

SECOND REGULAR SESSION

SENATE COMMITTEE SUBSTITUTE FOR

HOUSE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 2372

103RD GENERAL ASSEMBLY

5868S.04C

KRISTINA MARTIN, Secretary

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, 190.165, 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-eight 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,
2 190.050, 190.051, 190.052, 190.070, 190.090, 190.098, 190.165,
3 190.246, 191.1146, 192.020, 195.417, 196.990, 198.022, 206.110,
4 208.662, 301.142, 321.621, 324.009, 332.081, 334.108, 335.081,
5 338.010, 338.012, 338.333, 338.710, 345.050, 376.1000,
6 376.1012, 376.1017, 579.060, and 632.305, RSMo, are repealed
7 and sixty-eight new sections enacted in lieu thereof, to be
8 known as sections 9.025, 9.412, 9.418, 9.502, 96.192, 96.196,
9 167.627, 167.630, 190.050, 190.051, 190.052, 190.070, 190.089,
10 190.090, 190.098, 190.165, 190.246, 191.455, 191.457, 191.459,
11 191.461, 191.463, 191.465, 191.467, 191.708, 191.1146, 192.020,
12 192.2155, 195.417, 195.1000, 196.990, 197.708, 198.022,
13 206.110, 206.158, 208.149, 208.270, 208.662, 208.1400,
14 208.1405, 208.1410, 208.1415, 208.1420, 208.1425, 210.225,
15 301.142, 321.621, 324.009, 332.081, 334.108, 335.081, 338.010,

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

16 338.012, 338.206, 338.208, 338.312, 338.333, 338.710, 345.050,
17 376.417, 376.1000, 376.1012, 376.1017, 376.1245, 376.1280,
18 407.3007, 579.060, and 632.305, to read as follows:

9.025. The month of January is hereby designated as
2 "Blood Donor Awareness Month". It is recommended to the
3 people of this state that the month be appropriately
4 observed through activities that increase awareness of the
5 importance of blood donation. The state deems blood and
6 blood products to be a critical resource and a vital public
7 health asset that must be readily available at all times.

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

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

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

96.192. 1. The board of trustees of any hospital
2 authorized under subsection 2 of this section, and
3 established and organized under the provisions of sections
4 96.150 to 96.229[,]:

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

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

13 (b) Bonds that have:

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

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

18 (c) Money market investments; or

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

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

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

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

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

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

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

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

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

6 (2) **"Medication", any medicine prescribed or ordered**
7 **by a physician for the treatment of asthma or anaphylaxis,**

8 including without limitation inhaled bronchodilators and
9 [auto-injectible] epinephrine **delivery systems**;

10 [(2)] (3) "Self-administration", a pupil's
11 discretionary use of medication prescribed by a physician or
12 under a written treatment plan from a physician.

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

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

21 (2) The pupil has demonstrated to the pupil's licensed
22 physician or the licensed physician's designee, and the
23 school nurse, if available, the skill level necessary to use
24 the medication and any device **or system** necessary to
25 administer such medication prescribed or ordered;

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

32 (4) The pupil's parent or guardian has completed and
33 submitted to the school any written documentation required
34 by the school, including the treatment plan required under
35 subdivision (3) of this subsection and the liability
36 statement required under subdivision (5) of this subsection;
37 and

38 (5) The pupil's parent or guardian has signed a
39 statement acknowledging that the school district and its

40 employees or agents shall incur no liability as a result of
41 any injury arising from the self-administration of
42 medication by the pupil or the administration of such
43 medication by school staff. Such statement shall not be
44 construed to release the school district and its employees
45 or agents from liability for negligence.

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

48 (1) Permit such pupil to possess and self-administer
49 such pupil's medication while in school, at a school-
50 sponsored activity, and in transit to or from school or
51 school-sponsored activity; and

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

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

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

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

4 2. Each school board may authorize a school nurse
5 licensed under chapter 335 who is employed by the school
6 district and for whom the board is responsible for to
7 maintain an adequate supply of [prefilled auto syringes of]

8 epinephrine [with fifteen-hundredths milligram or three-
9 tenths milligram] delivery **systems** at the school. The nurse
10 shall recommend to the school board the number of
11 [prefilled] epinephrine [auto syringes] **delivery systems**
12 that the school should maintain.

13 [2.] 3. To obtain [prefilled] epinephrine [auto
14 syringes] **delivery systems** for a school district, a
15 prescription written by a licensed physician, a physician's
16 assistant, or nurse practitioner is required. For such
17 prescriptions, the school district shall be designated as
18 the patient, the nurse's name shall be required, and the
19 prescription shall be filled at a licensed pharmacy.

20 [3.] 4. A school nurse, contracted agent trained by a
21 nurse, or other school employee trained by and supervised by
22 the nurse shall have the discretion to use an epinephrine
23 [auto syringe] **delivery system** on any student the school
24 nurse, trained employee, or trained contracted agent
25 believes is having a life-threatening anaphylactic reaction
26 based on the training in recognizing an acute episode of an
27 anaphylactic reaction. The provisions of section 167.624
28 concerning immunity from civil liability for trained
29 employees administering lifesaving methods shall apply to
30 trained employees administering [a prefilled auto syringe]
31 **an epinephrine delivery system** under this section. Trained
32 contracted agents shall have immunity from civil liability
33 for administering [a prefilled auto syringe] **an epinephrine**
34 **delivery system** under this section.

190.050. 1. After the ambulance district has been
2 declared organized, the declaring county commission[, except
3 in counties of the second class having more than one hundred
4 five thousand inhabitants located adjacent to a county of
5 the first class having a charter form of government which

6 has a population of over nine hundred thousand inhabitants,]
7 shall divide the district into six election districts as
8 equal in population as possible[, and] **or provide for the**
9 **election of six directors elected at large from within the**
10 **district.**

11 (1) **If the county commission divides the district into**
12 **election districts, the commission** shall by lot number the
13 districts from one to six inclusive. The county commission
14 shall cause an election to be held in the ambulance district
15 **[within ninety days] on the next regularly scheduled**
16 **election date** after the order establishing the ambulance
17 district to elect ambulance district directors. Each voter
18 shall vote for one director from the ambulance election
19 district in which the voter resides. The directors elected
20 from districts one and four shall serve for a term of one
21 year, the directors elected from districts two and five
22 shall serve for a term of two years, and the directors from
23 districts three and six shall serve for a term of three
24 years; thereafter, the terms of all directors shall be three
25 years. All directors shall serve the term to which they
26 were elected or appointed, and until their successors are
27 elected and qualified, except in cases of resignation or
28 disqualification. The county commission shall reapportion
29 the ambulance districts within sixty days after the
30 population of the county is reported to the governor for
31 each decennial census of the United States. Notwithstanding
32 any other provision of law, if the number of candidates for
33 the office of director is no greater than the number of
34 directors to be elected, no election shall be held, and the
35 candidates shall assume the responsibilities of their
36 offices at the same time and in the same manner as if they
37 have been elected.

38 [2. In all counties of the second class having more
39 than one hundred five thousand inhabitants located adjacent
40 to a county of the first class having a charter form of
41 government which has a population of over nine hundred
42 thousand inhabitants,] **(2) If the county commission**
43 **provides for an at-large board of directors, it shall order**
44 **an election be held on the next regularly scheduled election**
45 **date and** the voters shall vote for six directors elected at
46 large from within the district for a term of three years.
47 [Those directors holding office in any district in such a
48 county on August 13, 1976, shall continue to hold office
49 until the expiration of their terms, and their successors
50 shall be elected from the district at large for a term of
51 three years. In any district formed in such counties after
52 August 13, 1976, the governing body of the county shall
53 cause an election to be held in that district within ninety
54 days after the order establishing the ambulance district to
55 elect ambulance district directors.] Each voter shall vote
56 for six directors. The two candidates receiving the highest
57 number of votes at such election shall be elected for a term
58 of three years, the two candidates receiving the third and
59 fourth highest number of votes shall be elected for a term
60 of two years, the two candidates receiving the fifth and
61 sixth highest number of votes shall be elected for a term of
62 one year; thereafter, the term of all directors shall be
63 three years. **A director holding office as of August 28,**
64 **2026, shall continue as an at-large director for the**
65 **remainder of such director's existing term.**

66 [3.] 2. A candidate for director of the ambulance
67 district shall, at the time of filing, be a citizen of the
68 United States, [a qualified voter of the election district
69 as provided in subsection 1 of this section,] a resident of

70 the district for two years next preceding the election, and
71 shall be at least twenty-four years of age. In an
72 established district which is located within the
73 jurisdiction of more than one election authority, the
74 candidate shall file his or her declaration of candidacy
75 with the secretary of the board. In all other districts, a
76 candidate shall file a declaration of candidacy with the
77 county clerk of the county in which he or she resides. A
78 candidate shall file a statement under oath that he or she
79 possesses the required qualifications. No candidate's name
80 shall be printed on any official ballot unless the candidate
81 has filed a written declaration of candidacy pursuant to
82 subsection 5 of section 115.127. If the time between the
83 county commission's call for a special election and the date
84 of the election is not sufficient to allow compliance with
85 subsection 5 of section 115.127, the county commission
86 shall, at the time it calls the special election, set the
87 closing date for filing declarations of candidacy.

88 **3. An ambulance district may, following a public**
89 **hearing subject to the provisions of chapter 610, by an**
90 **ordinance adopted by an affirmative vote of two-thirds of**
91 **the members of the board of directors, abolish the**
92 **boundaries of any existing election subdistricts if the**
93 **board is unable to find a qualified candidate to fill the**
94 **director position of each such subdistrict. Such ordinance**
95 **may eliminate the subdistricts entirely and provide for the**
96 **election of directors at large. A copy of the ordinance**
97 **shall be filed with the county clerk. Upon the abolition of**
98 **such election subdistricts, all current directors shall**
99 **serve as directors at large for the remainder of their**
100 **existing terms.**

101 4. Any ambulance district may, by an ordinance adopted
102 by an affirmative vote of two-thirds of the members of the
103 board of directors, establish election subdistricts. Each
104 election subdistrict shall consist of contiguous territory
105 and shall be as compact and nearly equal in population as
106 practicable. The boundaries of such subdistricts shall be
107 established by the county commission. Each board member
108 shall be a resident of the election subdistrict that he or
109 she represents at the time of election and shall remain a
110 resident of such subdistrict for the duration of the
111 member's term.

112 5. Notwithstanding any other provision of law to the
113 contrary, if the number of candidates for the office of
114 director is less than the number of directors to be elected,
115 no election shall be held, and the candidates shall assume
116 the responsibilities of their offices at the same time and
117 in the same manner as if they were elected.

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

13 2. The ballot to be used for the approval of the
14 voters to increase or decrease the number of members on the

15 board of directors of the ambulance district shall be
 16 substantially in the following form:

17 Shall the number of members of the board of
 18 directors of the _____ (Insert name of district)
 19 Ambulance District be (increased to seven
 20 members/decreased to five members/decreased to
 21 three members)?

22 YES NO

23 **[2.] 3.** If a majority of the voters voting on a
 24 proposition to increase the number of board members **[to**
 25 **seven]** vote in favor of the proposition, then at the next
 26 election of board members after the voters vote to increase
 27 the number of directors, the voters shall select **[one person**
 28 **to serve in addition to the existing six directors as the**
 29 **member who shall run district wide]** **additional persons to**
 30 **fill any such vacancies.**

31 **[3.] 4.** If a majority of the voters voting on a
 32 proposition to decrease the number of board members vote in
 33 favor of the proposition, then the county clerk shall redraw
 34 the district into the resulting number of subdistricts with
 35 equal population bases and hold elections by subdistricts
 36 pursuant to section 190.050. Thereafter, members of the
 37 board shall be elected to serve terms of three years and
 38 until their successors are duly elected and qualified.

39 **[4. Members of the board of directors in office on the**
 40 **date of an election pursuant to this section to increase or**
 41 **decrease the number of members of the board of directors**
 42 **shall serve the term to which they were elected or appointed**
 43 **and until their successors are elected and qualified.]**

190.052. Any member of the board of directors who
 2 moves residency from the district **[from which the member was**

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

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

14 to be submitted to the voters within the territory and
15 within the district.

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

19 Shall _____ (description of territory) be
20 annexed to the _____ ambulance district, **and a**
21 **tax imposed within such annexed area equal to**
22 **the existing rate of the _____ ambulance**
23 **district?**

24 3. If a majority of the votes cast on the question [in
25 the district and in the territory described in the petition,
26 respectively,] are in favor of the annexation, the
27 commissioners of the county commission shall, **within thirty**
28 **days of the certification of the election results**, by order
29 declare the territory annexed and shall describe the altered
30 boundaries of the district. **A copy of the same shall be**
31 **filed with the county clerk.**

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

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

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

10 consolidated district is situated a petition requesting the
11 consolidation of two or more existing ambulance districts.

