

SECOND REGULAR SESSION

[PERFECTED]

HOUSE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 2372

103RD GENERAL ASSEMBLY

5868H.03P

JOSEPH ENGLER, Chief Clerk

AN ACT

To repeal sections 96.192, 96.196, 167.627, 167.630, 190.050, 190.051, 190.052, 190.070, 190.090, 190.098, 190.246, 191.1146, 192.020, 195.417, 196.990, 198.022, 206.110, 208.662, 301.142, 321.621, 324.009, 332.081, 334.108, 335.081, 338.010, 338.012, 338.333, 338.710, 345.050, 376.1000, 376.1012, 376.1017, 579.060, and 632.305, RSMo, and to enact in lieu thereof sixty-nine 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, 190.050, 190.051, 190.052, 2 190.070, 190.090, 190.098, 190.246, 191.1146, 192.020, 195.417, 196.990, 198.022, 3 206.110, 208.662, 301.142, 321.621, 324.009, 332.081, 334.108, 335.081, 338.010, 4 338.012, 338.333, 338.710, 345.050, 376.1000, 376.1012, 376.1017, 579.060, and 632.305, 5 RSMo, are repealed and sixty-nine new sections enacted in lieu thereof, to be known as 6 sections 9.025, 9.412, 9.418, 9.502, 96.192, 96.196, 167.627, 167.630, 190.050, 190.051, 7 190.052, 190.070, 190.089, 190.090, 190.098, 190.246, 191.455, 191.457, 191.459, 191.461, 8 191.463, 191.465, 191.467, 191.708, 191.1146, 192.020, 192.021, 195.417, 195.1000, 9 196.990, 197.708, 198.022, 206.110, 206.158, 208.149, 208.270, 208.662, 208.1400, 10 208.1405, 208.1410, 208.1415, 208.1420, 208.1425, 210.225, 301.142, 321.621, 324.009, 11 332.081, 334.108, 335.081, 338.010, 338.012, 338.206, 338.208, 338.312, 338.333, 338.710, 12 345.050, 376.417, 376.1000, 376.1012, 376.1017, 376.1245, 376.1280, 376.1758, 376.1765, 13 407.3007, 579.060, and 632.305, to read as follows:

9.025. The month of January is hereby designated as "Blood Donor Awareness 2 Month". It is recommended to the people of this state that the month be appropriately

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

3 **observed through activities that increase awareness of the importance of blood**
4 **donation. The state deems blood and blood products to be a critical resource and a vital**
5 **public health asset that must be readily available at all times.**

2 **9.412. The month of September each year is hereby designated as "Brain**
3 **Aneurysm Awareness Month" in Missouri. The citizens of this state are encouraged to**
4 **participate in appropriate events and activities to raise awareness about the causes of**
5 **and treatments for brain aneurysms, which affect nearly two hundred thousand people**
6 **each year.**

2 **9.418. The last full week of April each year shall be known as "Infertility**
3 **Awareness Week" in Missouri. Infertility is a medical condition defined by the inability**
4 **to achieve pregnancy after twelve months or more of regular, unprotected sexual**
5 **activity, or the inability to carry a pregnancy to live birth, affecting millions of**
6 **individuals and couples worldwide. It is estimated that approximately one in eight**
7 **couples in the United States experience infertility, impacting people across all racial,**
8 **ethnic, socioeconomic, and cultural backgrounds. The citizens of this state are**
9 **encouraged to participate in appropriate events and activities to raise awareness about**
10 **infertility to help reduce stigma, foster understanding, and promote equitable access to**
11 **fertility treatments and family-building options, including assisted reproductive**
12 **technologies, adoption, and surrogacy.**

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

2 96.192. 1. The board of trustees of any hospital authorized under subsection 2 of this
3 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 system", a single-use device or system used for the**
3 **delivery of a 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 systems;**

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 **or system** necessary to administer such medication prescribed or
18 ordered;

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

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

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

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

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

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

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

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

167.630. 1. **As used in this section, the term "epinephrine delivery system" 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 systems** at the school. The nurse shall recommend to the
7 school board the number of ~~[prefilled]~~ epinephrine ~~[auto-syringes]~~ **delivery systems** that the
8 school should maintain.

9 ~~[2-]~~ **3.** To obtain ~~[prefilled]~~ epinephrine ~~[auto-syringes]~~ **delivery systems** 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 system** 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 system** under this section. Trained contracted agents shall have
22 immunity from civil liability for administering ~~[a prefilled auto syringe]~~ **an epinephrine**
23 **delivery system** under this section.

190.050. 1. After the ambulance district has been declared organized, the declaring
2 county commission~~], except in counties of the second class having more than one hundred~~
3 ~~five thousand inhabitants located adjacent to a county of the first class having a charter form~~
4 ~~of government which has a population of over nine hundred thousand inhabitants,]~~ shall
5 divide the district into six election districts as equal in population as possible~~], and]~~ **or**
6 **provide for the election of six directors elected at large from within the district.**

7 **(1) If the county commission divides the district into election districts, the**
8 **commission** shall by lot number the districts from one to six inclusive. The county
9 commission shall cause an election to be held in the ambulance district ~~[within ninety days]~~
10 **on the next regularly scheduled election date** after the order establishing the ambulance
11 district to elect ambulance district directors. Each voter shall vote for one director from the
12 ambulance election district in which the voter resides. The directors elected from districts
13 one and four shall serve for a term of one year, the directors elected from districts two and
14 five shall serve for a term of two years, and the directors from districts three and six shall
15 serve for a term of three years; thereafter, the terms of all directors shall be three years. All
16 directors shall serve the term to which they were elected or appointed, and until their
17 successors are elected and qualified, except in cases of resignation or disqualification. The
18 county commission shall reapportion the ambulance districts within sixty days after the
19 population of the county is reported to the governor for each decennial census of the United
20 States. Notwithstanding any other provision of law, if the number of candidates for the office
21 of director is no greater than the number of directors to be elected, no election shall be held,

22 and the candidates shall assume the responsibilities of their offices at the same time and in the
23 same manner as if they have been elected.

24 ~~[2. In all counties of the second class having more than one hundred five thousand~~
25 ~~inhabitants located adjacent to a county of the first class having a charter form of government~~
26 ~~which has a population of over nine hundred thousand inhabitants,]~~ **(2) If the county**
27 **commission provides for an at large board of directors, it shall order an election be held**
28 **on the next regularly scheduled election date and** the voters shall vote for six directors
29 elected at large from within the district for a term of three years. ~~[Those directors holding~~
30 ~~office in any district in such a county on August 13, 1976, shall continue to hold office until~~
31 ~~the expiration of their terms, and their successors shall be elected from the district at large for~~
32 ~~a term of three years. In any district formed in such counties after August 13, 1976, the~~
33 ~~governing body of the county shall cause an election to be held in that district within ninety~~
34 ~~days after the order establishing the ambulance district to elect ambulance district directors.]~~
35 Each voter shall vote for six directors. The two candidates receiving the highest number of
36 votes at such election shall be elected for a term of three years, the two candidates receiving
37 the third and fourth highest number of votes shall be elected for a term of two years, the two
38 candidates receiving the fifth and sixth highest number of votes shall be elected for a term of
39 one year; thereafter, the term of all directors shall be three years. **A director holding office**
40 **as of August 28, 2026, shall continue as an at-large director for the remainder of such**
41 **director's existing term.**

42 ~~[3.]~~ **2.** A candidate for director of the ambulance district shall, at the time of filing, be
43 a citizen of the United States, ~~[a qualified voter of the election district as provided in~~
44 ~~subsection 1 of this section,]~~ a resident of the district for two years next preceding the
45 election, and shall be at least twenty-four years of age. In an established district which is
46 located within the jurisdiction of more than one election authority, the candidate shall file his
47 or her declaration of candidacy with the secretary of the board. In all other districts, a
48 candidate shall file a declaration of candidacy with the county clerk of the county in which he
49 or she resides. A candidate shall file a statement under oath that he or she possesses the
50 required qualifications. No candidate's name shall be printed on any official ballot unless the
51 candidate has filed a written declaration of candidacy pursuant to subsection 5 of section
52 115.127. If the time between the county commission's call for a special election and the date
53 of the election is not sufficient to allow compliance with subsection 5 of section 115.127, the
54 county commission shall, at the time it calls the special election, set the closing date for filing
55 declarations of candidacy.

