. This
4 relationship shall include:

5 (1) Obtaining a reliable medical history and, **if required to meet the standard of**
6 **care**, performing a physical examination of the patient, adequate to establish the diagnosis for
7 which the drug is being prescribed and to identify underlying conditions or contraindications
8 to the treatment recommended or provided;

9 (2) Having sufficient ~~[dialogue]~~ **exchange** with the patient regarding treatment
10 options and the risks and benefits of treatment or treatments;

11 (3) If appropriate, following up with the patient to assess the therapeutic outcome;

12 (4) Maintaining a contemporaneous medical record that is readily available to the
13 patient and, subject to the patient's consent, to the patient's other health care professionals;
14 and

15 (5) Maintaining the electronic prescription information as part of the patient's medical
16 record.

17 2. The requirements of subsection 1 of this section may be satisfied by the prescribing
18 physician's designee when treatment is provided in:

19 (1) A hospital as defined in section 197.020;

20 (2) A hospice program as defined in section 197.250;

21 (3) Home health services provided by a home health agency as defined in section
22 197.400;

23 (4) Accordance with a collaborative practice agreement as ~~[defined]~~ **described** in
24 section 334.104;

25 (5) Conjunction with a physician assistant licensed pursuant to section 334.738;

26 (6) Conjunction with an assistant physician licensed under section 334.036;

27 (7) Consultation with another physician who has an ongoing physician-patient
28 relationship with the patient, and who has agreed to supervise the patient's treatment,
29 including use of any prescribed medications; or

30 (8) On-call or cross-coverage situations.

31 3. No health care provider, as defined in section 376.1350, shall prescribe any drug,
32 controlled substance, or other treatment to a patient based solely on an evaluation [~~over the~~
33 ~~telephone~~] **through telemedicine**; except that, a physician or such physician's on-call
34 designee, or an advanced practice registered nurse, a physician assistant, or an assistant
35 physician in a collaborative practice arrangement with such physician, may prescribe any
36 drug, controlled substance, or other treatment that is within his or her scope of practice to a
37 patient based solely on a [~~telephone~~] **telemedicine** evaluation if a previously established and
38 ongoing physician-patient relationship exists between such physician and the patient being
39 treated.

40 4. No health care provider shall prescribe any drug, controlled substance, or other
41 treatment to a patient [~~based solely on an internet request or an internet questionnaire~~] **in the**
42 **absence of a proper provider-patient relationship, as described in section 191.1146.**

43 5. **Medical records of any drug, controlled substance, or other treatment**
44 **prescribed through telemedicine, as defined in section 191.1145, shall be collected,**
45 **stored, and maintained in accordance with the Health Insurance Portability and**
46 **Accountability Act of 1996, which allows for the sharing of protected health information**
47 **for continuity of care between health care providers for treatment, payment, and health**
48 **care operations.**

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

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

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

10 (a) Insulin;

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

13 (c) **Epinephrine delivery devices ordered for stock supply in accordance with**
14 **section 196.990 or prescribed for a resident's individual use by an individual legally**
15 **authorized to prescribe such epinephrine delivery devices. Expected epinephrine**

16 **delivery device users shall receive training set forth in section 196.990. As used in this**
17 **paragraph, the term "epinephrine delivery device" means a single-use device used for**
18 **the delivery of a premeasured dose of epinephrine into the human body;**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 (4) The ordering and administration of vaccines approved or authorized by the U.S.
10 Food and Drug Administration, excluding vaccines for cholera, monkeypox, Japanese
11 encephalitis, typhoid, rabies, yellow fever, tick-borne encephalitis, anthrax, tuberculosis,
12 dengue, Hib, polio, rotavirus, smallpox, **chikungunya**, and any vaccine approved after
13 January 1, [2023] 2026, 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.

338.333. 1. Except as otherwise provided by the board of pharmacy by rule in the
2 event of an emergency or to alleviate a supply shortage, no person or distribution outlet shall
3 act as a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party
4 logistics provider without first obtaining license to do so from the Missouri board of
5 pharmacy and paying the required fee. The board may grant temporary licenses when the
6 wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics
7 provider first applies for a license to operate within the state. Temporary licenses shall
8 remain valid until such time as the board shall find that the applicant meets or fails to meet the
9 requirements for regular licensure. No license shall be issued or renewed for a wholesale
10 drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider to
11 operate unless the same shall be operated in a manner prescribed by law and according to the
12 rules and regulations promulgated by the board of pharmacy with respect thereto. Separate
13 licenses shall be required for each distribution site owned or operated by a wholesale drug
14 distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider, unless
15 such drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider
16 meets the requirements of section 338.335.