12 3. The petition shall be in the following form:

13 We, the undersigned voters of the _____
14 ambulance district do hereby petition that
15 _____ existing ambulance districts be
16 consolidated into one consolidated ambulance
17 district **to be known as the _____ Ambulance**
18 **District, subject to the attached consolidation**
19 **plan.**

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

23 Be it resolved by the board of directors of
24 the ambulance district that the _____ ambulance
25 districts be consolidated into one consolidated
26 ambulance district **to be known as the _____**
27 **Ambulance District, subject to the attached**
28 **consolidation plan.**

29 5. **Every petition or resolution shall be accompanied**
30 **by a consolidation plan outlining the process for the**
31 **proposed consolidation. At a minimum, the consolidation**
32 **plan shall include the following:**

33 (1) **The name of the proposed consolidated district, a**
34 **legal description of the boundaries of such consolidated**
35 **district, and the proposed tax levy to be imposed by the**
36 **consolidated district. In the event that the proposed plan**
37 **is for the consolidation into an existing district, the**
38 **consolidation plan shall clearly state that the existing**
39 **district shall continue as the legal entity into which the**
40 **other districts are consolidated;**

41 (2) The names of the districts to be consolidated,
42 accompanied by a list of all real property owned and
43 financial assets currently held by the district, all
44 outstanding bonds or debts of each of said districts, and
45 the current tax levies imposed by each of said districts;

46 (3) The name of the district which shall be
47 responsible for maintaining ambulance service during the
48 consolidation, including continuing operations,
49 administration, and governance of the consolidated district,
50 provided that there shall be a presumption that the district
51 with the largest operating budget in the preceding fiscal
52 year shall assume such responsibility;

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

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

63 6. Upon the filing of a petition, or a resolution, **and**
64 **a consolidation plan** with the county clerk from each of the
65 ambulance districts proposed to be consolidated, the county
66 clerk shall present the petition or resolution **and a**
67 **consolidation plan** to the commissioners of the county
68 commission [having jurisdiction who shall thereupon order
69 the submission of the question to the voters of the
70 districts. The filing of each of the petitions in the
71 ambulance districts shall have occurred within a continuous
72 twelve-month period.

73 6. The notice shall set forth the names of the
74 existing ambulance districts to be included in the
75 consolidated district.

76 7. The question shall be submitted in substantially
77 the following form:

78 Shall the existing _____ ambulance
79 districts be consolidated into one ambulance
80 district?

81 8. If the county commission having jurisdiction finds
82 that the question to consolidate the districts received a
83 majority of the votes cast, the commission shall make and
84 enter its order declaring that the proposition passed.

85 9. Within thirty days after the district has been
86 declared consolidated, the county commission shall divide
87 the district into six election districts and shall order an
88 election to be held and conducted as provided in section
89 190.050 for the election of directors.

90 10. Within thirty days after the election of the
91 initial board of directors of the district, the directors
92 shall meet and the time and place of the first meeting of
93 the board shall be designated by the county commission. At
94 the first meeting the newly elected board of directors shall
95 choose a name for the consolidated district and shall notify
96 the clerk of the county commission of each county within
97 which the consolidated district is located of the name of
98 the consolidated district.

99 11. On the thirtieth day following the election of the
100 board of directors, the existing ambulance districts shall
101 cease to exist and the consolidated district shall assume
102 all of the powers and duties exercised by those districts.
103 All assets and obligations of the existing ambulance
104 districts shall become assets and obligations of the

105 consolidated district], who shall record such documents in
106 the records of the county. A petition or resolution for a
107 proposed consolidation shall be received from all ambulance
108 districts within the same calendar year or shall be
109 considered null and void.

110 7. Each of the ambulance districts seeking to
111 consolidate shall post the notice of the intent to
112 consolidate in the same manner as district public meetings
113 are posted. In addition, publication of such notice of
114 intent shall be made in a newspaper of general circulation
115 in every county in which the proposed consolidated ambulance
116 district shall be located, with publication to be made once
117 per week for two consecutive weeks. A public hearing shall
118 be held jointly by all ambulance districts seeking to
119 consolidate at a location within the boundaries of the
120 proposed consolidated ambulance district, provided that such
121 hearing shall be no more than thirty days after the date of
122 the second publication. The notice of intent shall be in
123 substantially the following form:

124 NOTICE OF THE FILING OF A PETITION/RESOLUTION
125 FOR CONSOLIDATION OF THE _____ AMBULANCE
126 DISTRICTS

127 To all voters, residents, and interested
128 persons within the boundaries of the above-
129 described ambulance districts: You are
130 hereby notified that a petition/resolution
131 has been filed for the consolidation of the
132 above-named ambulance districts into one
133 consolidated ambulance district to be known
134 as _____ Ambulance District. A proposed
135 consolidation plan is available for

136 inspection at the office of the County Clerk
137 of _____ County.

138 A public hearing will be held on _____ (date)
139 at _____ (time) at the following location:
140 _____. The purpose of this public hearing
141 shall be to explain the reasons for the
142 consolidation and answer questions from the
143 public.

144 Objections to this consolidation may be filed
145 with the County Clerk of _____ County,
146 provided such objections are filed in writing
147 not less than thirty days after the public
148 hearing. Any such objection must be signed by
149 a number of voters residing in the proposed
150 consolidated district that is not less than
151 five percent of the votes cast for governor in
152 the district in the most recent gubernatorial
153 election.

154 8. If no objections are filed with the county clerk
155 within thirty days after the public hearing, then within
156 forty-five days following the date of the public hearing,
157 the county commission shall order the districts consolidated
158 pursuant to the terms of the consolidation plan and shall
159 further appoint as directors those individuals identified in
160 the consolidation plan. The county commission shall further
161 set a date, time, and location for the first meeting of the
162 directors of the newly consolidated district.

163 9. Upon receipt of any objections filed, the county
164 clerk shall verify that such objections are signed by the
165 necessary number of voters of the district. If said
166 objections are signed by an appropriate number of voters,

167 the county commission of each county in which the proposed
168 consolidated district is to be located shall thereupon order
169 the submission of the question to the voters of the
170 districts. The question shall be submitted in substantially
171 the following form:

172 Shall the existing _____ ambulance districts
173 be consolidated into one ambulance district to
174 be known as the _____ Ambulance District,
175 with such consolidated district authorized to
176 levy a property tax not to exceed the annual
177 rate of _____ cents on the hundred dollars
178 assessed valuation or a sales tax in an amount
179 not to exceed _____ percent, or a combination
180 of both?

181 If the county commission having jurisdiction finds that the
182 question to consolidate the districts received a majority of
183 the votes cast, the commission shall make and enter its
184 order declaring that the proposition passed. The county
185 commission shall further order the districts consolidated
186 pursuant to the terms of the consolidation plan and shall
187 further appoint as directors those individuals identified in
188 the consolidation plan. The county commission shall further
189 set a date, time, and location for the first meeting of the
190 directors of the newly consolidated district.

191 10. Notwithstanding any other provision of law to the
192 contrary, the consolidated district may impose an initial
193 tax levy up to the highest tax levy of the consolidating
194 districts, provided such tax levy is specifically set forth
195 in the ballot language submitted to and approved by the
196 voters of the consolidating district.

197 11. Without a vote of the residents of the
198 consolidated district as provided in this section, no
199 consolidated ambulance district shall be permitted to impose
200 a property tax greater than the lowest of any existing
201 property tax rate of the districts to be consolidated, nor
202 shall the consolidated ambulance district be permitted to
203 impose any sales tax greater than the lowest of any existing
204 sales tax rate of the districts to be consolidated.

205 12. Upon written certification by the board of
206 directors of the consolidated district to the prior district
207 that the consolidated district has obtained the necessary
208 licenses and permits to operate an ambulance service and all
209 directors of such consolidated district have completed the
210 training required by section 190.053, the existing ambulance
211 districts shall cease to exist and the consolidated district
212 shall assume all of the powers and duties exercised by those
213 districts. All assets and obligations of the existing
214 ambulance districts shall become assets and obligations of
215 the consolidated district.

190.098. 1. As used in this section, the term
2 "community paramedic services" means services that are:
3 (1) Provided by any entity that:
4 (a) Employs licensed paramedics who are certified as
5 community paramedics by the department; and
6 (b) Has received an endorsement by the department as a
7 community paramedic service entity;
8 (2) Provided in a nonemergent setting, independent of
9 a 911 system or emergency summons;
10 (3) Consistent with the training and education, as
11 well as within the scope of skill and practice, of the
12 personnel and with the supervisory standard approved by the
13 medical director; and

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

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

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

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

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

28 [2.] 3. A community paramedic shall practice in
29 accordance with protocols and supervisory standards
30 established by the medical director. A community paramedic
31 shall provide services of a health care plan if the plan has
32 been developed by the patient's physician or by an advanced
33 practice registered nurse through a collaborative practice
34 arrangement with a physician or a physician assistant
35 through a collaborative practice arrangement with a
36 physician and there is no duplication of services to the
37 patient from another provider.

38 [3.] 4. (1) Any ambulance service shall enter into a
39 written contract **with another ambulance service provider** to
40 provide community paramedic services in [**another**] **their**
41 ambulance service area, as that term is defined in section
42 190.100. The contract that is agreed upon may be for an
43 indefinite period of time, as long as it includes at least a
44 sixty-day cancellation notice by either ambulance service.

45 (2) The department shall establish regulations for the
46 purpose of recognizing community paramedic service entities
47 that have met the standards necessary to provide community
48 paramedic services, including physician medical oversight,
49 training, patient recordkeeping, formal relationships with
50 primary care services where necessary, and quality
51 improvement policies. The department shall issue an
52 endorsement to any community paramedic service entity that
53 meets such standards that allows the entity to provide
54 community paramedic services for a period of five years.

55 [4.] 5. A community paramedic is subject to the
56 provisions of sections 190.001 to 190.245 and rules
57 promulgated under sections 190.001 to 190.245.

58 [5.] 6. No person shall hold himself or herself out as
59 a community paramedic or provide the services of a community
60 paramedic unless such person is certified by the department.

61 [6.] 7. The medical director shall approve the
62 implementation of the community paramedic program.

63 [7.] 8. Any rule or portion of a rule, as that term is
64 defined in section 536.010, that is created under the
65 authority delegated in this section shall become effective
66 only if it complies with and is subject to all of the
67 provisions of chapter 536 and, if applicable, section
68 536.028. This section and chapter 536 are nonseverable and
69 if any of the powers vested with the general assembly
70 pursuant to chapter 536 to review, to delay the effective
71 date, or to disapprove and annul a rule are subsequently
72 held unconstitutional, then the grant of rulemaking
73 authority and any rule proposed or adopted after August 28,
74 2013, shall be invalid and void.

 190.165. 1. The department may refuse to issue or
2 deny renewal of any **endorsement**, certificate, permit or

3 license required pursuant to sections [190.100] **190.098** to
4 190.245 for failure to comply with the provisions of
5 sections [190.100] **190.098** to 190.245 or any lawful
6 regulations promulgated by the department to implement its
7 provisions as described in subsection 2 of this section.
8 The department shall notify the applicant in writing of the
9 reasons for the refusal and shall advise the applicant of
10 his or her right to file a complaint with the administrative
11 hearing commission as provided by chapter 621.

12 2. The department may cause a complaint to be filed
13 with the administrative hearing commission as provided by
14 chapter 621 against any holder of any **endorsement**,
15 certificate, permit or license required by sections
16 [190.100] **190.098** to 190.245 or any person who has failed to
17 renew or has surrendered his or her certificate, permit or
18 license for failure to comply with the provisions of
19 sections [190.100] **190.098** to 190.245 or any lawful
20 regulations promulgated by the department to implement such
21 sections. Those regulations shall be limited to the
22 following:

23 (1) Use or unlawful possession of any controlled
24 substance, as defined in chapter 195, or alcoholic beverage
25 to an extent that such use impairs a person's ability to
26 perform the work of any activity licensed or regulated by
27 sections [190.100] **190.098** to 190.245;

28 (2) Being finally adjudicated and found guilty, or
29 having entered a plea of guilty or nolo contendere, in a
30 criminal prosecution under the laws of any state or of the
31 United States, for any offense reasonably related to the
32 qualifications, functions or duties of any activity licensed
33 or regulated pursuant to sections [190.100] **190.098** to
34 190.245, for any offense an essential element of which is

35 fraud, dishonesty or an act of violence, or for any offense
36 involving moral turpitude, whether or not sentence is
37 imposed;

38 (3) Use of fraud, deception, misrepresentation or
39 bribery in securing any **endorsement**, certificate, permit or
40 license issued pursuant to sections [190.100] **190.098** to
41 190.245 or in obtaining permission to take any examination
42 given or required pursuant to sections [190.100] **190.098** to
43 190.245;

44 (4) Obtaining or attempting to obtain any fee, charge,
45 tuition or other compensation by fraud, deception or
46 misrepresentation;

47 (5) Incompetency, misconduct, gross negligence, fraud,
48 misrepresentation or dishonesty in the performance of the
49 functions or duties of any activity licensed or regulated by
50 sections [190.100] **190.098** to 190.245;

51 (6) Violation of, or assisting or enabling any person
52 to violate, any provision of sections [190.100] **190.098** to
53 190.245, or of any lawful rule or regulation adopted by the
54 department pursuant to sections [190.100] **190.098** to 190.245;

55 (7) Impersonation of any person holding [a] **an**
56 **endorsement**, certificate, permit or license or allowing any
57 person to use his or her **endorsement**, certificate, permit,
58 license or diploma from any school;

59 (8) Disciplinary action against the holder of a
60 license or other right to practice any activity regulated by
61 sections [190.100] **190.098** to 190.245 granted by another
62 state, territory, federal agency or country upon grounds for
63 which revocation or suspension is authorized in this state;

64 (9) For an individual being finally adjudged insane or
65 incompetent by a court of competent jurisdiction;

66 (10) Assisting or enabling any person to practice or
67 offer to practice any activity licensed or regulated by
68 sections [190.100] **190.098** to 190.245 who is not licensed
69 and currently eligible to practice pursuant to sections
70 [190.100] **190.098** to 190.245;

71 (11) Issuance of [a] **an endorsement**, certificate,
72 permit or license based upon a material mistake of fact;

73 (12) Violation of any professional trust, confidence,
74 or legally protected privacy rights of a patient by means of
75 an unauthorized or unlawful disclosure;

76 (13) Use of any advertisement or solicitation which is
77 false, misleading or deceptive to the general public or
78 persons to whom the advertisement or solicitation is
79 primarily directed;

80 (14) Violation of the drug laws or rules and
81 regulations of this state, any other state or the federal
82 government;

83 (15) Refusal of any applicant or licensee to respond
84 to reasonable department of health and senior services'
85 requests for necessary information to process an application
86 or to determine license status or license eligibility;

87 (16) Any conduct or practice which is or might be
88 harmful or dangerous to the mental or physical health or
89 safety of a patient or the public;

90 (17) Repeated acts of negligence or recklessness in
91 the performance of the functions or duties of any activity
92 licensed or regulated by sections [190.100] **190.098** to
93 190.245.