56 **3. An ambulance district may, following a public hearing subject to the**
57 **provisions of chapter 610, by an ordinance adopted by an affirmative vote of two-thirds**
58 **of the members of the board of directors, abolish the boundaries of any existing election**

59 **subdistricts if the board is unable to find a qualified candidate to fill the director**
 60 **position of each such subdistrict. Such ordinance may eliminate the subdistricts entirely**
 61 **and provide for the election of directors at large. A copy of the ordinance shall be filed**
 62 **with the county clerk. Upon the abolition of such election subdistricts, all current**
 63 **directors shall serve as directors at large for the remainder of their existing terms.**

64 **4. Any ambulance district may, by an ordinance adopted by an affirmative vote**
 65 **of two thirds of the members of the board of directors, establish election subdistricts.**
 66 **Each election subdistrict shall consist of contiguous territory and shall be as compact**
 67 **and nearly equal in population as practicable. The boundaries of such subdistricts shall**
 68 **be established by the county commission. Each board member shall be a resident of the**
 69 **election subdistrict that he or she represents at the time of election and shall remain a**
 70 **resident of such subdistrict for the duration of the member's term.**

71 **5. Notwithstanding any other provision of law to the contrary, if the number of**
 72 **candidates for the office of director is less than the number of directors to be elected, no**
 73 **election shall be held, and the candidates shall assume the responsibilities of their offices**
 74 **at the same time and in the same manner as if they were elected.**

190.051. 1. Notwithstanding the provisions of sections 190.050 and 190.052 to the
 2 contrary, upon a ~~motion~~ **resolution adopted** by the board of directors in districts where
 3 there are six-member boards, and upon approval by the voters in the district, the number of
 4 directors may be increased to seven ~~[with one board member running district wide,]~~ or
 5 decreased to five or three board members. **The resolution shall state the names of the**
 6 **existing directors who will fill the positions on the board if such measure is approved by**
 7 **the voters, as well as any vacancies to be filled by subsequent election, and shall state the**
 8 **dates on which those terms shall conclude.**

9 **2.** The ballot to be used for the approval of the voters to increase or decrease the
 10 number of members on the board of directors of the ambulance district shall be substantially
 11 in the following form:

12 Shall the number of members of the board of directors of the _____
 13 (Insert name of district) Ambulance District be (increased to seven
 14 members/decreased to five members/decreased to three members)?
 15 YES NO

16 ~~[2-]~~ **3.** If a majority of the voters voting on a proposition to increase the number of
 17 board members ~~[to seven]~~ vote in favor of the proposition, then at the next election of board
 18 members after the voters vote to increase the number of directors, the voters shall select ~~[one~~
 19 ~~person to serve in addition to the existing six directors as the member who shall run district~~
 20 ~~wide]~~ **additional persons to fill any such vacancies.**

21 ~~[3-]~~ 4. If a majority of the voters voting on a proposition to decrease the number of
 22 board members vote in favor of the proposition, then the county clerk shall redraw the district
 23 into the resulting number of subdistricts with equal population bases and hold elections by
 24 subdistricts pursuant to section 190.050. Thereafter, members of the board shall be elected to
 25 serve terms of three years and until their successors are duly elected and qualified.

26 ~~[4. Members of the board of directors in office on the date of an election pursuant to~~
 27 ~~this section to increase or decrease the number of members of the board of directors shall~~
 28 ~~serve the term to which they were elected or appointed and until their successors are elected~~
 29 ~~and qualified.]~~

 190.052. Any member of the board of directors who moves residency from the
 2 district ~~[from which the member was elected]~~ shall be disqualified as a member of the board.
 3 If one or two vacancies occur in the membership of the board as a result of death, resignation,
 4 or disqualification, the remaining members shall appoint one or two qualified persons, as
 5 provided in section 190.050, to fill the vacancies until the end of the unexpired term. Such
 6 appointment shall be made with the consent of a majority of the remaining members of the
 7 board. If the board is unable to agree in filling a vacancy ~~[within sixty days or if there are~~
 8 ~~more than two vacancies at any one time]~~, the county commission, upon ~~[notice from the~~
 9 ~~board of failure to agree in filling the vacancies]~~ **the written request of a majority of the**
 10 **remaining board members or the ambulance service administrator, as described in**
 11 **section 190.112**, shall within ~~[ten]~~ **thirty calendar** days fill them by appointment of qualified
 12 persons, as provided in section 190.050, and shall notify the persons in writing of their
 13 appointment. The persons appointed shall serve for the unexpired term.

 190.070. 1. A petition for annexation of land to an ambulance district shall be signed
 2 by not less than ten percent or fifty voters, whichever is fewer, residing within the territory
 3 therein described proposed for annexation and shall be filed with the county clerk of the
 4 county in which the district or the greater portion thereof is situated, and shall be addressed to
 5 the commissioners of the county commission. A hearing shall be held thereon ~~[as nearly as~~
 6 ~~possible as in the case of a formation petition]~~ **within thirty days of the filing of such**
 7 **petition**. If upon the hearing the commissioners of the county commission find that the
 8 petition is in compliance with the provisions of sections 190.005 to 190.085, they shall order
 9 the question to be submitted to the voters within the territory and within the district.

10 2. The question shall be submitted in substantially the following form **to all of the**
 11 **voters in the existing ambulance district and the area proposed to be annexed:**

12

13 Shall _____ (description of territory) be annexed to the _____ ambulance district, **and a**
 14 **tax imposed within such annexed area equal to the existing rate of the _____ ambulance**
 15 **district?**

16 3. If a majority of the votes cast on the question [~~in the district and in the territory~~
17 ~~described in the petition, respectively,~~] are in favor of the annexation, the commissioners of
18 the county commission shall, **within thirty days of the certification of the election results,**
19 by order declare the territory annexed and shall describe the altered boundaries of the district.
20 **A copy of the same shall be filed with the county clerk.**

**190.089. Upon voter approval of an ambulance district consolidation at an
2 election, the department shall prioritize and expedite any activities necessary to
3 facilitate the consolidation.**

190.090. 1. Two or more organized ambulance districts may consolidate into one
2 ambulance district by following the procedures set forth in this section.

3 2. If the consolidation of existing ambulance districts is desired, a number of voters
4 residing in an existing ambulance district equal to ten percent of the vote cast for governor in
5 the existing district in the next preceding gubernatorial election may file with the county clerk
6 in which the territory or greater part of the proposed consolidated district is situated a petition
7 requesting the consolidation of two or more existing ambulance districts.

8 3. The petition shall be in the following form:
9

10 We, the undersigned voters of the _____ ambulance district do hereby petition that _____
11 existing ambulance districts be consolidated into one consolidated ambulance district **to be
12 known as the _____ Ambulance District, subject to the attached consolidation plan.**

13 4. An alternative procedure of consolidation may be followed, if the board of
14 directors of the existing ambulance districts pass a resolution in the following form:
15

16 Be it resolved by the board of directors of the ambulance district that the _____ ambulance
17 districts be consolidated into one consolidated ambulance district **to be known as the _____
18 Ambulance District, subject to the attached consolidation plan.**

19 5. **Every petition or resolution shall be accompanied by a consolidation plan
20 outlining the process for the proposed consolidation. At a minimum, the consolidation
21 plan shall include the following:**

22 (1) **The name of the proposed consolidated district, a legal description of the
23 boundaries of such consolidated district, and the proposed tax levy to be imposed by the
24 consolidated district. In the event that the proposed plan is for the consolidation into an
25 existing district, the consolidation plan shall clearly state that the existing district shall
26 continue as the legal entity into which the other districts are consolidated;**

27 (2) **The names of the districts to be consolidated, accompanied by a list of all real
28 property owned and financial assets currently held by the district, all outstanding bonds**

29 or debts of each of said districts, and the current tax levies imposed by each of said
30 districts;

31 (3) The name of the district which shall be responsible for maintaining
32 ambulance service during the consolidation, including continuing operations,
33 administration, and governance of the consolidated district, provided that there shall
34 be a presumption that the district with the largest operating budget in the preceding
35 fiscal year shall assume such responsibility;

36 (4) The proposed number of board members and specific individuals who will
37 serve as the initial directors, provided that such directors shall be chosen from among
38 the existing board members of the districts to be consolidated such that there is at least
39 one director from each of the districts to be consolidated; and

40 (5) A proposed time line for consolidation, which shall not exceed one hundred
41 eighty days, provided that such time line shall be subject to modification by the board of
42 the consolidated district for good cause.

43 6. Upon the filing of a petition, or a resolution, and a consolidation plan with the
44 county clerk from each of the ambulance districts proposed to be consolidated, the county
45 clerk shall present the petition or resolution and consolidation plan to the commissioners of
46 the county commission ~~[having jurisdiction who shall thereupon order the submission of the~~
47 ~~question to the voters of the districts. The filing of each of the petitions in the ambulance~~
48 ~~districts shall have occurred within a continuous twelve month period.~~

49 ~~6. The notice shall set forth the names of the existing ambulance districts to be~~
50 ~~included in the consolidated district.~~

51 ~~7. The question shall be submitted in substantially the following form:~~

52

53 ~~Shall the existing _____ ambulance districts be consolidated into one ambulance district?~~

54 ~~8. If the county commission having jurisdiction finds that the question to consolidate~~
55 ~~the districts received a majority of the votes cast, the commission shall make and enter its~~
56 ~~order declaring that the proposition passed.~~

57 ~~9. Within thirty days after the district has been declared consolidated, the county~~
58 ~~commission shall divide the district into six election districts and shall order an election to be~~
59 ~~held and conducted as provided in section 190.050 for the election of directors.~~

60 ~~10. Within thirty days after the election of the initial board of directors of the district,~~
61 ~~the directors shall meet and the time and place of the first meeting of the board shall be~~
62 ~~designated by the county commission. At the first meeting the newly elected board of~~
63 ~~directors shall choose a name for the consolidated district and shall notify the clerk of the~~
64 ~~county commission of each county within which the consolidated district is located of the~~
65 ~~name of the consolidated district.~~

66 ~~11. On the thirtieth day following the election of the board of directors, the existing~~
67 ~~ambulance districts shall cease to exist and the consolidated district shall assume all of the~~
68 ~~powers and duties exercised by those districts. All assets and obligations of the existing~~
69 ~~ambulance districts shall become assets and obligations of the consolidated district], who~~
70 **shall record such documents in the records of the county. A petition or resolution for a**
71 **proposed consolidation shall be received from all ambulance districts within the same**
72 **calendar year or shall be considered null and void.**