17 2. An agent or employee of any licensed or registered wholesale drug distributor,
18 pharmacy distributor, drug outsourcer, or third-party logistics provider need not seek
19 licensure under this section and may lawfully possess pharmaceutical drugs, if the agent or
20 employee is acting in the usual course of his or her business or employment.

21 3. The board may permit out-of-state wholesale drug distributors, drug outsourcers,
22 third-party logistics ~~provider~~ **providers**, or out-of-state pharmacy distributors to be licensed
23 as required by sections 338.210 to 338.370 on the basis of reciprocity to the extent that the
24 entity both:

25 (1) Possesses a valid license granted by another state pursuant to legal standards
26 comparable to those which must be met by a wholesale drug distributor, pharmacy distributor,
27 drug ~~outsourcers~~ **outsourcer**, or third-party logistics provider of this state as prerequisites
28 for obtaining a license under the laws of this state. **If a state license is not issued by their**
29 **resident state, out-of-state wholesale drug distributors and third-party logistics**
30 **providers with a current and valid drug distributor accreditation from the National**

31 **Association of Boards of Pharmacy or its successor may be eligible for licensure as**
32 **provided by the board by rule; and**

33 (2) Distributes into Missouri from a state which would extend reciprocal treatment
34 under its own laws to a wholesale drug distributor, pharmacy distributor, drug outsourcers, or
35 third-party logistics provider of this state.

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

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

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

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

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

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

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

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

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

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

2 (1) "340B drug", the same meaning given to the term in section 376.414;

3 (2) "Covered entity", any entity described in subparagraphs (A) to (K) of
4 subsection (a)(4) of Section 340B of the Public Health Service Act, 42 U.S.C. Section
5 256b, including any pharmacy with which such entity has contracted to dispense 340B
6 drugs on behalf of the entity;

7 (3) "Health carrier", the same meaning given to the term in section 376.1350;

8 (4) "Pharmacy", an entity licensed under chapter 338;

9 (5) "Pharmacy benefits manager", the same meaning given to the term in section
10 376.388.

11 **2. A health carrier, a pharmacy benefits manager, or an agent or affiliate of such**
12 **health carrier or pharmacy benefits manager shall not discriminate against a covered**
13 **entity including, but not limited to, by doing any of the following:**

14 (1) **Reimbursing a covered entity for a quantity of a 340B drug in an amount less**
15 **than it would pay any other similarly situated pharmacy or entity that is not a covered**
16 **entity for such quantity of such drug on the basis that the covered entity is a covered**
17 **entity or that the covered entity dispenses 340B drugs. The director of the department**
18 **of commerce and insurance shall specify by rule the circumstances under which a**
19 **pharmacy or entity shall be deemed a "similarly situated pharmacy or entity" for**
20 **purposes of this subdivision;**

21 (2) **Imposing any terms or conditions on covered entities that differ from such**
22 **terms or conditions applied to other similarly situated entities or pharmacies that are**
23 **not covered entities on the basis that the covered entity is a covered entity or that the**
24 **covered entity dispenses 340B drugs including, but not limited to, terms or conditions**
25 **with respect to any of the following:**

26 (a) **Fees, chargebacks, clawbacks, adjustments, or other assessments;**

27 (b) **Professional dispensing fees;**

28 (c) Restrictions or requirements regarding participation in standard or
29 preferred pharmacy networks;

30 (d) Requirements relating to the frequency or scope of audits or to inventory
31 management systems using generally accepted accounting principles; and

32 (e) Any other restrictions, conditions, practices, or policies that, as specified by
33 the director of the department of commerce and insurance, interfere with the ability of a
34 covered entity to maximize the value of discounts provided under 42 U.S.C. Section
35 256b;

36 (3) Discriminating in reimbursement to a covered entity based on the
37 determination or indication a drug is a 340B drug;

38 (4) Requiring a covered entity to identify, either directly or through a third
39 party, a 340B drug;

40 (5) Refusing to cover drugs purchased under the 340B drug-pricing program; or

41 (6) Requiring a covered entity to reverse, resubmit, or clarify a 340B drug-
42 pricing claim after the initial adjudication unless these actions are:

43 (a) In the normal course of pharmacy business and not related to 340B drug
44 pricing; or

45 (b) Required by federal law.

46 3. The director of the department of commerce and insurance shall impose a
47 civil penalty on any health carrier, pharmacy benefits manager, or agent or affiliate of
48 such health carrier or pharmacy benefits manager that violates the requirements of this
49 section. Such penalty shall not exceed five thousand dollars per violation per day.