94 3. If the department conducts investigations, the
95 department, prior to interviewing a licensee who is the
96 subject of the investigation, shall explain to the licensee
97 that he or she has the right to:

- 98 (1) Consult legal counsel or have legal counsel
99 present;
- 100 (2) Have anyone present whom he or she deems to be
101 necessary or desirable; and
- 102 (3) Refuse to answer any question or refuse to provide
103 or sign any written statement.

104 The assertion of any right listed in this subsection shall
105 not be deemed by the department to be a failure to cooperate
106 with any department investigation.

107 4. After the filing of such complaint, the proceedings
108 shall be conducted in accordance with the provisions of
109 chapter 621. Upon a finding by the administrative hearing
110 commission that the grounds, provided in subsection 2 of
111 this section, for disciplinary action are met, the
112 department may, singly or in combination, censure or place
113 the person named in the complaint on probation on such terms
114 and conditions as the department deems appropriate for a
115 period not to exceed five years, or may suspend, for a
116 period not to exceed three years, or revoke the license,
117 **endorsement**, certificate, or permit. Notwithstanding any
118 provision of law to the contrary, the department shall be
119 authorized to impose a suspension or revocation as a
120 disciplinary action only if it first files the requisite
121 complaint with the administrative hearing commission. The
122 administrative hearing commission shall hear all relevant
123 evidence on remediation activities of the licensee and shall
124 make a recommendation to the department of health and senior
125 services as to licensure disposition based on such evidence.

126 5. An individual whose license has been revoked shall
127 wait one year from the date of revocation to apply for
128 relicensure. Relicensure shall be at the discretion of the

129 department after compliance with all the requirements of
130 sections [190.100] **190.098** to 190.245 relative to the
131 licensing of an applicant for the first time. Any
132 individual whose license has been revoked twice within a ten-
133 year period shall not be eligible for relicensure.

134 6. The department may notify the proper licensing
135 authority of any other state in which the person whose
136 license was suspended or revoked was also licensed of the
137 suspension or revocation.

138 7. Any person, organization, association or
139 corporation who reports or provides information to the
140 department pursuant to the provisions of sections [190.100]
141 **190.098** to 190.245 and who does so in good faith shall not
142 be subject to an action for civil damages as a result
143 thereof.

144 8. The department of health and senior services may
145 suspend any certificate, permit or license required pursuant
146 to sections [190.100] **190.098** to 190.245 simultaneously with
147 the filing of the complaint with the administrative hearing
148 commission as set forth in subsection 2 of this section, if
149 the department finds that there is an imminent threat to the
150 public health. The notice of suspension shall include the
151 basis of the suspension and notice of the right to appeal
152 such suspension. The licensee may appeal the decision to
153 suspend the license, **endorsement**, certificate, or permit to
154 the department. The appeal shall be filed within ten days
155 from the date of the filing of the complaint. A hearing
156 shall be conducted by the department within ten days from
157 the date the appeal is filed. The suspension shall continue
158 in effect until the conclusion of the proceedings, including
159 review thereof, unless sooner withdrawn by the department,

160 dissolved by a court of competent jurisdiction or stayed by
161 the administrative hearing commission.

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

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

13 (2) "Emergency health care provider":

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

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

19 (3) **"Epinephrine delivery system", a single-use device**
20 **or system used for the delivery of a premeasured dose of**
21 **epinephrine into the human body.**

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

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

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

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

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

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

44 3. (1) Use of an epinephrine [auto-injector device]
45 **delivery system** pursuant to this section shall be considered
46 first aid or emergency treatment for the purpose of any law
47 relating to liability.

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

52 (3) Any person otherwise authorized to sell or provide
53 an epinephrine [auto-injector device] **delivery system** may
54 sell or provide it to a person authorized to possess it
55 pursuant to this section.

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

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

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

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

12 (2) "Eligible patient", an individual who meets the
13 following conditions:

14 (a) Has considered all other treatment options
15 currently approved by the United States Food and Drug
16 Administration;

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

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

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

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

34 (3) "Individualized investigational drug, biological
35 product, or device", any drug, biological product, or device

36 that is unique to and produced exclusively for use for an
37 individual patient based on the patient's own genetic
38 profile. The term "individualized investigational drug,
39 biological product, or device":

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

43 (b) Shall not include any drug, biological product, or
44 device derived from human primary or secondary embryonic
45 stem cells or cell lines, or tissues or cells derived from
46 abortion, but shall include any drug, biological product, or
47 device derived from human perinatal tissues, cells, and
48 secreted factors not obtained from an abortion;

49 (4) "Individualized investigational treatment",
50 treatment with an individualized investigational drug,
51 biological product, or device;

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

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

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

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

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

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

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

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

74 d. A description of the potentially best and worst
75 outcomes of using the individualized investigational drug,
76 biological product, or device and a realistic description of
77 the most likely outcome. The description shall include the
78 possibility that new, unanticipated, different, or worse
79 symptoms might result and that death could be hastened by
80 the proposed treatment. The description shall be based on
81 the physician's knowledge of the proposed treatment in
82 conjunction with an awareness of the patient's condition;

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

89 f. A statement that the patient's eligibility for
90 hospice care may be withdrawn if the patient begins curative
91 treatment with the individualized investigational drug,
92 biological product, or device and that care may be
93 reinstated if this treatment ends and the patient meets
94 hospice eligibility requirements; and

95 g. A statement that the patient understands that he or
96 she is liable for all expenses consequent to the use of the
97 individualized investigational drug, biological product, or
98 device and that this liability extends to the patient's

99 estate unless a contract between the patient and the
100 manufacturer of the individualized investigational drug,
101 biological product, or device states otherwise.

191.457. 1. A manufacturer operating within an
2 eligible facility and in accordance with all applicable
3 Federalwide Assurance laws and regulations may make
4 available an individualized investigational drug, biological
5 product, or device and an eligible patient may request an
6 individualized investigational drug, biological product, or
7 device from an eligible facility or manufacturer operating
8 within an eligible facility under sections 191.455 to
9 191.467. Sections 191.455 to 191.467 shall not require that
10 a manufacturer make available an individualized
11 investigational drug, biological product, or device to an
12 eligible patient.

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

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

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

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

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

8 drug, biological product, or device in accordance with
9 sections 191.455 to 191.467.

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

14 4. Sections 191.455 to 191.467 shall not require a
15 hospital or facility licensed by the department of health
16 and senior services to provide new or additional services
17 unless approved by the hospital or facility.

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

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

8 2. An entity responsible for Medicare certification
9 shall not take action against a health care provider's
10 Medicare certification based solely on the health care
11 provider's recommendation that a patient have access to an

12 individualized investigational drug, biological product, or
13 device.

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

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

191.467. 1. Sections 191.455 to 191.467 shall not
2 create a private cause of action against a manufacturer of
3 an individualized investigational drug, biological product,
4 or device or against any other person or entity involved in
5 the care of an eligible patient using the individualized
6 investigational drug, biological product, or device for any
7 harm done to the eligible patient resulting from the
8 individualized investigational drug, biological product, or
9 device if the manufacturer or other person or entity has
10 complied in good faith with the terms of sections 191.455 to
11 191.467 and has exercised reasonable care.

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

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

8 (1) Nonspecific recommendations for doula services;

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

10 (3) A medical standing order for any other purpose,
11 other than for nonemergency pregnancy termination or for
12 controlled substances, that is promulgated by rule in
13 compliance with chapter 536.

14 2. Any standing order issued under this section shall:

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

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

20 (3) If not terminated sooner under subdivision (2) of
21 this subsection, expire within one year of issuance unless
22 renewed.

23 3. The chief medical officer, chief medical director,
24 or other authorized and licensed physician described in
25 subsection 1 of this section shall be immune from criminal
26 prosecution, disciplinary action from his or her
27 professional licensing board, and civil liability for
28 issuing a medical standing order or recommendation in
29 accordance with this section, including for any outcome
30 related to the standing order or recommendation.

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

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

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

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

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

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

24 (2) Prior to providing treatment, including issuing
25 prescriptions or physician certifications under Article XIV
26 of the Missouri Constitution, a physician who uses
27 telemedicine shall **[interview] evaluate** the patient, collect
28 or review **the patient's** relevant medical history, and
29 perform an examination sufficient for the diagnosis and
30 treatment of the patient. **[A] Any** questionnaire completed
31 by the patient, whether via the internet or telephone, **shall**
32 **be reviewed by the treating health care professional, as**
33 **defined in section 376.1350, and shall include such**
34 **information sufficient to provide the information as though**
35 **the medical evaluation has been performed in person,**
36 **otherwise such questionnaire** does not constitute an
37 acceptable medical **[interview] evaluation** and examination
38 for the provision of treatment by telehealth; **and**

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

43 3. A health care provider that uses a medical
44 evaluation questionnaire completed by the patient by way of
45 the internet or telephone shall provide a written report
46 within fourteen days of evaluation to the patient's primary
47 health care provider, if provided by the patient, that
48 contains:

- 49 (1) The identity of the patient;
50 (2) The date of the evaluation;
51 (3) The diagnosis and treatment provided, if any; and
52 (4) Any further instructions provided to the patient.

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

15 2. The department of health and senior services shall
16 include in its list of [communicable or infectious] diseases
17 which must be reported to the department methicillin-
18 resistant staphylococcus aureus (MRSA), carbapenem-resistant
19 enterobacteriaceae (CRE) as specified by the department,
20 [and] vancomycin-resistant enterococcus (VRE), and alpha-gal
21 syndrome.

22 3. (1) Any alpha-gal syndrome case report shall be
23 submitted to the department within seven days of receiving a
24 positive laboratory confirmation. The laboratory that
25 finalizes the positive test result shall be responsible for
26 submitting the report.

27 (2) A report of alpha-gal syndrome shall be required
28 for an alpha-gal immunoglobulin E level of greater than or
29 equal to one-tenth of one international unit per milliliter
30 or greater than or equal to one-tenth of one kilounit per
31 liter. A laboratory that finalizes such a test result shall
32 report the test result as a case of alpha-gal syndrome using
33 an electronic laboratory reporting system to be developed by
34 the department.

35 (3) Subject to appropriation, the department of health
36 and senior services may follow up on reported cases of alpha-
37 gal syndrome by applying an appropriate random sampling
38 method for confirmation that the cases meet the most current
39 Centers for Disease Control and Prevention surveillance case
40 definition of alpha-gal syndrome. Reporting under this
41 subdivision shall commence no later than six months after
42 the effective date of this section.

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

192.2155. 1. The division of senior and disability
2 services within the department of health and senior services
3 shall establish a dementia services coordinator as a full-
4 time position.

5 2. The dementia services coordinator shall:

6 (1) Evaluate the coordination of dementia services
7 within this state;

8 (2) Coordinate information resources affecting
9 Missourians living with dementia and their caregivers. Such
10 coordination shall include, but not be limited to:

11 (a) Using data to improve dementia service delivery
12 for persons with Alzheimer's disease or related dementia;

13 (b) Establishing and maintaining relationships with
14 other agencies, providers, and organizations within the
15 state in order to meet the needs of affected populations and
16 prevent the duplication of services;

17 (c) Supporting the provision of dementia-specific
18 staff training across all relevant state agencies, including
19 law enforcement, the department of health and senior
20 services, and other organizations; and

21 (d) Recommending strategies to improve coordination of
22 dementia-related services and resources provided by public
23 and private entities;

24 (3) Streamline all applicable state government
25 services to increase efficiency and improve access to
26 dementia services;

27 (4) Identify any duplicated services;

28 (5) Identify grant opportunities to expand the scope
29 of dementia services and apply for appropriate grant
30 opportunities;

31 (6) Complete other duties relevant to supporting
32 policy development to enhance the quality of life for
33 persons affected by dementia and their caregivers;

34 (7) Promote public and professional awareness and
35 education of dementia and access to needed services and
36 programs; and

37 (8) Monitor data concerning the impact of dementia in
38 Missouri.