73 **7. Each of the ambulance districts seeking to consolidate shall post the notice of**
74 **the intent to consolidate in the same manner as district public meetings are posted. In**
75 **addition, publication of such notice of intent shall be made in a newspaper of general**
76 **circulation in every county in which the proposed consolidated ambulance district shall**
77 **be located, with publication to be made once per week for two consecutive weeks. A**
78 **public hearing shall be held jointly by all ambulance districts seeking to consolidate at a**
79 **location within the boundaries of the proposed consolidated ambulance district,**
80 **provided that such hearing shall be no more than thirty days after the date of the second**
81 **publication. The notice of intent shall be in substantially the following form:**

82 **NOTICE OF THE FILING OF A PETITION/RESOLUTION FOR**
83 **CONSOLIDATION OF THE _____ AMBULANCE DISTRICTS**

84 **To all voters, residents, and interested persons within the boundaries**
85 **of the above described ambulance districts: You are hereby notified**
86 **that a petition/resolution has been filed for the consolidation of the**
87 **above named ambulance districts into one consolidated ambulance**
88 **district to be known as _____ Ambulance District. A proposed**
89 **consolidation plan is available for inspection at the office of the**
90 **County Clerk of _____ County.**

91 **A public hearing will be held on _____ (date) at _____ (time) at**
92 **the following location: _____. The purpose of this public hearing**
93 **shall be to explain the reasons for the consolidation and answer**
94 **questions from the public.**

95 **Objections to this consolidation may be filed with the County Clerk**
96 **of _____ County, provided such objections are filed in writing not**
97 **less than thirty days after the public hearing. Any such objection**
98 **must be signed by a number of voters residing in the proposed**
99 **consolidated district that is not less than five percent of the votes**
100 **cast for governor in the district in the most recent gubernatorial**
101 **election.**

102 **8. If no objections are filed with the county clerk within thirty days after the**
103 **public hearing, then within forty-five days following the date of the public hearing, the**
104 **county commission shall order the districts consolidated pursuant to the terms of the**
105 **consolidation plan and shall further appoint as directors those individuals identified in**
106 **the consolidation plan. The county commission shall further set a date, time, and**
107 **location for the first meeting of the directors of the newly consolidated district.**

108 **9. Upon receipt of any objections filed, the county clerk shall verify that such**
109 **objections are signed by the necessary number of voters of the district. If said**
110 **objections are signed by an appropriate number of voters, the county commission of**
111 **each county in which the proposed consolidated district is to be located shall thereupon**
112 **order the submission of the question to the voters of the districts. The question shall be**
113 **submitted in substantially the following form:**

114 **Shall the existing _____ ambulance districts be consolidated into**
115 **one ambulance district to be known as the _____ Ambulance**
116 **District, with such consolidated district authorized to levy a property**
117 **tax not to exceed the annual rate of _____ cents on the hundred**
118 **dollars assessed valuation or a sales tax in an amount not to exceed _**
119 **_____ percent, or a combination of both?**

120

121 **If the county commission having jurisdiction finds that the question to consolidate the**
122 **districts received a majority of the votes cast, the commission shall make and enter its**
123 **order declaring that the proposition passed. The county commission shall further order**
124 **the districts consolidated pursuant to the terms of the consolidation plan and shall**
125 **further appoint as directors those individuals identified in the consolidation plan. The**
126 **county commission shall further set a date, time, and location for the first meeting of the**
127 **directors of the newly consolidated district.**

128 **10. Notwithstanding any other provision of law to the contrary, the consolidated**
129 **district may impose an initial tax levy up to the highest tax levy of the consolidating**
130 **districts, provided such tax levy is specifically set forth in the ballot language submitted**
131 **to and approved by the voters of the consolidating district.**

132 **11. Without a vote of the residents of the consolidated district as provided in this**
133 **section, no consolidated ambulance district shall be permitted to impose a property tax**
134 **greater than the lowest of any existing property tax rate of the districts to be**
135 **consolidated, nor shall the consolidated ambulance district be permitted to impose any**
136 **sales tax greater than the lowest of any existing sales tax rate of the districts to be**
137 **consolidated.**

138 **12. Upon written certification by the board of directors of the consolidated**
139 **district to the prior district that the consolidated district has obtained the necessary**
140 **licenses and permits to operate an ambulance service and all directors of such**
141 **consolidated district have completed the training required by section 190.053, the**
142 **existing ambulance districts shall cease to exist and the consolidated district shall**
143 **assume all of the powers and duties exercised by those districts. All assets and**
144 **obligations of the existing ambulance districts shall become assets and obligations of the**
145 **consolidated district.**

 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.**

29 ~~[3-]~~ **4. (1) Any ambulance service [shall enter into a written contract to provide**
30 **community paramedic services in another ambulance service area, as that term is defined in**
31 **section 190.100. The contract that is agreed upon may be for an indefinite period of time, as**
32 **long as it includes at least a sixty-day cancellation notice by either ambulance service] that**
33 **seeks to provide community paramedic services outside of its ambulance service area, as**
34 **described in section 190.105 and administered by the department, and in the service**
35 **area of another ambulance service that currently provides community paramedic**
36 **services shall be required to have a memorandum of understanding with that**
37 **ambulance service regarding the provision of such community paramedic services.**
38 **An ambulance service that provides community paramedic services may provide**
39 **community paramedic services without a memorandum of understanding in the**
40 **ambulance service area of an ambulance service that is not providing community**
41 **paramedic services, but the ambulance service providing community paramedic**
42 **services shall provide notification to the ambulance service with emergency service**
43 **responsibilities in the service area of the general community paramedic activities being**
44 **performed.**

45 **(2) Any emergency medical response agency seeking to provide community**
46 **paramedic services within its designated response service area may do so if the ground**
47 **ambulance service covering the area within which the emergency medical response**
48 **agency is located does not provide community paramedic services. If such ground**
49 **ambulance service does provide community paramedic services, the ground ambulance**
50 **service may establish, at its sole discretion, a memorandum of understanding with the**
51 **emergency medical response agency planning to offer community paramedic services in**
52 **order to coordinate programs and avoid service duplication. If an emergency medical**
53 **response agency is providing community paramedic services in a service area before the**
54 **ground ambulance service in that service area begins offering community paramedic**
55 **services, the emergency medical response agency and the ground ambulance service**
56 **shall establish a memorandum of understanding for the coordination of services.**

57 **(3) A community paramedic program shall notify the appropriate local**
58 **ambulance service when providing services within the service area of an ambulance**
59 **service.**

60 **(4) The department shall establish regulations for the purpose of recognizing**
61 **community paramedic service entities that have met the standards necessary to provide**
62 **community paramedic services, including physician medical oversight, training, patient**
63 **recordkeeping, formal relationships with primary care services where necessary, and**
64 **quality improvement policies. The department shall issue an endorsement to any**

65 **community paramedic service entity that meets such standards that allows the entity to**
 66 **provide community paramedic services for a period of five years.**

67 [4-] 5. A community paramedic is subject to the provisions of sections 190.001 to
 68 190.245 and rules promulgated under sections 190.001 to 190.245.

69 [5-] 6. No person shall hold himself or herself out as a community paramedic or
 70 provide the services of a community paramedic unless such person is certified by the
 71 department.

72 [6-] 7. The medical director shall approve the implementation of the community
 73 paramedic program.

74 [7-] 8. Any rule or portion of a rule, as that term is defined in section 536.010, that is
 75 created under the authority delegated in this section shall become effective only if it complies
 76 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
 77 This section and chapter 536 are nonseverable and if any of the powers vested with the
 78 general assembly pursuant to chapter 536 to review, to delay the effective date, or to
 79 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
 80 rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid
 81 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 system**", **a single-use device or system used for the**
 14 **delivery of a premeasured dose of epinephrine into the human body.**

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

17 (1) No person shall use an epinephrine [~~auto-injector device~~] **delivery system** unless
 18 such person has successfully completed a training course in the use of epinephrine [~~auto-~~
 19 ~~injector devices~~] **delivery systems** approved by the director of the department of health and

20 senior services. Nothing in this section shall prohibit the use of an epinephrine [~~auto-injector~~
21 ~~device~~] **delivery system**:

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 devices~~] **delivery systems** pursuant to this section shall use,
27 maintain and dispose of such [~~devices~~] **systems** in accordance with the rules of the
28 department; **and**

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

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

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

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

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

191.455. 1. Sections 191.455 to 191.467 shall be known and may be cited as the
2 **"Hope for Missouri Patients Act".**

3 **2. As used in sections 191.455 to 191.467, unless the context otherwise requires,**
4 **the following terms mean:**

5 (1) **"Eligible facility", an institution that is operating under a Federalwide**
6 **Assurance (FWA) for the Protection of Human Subjects under 42 U.S.C. Section 289(a)**
7 **and 45 CFR Part 46 and that is subject to the FWA laws, regulations, policies, and**
8 **guidelines, including renewals or updates;**

9 (2) **"Eligible patient", an individual who meets the following conditions:**

10 (a) **Has considered all other treatment options currently approved by the United**
11 **States Food and Drug Administration;**

12 (b) **Has received a recommendation from his or her physician for an**
13 **individualized investigational treatment based on analysis of the patient's genomic**
14 **sequence; human chromosomes; deoxyribonucleic acid; ribonucleic acid; genes; gene**
15 **products, such as enzymes and other types of proteins; or metabolites;**