50 4. The director of the department of commerce and insurance shall promulgate
51 rules to implement the provisions of this section. Any rule or portion of a rule, as that
52 term is defined in section 536.010, that is created under the authority delegated in this
53 section shall become effective only if it complies with and is subject to all of the
54 provisions of chapter 536 and, if applicable, section 536.028. This section and chapter
55 536 are nonseverable and if any of the powers vested with the general assembly
56 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul
57 a rule are subsequently held unconstitutional, then the grant of rulemaking authority
58 and any rule proposed or adopted after August 28, 2026, shall be invalid and void.

376.1245. 1. As used in this section, the following terms mean:

2 (1) "Anesthesia time", the period during which an anesthesia practitioner is
3 present with the patient, starting when the anesthesia practitioner begins to prepare the
4 patient for anesthesia services in the operating room or an equivalent area and ending
5 when the anesthesia practitioner is no longer furnishing anesthesia services to the
6 patient because the patient may be placed safely under postoperative or postanesthesia

7 care. The term "anesthesia time" includes, if counted by the anesthesia practitioner,
8 blocks of time around an interruption in anesthesia time, provided the anesthesia
9 practitioner is furnishing continuous anesthesia care within the time periods around the
10 interruption;

11 (2) "Anesthesia time units", time units recognized with appropriate time
12 intervals that do not exceed fifteen minutes in length for each interval and that, taken
13 together, represent the total anesthesia time for a particular anesthesia service;

14 (3) "Excepted benefit plan", the same meaning given to the term in section
15 376.998;

16 (4) "Health benefit plan", the same meaning given to the term in section
17 376.1350. The term "health benefit plan" shall also include MO HealthNet, the
18 children's health insurance program authorized under chapter 208, the Missouri
19 consolidated health care plan established under chapter 103, and any other state-
20 sponsored health insurance program;

21 (5) "Health carrier", the same meaning given to the term in section 376.1350.
22 The term "health carrier" shall also include the MO HealthNet division and any
23 Medicaid managed care organization as defined in section 208.431;

24 (6) "Payment of anesthesia services", an amount paid for anesthesia services:

25 (a) Determined by using prevailing medical coding and billing standards in the
26 professional medical billing community, such as the Current Procedural Terminology
27 code book published by the American Medical Association, the Medicare Claims
28 Processing Manual, or guidance from nationally recognized anesthesia organizations;
29 and

30 (b) Calculated as the product obtained by multiplying the following together:

31 a. The sum of the base units for the appropriate medical code plus anesthesia
32 time units; and

33 b. An anesthesia conversion factor that is defined in the individual contract
34 between the health carrier or health benefit plan and the anesthesia practitioner or
35 group.

36 2. No health carrier or health benefit plan shall establish, implement, or enforce
37 any policy, practice, or procedure that imposes a time limit for the payment of
38 anesthesia services provided during a medical or surgical procedure.

39 3. No health carrier or health benefit plan shall establish, implement, or enforce
40 any policy, practice, or procedure that restricts or excludes all anesthesia time in
41 calculating the payment of anesthesia services.

42 4. Excepted benefit plans shall be subject to the requirements of this section.

376.1280. 1. As used in this section, the following terms mean:

2 **(1) "Acute pain", pain that results from disease, accidental or intentional**
3 **trauma, or other causes, that a health care provider reasonably expects to last thirty**
4 **days or fewer;**

5 **(2) "Enrollee", the same meaning given to the term in section 376.1350;**

6 **(3) "Health benefit plan", the same meaning given to the term in section**
7 **376.1350;**

8 **(4) "Health care professional", the same meaning given to the term in section**
9 **376.1350.**

10 **2. Notwithstanding any provision of law to the contrary, when a licensed health**
11 **care professional acting within the scope of his or her license prescribes a nonopioid**
12 **medication for the treatment of acute pain to an enrollee with an elevated risk of opioid**
13 **misuse, it shall be unlawful for a health benefit plan to:**

14 **(1) Deny coverage of the nonopioid prescription drug in favor of an opioid**
15 **prescription drug;**

16 **(2) Require the enrollee to try an opioid prescription drug before providing**
17 **coverage of the nonopioid prescription drug; or**

18 **(3) Require a higher level of cost-sharing for the nonopioid prescription drug**
19 **than for an opioid prescription drug.**

20 **3. This section shall apply to health benefit plans delivered, issued for delivery,**
21 **continued, or renewed on or after January 1, 2027.**

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. **A manufacturer commits the offense of unlawful sale, distribution, or**
70 **purchase of over-the-counter methamphetamine precursor drugs if he or she knowingly**
71 **fails to pay the fees required under subsection 7 of section 195.417.**

72 5. The offense of unlawful sale, distribution, or purchase of over-the-counter
73 methamphetamine precursor drugs is a class A misdemeanor.

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