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

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

13 (1) The sole active ingredient; or

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

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

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

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

29 (1) The sole active ingredient; or

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

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

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

36 4. Within any twelve-month period, no person shall
37 sell, dispense, or otherwise provide to the same individual,
38 and no person shall purchase, receive, or otherwise acquire
39 more than the following amount: any number of packages of
40 any drug product containing any detectable amount of
41 ephedrine, phenylpropanolamine, or pseudoephedrine, or any
42 of their salts or optical isomers, or salts of optical
43 isomers, either as:

44 (1) The sole active ingredient; or

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

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

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

52 5. All packages of any compound, mixture, or
53 preparation containing any detectable quantity of ephedrine,
54 phenylpropanolamine, or pseudoephedrine, or any of their
55 salts or optical isomers, or salts of optical isomers,
56 except those that are excluded from Schedule V in subsection
57 17 or 18 of section 195.017, shall be offered for sale only
58 from behind a pharmacy counter where the public is not
59 permitted, and only by a registered pharmacist or registered
60 pharmacy technician under section 195.017.

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

65 7. (1) **As used in this subsection, "administrator of**
66 **the real-time electronic pseudoephedrine tracking system"**
67 **means the entity responsible for developing, implementing,**
68 **and maintaining the data collection system described in 19**
69 **CSR 30-1.074 or any successor regulation.**

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

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

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

83 (5) **The fees required under this subsection shall be**
84 **assessed against each manufacturer solely on the basis of**
85 **sales transactions involving that manufacturer's own**
86 **compounds, mixtures, or preparations sold in or into the**
87 **state. No manufacturer shall be assessed fees based upon**
88 **transactions attributable to the compounds, mixtures, or**
89 **preparations of any other manufacturer.**

90 8. No prescription shall be required for the
91 dispensation, sale, or distribution of any drug product
92 containing any detectable amount of ephedrine,

93 phenylpropanolamine, or pseudoephedrine, or any of their
94 salts or optical isomers, or salts of optical isomers, in an
95 amount within the limits described in subsections 2, 3, and
96 4 of this section. The superintendent of the Missouri state
97 highway patrol shall report to the revisor of statutes and
98 the general assembly by February first when the statewide
99 number of methamphetamine laboratory seizure incidents
100 exceeds three hundred incidents in the previous calendar
101 year. The provisions of this subsection shall expire on
102 April first of the calendar year in which the revisor of
103 statutes receives such notification.

104 [8.] 9. This section shall supersede and preempt any
105 local ordinances or regulations, including any ordinances or
106 regulations enacted by any political subdivision of the
107 state. This section shall not apply to the sale of any
108 animal feed products containing ephedrine or any naturally
109 occurring or herbal ephedra or extract of ephedra.

110 [9.] 10. Any local ordinances or regulations enacted
111 by any political subdivision of the state prior to August
112 28, 2020, requiring a prescription for the dispensation,
113 sale, or distribution of any drug product containing any
114 detectable amount of ephedrine, phenylpropanolamine, or
115 pseudoephedrine, or any of their salts or optical isomers,
116 or salts of optical isomers, in an amount within the limits
117 described in subsections 2, 3, and 4 of this section shall
118 be void and of no effect and no such political subdivision
119 shall maintain or enforce such ordinance or regulation.

120 [10.] 11. All logs, records, documents, and electronic
121 information maintained for the dispensing of these products
122 shall be open for inspection and copying by municipal,
123 county, and state or federal law enforcement officers whose

124 duty it is to enforce the controlled substances laws of this
125 state or the United States.

126 [11.] 12. All persons who dispense or offer for sale
127 pseudoephedrine and ephedrine products, except those that
128 are excluded from Schedule V in subsection 17 or 18 of
129 section 195.017, shall ensure that all such products are
130 located only behind a pharmacy counter where the public is
131 not permitted.

132 [12.] 13. The penalty for a knowing or reckless
133 violation of this section is found in section 579.060.

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

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

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

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

15 (3) "Epinephrine [auto-injector] **delivery system**", a
16 single-use device **or system** used for the [automatic

17 **injection]** **delivery** of a premeasured dose of epinephrine
18 into the human body;

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

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

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

25 2. A physician may prescribe epinephrine **[auto-**
26 **injectors]** **delivery systems** in the name of an authorized
27 entity for use in accordance with this section, and
28 pharmacists, physicians, and other persons authorized to
29 dispense prescription medications may dispense epinephrine
30 **[auto-injectors]** **delivery systems** under a prescription
31 issued in the name of an authorized entity.

32 3. An authorized entity may acquire and stock a supply
33 of epinephrine **[auto-injectors]** **delivery systems** under a
34 prescription issued in accordance with this section. Such
35 epinephrine **[auto-injectors]** **delivery systems** shall be
36 stored in a location readily accessible in an emergency and
37 in accordance with the epinephrine **[auto-injector's]**
38 **delivery system's** instructions for use and any additional
39 requirements established by the department of health and
40 senior services by rule. An authorized entity shall
41 designate employees or agents who have completed the
42 training required under this section to be responsible for
43 the storage, maintenance, and general oversight of
44 epinephrine **[auto-injectors]** **delivery systems** acquired by
45 the authorized entity.

46 4. An authorized entity that acquires a supply of
47 epinephrine **[auto-injectors]** **delivery systems** under a

48 prescription issued in accordance with this section shall
49 ensure that:

50 (1) Expected epinephrine **[auto-injector] delivery**
51 **system** users receive training in recognizing symptoms of
52 severe allergic reactions including anaphylaxis and the use
53 of epinephrine **[auto-injectors] delivery systems** from a
54 nationally recognized organization experienced in training
55 laypersons in emergency health treatment or another entity
56 or person approved by the department of health and senior
57 services;

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

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

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

69 5. Any authorized entity that acquires a supply of
70 epinephrine **[auto-injectors] delivery systems** under a
71 prescription issued in accordance with this section shall
72 notify the emergency communications district or the
73 ambulance dispatch center of the primary provider of
74 emergency medical services where the epinephrine **[auto-**
75 **injectors] delivery systems** are to be located within the
76 entity's facility.

77 6. No person shall provide or administer an
78 epinephrine **[auto-injector] delivery system** to any
79 individual who is under eighteen years of age without the

80 verbal consent of a parent or guardian who is present at the
81 time when provision or administration of the epinephrine
82 **[auto-injector] delivery system** is needed. Provided,
83 however, that a person may provide or administer an
84 epinephrine **[auto-injector] delivery system** to such an
85 individual without the consent of a parent or guardian if
86 the parent or guardian is not physically present and the
87 person reasonably believes the individual shall be in
88 imminent danger without the provision or administration of
89 the epinephrine **[auto-injector] delivery system**.

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

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

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

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

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

104 Such immunity does not apply to acts or omissions
105 constituting a reckless disregard for the safety of others
106 or willful or wanton conduct. The administration of an
107 epinephrine **[auto-injector] delivery system** in accordance
108 with this section shall not be considered the practice of
109 medicine. The immunity from liability provided under this
110 subsection is in addition to and not in lieu of that

111 provided under section 537.037. An authorized entity
112 located in this state shall not be liable for any injuries
113 or related damages that result from the provision or
114 administration of an epinephrine [auto-injector] **delivery**
115 **system** by its employees or agents outside of this state if
116 the entity or its employee or agent is not liable for such
117 injuries or related damages under the laws of the state in
118 which such provision or administration occurred. No trained
119 person who is in compliance with this section and who in
120 good faith and exercising reasonable care fails to
121 administer an epinephrine [auto-injector] **delivery system**
122 shall be liable for such failure.

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

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

130 10. Nothing in this section shall be construed as
131 superseding the provisions of section 167.630.

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

198.022. 1. Upon receipt of an application for a
2 license to operate a facility, the department shall review
3 the application, investigate the applicant and the

4 statements sworn to in the application for license and
5 conduct any necessary inspections. A license shall be
6 issued if the following requirements are met:

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

9 (2) The facility and the operator are in substantial
10 compliance with the provisions of sections 198.003 to
11 198.096 and the standards established thereunder;

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

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

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

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

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

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

38 3. The department may inspect any facility and any
39 records and may make copies of records, at the facility, at
40 the department's own expense, required to be maintained by
41 sections 198.003 to 198.096 or by the rules and regulations
42 promulgated thereunder at any time if a license has been
43 issued to or an application for a license has been filed by
44 the operator of such facility. Copies of any records
45 requested by the department shall be prepared by the staff
46 of such facility within two business days or as determined
47 by the department. The department shall not remove or
48 disassemble any medical record during any inspection of the
49 facility, but may observe the photocopying or may make its
50 own copies if the facility does not have the technology to
51 make the copies. In accordance with the provisions of
52 section 198.525, the department shall make at least one
53 inspection per year, which shall be unannounced to the
54 operator. The department may make such other inspections,
55 announced or unannounced, as it deems necessary to carry out
56 the provisions of sections 198.003 to 198.136.

57 4. Whenever the department has reasonable grounds to
58 believe that a facility required to be licensed under
59 sections 198.003 to 198.096 is operating without a license,
60 and the department is not permitted access to inspect the
61 facility, or when a licensed operator refuses to permit
62 access to the department to inspect the facility, the
63 department shall apply to the circuit court of the county in
64 which the premises is located for an order authorizing entry
65 for such inspection, and the court shall issue the order if
66 it finds reasonable grounds for inspection or if it finds

67 that a licensed operator has refused to permit the
68 department access to inspect the facility.

69 5. Whenever the department is inspecting a facility in
70 response to an application from an operator located outside
71 of Missouri not previously licensed by the department, the
72 department may request from the applicant the past five
73 years **of** compliance history of all facilities owned by the
74 applicant located outside of this state.

75 6. (1) **In lieu of any inspection required by sections**
76 **198.003 to 198.186 or sections 198.525 to 198.528 for**
77 **residential care facilities and assisted living facilities,**
78 **the department may accept, in whole or in part, written**
79 **reports of the survey of any state or federal agency, or of**
80 **any professional accrediting agency, if such survey is:**

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

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

85 (2) **Failure by a residential care facility or assisted**
86 **living facility to maintain an accredited status by a**
87 **recognized accrediting entity shall result in the assisted**
88 **living facility or residential care facility being subject**
89 **to an inspection pursuant to section 198.525.**

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

95 (4) **The residential care facility or the assisted**
96 **living facility shall immediately forward any complaint or**
97 **report of suspected abuse or neglect that is reported to the**

98 accrediting entity to the department in the same manner as
99 provided under section 198.070.

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

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

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

20 (2) To acquire land in fee simple, rights in land and
21 easements upon, over or across land and leasehold interest
22 in land and tangible and intangible personal property used
23 or useful for the location, establishment, maintenance,
24 development, expansion, extension or improvement of any
25 hospital or hospital facility. The acquisition may be by

26 dedication, purchase, gift, agreement, lease, use or adverse
27 possession or by condemnation;

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

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

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

56 (6) To employ or enter into contracts for the
57 employment of any person, firm, or corporation, and for

58 professional services, necessary or desirable for the
59 accomplishment of the corporate objects of the district or
60 the proper administration, management, protection or control
61 of its property;

62 (7) To maintain the hospital for the benefit of the
63 inhabitants of the area comprising the district who are
64 sick, injured, or maimed regardless of race, creed or color,
65 and to adopt such reasonable rules and regulations as may be
66 necessary to render the use of the hospital of the greatest
67 benefit to the greatest number; to exclude from the use of
68 the hospital all persons who willfully disregard any of the
69 rules and regulations so established; to extend the
70 privileges and use of the hospital to persons residing
71 outside the area of the district upon such terms and
72 conditions as the board of directors prescribes by its rules
73 and regulations;

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

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

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

88 3. A regulatory ordinance of a district adopted under
89 any provision of this section may provide for a suspension

90 or revocation of any rights or privileges within the control
91 of the district for a violation of any such regulatory
92 ordinance.

93 4. Nothing in this section or in other provisions of
94 this chapter shall be construed to authorize the district or
95 board to establish or enforce any regulation or rule in
96 respect to hospitalization or the operation or maintenance
97 of such hospital or any hospital facilities within its
98 jurisdiction which is in conflict with any federal or state
99 law or regulation applicable to the same subject matter.

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

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

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

11 (b) Bonds that have:

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

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

16 (c) Money market investments; or

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

19 (2) Shall invest the remaining percentage of any
20 available funds not invested as allowed under subdivision

21 (1) of this subsection into any investment in which the
22 state treasurer is allowed to invest.