16 (c) Has a life-threatening or severely debilitating illness, or a serious disease or
17 condition associated with morbidity that has a substantial impact on day-to-day
18 functioning, as attested to by the patient's treating physician;

19 (d) Has given written, informed consent for the use of the individualized
20 investigational drug, biological product, or device; and

21 (e) Has documentation from his or her physician that he or she meets the
22 requirements of paragraphs (a) to (d) of this subdivision;

23 (3) "Individualized investigational drug, biological product, or device", any
24 drug, biological product, or device that is unique to and produced exclusively for use for
25 an individual patient based on the patient's own genetic profile. The term
26 "individualized investigational drug, biological product, or device":

27 (a) Shall include, but not be limited to, individualized gene therapy antisense
28 oligonucleotides and individualized neoantigen vaccines; and

29 (b) Shall not include any drug, biological product, or device derived from human
30 primary or secondary embryonic stem cells or cell lines, or tissues or cells derived from
31 abortion, but shall include any drug, biological product, or device derived from human
32 perinatal tissues, cells, and secreted factors not obtained from an abortion;

33 (4) "Individualized investigational treatment", treatment with an individualized
34 investigational drug, biological product, or device;

35 (5) "Life-threatening or severely debilitating illness", any disease or condition
36 that is life-threatening or severely debilitating, as such terms are defined in 21 CFR
37 312.81 or any successor law or regulation, as applicable;

38 (6) "Written, informed consent", a written document that:

39 (a) Is signed by the patient or, if the patient is a minor, signed by any person
40 authorized to consent under section 431.061;

41 (b) Is attested to by the patient's physician and a witness; and

42 (c) At a minimum, includes all of the following:

43 a. An explanation of the currently approved products and treatments for the
44 illness, disease, or condition from which the patient suffers;

45 b. An attestation that the patient concurs with his or her physician in believing
46 that all currently approved and conventionally recognized treatments are unlikely to
47 prolong the patient's life;

48 c. Clear identification of the specific proposed individualized investigational
49 drug, biological product, or device that the patient is seeking to use;

50 d. A description of the potentially best and worst outcomes of using the
51 individualized investigational drug, biological product, or device and a realistic
52 description of the most likely outcome. The description shall include the possibility

53 that new, unanticipated, different, or worse symptoms might result and that death could
54 be hastened by the proposed treatment. The description shall be based on the
55 physician's knowledge of the proposed treatment in conjunction with an awareness of
56 the patient's condition;

57 e. A statement that the patient's health plan or third-party administrator and
58 provider are not obligated to pay for any care or treatments consequent to the use of the
59 individualized investigational drug, biological product, or device unless they are
60 specifically required to do so by law or contract;

61 f. A statement that the patient's eligibility for hospice care may be withdrawn if
62 the patient begins curative treatment with the individualized investigational drug,
63 biological product, or device and that care may be reinstated if this treatment ends and
64 the patient meets hospice eligibility requirements; and

65 g. A statement that the patient understands that he or she is liable for all
66 expenses consequent to the use of the individualized investigational drug, biological
67 product, or device and that this liability extends to the patient's estate unless a contract
68 between the patient and the manufacturer of the individualized investigational drug,
69 biological product, or device states otherwise.

191.457. 1. A manufacturer operating within an eligible facility and in
2 accordance with all applicable Federalwide Assurance laws and regulations may make
3 available an individualized investigational drug, biological product, or device and an
4 eligible patient may request an individualized investigational drug, biological product,
5 or device from an eligible facility or manufacturer operating within an eligible facility
6 under sections 191.455 to 191.467. Sections 191.455 to 191.467 shall not require that a
7 manufacturer make available an individualized investigational drug, biological product,
8 or device to an eligible patient.

9 2. An eligible facility or manufacturer operating within an eligible facility may
10 do all of the following:

11 (1) Provide an individualized investigational drug, biological product, or device
12 to an eligible patient without receiving compensation; and

13 (2) Require an eligible patient to pay the costs of, or the costs associated with, the
14 manufacture of the individualized investigational drug, biological product, or device.

191.459. 1. Sections 191.455 to 191.467 shall not expand the coverage required of
2 an insurer under chapter 376.

3 2. A health plan, third-party administrator, or governmental agency may, but is
4 not required to, provide coverage for the cost of an individualized investigational drug,
5 biological product, or device or the cost of services related to the use of an individualized

6 **investigational drug, biological product, or device in accordance with sections 191.455 to**
7 **191.467.**

8 **3. Sections 191.455 to 191.467 shall not require any governmental agency to pay**
9 **costs associated with the use of or care or treatment of a patient with an individualized**
10 **investigational drug, biological product, or device.**

11 **4. Sections 191.455 to 191.467 shall not require a hospital or facility licensed by**
12 **the department of health and senior services to provide new or additional services unless**
13 **approved by the hospital or facility.**

191.461. If a patient's death is proximately caused by treatment with an
2 **individualized investigational drug, biological product, or device, the patient's estate,**
3 **heirs, or devisees shall not be liable for any debt remaining after payment by insurance**
4 **for charges directly incurred for such treatment. However, this section shall not provide**
5 **an exemption to liability for charges for nonexperimental treatments provided to the**
6 **patient, including nonexperimental treatments rendered to the patient due to**
7 **complications or consequences of the experimental treatment.**

191.463. 1. A licensing board or disciplinary subcommittee shall not revoke, fail
2 **to renew, suspend, or take any action against a health care provider's license based**
3 **solely on the health care provider's recommendations to an eligible patient regarding**
4 **access to or treatment with an individualized investigational drug, biological product, or**
5 **device.**

6 **2. An entity responsible for Medicare certification shall not take action against a**
7 **health care provider's Medicare certification based solely on the health care provider's**
8 **recommendation that a patient have access to an individualized investigational drug,**
9 **biological product, or device.**

191.465. 1. An official, employee, or agent of this state shall not block or attempt
2 **to block an eligible patient's access to an individualized investigational drug, biological**
3 **product, or device.**

4 **2. Counseling, advice, or a recommendation consistent with medical standards of**
5 **care from a licensed health care provider shall not be a violation of this section.**

191.467. 1. Sections 191.455 to 191.467 shall not create a private cause of action
2 **against a manufacturer of an individualized investigational drug, biological product, or**
3 **device or against any other person or entity involved in the care of an eligible patient**
4 **using the individualized investigational drug, biological product, or device for any harm**
5 **done to the eligible patient resulting from the individualized investigational drug,**
6 **biological product, or device if the manufacturer or other person or entity has complied**
7 **in good faith with the terms of sections 191.455 to 191.467 and has exercised reasonable**
8 **care.**

9 **2. Sections 191.455 to 191.467 shall not affect any health care coverage required**
10 **under section 376.429 for costs incurred due to participation in clinical trials.**

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

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

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

7 **(3) A medical standing order for any other purpose, other than for**
8 **nonemergency pregnancy termination or for controlled substances, that is**
9 **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.**

192.020. 1. It shall be the general duty and responsibility of the department of health
2 and senior services to safeguard the health of the people in the state and all its subdivisions. It
3 shall make a study of the causes and prevention of diseases. It shall designate those diseases
4 which are infectious, contagious, communicable or dangerous in their nature and shall make
5 and enforce adequate orders, findings, rules and regulations to prevent the spread of such
6 diseases and to determine the prevalence of such diseases within the state. It shall have power
7 and authority, with approval of the director of the department, to make such orders, findings,
8 rules and regulations as will prevent the entrance of infectious, contagious and communicable
9 diseases into the state.

10 2. The department of health and senior services shall include in its list of
11 ~~[communicable or infectious]~~ diseases which must be reported to the department methicillin-
12 resistant staphylococcus aureus (MRSA), carbapenem-resistant enterobacteriaceae (CRE) as

13 specified by the department, [~~and~~] vancomycin-resistant enterococcus (VRE), and alpha-gal
14 syndrome.

15 **3. (1) Any alpha-gal syndrome case report shall be submitted to the department**
16 **within seven days of receiving a positive laboratory confirmation. The laboratory that**
17 **finalizes the positive test result shall be responsible for submitting the report.**

18 **(2) A report of alpha-gal syndrome shall be required for an alpha-gal**
19 **immunoglobulin E level of greater than or equal to one-tenth of one international unit**
20 **per milliliter or greater than or equal to one-tenth of one kilounit per liter. A laboratory**
21 **that finalizes such a test result shall report the test result as a case of alpha-gal**
22 **syndrome using an electronic laboratory reporting system to be developed by the**
23 **department.**

24 **(3) Subject to appropriations, the department of health and senior services may**
25 **follow up on reported cases of alpha-gal syndrome by applying an appropriate random**
26 **sampling method for confirmation that the cases meet the most current Centers for**
27 **Disease Control and Prevention surveillance case definition of alpha-gal syndrome.**
28 **Reporting under this subdivision shall commence no later than six months after the**
29 **effective date of this section.**

30 **(4) The department of health and senior services shall submit an annual report**
31 **to the Centers for Disease Control and Prevention summarizing its findings related to**
32 **the reporting and incidence of alpha-gal syndrome.**

192.021. 1. The department of health and senior services shall be authorized to
2 **contract directly with a Missouri affiliate of a national public health association or**
3 **public health institute, or a similar or successor entity, in order to assist in carrying out**
4 **its duties to promote the health and wellbeing of the residents of this state. Such**
5 **contracts may include, but not be limited to, efforts to assist in the delivery of health**
6 **services to residents throughout the state and the administration of grant funds and**
7 **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 **(5) The fees required under this subsection shall be assessed against each**
64 **manufacturer solely on the basis of sales transactions involving that manufacturer's own**
65 **compounds, mixtures, or preparations sold in or into the state. No manufacturer shall**
66 **be assessed fees based upon transactions attributable to the compounds, mixtures, or**
67 **preparations of any other manufacturer.**

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

77 ~~8.~~ **9.** This section shall supersede and preempt any local ordinances or regulations,
78 including any ordinances or regulations enacted by any political subdivision of the state. This

79 section shall not apply to the sale of any animal feed products containing ephedrine or any
80 naturally occurring or herbal ephedra or extract of ephedra.

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

88 ~~[10-]~~ **11.** All logs, records, documents, and electronic information maintained for the
89 dispensing of these products shall be open for inspection and copying by municipal, county,
90 and state or federal law enforcement officers whose duty it is to enforce the controlled
91 substances laws of this state or the United States.

92 ~~[11-]~~ **12.** All persons who dispense or offer for sale pseudoephedrine and ephedrine
93 products, except those that are excluded from Schedule V in subsection 17 or 18 of section
94 195.017, shall ensure that all such products are located only behind a pharmacy counter where
95 the public is not permitted.

96 ~~[12-]~~ **13.** The penalty for a knowing or reckless violation of this section is found in
97 section 579.060.

**195.1000. Notwithstanding any other provision of law, ivermectin tablets and
2 hydroxychloroquine tablets shall be available to the public through over-the-counter
3 purchase in this state without a prescription or consultation with a pharmacist or other
4 health care professional.**

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 **system** 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 system**", a single-use device **or system**
11 used for the ~~[automatic-injection]~~ **delivery** of a premeasured dose of epinephrine into the
12 human body;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

70

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

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

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

88 10. Nothing in this section shall be construed as superseding the provisions of section
89 167.630.

**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 **licensed physician that involve the use of medical judgment, that contribute directly to**
4 **the diagnosis, care, and treatment of individual patients, and that are necessary for**
5 **every laboratory test run in a high-complexity laboratory environment;**
- 6 **(2) "Hospital-based pathologist", a licensed physician specializing in pathology**
7 **who provides clinical pathology services for the laboratory within a hospital;**
- 8 **(3) "MO HealthNet", the Medicaid program administered by the state of**
9 **Missouri in accordance with federal and state law;**
- 10 **(4) "Professional component of clinical pathology services", the portion of each**
11 **clinical pathology service in a high-complexity laboratory environment that involves the**
12 **physician's use of medical judgment in interpreting and supervising laboratory tests**
13 **and that excludes the technical component of the laboratory test.**
- 14 **2. The professional component of clinical pathology services provided by a**
15 **hospital-based pathologist shall be recognized as distinct physician services by the MO**
16 **HealthNet program.**
- 17 **3. The MO HealthNet program shall reimburse the professional component of**
18 **clinical pathology services provided to MO HealthNet participants.**
- 19 **4. The reimbursement amount for the professional component of clinical**
20 **pathology services shall be set at no less than thirty percent of the approved MO**
21 **HealthNet Independent Lab - Technical Component fee schedule.**

22 **5. Payment for the professional component of clinical pathology services shall be**
23 **made directly to the licensed physician providing the services or to the entity the**
24 **licensed physician has assigned the right to receive payment for the services provided.**

25 **6. If a state plan amendment is determined by the department of social services**
26 **to be required, the department of social services shall timely submit such amendment.**
27 **If such amendment is not approved, the department shall make all reasonable efforts to**
28 **obtain federal approval, including resubmission, modification, or pursuit of any**
29 **alternative lawful mechanism necessary to implement reimbursement consistent with**
30 **this section. Nothing in this subsection shall be construed to relieve the department of**
31 **its obligation to implement reimbursement to the fullest extent permitted under state**
32 **and federal authority.**

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

208.270. 1. This section shall be known and may be cited as the "Food is
2 **Medicine Act".**

3 **2. As used in this section, the following terms mean:**

4 **(1) "Medically tailored groceries", a selection of groceries, including but not**
5 **limited to fruits, vegetables, grains, beans, lean proteins, or dairy, that is prescribed by a**
6 **registered dietitian or qualified clinical team for individuals who are able to prepare**
7 **food. Such groceries may be specifically selected by a registered dietitian or qualified**
8 **clinical team, or selected by a participant from a pantry in accordance with dietary**
9 **recommendations set by a registered dietitian or qualified clinical team;**

10 **(2) "Medically tailored meals", meals used to meet the specific dietary needs of**
11 **individuals living with one or more chronic conditions or diet-related conditions. Such**
12 **meals are prescribed by a registered dietitian or qualified clinical team and home-**
13 **delivered for individuals who are not able to prepare food on their own;**

14 **(3) "Produce prescriptions", the prescription of fruits, vegetables, or other**
15 **healthy foods with no added fats, sugars, or salts to at-risk patients by a registered**
16 **dietitian or qualified clinical team, typically in the form of coupons or vouchers for local**
17 **farmers' markets, grocery stores, or mobile markets.**

18 **3. The department of social services shall apply to the Centers for Medicare and**
19 **Medicaid Services of the federal Department of Health and Human Services for a**
20 **Section 1115 demonstration waiver to implement the "Food is Medicine" program for**
21 **the purpose of providing nutritional support through the MO HealthNet program. The**
22 **food is medicine program shall be designed to improve health outcomes for MO**
23 **HealthNet participants with nutrition-related chronic diseases through nutrition**
24 **services and to reduce the need for medical care for those participants.**

25 **4. Nutrition services covered under this program may include, but shall not be**
26 **limited to, the following:**

27 **(1) Case management;**

28 **(2) Nutrition counseling; and**

29 **(3) Food provisions prescribed by a registered dietitian or qualified clinical**
30 **team, including:**

31 **(a) Medically tailored groceries;**

32 **(b) Medically tailored meals; and**

33 **(c) Produce prescriptions.**

34 **5. Whenever feasible, the MO HealthNet division shall prioritize the inclusion of**
35 **community-based organizations and local growers to support the purchase of locally**
36 **grown food in nutrition prescriptions.**

37 **6. The department of social services shall promulgate all necessary rules and**
38 **regulations for the administration of this section. Any rule or portion of a rule, as that**
39 **term is defined in section 536.010, that is created under the authority delegated in this**
40 **section shall become effective only if it complies with and is subject to all of the**
41 **provisions of chapter 536 and, if applicable, section 536.028. This section and chapter**
42 **536 are nonseverable and if any of the powers vested with the general assembly**
43 **pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul**
44 **a rule are subsequently held unconstitutional, then the grant of rulemaking authority**
45 **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 navigation services", services that connect pregnant women
4 and their families with available resources using a community-based approach
5 including, but not limited to, an approach that promotes healthy, live births and
6 understands the services and supports available to pregnant and postpartum women
7 receiving MO HealthNet benefits and facilitates access to those resources based upon an
8 assessment of social service needs;

9 (2) "Doula", a birth worker who:

10 (a) Provides health education, advocacy, and physical, emotional, and
11 nonmedical support during the prenatal, intrapartum, and postpartum periods, for
12 pregnant and postpartum women before, during, and after childbirth, including
13 support during miscarriage and stillbirth, with the goal of achieving healthy, live births;

14 (b) Is a trained certified professional but is not a licensed or clinical provider;
15 and

16 (c) Does not require supervision in the performance of the activities described in
17 paragraph (a) of this subdivision;

18 (3) "Doula care", physical, emotional, and other nonmedical care provided by a
19 doula during the prenatal, intrapartum, and postpartum periods; presence of a doula
20 during labor and delivery; and doula support for miscarriage and stillbirth;

21 (4) "Doula services", health education, advocacy, and physical, emotional, and
22 nonmedical support provided during the prenatal and intrapartum periods, and after
23 childbirth, including throughout the postpartum period;

24 (5) "Eligible participant", any pregnant woman who is eligible for MO
25 HealthNet benefits and requests doula services;

26 (6) "Fee-for-service", a payment model where services are unbundled and paid
27 for separately;

28 (7) "Intrapartum", the period of pregnancy during labor and delivery,
29 miscarriage, and stillbirth. Services provided during this period are rendered to the
30 pregnant woman;

31 (8) "Managed care", the delivery of Medicaid health benefits and additional
32 services through contracted arrangements between state Medicaid agencies and
33 managed care organizations that accept a set per member per month (capitation)
34 payment for these services;

35 (9) "Postpartum", the one-year period after a pregnancy ends;

36 (10) "Postpartum support session", any session provided during the postpartum
37 period that is designed to help a woman understand what to expect, identify normal
38 experiences, communicate concerns to providers, transition back to well-woman care,
39 engage in family planning, participate in screening for postpartum depression, engage in
40 parenting education and skills development, and transition to other insurance as
41 necessary;

42 (11) "Prenatal", the period of pregnancy before labor or childbirth. Services
43 provided during this period are rendered to the pregnant woman;

44 (12) "Prenatal support session", any session provided during the prenatal period
45 that is aimed at enhancing health literacy, covering what to expect during pregnancy
46 and childbirth, identifying normal experiences, communicating concerns to providers,
47 and discussing nutrition, exercise, tobacco cessation, and self-monitoring of existing
48 health risks or conditions;

49 (13) "Support session", any prenatal, intrapartum, or postpartum support
50 session.