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

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

3 (1) "Clinical pathology services", professional
4 medical services provided by a licensed physician that
5 involve the use of medical judgment, that contribute
6 directly to the diagnosis, care, and treatment of individual
7 patients, and that are necessary for every laboratory test
8 run in a high-complexity laboratory environment;

9 (2) "Hospital-based pathologist", a licensed physician
10 specializing in pathology who provides clinical pathology
11 services for the laboratory within a hospital;

12 (3) "MO HealthNet", the Medicaid program administered
13 by the state of Missouri in accordance with federal and
14 state law;

15 (4) "Professional component of clinical pathology
16 services", the portion of each clinical pathology service in
17 a high-complexity laboratory environment that involves the
18 physician's use of medical judgment in interpreting and
19 supervising laboratory tests and that excludes the technical
20 component of the laboratory test.

21 2. The professional component of clinical pathology
22 services provided by a hospital-based pathologist shall be
23 recognized as distinct physician services by the MO
24 HealthNet program.

25 3. The MO HealthNet program shall reimburse the
26 professional component of clinical pathology services
27 provided to MO HealthNet participants.

28 4. The reimbursement amount for the professional
29 component of clinical pathology services shall be set at no

30 less than thirty percent of the approved MO HealthNet
31 Independent Lab - Technical Component fee schedule.

32 5. Payment for the professional component of clinical
33 pathology services shall be made directly to the licensed
34 physician providing the services or to the entity the
35 licensed physician has assigned the right to receive payment
36 for the services provided.

37 6. If a state plan amendment is determined by the
38 department of social services to be required, the department
39 of social services shall timely submit such amendment. If
40 such amendment is not approved, the department shall make
41 all reasonable efforts to obtain federal approval, including
42 resubmission, modification, or pursuit of any alternative
43 lawful mechanism necessary to implement reimbursement
44 consistent with this section. Nothing in this subsection
45 shall be construed to relieve the department of its
46 obligation to implement reimbursement to the fullest extent
47 permitted under state and federal authority.

48 7. The department of social services shall promulgate
49 all necessary rules and regulations for the administration
50 of this section. Any rule or portion of a rule, as that
51 term is defined in section 536.010, that is created under
52 the authority delegated in this section shall become
53 effective only if it complies with and is subject to all of
54 the provisions of chapter 536 and, if applicable, section
55 536.028. This section and chapter 536 are nonseverable and
56 if any of the powers vested with the general assembly
57 pursuant to chapter 536 to review, to delay the effective
58 date, or to disapprove and annul a rule are subsequently
59 held unconstitutional, then the grant of rulemaking
60 authority and any rule proposed or adopted after August 28,
61 2026, shall be invalid and void.

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

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

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

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

18 (3) "Produce prescriptions", the prescription of
19 fruits, vegetables, or other healthy foods with no added
20 fats, sugars, or salts to at-risk patients by a registered
21 dietitian, typically in the form of coupons or vouchers for
22 local farmers' markets, grocery stores, or mobile markets.

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

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

- 35 (1) Case management;
36 (2) Nutrition counseling; and
37 (3) Food provisions prescribed by a registered
38 dietitian, including:
39 (a) Medically tailored groceries;
40 (b) Medically tailored meals; and
41 (c) Produce prescriptions.

42 5. Whenever feasible, the MO HealthNet division shall
43 prioritize the inclusion of community-based organizations
44 and local growers to support the purchase of locally grown
45 food in nutrition prescriptions.

46 6. The department of social services shall promulgate
47 all necessary rules and regulations for the administration
48 of this section. Any rule or portion of a rule, as that
49 term is defined in section 536.010, that is created under
50 the authority delegated in this section shall become
51 effective only if it complies with and is subject to all of
52 the provisions of chapter 536 and, if applicable, section
53 536.028. This section and chapter 536 are nonseverable and
54 if any of the powers vested with the general assembly
55 pursuant to chapter 536 to review, to delay the effective
56 date, or to disapprove and annul a rule are subsequently
57 held unconstitutional, then the grant of rulemaking
58 authority and any rule proposed or adopted after August 28,
59 2026, shall be invalid and void.

208.662. 1. There is hereby established within the
2 department of social services the "Show-Me Healthy Babies
3 Program" as a separate children's health insurance program
4 (CHIP) for any low-income unborn child. The program shall
5 be established under the authority of Title XXI of the

6 federal Social Security Act, the State Children's Health
7 Insurance Program, as amended, and 42 CFR 457.1.

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

24 3. Coverage for an unborn child enrolled in the show-
25 me healthy babies program shall include all prenatal care
26 and pregnancy-related services that benefit the health of
27 the unborn child and that promote healthy labor, delivery,
28 and birth, **including childbirth education classes**. Coverage
29 need not include services that are solely for the benefit of
30 the pregnant mother, that are unrelated to maintaining or
31 promoting a healthy pregnancy, and that provide no benefit
32 to the unborn child. However, the department may include
33 pregnancy-related assistance as defined in 42 U.S.C. Section
34 139711.

35 4. There shall be no waiting period before an unborn
36 child may be enrolled in the show-me healthy babies
37 program. In accordance with the definition of child in 42

38 CFR 457.10, coverage shall include the period from
39 conception to birth. The department shall develop a
40 presumptive eligibility procedure for enrolling an unborn
41 child. There shall be verification of the pregnancy.

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

46 6. (1) Pregnancy-related and postpartum coverage for
47 the mother shall begin on the day the pregnancy ends and
48 extend through the last day of the month that includes the
49 sixtieth day after the pregnancy ends, unless otherwise
50 prohibited by law or unless otherwise limited by the general
51 assembly through appropriations. The department may include
52 pregnancy-related assistance as defined in 42 U.S.C. Section
53 139711.

54 (2) (a) Subject to approval of any necessary state
55 plan amendments or waivers, beginning on July 6, 2023,
56 mothers eligible to receive coverage under this section
57 shall receive medical assistance benefits during the
58 pregnancy and during the twelve-month period that begins on
59 the last day of the woman's pregnancy and ends on the last
60 day of the month in which such twelve-month period ends,
61 consistent with the provisions of 42 U.S.C. Section
62 1397gg(e)(1)(J). The department shall seek any necessary
63 state plan amendments or waivers to implement the provisions
64 of this subdivision when the number of ineligible MO
65 HealthNet participants removed from the program in 2023
66 pursuant to section 208.239 exceeds the projected number of
67 beneficiaries likely to enroll in benefits in 2023 under
68 this subdivision and subdivision (28) of subsection 1 of

69 section 208.151, as determined by the department, by at
70 least one hundred individuals.

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

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

81 8. The department shall provide information about the
82 show-me healthy babies program to maternity homes as defined
83 in section 135.600, pregnancy resource centers as defined in
84 section 135.630, and other similar agencies and programs in
85 the state that assist unborn children and their mothers.
86 The department shall consider allowing such agencies and
87 programs to assist in the enrollment of unborn children in
88 the program, and in making determinations about presumptive
89 eligibility and verification of the pregnancy.

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

95 10. At least annually, the department shall prepare
96 and submit a report to the governor, the speaker of the
97 house of representatives, and the president pro tempore of
98 the senate analyzing and projecting the cost savings and
99 benefits, if any, to the state, counties, local communities,
100 school districts, law enforcement agencies, correctional

101 centers, health care providers, employers, other public and
102 private entities, and persons by enrolling unborn children
103 in the show-me healthy babies program. The analysis and
104 projection of cost savings and benefits, if any, may include
105 but need not be limited to:

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

110 (2) The efficacy in providing services to unborn
111 children through managed care organizations, group or
112 individual health insurance providers or premium assistance,
113 or through other nontraditional arrangements of providing
114 health care;

115 (3) The change in the proportion of unborn children
116 who receive care in the first trimester of pregnancy due to
117 a lack of waiting periods, by allowing presumptive
118 eligibility, or by removal of other barriers, and any
119 resulting or projected decrease in health problems and other
120 problems for unborn children and women throughout pregnancy;
121 at labor, delivery, and birth; and during infancy and
122 childhood;

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

131 (5) The change in infant and maternal mortality,
132 preterm births and low birth weight babies and any resulting

133 or projected decrease in short-term and long-term medical
134 and other interventions.

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

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

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

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

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

3 (1) "Community navigation services", services that
4 connect pregnant women and their families with available
5 resources using a community-based approach including, but
6 not limited to, an approach that promotes healthy, live
7 births and understands the services and supports available
8 to pregnant and postpartum women receiving MO HealthNet
9 benefits and facilitates access to those resources based
10 upon an assessment of social service needs;

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

12 (a) Provides health education, advocacy, and physical,
13 emotional, and nonmedical support during the prenatal,
14 intrapartum, and postpartum periods, for pregnant and
15 postpartum women before, during, and after childbirth,

16 including support during miscarriage and stillbirth, with
17 the goal of achieving healthy, live births;

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

20 (c) Does not require supervision in the performance of
21 the activities described in paragraph (a) of this
22 subdivision;

23 (3) "Doula care", physical, emotional, and other
24 nonmedical care provided by a doula during the prenatal,
25 intrapartum, and postpartum periods; presence of a doula
26 during labor and delivery; and doula support for miscarriage
27 and stillbirth;

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

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

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

37 (7) "Intrapartum", the period of pregnancy during
38 labor and delivery, miscarriage, and stillbirth. Services
39 provided during this period are rendered to the pregnant
40 woman;

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

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

48 (10) "Postpartum support session", any session
49 provided during the postpartum period that is designed to
50 help a woman understand what to expect, identify normal
51 experiences, communicate concerns to providers, transition
52 back to well-woman care, engage in family planning,
53 participate in screening for postpartum depression, engage
54 in parenting education and skills development, and
55 transition to other insurance as necessary;

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

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

66 (13) "Support session", any prenatal, intrapartum, or
67 postpartum support session.

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

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

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

11 (3) Up to two visits for general education and support
12 on lactation at any time during the prenatal and postpartum
13 periods; and

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

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

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

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

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

8 (4) Either:

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

13 (b) Received training from a source not described in
14 paragraph (a) of this subdivision, or from multiple sources,
15 whose curriculum meets the guidelines established under
16 paragraph (a) of this subdivision as verified by a public
17 roster maintained by a statewide organization composed of
18 doula trainers from three or more independent, well-
19 established doula training organizations located in Missouri
20 whose purpose includes the validation of core competencies
21 of training.

 208.1420. 1. Once enrolled as a MO HealthNet
2 provider, a doula shall be eligible to enroll as a provider

3 with fee-for-service and managed care payers affiliated with
4 the MO HealthNet program.

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

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

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

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

8 (a) Distinguishing between building-wide, room-level,
9 and individual approaches to allergy prevention and
10 management;

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

13 (c) Describing the role of child care facility staff
14 in determining how to manage an allergy problem, whether

15 through a plan prepared for a child under Section 504 of the
16 Rehabilitation Act of 1973, as amended, for a child with an
17 allergy that has been determined to be a disability, an
18 individualized health plan for a child who has an allergy
19 that is not disabling, or another allergy management plan;

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

22 (e) Addressing confidentiality issues involved with
23 sharing medical information, including specifying when
24 parental permission is required to make medical information
25 available; and

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

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

36 3. Adoption of a policy on allergy prevention and
37 response in accordance with this section is required for
38 licensure as a child care provider.

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

3 (1) "Department", the department of revenue;

4 (2) "Director", the director of the department of
5 revenue;

6 (3) "Other authorized health care practitioner"
7 includes advanced practice registered nurses licensed
8 pursuant to chapter 335, physician assistants licensed

9 pursuant to chapter 334, chiropractors licensed pursuant to
10 chapter 331, podiatrists licensed pursuant to chapter 330,
11 assistant physicians, physical therapists licensed pursuant
12 to chapter 334, **occupational therapists licensed pursuant to**
13 **chapter 324**, and optometrists licensed pursuant to chapter
14 336;

15 (4) "Physically disabled", a natural person who is
16 blind, as defined in section 8.700, or a natural person with
17 medical disabilities [which prohibits, limits, or severely
18 impairs one's] **that prohibit, limit, or severely impair the**
19 **person's** ability to ambulate or walk, as determined by a
20 licensed physician or other authorized health care
21 practitioner as follows:

22 (a) The person cannot ambulate or walk fifty or less
23 feet without stopping to rest due to a severe and disabling
24 arthritic, neurological, **or** orthopedic condition, or other
25 severe and disabling condition; or

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

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

35 (d) Uses portable oxygen; or

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

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

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

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

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

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

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

62 2. Other authorized health care practitioners may
63 furnish to a **physically** disabled or temporarily disabled
64 person a physician's statement for only those physical
65 health care conditions for which such health care
66 practitioner is legally authorized to diagnose and treat.

67 3. A physician's statement shall:

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

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

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

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

76 4. If it is the professional opinion of the physician
77 or other authorized health care practitioner issuing the
78 statement that the physical disability of the applicant,
79 user, or member of the applicant's household is permanent,
80 it shall be noted on the statement. Otherwise, the
81 physician or other authorized health care practitioner shall
82 note on the statement the anticipated length of the
83 disability, which shall determine the expiration date for
84 the temporary windshield placard, and which period shall not
85 exceed one hundred eighty days. If the physician or health
86 care practitioner fails to record an expiration date on the
87 physician's statement, the director shall issue a temporary
88 windshield placard for a period of thirty days.

89 5. A physician or other authorized health care
90 practitioner who issues or signs a physician's statement so
91 that disabled plates or a disabled windshield placard may be
92 obtained shall maintain in such disabled person's medical
93 chart documentation that such a certificate has been issued,
94 the date the statement was signed, the diagnosis or
95 condition which existed that qualified the person as
96 **physically** disabled pursuant to this section, and [shall
97 contain] sufficient documentation so as to objectively
98 confirm that such condition exists.