208.1410. Any eligible participant shall be entitled to MO HealthNet coverage of
2 the following doula care and doula services:

3 (1) A combined total of at least six support sessions. A participant who needs
4 more than six support sessions shall be entitled to up to ten additional support sessions
5 for a combined total of sixteen support sessions;

6 (2) One birth attendance. Coverage for attendance at a scheduled cesarean
7 section delivery shall be allowed under this subdivision;

8 **(3) Up to two visits for general education and support on lactation at any time**
9 **during the prenatal and postpartum periods; and**

10 **(4) Community navigation services, except that any community navigation**
11 **services provided outside any visit or session billed under subdivisions (1) to (3) of this**
12 **section shall be billed only up to ten times total over the course of the pregnancy and**
13 **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. Adoption of a policy on allergy prevention and response in accordance with**
29 **this section is required for licensure as a child care provider.**

30 **4. The department of elementary and secondary education shall, in cooperation**
31 **with any appropriate professional association, develop a model policy or policies before**
32 **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 system", a single-use device or system used for the**
3 **delivery of a 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 devices]~~ **delivery systems** to a person
10 suffering from 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 devices]~~ **delivery**
14 **systems** in an 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 devices]~~
17 **delivery systems** for adult patients to fire protection districts in nonmetropolitan areas in
18 Missouri as such areas are determined according to the United States Census Bureau's
19 American Community Survey, based on the most recent of five-year period estimate data in
20 which the final year of the estimate ends in either zero or five. If the director of the
21 department of health and senior services is not a licensed physician, the department of health
22 and senior services may employ or contract with a licensed physician who may issue such a
23 statewide order with the express consent of the director.

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

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

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 devices]~~ **delivery systems** for adult patients pursuant to this

36 section shall use, maintain and dispose of such ~~[devices]~~ **systems** for adult patients in
37 accordance with the rules of the department; **and**

38 (3) Every use of an epinephrine ~~[auto-injector device]~~ **delivery system** pursuant to
39 this 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 device]~~ **delivery system** pursuant to this
42 section shall be considered first aid or emergency treatment for the purpose of any law
43 relating to liability.

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

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

50 5. (1) There is hereby created in the state treasury the "Epinephrine ~~[Auto-injector~~
51 ~~Devices]~~ **Delivery Systems** for Fire Personnel Fund", which shall consist of ~~[money collected~~
52 ~~under this section]~~ **moneys appropriated to the fund**. The state treasurer shall be custodian
53 of the 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 devices]~~
58 **delivery systems** for adult patients to qualified first responder agencies as used in this
59 section.

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

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

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

2 (1) "License", a license, certificate, registration, permit, accreditation, or military
3 occupational speciality that enables a person to legally practice an occupation or profession in
4 a particular jurisdiction;

5 (2) "Military", the Armed Forces of the United States including the Air Force, Army,
6 Coast Guard, Marine Corps, Navy, Space Force, National Guard and any other military
7 branch that is designated by Congress as part of the Armed Forces of the United States, and

8 all reserve components and auxiliaries. Such term also includes the military reserves and
9 militia of any United States territory or state;

10 (3) "Missouri law enforcement officer", any person employed by or otherwise serving
11 in a position for the state or a local governmental entity in the state of Missouri as a police
12 officer, peace officer certified under chapter 590, auxiliary police officer, sheriff, sheriff's
13 deputy, member of the patrol as that term is defined in section 43.010, or in some like position
14 involving the enforcement of the law and protection of the public interest at the risk of that
15 person's life and who is a permanent resident of the state of Missouri or who is domiciled in
16 the state of Missouri;

17 (4) "Nonresident military or law enforcement spouse":

18 (a) A nonresident spouse of an active duty member of the Armed Forces of the United
19 States who has been transferred or is scheduled to be transferred to the state of Missouri, or
20 who has been transferred or is scheduled to be transferred to an adjacent state and is or will be
21 domiciled in the state of Missouri, or has moved to the state of Missouri on a permanent
22 change-of-station basis; or

23 (b) A nonresident spouse of a person residing outside the state of Missouri who has
24 accepted an offer of employment from and with the state or a local governmental entity in the
25 state of Missouri and who will become a Missouri law enforcement officer upon the
26 commencement of such employment;

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

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

34 2. Any person who holds a valid current license issued by another state, a branch or
35 unit of the military, a territory of the United States, or the District of Columbia, and who has
36 been licensed for at least one year in such other jurisdiction, may submit an application for a
37 license in Missouri in the same occupation or profession, and at the same practice level, for
38 which he or she holds the current license, along with proof of current licensure and proof of
39 licensure for at least one year in the other jurisdiction, to the relevant oversight body in this
40 state.

41 3. The oversight body in this state shall:

42 (1) Within six months of receiving an application described in subsection 2 of this
43 section, waive any examination, educational, or experience requirements for licensure in this
44 state for the applicant if it determines that there were minimum education requirements and, if

45 applicable, work experience and clinical supervision requirements in effect and the other
46 **[state] jurisdiction** verifies that the person met those requirements in order to be licensed or
47 certified in that **[state] jurisdiction**. An oversight body that administers an examination on
48 laws of this state as part of its licensing application requirement may require an applicant to
49 take and pass an examination specific to the laws of this state; or

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

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

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

68 5. Nothing in this section shall prohibit the oversight body from denying a license to
69 an applicant under this section for any reason described in any section associated with the
70 occupation or profession for which the applicant seeks a license.

71 6. Any person who is licensed under the provisions of this section shall be subject to
72 the applicable oversight body's jurisdiction and all rules and regulations pertaining to the
73 practice of the licensed occupation or profession in this state. **Any health care provider
74 licensed under the provisions of this section shall be deemed fully licensed to practice in
75 this state and may provide telehealth services as described in section 191.1145 to the
76 same extent and in the same manner as a health care provider who received his or her
77 license without a waiver of any requirements.**

78 7. This section shall not be construed to waive any requirement for an applicant to
79 pay any fees, post any bonds or surety bonds, or submit proof of insurance associated with the
80 license the applicant seeks.

81 8. This section shall not apply to business, professional, or occupational licenses
82 issued or required by political subdivisions.

83 9. The provisions of this section shall not impede an oversight body's authority to
84 require an applicant to submit fingerprints as part of the application process.

85 10. The provisions of this section shall not be construed to alter the authority granted
86 by, or any requirements promulgated pursuant to, any interjurisdictional or interstate
87 compacts adopted by Missouri statute or any reciprocity agreements with other states in
88 effect, and whenever possible this section shall be interpreted so as to imply no conflict
89 between it and any compact, or any reciprocity agreements with other states in effect.

90 11. Notwithstanding any other provision of law, a license issued under this section
91 shall be valid only in this state and shall not make a licensee eligible to be part of an interstate
92 compact. An applicant who is licensed in another state pursuant to an interstate compact shall
93 not be eligible for licensure by an oversight body under the provisions of this section.

94 12. The provisions of this section shall not apply to any occupation set forth in
95 subsection 6 of section 290.257, or any electrical contractor licensed under sections 324.900
96 to 324.945.

 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 systems 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 systems. Expected epinephrine**
16 **delivery system users shall receive training set forth in section 196.990. As used in this**
17 **paragraph, the term "epinephrine delivery system" means a single-use device or system**
18 **used for 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, **as of January 1, 2026, or thereafter**, excluding vaccines for
11 cholera, monkeypox, Japanese encephalitis, typhoid, rabies, yellow fever, tick-borne
12 encephalitis, anthrax, tuberculosis, dengue, Hib, polio, rotavirus, smallpox, [~~and any~~
13 ~~vaccine approved after January 1, 2023]~~ **or any vaccine that is not jointly included by**
14 **joint rules promulgated by the board of pharmacy and the state board of registration**
15 **for the healing arts**, to persons at least seven years of age or the age recommended by the
16 Centers for Disease Control and Prevention, whichever is older, pursuant to joint
17 promulgation of rules established by the board of pharmacy and the state board of
18 registration for the healing arts unless rules are established under a state of emergency as
19 described in section 44.100;

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

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

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

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

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

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

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

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

38 4. This chapter shall not be construed to prohibit or interfere with any legally
39 registered practitioner of medicine, dentistry, or podiatry, or veterinary medicine only for use
40 in animals, or the practice of optometry in accordance with and as provided in sections
41 195.070 and 336.220 in the compounding, administering, prescribing, or dispensing of his or
42 her own prescriptions.

43 5. A pharmacist with a certificate of medication therapeutic plan authority may
44 provide medication therapy services pursuant to a written protocol from a physician licensed
45 under chapter 334 to patients who have established a physician-patient relationship, as
46 described in subdivision (1) of subsection 1 of section 191.1146, with the protocol physician.
47 The written protocol authorized by this section shall come only from the physician and shall
48 not come from a nurse engaged in a collaborative practice arrangement under section
49 334.104, or from a physician assistant engaged in a collaborative practice arrangement under
50 section 334.735.

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

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

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

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

62 10. The state board of registration for the healing arts, under section 334.125, and the
63 state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the
64 use of protocols for medication therapy services. Such rules shall require protocols to include
65 provisions allowing for timely communication between the pharmacist and the protocol
66 physician or similar body authorized by this section, and any other patient protection
67 provisions deemed appropriate by both boards. In order to take effect, such rules shall be
68 approved by a majority vote of a quorum of each board. Neither board shall separately
69 promulgate rules regulating the use of protocols for medication therapy services. Any rule or

70 portion of a rule, as that term is defined in section 536.010, that is created under the authority
71 delegated in this section shall become effective only if it complies with and is subject to all of
72 the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter
73 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
74 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
75 subsequently held unconstitutional, then the grant of rulemaking authority and any rule
76 proposed or adopted after August 28, 2007, shall be invalid and void.

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

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

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

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

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

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

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

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

107 17. A pharmacist shall inform the patient that the administration of a vaccine will be
108 entered into the ShowMeVax system, as administered by the department of health and senior
109 services. The patient shall attest to the inclusion of such information in the system by signing
110 a form provided by the pharmacist. If the patient indicates that he or she does not want such
111 information entered into the ShowMeVax system, the pharmacist shall provide a written
112 report within fourteen days of administration of a vaccine to the patient's health care provider,
113 if provided by the patient, containing:

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

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

338.012. 1. A pharmacist with a certificate of medication therapeutic plan authority
2 may provide influenza, group A streptococcus, and COVID-19 medication therapy services
3 pursuant to ~~[a statewide standing order issued by the director or chief medical officer of the~~
4 ~~department of health and senior services if that person is a licensed physician, or a licensed~~
5 ~~physician designated by the department of health and senior services]~~ **rules established by**
6 **the board of pharmacy and the state board of registration for the healing arts, as**
7 **described in this section.**

8 2. **This section shall not be construed to allow a pharmacist to diagnose or**
9 **independently prescribe pharmaceuticals.**

10 3. The state board of registration for the healing arts, pursuant to section 334.125, and
11 the state board of pharmacy, pursuant to section 338.140, shall jointly promulgate rules to
12 implement the provisions of this section. Any rule or portion of a rule, as that term is defined
13 in section 536.010, that is created under the authority delegated in this section shall become
14 effective only if it complies with and is subject to all of the provisions of chapter 536 and, if
15 applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the
16 powers vested with the general assembly pursuant to chapter 536 to review, to delay the
17 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then
18 the grant of rulemaking authority and any rule proposed or adopted after August 28, 2023,
19 shall be invalid and void.

338.206. 1. As used in this section, the term "medical device" shall mean
2 equipment that is furnished by a supplier or a home health agency and meets the
3 following conditions:

4 (1) Is a device classified by the United States Food and Drug Administration as a
5 Class I or Class II under 21 U.S.C. Section 360 and its implementing regulations under
6 21 CFR Parts 860 to 892;

7 (2) Is primarily and customarily used to serve a medical purpose;

8 (3) Generally is not useful to an individual in the absence of an illness or injury;

9 and

10 (4) Is appropriate for use in the home.

11 2. Notwithstanding any provision of this chapter to the contrary, pharmacists
12 may prescribe any medical devices authorized by rule promulgated jointly by the state
13 board of registration for the healing arts and the board of pharmacy in accordance with
14 subsection 3 of this section.

15 3. The state board of registration for the healing arts, pursuant to section
16 334.125, and the board of pharmacy, pursuant to section 338.140, shall jointly
17 promulgate rules to implement the provisions of this section. Such rules shall be written
18 and effective within six months of the effective date of this act.

19 4. Any rule or portion of a rule, as that term is defined in section 536.010, that is
20 created under the authority delegated in this section shall become effective only if it
21 complies with and is subject to all of the provisions of chapter 536 and, if applicable,
22 section 536.028. This section and chapter 536 are nonseverable and if any of the powers
23 vested with the general assembly pursuant to chapter 536 to review, to delay the
24 effective date, or to disapprove and annul a rule are subsequently held unconstitutional,
25 then the grant of rulemaking authority and any rule proposed or adopted after August
26 28, 2026, shall be invalid and void.

338.208. Notwithstanding any other provision of law to the contrary, a
2 pharmacist may dispense ivermectin and hydroxychloroquine to a person, without
3 requiring a prescription order from a licensed health care practitioner, upon the
4 approval of a warning label for the use and indication in accordance with any written,
5 standardized procedures or protocols for the pharmacist issued by the board of
6 pharmacy, including, if required, providing the person with instructions on the proper
7 use of ivermectin and hydroxychloroquine.

338.312. 1. As used in this section, unless the context requires otherwise, the
2 following terms mean:

3 (1) "Declared state disaster or emergency", a disaster or emergency event for
4 which a governor's state of emergency proclamation has been issued or that the
5 President of the United States has declared to be a major disaster or emergency;

6 (2) "Disaster period", the period of time that begins ten days before a governor's
7 proclamation of a state of emergency or the declaration by the President of the United
8 States of a major disaster or emergency, whichever occurs first, and extending for a
9 period of sixty calendar days following the end of the period specified in the
10 proclamation or declaration or sixty calendar days from the proclamation or
11 declaration if no end is provided. The governor may extend the disaster period as
12 warranted;

13 (3) "Pharmacy", the same meaning given to the term in section 338.210.

14 2. Notwithstanding any provision of law to contrary, the board of pharmacy
15 shall have the authority to waive compliance with any Missouri rules and regulations for
16 a licensed pharmacy that is domiciled or headquartered in this state when such
17 pharmacy is dispensing, shipping, or delivering prescription drugs into another state or
18 United States territory that is experiencing a declared state disaster or emergency,
19 provided that:

20 (1) The pharmacy is a licensed pharmacy in good standing under this chapter
21 and is authorized to ship prescription drugs into the state or territory in question;

22 (2) The pharmacy is responding to an active declared state disaster or
23 emergency;

24 (3) The pharmacy complies with all emergency rules and regulations for
25 pharmacies established by the state or territory for the duration of the disaster period;

26 (4) The pharmacy complies with all applicable federal laws and regulations; and

27 (5) The waiver applies only to prescription drugs dispensed, shipped, or
28 delivered to residents or health care facilities located within the geographic area
29 specified in the declared state disaster or emergency.

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

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

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

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

(1) Possesses a valid license granted by another state pursuant to legal standards comparable to those which must be met by a wholesale drug distributor, pharmacy distributor, drug ~~outsourcers~~ **outsourcer**, or third-party logistics provider of this state as prerequisites for obtaining a license under the laws of this state. **If a state license is not issued by their resident state, out-of-state wholesale drug distributors and third-party logistics providers with a current and valid drug distributor accreditation from the National Association of Boards of Pharmacy or its successor may be eligible for licensure as provided by the board by rule;** and

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

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

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

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

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

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

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

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

(3) Present written evidence of completion of a clinical fellowship from supervisors. The experience required by this subdivision shall follow the completion of the requirements of subdivisions (1) and (2) of this section. This period of employment shall be under the direct supervision of a ~~[person who is]~~ licensed ~~[by the state of Missouri in the profession in 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.

376.1000. 1. As used in sections 376.1000 to 376.1045, a "multiple employer self-
2 insured health plan" is any plan or arrangement which is not fully insured and which is either:

3 (1) Offered by a staff or employee leasing company; or

4 (2) Established or maintained for the purpose of offering or providing health, dental
5 or short-term disability benefits to employees of two or more employers **and to two or more**
6 **self-employed individuals, each with at least one common-law employee, and their**
7 **dependents.**

8 2. A plan or arrangement is considered fully insured only if an insurer licensed to
9 transact business in this state retains the ultimate responsibility for all benefits payable by a
10 contract or policy of insurance.

376.1012. Funds collected from the participating employers under multiple employer
2 self-insured health plans shall be held in trust subject to the following requirements:

3 (1) A board of trustees elected by participating employers shall serve as fund
4 managers on behalf of participants. Trustees shall be plan participants. No participating
5 employer may be represented by more than one trustee. No trustee may represent more than
6 one employer. A minimum of three and a maximum of seven trustees may be elected.
7 Trustees may not receive remuneration but they may be reimbursed for actual and reasonable
8 expenses incurred in connection with duties as trustee. A trustee may not be an agent, or
9 broker for or an owner, officer or employee of any third-party administrator, insurance agency
10 or insurer utilized by the plan. The trustees shall have the authority to approve applications of
11 association members for participation in the arrangement and to contract with a licensed
12 third-party administrator to administer the day-to-day affairs of the plan;

13 (2) Each trustee shall be bonded in an amount of not less than one hundred fifty
14 thousand dollars by a licensed insurer;

15 (3) Investment of plan funds is subject to the same restrictions which are applicable to
16 insurers pursuant to sections 376.291 to 376.307; provided, however, that no foreign plan
17 shall be exempt under section 376.310 from the investment laws of this state unless such plan
18 is subject to laws in its state of domicile which are substantially similar to sections 376.1032
19 to 376.1045. All investments shall be managed by a bank or other investment entity licensed
20 to operate in Missouri;

21 (4) Trustees, on behalf of the plan, shall file an annual report with the director of the
22 department of commerce and insurance by March first ~~[showing the condition and affairs of~~
23 ~~the plan as of the preceding thirty first day of December. The report shall be made on forms~~
24 ~~prescribed by the director. The report shall summarize the financial condition of the fund,~~
25 ~~itemize collections from participating employers, detail all fund expenditures and provide any~~
26 ~~additional information which the director requires]~~ **in compliance with section 375.041.**
27 More frequent reports may be required at the discretion of the director. **The plan shall also**
28 **prepare and file an RBC report with the director in compliance with section 375.1252 as**
29 **it applies to health organizations, and the provisions of section 375.1267 shall apply to**
30 **such RBC reports.**

376.1017. 1. A plan shall establish loss reserves for all incurred losses, both reported
2 and unreported, and for unearned premiums.