99 6. The medical or other records of the physician or
100 other authorized health care practitioner who issued a
101 physician's statement shall be open to inspection and review
102 by such practitioner's licensing board, in order to verify
103 compliance with this section. Information contained within

104 such records shall be confidential unless required for
105 prosecution, disciplinary purposes, or otherwise required to
106 be disclosed by law.

107 7. Owners of motor vehicles who are residents of the
108 state of Missouri, and who are physically disabled, owners
109 of motor vehicles operated at least fifty percent of the
110 time by a physically disabled person, or owners of motor
111 vehicles used to primarily transport physically disabled
112 members of the owner's household may obtain disabled person
113 license plates. Such owners, upon application to the
114 director accompanied by the documents and fees provided for
115 in this section, a current physician's statement which has
116 been issued within ninety days [proceeding] **preceding** the
117 date the application is made, and proof of compliance with
118 the state motor vehicle laws relating to registration and
119 licensing of motor vehicles, shall be issued motor vehicle
120 license plates for vehicles, other than commercial vehicles
121 with a gross weight in excess of twenty-four thousand
122 pounds, upon which shall be inscribed the international
123 wheelchair accessibility symbol and the word "DISABLED" in
124 addition to a combination of letters and numbers. Such
125 license plates shall be made with fully reflective material
126 with a common color scheme and design, shall be clearly
127 visible at night, and shall be aesthetically attractive, as
128 prescribed by section 301.130. If at any time an individual
129 who obtained disabled license plates issued under this
130 subsection no longer occupies a residence with a physically
131 disabled person, or no longer owns a vehicle that is
132 operated at least fifty percent of the time by a physically
133 disabled person, such individual shall surrender the
134 disabled license plates to the department within thirty days
135 of becoming ineligible for their use.

136 8. The director shall further issue, upon request, to
137 such applicant one, and for good cause shown, as the
138 director may define by rule and regulations, not more than
139 two, removable disabled windshield hanging placards for use
140 when the disabled person is occupying a vehicle or when a
141 vehicle not bearing the permanent handicap plate is being
142 used to pick up, deliver, or collect the physically disabled
143 person issued the disabled motor vehicle license plate or
144 disabled windshield hanging placard.

145 9. No additional fee shall be paid to the director for
146 the issuance of the special license plates provided in this
147 section, except for special personalized license plates and
148 other license plates described in this subsection. Priority
149 for any specific set of special license plates shall be
150 given to the applicant who received the number in the
151 immediately preceding license period subject to the
152 applicant's compliance with the provisions of this section
153 and any applicable rules or regulations issued by the
154 director. If determined feasible by the advisory committee
155 established in section [301.129] **301.125**, any special
156 license plate issued pursuant to this section may be adapted
157 to also include the international wheelchair accessibility
158 symbol and the word "DISABLED" as prescribed in this section
159 and such plate may be issued to any applicant who meets the
160 requirements of this section and the other appropriate
161 provision of this chapter, subject to the requirements and
162 fees of the appropriate provision of this chapter.

163 10. Any physically disabled person, or the parent or
164 guardian of any such person, or any not-for-profit group,
165 organization, or other entity which transports more than one
166 physically disabled person, may apply to the director of
167 revenue for a removable windshield placard. The placard may

168 be used in motor vehicles which do not bear the permanent
169 handicap symbol on the license plate. Such placards must be
170 hung from the front, middle rearview mirror of a parked
171 motor vehicle and may not be hung from the mirror during
172 operation. These placards may only be used during the
173 period of time when the vehicle is being used by a disabled
174 person, or when the vehicle is being used to pick up,
175 deliver, or collect a disabled person, and shall be
176 surrendered to the department, within thirty days, if a
177 group, organization, or entity that obtained the removable
178 windshield placard due to the transportation of more than
179 one physically disabled person no longer transports more
180 than one disabled person. When there is no rearview mirror,
181 the placard shall be displayed on the dashboard on the
182 driver's side.

183 11. The removable windshield placard shall conform to
184 the specifications, in respect to size, color, and content,
185 as set forth in federal regulations published by the
186 Department of Transportation. The removable windshield
187 placard shall be renewed every four years. The director may
188 stagger the expiration dates to equalize workload. Only one
189 removable placard may be issued to an applicant who has been
190 issued disabled person license plates. Upon request, one
191 additional windshield placard may be issued to an applicant
192 who has not been issued disabled person license plates.

193 12. A temporary windshield placard shall be issued to
194 any physically disabled person, or the parent or guardian of
195 any such person who otherwise qualifies except that the
196 physical disability, in the opinion of the physician, is not
197 expected to exceed a period of one hundred eighty days. The
198 temporary windshield placard shall conform to the
199 specifications, in respect to size, color, and content, as

200 set forth in federal regulations published by the Department
201 of Transportation. The fee for the temporary windshield
202 placard shall be two dollars. Upon request, and for good
203 cause shown, one additional temporary windshield placard may
204 be issued to an applicant. Temporary windshield placards
205 shall be issued upon presentation of the physician's
206 statement provided by this section and shall be displayed in
207 the same manner as removable windshield placards. A person
208 or entity shall be qualified to possess and display a
209 temporary removable windshield placard for six months and
210 the placard may be renewed once for an additional six months
211 if a physician's statement pursuant to this section is
212 supplied to the director of revenue at the time of renewal.

213 13. A windshield placard shall be renewable only by
214 the person or entity to which the placard was originally
215 issued. Any placard issued pursuant to this section shall
216 only be used when the physically disabled occupant for whom
217 the disabled plate or placard was issued is in the motor
218 vehicle at the time of parking or when a physically disabled
219 person is being delivered or collected. A disabled license
220 plate and/or a removable windshield hanging placard are not
221 transferable and may not be used by any other person whether
222 disabled or not.

223 14. At the time the disabled plates or windshield
224 hanging placards are issued, the director shall issue a
225 registration certificate which shall include the applicant's
226 name, address, and other identifying information as
227 prescribed by the director, or if issued to an agency, such
228 agency's name and address. This certificate shall further
229 contain the disabled license plate number or, for windshield
230 hanging placards, the registration or identifying number
231 stamped on the placard. The validated registration receipt

232 given to the applicant shall serve as the registration
233 certificate.

234 15. The director shall, upon issuing any disabled
235 registration certificate for license plates and/or
236 windshield hanging placards, provide information which
237 explains that such plates or windshield hanging placards are
238 nontransferable, and the restrictions explaining who and
239 when a person or vehicle which bears or has the disabled
240 plates or windshield hanging placards may be used or be
241 parked in a disabled reserved parking space, and the
242 penalties prescribed for violations of the provisions of
243 this act.

244 16. (1) Except as otherwise provided in this
245 subsection, every applicant for issuance of a disabled
246 license plate or placard shall be required to present a new
247 physician's statement dated no more than ninety days prior
248 to such application, and for renewal applications a
249 physician's statement dated no more than ninety days prior
250 to such application shall be required every eighth year.

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

258 (3) Notwithstanding the provisions of paragraph (f) of
259 subdivision (4) of subsection 1 of this section, any person
260 seventy-five years of age or older who provided a
261 physician's statement with the original application shall
262 not be required to provide a physician's statement for the

263 purpose of renewal of disabled person license plates or
264 windshield placards.

265 17. The director of revenue upon receiving a
266 physician's statement pursuant to this **[subsection] section**
267 shall check with the state board of registration for the
268 healing arts created in section 334.120, or the Missouri
269 state board of nursing established in section 335.021, with
270 respect to **[physician's] physicians'** statements signed by
271 advanced practice registered nurses, or the Missouri state
272 board of chiropractic examiners established in section
273 331.090, with respect to **[physician's] physicians'**
274 statements signed by licensed chiropractors, or **[with]** the
275 board of optometry established in section 336.130, with
276 respect to **[physician's] physicians'** statements signed by
277 licensed optometrists, **or the state board of occupational**
278 **therapy established in section 324.063, with respect to**
279 **physicians' statements signed by licensed occupational**
280 **therapists**, or the state board of podiatric medicine
281 **[created] established** in section 330.100, with respect to
282 **[physician's] physicians'** statements signed by physicians of
283 the foot or podiatrists to determine whether the physician
284 is duly licensed and registered pursuant to law.

285 18. The boards shall cooperate with the director and
286 shall supply information requested pursuant to this
287 **[subsection] section**. The director shall, in cooperation
288 with the boards which shall assist the director, establish a
289 list of all Missouri physicians and other authorized health
290 care practitioners and of any other information necessary to
291 administer this section.

292 19. Where the owner's application is based on the fact
293 that the vehicle is used at least fifty percent of the time
294 by a physically disabled person, the applicant shall submit

295 a statement stating this fact, in addition to the
296 physician's statement. The statement shall be signed by
297 both the owner of the vehicle and the physically disabled
298 person. The applicant shall be required to submit this
299 statement with each application for license plates. No
300 person shall willingly or knowingly submit a false statement
301 and any such false statement shall be considered perjury and
302 may be punishable pursuant to section 301.420.

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

307 21. The director of revenue shall enter into
308 reciprocity agreements with other states or the federal
309 government for the purpose of recognizing disabled person
310 license plates or windshield placards issued to physically
311 disabled persons.

312 22. When a person to whom disabled person license
313 plates or a removable or temporary windshield placard or
314 both have been issued dies, the personal representative of
315 the decedent or such other person who may come into or
316 otherwise take possession of the disabled license plates or
317 disabled windshield placard shall return the same to the
318 director of revenue under penalty of law. Failure to return
319 such plates or placards shall constitute a class B
320 misdemeanor.

321 23. The director of revenue may order any person
322 issued disabled person license plates or windshield placards
323 to submit to an examination by a chiropractor, osteopath, or
324 physician, or to such other investigation as will determine
325 whether such person qualifies for the special plates or
326 placards.

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

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

338 26. Fraudulent application, renewal, issuance,
339 procurement or use of disabled person license plates or
340 windshield placards shall be a class A misdemeanor. It is a
341 class B misdemeanor for a physician, chiropractor,
342 podiatrist or optometrist to certify that an individual or
343 family member is qualified for a license plate or windshield
344 placard based on a disability, the diagnosis of which is
345 outside their scope of practice or if there is no basis for
346 the diagnosis.

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

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

6 (2) **"Qualified first responder" [shall mean],** any
7 state and local law enforcement agency staff, fire
8 department personnel, fire district personnel, or licensed
9 emergency medical technician who is acting under the
10 directives and established protocols of a medical director
11 who comes in contact with a person suffering from an
12 anaphylactic reaction and who has received training in

13 recognizing and responding to anaphylactic reactions and the
14 administration of epinephrine [auto-injector devices]
15 **delivery systems** to a person suffering from an apparent
16 anaphylactic reaction[.];

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

23 2. The director of the department of health and senior
24 services, if a licensed physician, may issue a statewide
25 standing order for epinephrine [auto-injector devices]
26 **delivery systems** for adult patients to fire protection
27 districts in nonmetropolitan areas in Missouri as such areas
28 are determined according to the United States Census
29 Bureau's American Community Survey, based on the most recent
30 of five-year period estimate data in which the final year of
31 the estimate ends in either zero or five. If the director
32 of the department of health and senior services is not a
33 licensed physician, the department of health and senior
34 services may employ or contract with a licensed physician
35 who may issue such a statewide order with the express
36 consent of the director.

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

40 (1) No person shall use an epinephrine [auto-injector
41 device] **delivery system** pursuant to this section unless such
42 person has successfully completed a training course in the
43 use of epinephrine [auto-injector devices] **delivery systems**
44 for adult patients approved by the director of the

45 department of health and senior services. Nothing in this
46 section shall prohibit the use of an epinephrine [auto-
47 injector device] **delivery system**:

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

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

53 (2) Every person, firm, organization and entity
54 authorized to possess and use epinephrine [auto-injector
55 devices] **delivery systems** for adult patients pursuant to
56 this section shall use, maintain and dispose of such
57 [devices] **systems** for adult patients in accordance with the
58 rules of the department; **and**

59 (3) Every use of an epinephrine [auto-injector device]
60 **delivery system** pursuant to this section shall immediately
61 be reported to the emergency health care provider as defined
62 in section 190.246.

63 4. (1) Use of an epinephrine [auto-injector device]
64 **delivery system** pursuant to this section shall be considered
65 first aid or emergency treatment for the purpose of any law
66 relating to liability.

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

71 (3) Any person otherwise authorized to sell or provide
72 an epinephrine [auto-injector device] **delivery system** may
73 sell or provide it to a person authorized to possess it
74 pursuant to this section.

75 5. (1) There is hereby created in the state treasury
76 the "Epinephrine [Auto-injector Devices] **Delivery Systems**

77 for Fire Personnel Fund", which shall consist of [money
78 collected under this section] **moneys appropriated to the**
79 **fund**. The state treasurer shall be custodian of the fund.
80 In accordance with sections 30.170 and 30.180, the state
81 treasurer may approve disbursements. The moneys in the fund
82 as set forth in this section shall be subject to
83 appropriation by the general assembly for the particular
84 purpose for which collected. The fund shall be a dedicated
85 fund and money in the fund shall be used solely by the
86 department of health and senior services for the purposes of
87 providing epinephrine [auto-injector devices] **delivery**
88 **systems** for adult patients to qualified first responder
89 agencies as used in this section.

90 (2) Notwithstanding the provisions of section 33.080
91 to the contrary, any moneys remaining in the fund at the end
92 of the biennium shall not revert to the credit of the
93 general revenue fund.

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

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

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

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

12 auxiliaries. Such term also includes the military reserves
13 and militia of any United States territory or state;

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

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

25 (a) A nonresident spouse of an active duty member of
26 the Armed Forces of the United States who has been
27 transferred or is scheduled to be transferred to the state
28 of Missouri, or who has been transferred or is scheduled to
29 be transferred to an adjacent state and is or will be
30 domiciled in the state of Missouri, or has moved to the
31 state of Missouri on a permanent change-of-station basis; or

32 (b) A nonresident spouse of a person residing outside
33 the state of Missouri who has accepted an offer of
34 employment from and with the state or a local governmental
35 entity in the state of Missouri and who will become a
36 Missouri law enforcement officer upon the commencement of
37 such employment;

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

40 (6) "Resident military or law enforcement spouse", a
41 spouse of an active duty member of the Armed Forces of the
42 United States who has been transferred or is scheduled to be
43 transferred to the state of Missouri or an adjacent state

44 and who is a permanent resident of the state of Missouri,
45 who is domiciled in the state of Missouri, or who has
46 Missouri as his or her home of record, or a spouse of a
47 Missouri law enforcement officer.

48 2. Any person who holds a valid current license issued
49 by another state, a branch or unit of the military, a
50 territory of the United States, or the District of Columbia,
51 and who has been licensed for at least one year in such
52 other jurisdiction, may submit an application for a license
53 in Missouri in the same occupation or profession, and at the
54 same practice level, for which he or she holds the current
55 license, along with proof of current licensure and proof of
56 licensure for at least one year in the other jurisdiction,
57 to the relevant oversight body in this state.

58 3. The oversight body in this state shall:

59 (1) Within six months of receiving an application
60 described in subsection 2 of this section, waive any
61 examination, educational, or experience requirements for
62 licensure in this state for the applicant if it determines
63 that there were minimum education requirements and, if
64 applicable, work experience and clinical supervision
65 requirements in effect and the other **[state] jurisdiction**
66 verifies that the person met those requirements in order to
67 be licensed or certified in that **[state] jurisdiction**. An
68 oversight body that administers an examination on laws of
69 this state as part of its licensing application requirement
70 may require an applicant to take and pass an examination
71 specific to the laws of this state; or

72 (2) Within thirty days of receiving an application
73 described in subsection 2 of this section from a nonresident
74 military or law enforcement spouse or a resident military or
75 law enforcement spouse, waive any examination, educational,

76 or experience requirements for licensure in this state for
77 the applicant and issue such applicant a license under this
78 section if such applicant otherwise meets the requirements
79 of this section.

80 4. (1) The oversight body shall not waive any
81 examination, educational, or experience requirements for any
82 applicant who has had his or her license revoked by an
83 oversight body outside the state; who is currently under
84 investigation, who has a complaint pending, or who is
85 currently under disciplinary action, except as provided in
86 subdivision (2) of this subsection, with an oversight body
87 outside the state; who does not hold a license in good
88 standing with an oversight body outside the state; who has a
89 criminal record that would disqualify him or her for
90 licensure in Missouri; or who does not hold a valid current
91 license in the other jurisdiction on the date the oversight
92 body receives his or her application under this section.

93 (2) If another jurisdiction has taken disciplinary
94 action against an applicant, the oversight body shall
95 determine if the cause for the action was corrected and the
96 matter resolved. If the matter has not been resolved by
97 that jurisdiction, the oversight body may deny a license
98 until the matter is resolved.

99 5. Nothing in this section shall prohibit the
100 oversight body from denying a license to an applicant under
101 this section for any reason described in any section
102 associated with the occupation or profession for which the
103 applicant seeks a license.

104 6. Any person who is licensed under the provisions of
105 this section shall be subject to the applicable oversight
106 body's jurisdiction and all rules and regulations pertaining
107 to the practice of the licensed occupation or profession in

108 this state. **Any health care provider licensed under the**
109 **provisions of this section shall be deemed fully licensed to**
110 **practice in this state and may provide telehealth services**
111 **as described in section 191.1145 to the same extent and in**
112 **the same manner as a health care provider who received his**
113 **or her license without a waiver of any requirements.**

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

118 8. This section shall not apply to business,
119 professional, or occupational licenses issued or required by
120 political subdivisions.

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

124 10. The provisions of this section shall not be
125 construed to alter the authority granted by, or any
126 requirements promulgated pursuant to, any
127 interjurisdictional or interstate compacts adopted by
128 Missouri statute or any reciprocity agreements with other
129 states in effect, and whenever possible this section shall
130 be interpreted so as to imply no conflict between it and any
131 compact, or any reciprocity agreements with other states in
132 effect.

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

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

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

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

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

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

26 2. No person or other entity shall practice dentistry
27 in Missouri or provide dental services as [defined]
28 **described** in section 332.071 unless and until the board has

29 issued to the person a certificate certifying that the
30 person has been duly registered as a dentist in Missouri or
31 the board has issued such certificate to an entity that has
32 been duly registered to provide dental services by licensed
33 dentists and dental hygienists and unless and until the
34 board has issued to the person a license, to be renewed each
35 period, as provided in this chapter, to practice dentistry
36 or as a dental hygienist, or has issued to the person or
37 entity a permit, to be renewed each period, to provide
38 dental services in Missouri. Nothing in this chapter shall
39 be so construed as to make it unlawful for:

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

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

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

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

51 (5) A duly registered and licensed dental hygienist in
52 Missouri to practice dental hygiene as defined in section
53 332.091;

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

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

59 (8) A person who has been granted a dental faculty
60 permit under section 332.183 to practice dentistry in the

61 scope of his or her employment at an accredited dental
62 school, college, or program in Missouri;

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

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

67 (a) The United States Armed Forces;

68 (b) The United States Public Health Service;

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

72 (d) Federally qualified health centers as defined in
73 Section 1905(1) (42 U.S.C. Section 1396d(1)) of the Social
74 Security Act;

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

77 (f) The United States Veterans Bureau; or

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

84 3. No corporation shall practice dentistry as defined
85 in section 332.071 unless that corporation is organized
86 under the provisions of chapter 355 or 356 provided that a
87 corporation organized under the provisions of chapter 355
88 and qualifying as an organization under 26 U.S.C. Section
89 501(c) (3) may only employ dentists and dental hygienists
90 licensed in this state to render dental services to Medicaid
91 recipients, low-income individuals who have available income
92 below two hundred percent of the federal poverty level, and

93 all participants in the SCHIP program, unless such
94 limitation is contrary to or inconsistent with federal or
95 state law or regulation. This subsection shall not apply to:

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

101 (2) A federally qualified health center as defined in
102 Section 1905(1) of the Social Security Act (42 U.S.C.
103 Section 1396d(1)), or a migrant, community, or health care
104 for the homeless health center provided for in Section 330
105 of the Public Health Services Act (42 U.S.C. Section 254b)
106 at which a person regulated under this chapter provides
107 dental care within the scope of his or her license or
108 registration;

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

113 (4) A social welfare board organized under section
114 205.770, a city health department operating under a city
115 charter, or a city-county health department at which a
116 person regulated under this chapter provides dental care
117 within the scope of his or her license or registration;

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

123 **or**

124 (6) Any hospital nonprofit corporation exempt from
125 taxation under Section 501(c)(3) of the Internal Revenue
126 Code, as amended, that engages in its operations and
127 provides dental services at facilities owned by a city,
128 county, or other political subdivision of the state, **or any**
129 **entity contracted with the state to provide care in a**
130 **correctional center, as such term is defined in section**
131 **217.010**, at which a person regulated under this chapter
132 provides dental care within the scope of his or her license
133 or registration.

134 If any of the entities exempted from the requirements of
135 this subsection are unable to provide services to a patient
136 due to the lack of a qualified provider and a referral to
137 another entity is made, the exemption shall extend to the
138 person or entity that subsequently provides services to the
139 patient.

140 4. No unincorporated organization shall practice
141 dentistry as defined in section 332.071 unless such
142 organization is exempt from federal taxation under Section
143 501(c)(3) of the Internal Revenue Code of 1986, as amended,
144 and provides dental treatment without compensation from the
145 patient or any third party on their behalf as a part of a
146 broader program of social services including food
147 distribution. Nothing in this chapter shall prohibit
148 organizations under this subsection from employing any
149 person regulated by this chapter.

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

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

165 7. All entities defined in subsection 3 of this
166 section and those exempted under subsection 4 of this
167 section shall apply for a permit to employ dentists and
168 dental hygienists licensed in this state to render dental
169 services, and the entity shall apply for the permit in
170 writing on forms provided by the Missouri dental board. The
171 board shall not charge a fee of any kind for the issuance or
172 renewal of such permit. The provisions of this subsection
173 shall not apply to a federally qualified health center as
174 defined in Section 1905(1) of the Social Security Act (42
175 U.S.C. Section 1396d(1)).

176 8. Any entity that obtains a permit to render dental
177 services in this state is subject to discipline pursuant to
178 section 332.321. If the board concludes that the person or
179 entity has committed an act or is engaging in a course of
180 conduct that would be grounds for disciplinary action, the
181 board may file a complaint before the administrative hearing
182 commission. The board may refuse to issue or renew the
183 permit of any entity for one or any combination of causes
184 stated in subsection 2 of section 332.321. The board shall
185 notify the applicant in writing of the reasons for the

186 refusal and shall advise the applicant of his or her right
187 to file a complaint with the administrative hearing
188 commission as provided by chapter 621.

189 9. A federally qualified health center as defined in
190 Section 1905(1) of the Social Security Act (42 U.S.C.
191 Section 1396d(1)) shall register with the board. The
192 information provided to the board as part of the
193 registration shall include the name of the health center,
194 the nonprofit status of the health center, sites where
195 dental services will be provided, and the names of all
196 persons employed by, or contracting with, the health center
197 who are required to hold a license pursuant to this
198 chapter. The registration shall be renewed every twenty-
199 four months. The board shall not charge a fee of any kind
200 for the issuance or renewal of the registration. The
201 registration of the health center shall not be subject to
202 discipline pursuant to section 332.321. Nothing in this
203 subsection shall prohibit disciplinary action against a
204 licensee of this chapter who is employed by, or contracts
205 with, such health center for the actions of the licensee in
206 connection with such employment or contract.

207 10. The board may promulgate rules and regulations to
208 ensure not-for-profit corporations are rendering care to the
209 patient populations as set forth herein, including
210 requirements for covered not-for-profit corporations to
211 report patient census data to the board. The provisions of
212 this subsection shall not apply to a federally qualified
213 health center as defined in Section 1905(1) of the Social
214 Security Act (42 U.S.C. Section 1396d(1)).

215 11. All not-for-profit corporations organized or
216 operated pursuant to the provisions of chapter 355 and
217 qualifying as an organization under 26 U.S.C. Section

218 501(c)(3), or the requirements relating to migrant,
219 community, or health care for the homeless health centers
220 provided in Section 330 of the Public Health Service Act (42
221 U.S.C. Section 254b) and federally qualified health centers
222 as defined in Section 1905(1) (42 U.S.C. Section 1396d(1))
223 of the Social Security Act, that employ persons who practice
224 dentistry or dental hygiene in this state shall do so in
225 accordance with the relevant laws of this state except to
226 the extent that such laws are contrary to, or inconsistent
227 with, federal statute or regulation.

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

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

13 (2) Having sufficient **[dialogue] exchange** with the
14 patient regarding treatment options and the risks and
15 benefits of treatment or treatments;

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

18 (4) Maintaining a contemporaneous medical record that
19 is readily available to the patient and, subject to the
20 patient's consent, to the patient's other health care
21 professionals; and

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

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

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

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

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

31 (4) Accordance with a collaborative practice agreement
32 as **[defined] described** in section 334.104;

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

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

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

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

42 3. No health care provider, as defined in section
43 376.1350, shall prescribe any drug, controlled substance, or
44 other treatment to a patient based solely on an evaluation
45 **[over the telephone] through telemedicine;** except that, a
46 physician or such physician's on-call designee, or an
47 advanced practice registered nurse, a physician assistant,
48 or an assistant physician in a collaborative practice
49 arrangement with such physician, may prescribe any drug,
50 controlled substance, or other treatment that is within his
51 or her scope of practice to a patient based solely on a
52 **[telephone] telemedicine** evaluation if a previously

53 established and ongoing physician-patient relationship
54 exists between such physician and the patient being treated.

55 4. No health care provider shall prescribe any drug,
56 controlled substance, or other treatment to a patient [based
57 solely on an internet request or an internet questionnaire]
58 in the absence of a proper provider-patient relationship, as
59 described in section 191.1146.