3 2. A plan also shall establish a surplus account equal to the greater of the following:

4 (1) ~~[Three times the average paid monthly premium during the plan's most recent~~
5 ~~fund year;~~

6 (2) ~~For plans which do not yet have one fund year's experience, three times estimated~~
7 ~~monthly premium; or~~

8 (3) Six hundred thousand dollars; **or**

9 **(2) An amount equal to two times the authorized control level risk-based capital,**
10 **as that term is defined in section 375.1250.**

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. If there is an interruption in anesthesia, the term "anesthesia time" includes**
8 **blocks of time around the interruption in anesthesia, provided the anesthesia**
9 **practitioner is furnishing continuous anesthesia care within the time periods around**
10 **the 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 modifying 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.**

43 **5. This section shall not apply to anesthesia services provided by a dentist in a**
44 **dental office.**

45 **6. Nothing in this section shall be construed in a way to allow for any health care**
46 **provider to commit fraudulent acts.**

47 **7. Nothing in this section shall be construed in a way to permit those who are**
48 **currently unable to bill for health care services to bill for health care services.**

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) "Chronic pain", pain that is a persistent and long-lasting condition**
6 **characterized by discomfort or pain that lasts for more than twelve weeks, often**
7 **persisting beyond the expected healing time. It may result from various causes**
8 **including, but not limited to, injury, surgery, nerve damage, or underlying medical**
9 **conditions;**

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

11 **(4) "Health benefit plan", the same meaning given to the term in section**
12 **376.1350;**

13 **(5) "Health care professional", the same meaning given to the term in section**
14 **376.1350.**

15 **2. Notwithstanding any provision of law to the contrary, when a licensed health**
16 **care professional acting within the scope of his or her license prescribes a nonopioid**
17 **medication for the treatment of acute or chronic pain to an enrollee, it shall be unlawful**
18 **for a health benefit plan to:**

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

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

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

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

376.1758. 1. For purposes of this section, the following terms mean:

2 **(1) "Doula", an individual who has been trained to provide doula services;**

3 **(2) "Doula services", services that provide a stable source of psychosocial**
4 **support and education throughout the perinatal period as well as during and after**
5 **childbirth.**

6 **2. The department of health and senior services shall review and approve doula**
7 **registration to allow for health insurance reimbursement of doula services.**

8 **3. The department of health and senior services shall create the criteria for the**
9 **doula registration application.**

10 **4. The department of health and senior services shall promulgate all necessary**
11 **rules and regulations for the administration of this section. Any rule or portion of a**
12 **rule, as that term is defined in section 536.010, that is created under the authority**
13 **delegated in this section shall become effective only if it complies with and is subject to**
14 **all of the provisions of chapter 536 and, if applicable, section 536.028. This section and**
15 **chapter 536 are nonseverable and if any of the powers vested with the general assembly**
16 **pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul**
17 **a rule are subsequently held unconstitutional, then the grant of rulemaking authority**
18 **and any rule proposed or adopted after August 28, 2026, shall be invalid and void.**

376.1765. 1. As used in this section, the following terms mean:

2 **(1) "Doula", the same meaning given to the term in section 208.1430;**

3 **(2) "Doula services", services provided by a doula that provide a stable source of**
4 **psychosocial support and education throughout the perinatal period as well as during**
5 **and after childbirth;**

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

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

9 **2. Each health carrier or health benefit plan that offers or issues health benefit**
10 **plans that are delivered, issued for delivery, continued, or renewed in this state on or**
11 **after January 1, 2027, shall provide coverage of doula services.**

12 **3. This section shall not apply to a supplemental insurance policy, including a life**
13 **care contract, accident-only policy, specified disease policy, hospital policy providing a**
14 **fixed daily benefit only, Medicare supplement policy, long-term care policy, short-term**
15 **major medical policy of six months' or less duration, or any other supplemental policy**
16 **as determined by the director of the department of commerce and insurance.**

407.3007. 1. As used in this section, the following terms mean:

2 **(1) "Artificial intelligence" or "AI":**

3 **(a) Any artificial system that performs tasks under varying and unpredictable**
4 **circumstances without significant human oversight or that can learn from experience**
5 **and improve performance when exposed to data sets;**

6 **(b) An artificial system developed in computer software, physical hardware, or**
7 **other computer systems that solves tasks requiring human-like perception, cognition,**
8 **planning, learning, communication, or physical action;**

9 **(c) An artificial system designed to think or act like a human, including cognitive**
10 **architectures and neural networks;**

11 **(d) A set of techniques, including machine learning, that is designed to**
12 **approximate a cognitive task; or**

13 **(e) An artificial system designed to act rationally, including an intelligent**
14 **software agent or embodied robot that achieves goals using perception, planning,**
15 **reasoning, learning, communicating, decision-making, and acting;**

16 **(2) "Mental health professional", the same as defined in section 632.005. The**
17 **term "mental health professional" shall also include any person licensed in a profession**
18 **regulated under chapter 337.**

19 **2. Any person or entity that develops or deploys artificial intelligence in the state**
20 **shall not advertise or represent to the public that the AI is or is able to act as a mental**
21 **health professional or is capable of providing therapy services, psychotherapy services,**
22 **or a mental health diagnosis.**

23 **3. Any violation of this section shall be considered an unlawful practice under**
24 **the Missouri merchandising practices act under this chapter.**

25 **4. The attorney general shall enforce the provisions of this section. Any**
26 **individual may report violations of this section to the attorney general. If the attorney**
27 **general finds that a violation occurred, the attorney general shall commence a civil**
28 **action in a court of competent jurisdiction. If the court finds that a violation occurred,**
29 **the court may grant damages, civil penalties, injunctive relief, attorney's fees, and any**
30 **such other relief the court finds appropriate. Notwithstanding section 407.100 to the**
31 **contrary, civil penalties shall be as follows:**

32 **(1) Ten thousand dollars for the first violation; or**

33 **(2) Twenty thousand dollars for any subsequent violation.**

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.

632.305. 1. An application for detention for evaluation and treatment at a mental
2 health facility may be executed by any adult person, who need not be an attorney or
3 represented by an attorney, on a form provided by the court for such purpose, and shall allege
4 under oath ~~[, without a notarization requirement,]~~ that the applicant has reason to believe that

5 the respondent is suffering from a mental disorder and presents a likelihood of serious harm to
6 himself or herself or to others. The application shall specify the factual information on which
7 such belief is based and should contain the names and addresses of all persons known to the
8 applicant who have knowledge of such facts through personal observation.

9 2. The filing of a written application in court by any adult person, who need not be an
10 attorney or represented by an attorney, shall authorize the applicant to bring the matter before
11 the court on an ex parte basis to determine whether the respondent should be taken into
12 custody and transported to a mental health facility. The application may be filed in the court
13 having probate jurisdiction in any county where the respondent may be found. If the court
14 finds that there is probable cause, either upon testimony under oath or upon a review of
15 affidavits, declarations, or other supporting documentation, to believe that the respondent
16 may be suffering from a mental disorder and presents a likelihood of serious harm to himself
17 or herself or others, it shall direct a peace officer to take the respondent into custody and
18 transport him or her to a mental health facility for detention for evaluation and treatment for a
19 period not to exceed ninety-six hours unless further detention and treatment is authorized
20 pursuant to this chapter. Nothing herein shall be construed to prohibit the court, in the
21 exercise of its discretion, from giving the respondent an opportunity to be heard.

22 3. A peace officer may take a person into custody for detention for evaluation and
23 treatment at a mental health facility for a period not to exceed ninety-six hours only when
24 such peace officer has reasonable cause to believe that such person is suffering from a mental
25 disorder and that the likelihood of serious harm by such person to himself or herself or others
26 is imminent unless such person is immediately taken into custody. Upon arrival at the mental
27 health facility, the peace officer who conveyed such person or caused him or her to be
28 conveyed shall either present the application for detention for evaluation and treatment upon
29 which the court has issued a finding of probable cause and the respondent was taken into
30 custody or complete an application for initial detention for evaluation and treatment for a
31 period not to exceed ninety-six hours which shall be based upon his or her own personal
32 observations or investigations and shall contain the information required in subsection 1 of
33 this section.

34 4. If a person presents himself or herself or is presented by others to a mental health
35 facility and a licensed physician, a registered professional nurse or a mental health
36 professional designated by the head of the facility and approved by the department for such
37 purpose has reasonable cause to believe that the person is mentally disordered and presents an
38 imminent likelihood of serious harm to himself or herself or others unless he or she is
39 accepted for detention, the licensed physician, the mental health professional or the registered
40 professional nurse designated by the facility and approved by the department may complete
41 an application for detention for evaluation and treatment for a period not to exceed ninety-six

42 hours. The application shall be based on his or her own personal observations or
43 investigation and shall contain the information required in subsection 1 of this section.

44 5. (1) No notarization shall be required for an application, or for any affidavits,
45 declarations, or other documents supporting an application, **completed or executed by:**

46 (a) **A peace officer under subsection 3 of this section;**

47 (b) **A licensed physician, mental health professional, or registered professional**
48 **nurse under subsection 4 of this section; or**

49 (c) **An employee acting on behalf of a hospital, as defined in section 197.020,**
50 **under subsections 1 and 2 of this section.**

51 (2) The application and any affidavits, declarations, or other documents supporting
52 the application shall be subject to the provisions of section 492.060 allowing for declaration
53 under penalty of perjury.

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