60 5. Medical records of any drug, controlled substance,
61 or other treatment prescribed through telemedicine, as
62 defined in section 191.1145, shall be collected, stored, and
63 maintained in accordance with the Health Insurance
64 Portability and Accountability Act of 1996, which allows for
65 the sharing of protected health information for continuity
66 of care between health care providers for treatment,
67 payment, and health care operations.

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

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

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

14 (a) Insulin;

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

18 **(c) Epinephrine delivery systems ordered for stock**
19 **supply in accordance with section 196.990 or prescribed for**
20 **a resident's individual use by an individual legally**
21 **authorized to prescribe such epinephrine delivery systems.**
22 **Expected epinephrine delivery system users shall receive**
23 **training set forth in section 196.990. As used in this**
24 **paragraph, the term "epinephrine delivery system" means a**
25 **single-use device or system used for the delivery of a**
26 **premeasured dose of epinephrine into the human body;**

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

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

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

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

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

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

41 (c) A graduate nurse who is prevented from attending
42 the first licensing examination following graduation by
43 reason of active duty in the military may practice as a
44 graduate nurse pending the results of the first licensing
45 examination scheduled by the board following the release of
46 such graduate nurse from active military duty or pending the
47 results of the first licensing examination taken by the
48 graduate nurse while involved in active military service
49 whichever comes first;

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

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

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

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

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

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

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

10 (3) The compounding, dispensing, labeling, and
11 administration of drugs and devices pursuant to medical
12 prescription orders;

13 (4) The ordering and administration of vaccines
14 approved or authorized by the U.S. Food and Drug
15 Administration, **as of January 1, 2026, or thereafter,**
16 excluding vaccines for cholera, monkeypox, Japanese
17 encephalitis, typhoid, rabies, yellow fever, tick-borne
18 encephalitis, anthrax, tuberculosis, dengue, Hib, polio,
19 rotavirus, smallpox, [and any vaccine approved after January
20 1, 2023] **or any vaccine that is not jointly included by**
21 **joint rules promulgated by the board of pharmacy and the**
22 **state board of registration for the healing arts,** to persons
23 at least seven years of age or the age recommended by the
24 Centers for Disease Control and Prevention, whichever is
25 older, pursuant to joint promulgation of rules established
26 by the board of pharmacy and the state board of registration
27 for the healing arts unless rules are established under a
28 state of emergency as described in section 44.100;

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

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

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

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

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

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

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

47 3. This chapter shall not be construed to prohibit the
48 use of auxiliary personnel under the direct supervision of a
49 pharmacist from assisting the pharmacist in any of his or
50 her duties. This assistance in no way is intended to
51 relieve the pharmacist from his or her responsibilities for
52 compliance with this chapter and he or she will be
53 responsible for the actions of the auxiliary personnel
54 acting in his or her assistance.

55 4. This chapter shall not be construed to prohibit or
56 interfere with any legally registered practitioner of
57 medicine, dentistry, or podiatry, or veterinary medicine
58 only for use in animals, or the practice of optometry in
59 accordance with and as provided in sections 195.070 and
60 336.220 in the compounding, administering, prescribing, or
61 dispensing of his or her own prescriptions.

62 5. A pharmacist with a certificate of medication
63 therapeutic plan authority may provide medication therapy
64 services pursuant to a written protocol from a physician
65 licensed under chapter 334 to patients who have established
66 a physician-patient relationship, as described in
67 subdivision (1) of subsection 1 of section 191.1146, with
68 the protocol physician. The written protocol authorized by
69 this section shall come only from the physician and shall
70 not come from a nurse engaged in a collaborative practice
71 arrangement under section 334.104, or from a physician

72 assistant engaged in a collaborative practice arrangement
73 under section 334.735.

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

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

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

87 9. This section shall not be construed to allow a
88 pharmacist to diagnose or independently prescribe
89 pharmaceuticals.

90 10. The state board of registration for the healing
91 arts, under section 334.125, and the state board of
92 pharmacy, under section 338.140, shall jointly promulgate
93 rules regulating the use of protocols for medication therapy
94 services. Such rules shall require protocols to include
95 provisions allowing for timely communication between the
96 pharmacist and the protocol physician or similar body
97 authorized by this section, and any other patient protection
98 provisions deemed appropriate by both boards. In order to
99 take effect, such rules shall be approved by a majority vote
100 of a quorum of each board. Neither board shall separately
101 promulgate rules regulating the use of protocols for
102 medication therapy services. Any rule or portion of a rule,
103 as that term is defined in section 536.010, that is created

104 under the authority delegated in this section shall become
105 effective only if it complies with and is subject to all of
106 the provisions of chapter 536 and, if applicable, section
107 536.028. This section and chapter 536 are nonseverable and
108 if any of the powers vested with the general assembly
109 pursuant to chapter 536 to review, to delay the effective
110 date, or to disapprove and annul a rule are subsequently
111 held unconstitutional, then the grant of rulemaking
112 authority and any rule proposed or adopted after August 28,
113 2007, shall be invalid and void.

114 11. The state board of pharmacy may grant a
115 certificate of medication therapeutic plan authority to a
116 licensed pharmacist who submits proof of successful
117 completion of a board-approved course of academic clinical
118 study beyond a bachelor of science in pharmacy, including
119 but not limited to clinical assessment skills, from a
120 nationally accredited college or university, or a
121 certification of equivalence issued by a nationally
122 recognized professional organization and approved by the
123 board of pharmacy.

124 12. Any pharmacist who has received a certificate of
125 medication therapeutic plan authority may engage in the
126 designing, initiating, implementing, and monitoring of a
127 medication therapeutic plan as defined by a written protocol
128 from a physician that may be specific to each patient for
129 care by a pharmacist.

130 13. Nothing in this section shall be construed to
131 allow a pharmacist to make a therapeutic substitution of a
132 pharmaceutical prescribed by a physician unless authorized
133 by the written protocol or the physician's prescription
134 order.

135 14. "Veterinarian", "doctor of veterinary medicine",
136 "practitioner of veterinary medicine", "DVM", "VMD", "BVSe",
137 "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or an
138 equivalent title means a person who has received a doctor's
139 degree in veterinary medicine from an accredited school of
140 veterinary medicine or holds an Educational Commission for
141 Foreign Veterinary Graduates (EDFVG) certificate issued by
142 the American Veterinary Medical Association (AVMA).

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

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

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

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

159 17. A pharmacist shall inform the patient that the
160 administration of a vaccine will be entered into the
161 ShowMeVax system, as administered by the department of
162 health and senior services. The patient shall attest to the
163 inclusion of such information in the system by signing a
164 form provided by the pharmacist. If the patient indicates
165 that he or she does not want such information entered into
166 the ShowMeVax system, the pharmacist shall provide a written

167 report within fourteen days of administration of a vaccine
168 to the patient's health care provider, if provided by the
169 patient, containing:

170 (1) The identity of the patient;

171 (2) The identity of the vaccine or vaccines
172 administered;

173 (3) The route of administration;

174 (4) The anatomic site of the administration;

175 (5) The dose administered; and

176 (6) The date of administration.

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

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

11 2. **This section shall not be construed to allow a**
12 **pharmacist to diagnose or independently prescribe**
13 **pharmaceuticals.**

14 3. The state board of registration for the healing
15 arts, pursuant to section 334.125, and the state board of
16 pharmacy, pursuant to section 338.140, shall jointly

17 promulgate rules to implement the provisions of this
18 section. Any rule or portion of a rule, as that term is
19 defined in section 536.010, that is created under the
20 authority delegated in this section shall become effective
21 only if it complies with and is subject to all of the
22 provisions of chapter 536 and, if applicable, section
23 536.028. This section and chapter 536 are nonseverable and
24 if any of the powers vested with the general assembly
25 pursuant to chapter 536 to review, to delay the effective
26 date, or to disapprove and annul a rule are subsequently
27 held unconstitutional, then the grant of rulemaking
28 authority and any rule proposed or adopted after August 28,
29 2023, shall be invalid and void.

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

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

9 (2) **Is primarily and customarily used to serve a**
10 **medical purpose;**

11 (3) **Generally is not useful to an individual in the**
12 **absence of an illness or injury; and**

13 (4) **Is appropriate for use in the home.**

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

19 3. The state board of registration for the healing
20 arts, pursuant to section 334.125, and the board of
21 pharmacy, pursuant to section 338.140, shall jointly
22 promulgate rules to implement the provisions of this
23 section. Such rules shall be written and effective within
24 six months of the effective date of this act.

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

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

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

3 (1) "Declared state disaster or emergency", a disaster
4 or emergency event for which a governor's state of emergency

5 proclamation has been issued or that the President of the
6 United States has declared to be a major disaster or
7 emergency;

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

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

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

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

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

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

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

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

41 3. The board of pharmacy may promulgate rules to
42 implement the provisions of this section. Any rule or
43 portion of a rule, as that term is defined in section
44 536.010, that is created under the authority delegated in
45 this section shall become effective only if it complies with
46 and is subject to all of the provisions of chapter 536 and,
47 if applicable, section 536.028. This section and chapter
48 536 are nonseverable and if any of the powers vested with
49 the general assembly pursuant to chapter 536 to review, to
50 delay the effective date, or to disapprove and annul a rule
51 are subsequently held unconstitutional, then the grant of
52 rulemaking authority and any rule proposed or adopted after
53 August 28, 2026, shall be invalid and void.

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

16 outsourcer, or third-party logistics provider to operate
17 unless the same shall be operated in a manner prescribed by
18 law and according to the rules and regulations promulgated
19 by the board of pharmacy with respect thereto. Separate
20 licenses shall be required for each distribution site owned
21 or operated by a wholesale drug distributor, pharmacy
22 distributor, drug outsourcer, or third-party logistics
23 provider, unless such drug distributor, pharmacy
24 distributor, drug outsourcer, or third-party logistics
25 provider meets the requirements of section 338.335.

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

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

37 (1) Possesses a valid license granted by another state
38 pursuant to legal standards comparable to those which must
39 be met by a wholesale drug distributor, pharmacy
40 distributor, drug **[outsourcers] outsourcer**, or third-party
41 logistics provider of this state as prerequisites for
42 obtaining a license under the laws of this state. **If a**
43 **state license is not issued by their resident state, out-of-**
44 **state wholesale drug distributors and third-party logistics**
45 **providers with a current and valid drug distributor**
46 **accreditation from the National Association of Boards of**

47 **Pharmacy or its successor may be eligible for licensure as**
48 **provided by the board by rule; and**

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

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

6 2. The board, in consultation with the department,
7 shall be authorized to expend, allocate, or award funds
8 appropriated to the board to private or public entities to
9 develop or provide programs or education to promote
10 medication safety or to suppress or prevent prescription
11 drug abuse, misuse, and diversion in the state of Missouri.
12 In no case shall the authorization include, nor the funds be
13 expended for, any state prescription drug monitoring program
14 including, but not limited to, such as are defined in 38 CFR
15 1.515. Funds disbursed to a state agency under this section
16 may enhance, but shall not supplant, funds otherwise
17 appropriated to such state agency.

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

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

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

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

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

18 (3) Present written evidence of completion of a
19 clinical fellowship from supervisors. The experience
20 required by this subdivision shall follow the completion of
21 the requirements of subdivisions (1) and (2) of this
22 section. This period of employment shall be under the
23 direct supervision of a [person who is] licensed [by the
24 state of Missouri in the profession in which the applicant
25 seeks to be licensed] **speech-language pathologist in good**

26 **standing.** Persons applying with an audiology clinical
27 doctoral degree are exempt from this provision; and

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

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

3 (1) "340B drug", the same meaning given to the term in
4 section 376.414;

5 (2) "Covered entity", any entity described in
6 subparagraphs (A) to (K) of subsection (a)(4) of Section
7 340B of the Public Health Service Act, 42 U.S.C. Section
8 256b, including any pharmacy with which such entity has
9 contracted to dispense 340B drugs on behalf of the entity;

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

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

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

15 2. A health carrier, a pharmacy benefits manager, or
16 an agent or affiliate of such health carrier or pharmacy
17 benefits manager shall not discriminate against a covered
18 entity including, but not limited to, by doing any of the
19 following:

20 (1) Reimbursing a covered entity for a quantity of a
21 340B drug in an amount less than it would pay any other
22 similarly situated pharmacy or entity that is not a covered
23 entity for such quantity of such drug on the basis that the
24 covered entity is a covered entity or that the covered
25 entity dispenses 340B drugs. The director of the department
26 of commerce and insurance shall specify by rule the
27 circumstances under which a pharmacy or entity shall be

28 deemed a "similarly situated pharmacy or entity" for
29 purposes of this subdivision;

30 (2) Imposing any terms or conditions on covered
31 entities that differ from such terms or conditions applied
32 to other similarly situated entities or pharmacies that are
33 not covered entities on the basis that the covered entity is
34 a covered entity or that the covered entity dispenses 340B
35 drugs including, but not limited to, terms or conditions
36 with respect to any of the following:

37 (a) Fees, chargebacks, clawbacks, adjustments, or
38 other assessments;

39 (b) Professional dispensing fees;

40 (c) Restrictions or requirements regarding
41 participation in standard or preferred pharmacy networks;

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

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

50 (3) Discriminating in reimbursement to a covered
51 entity based on the determination or indication a drug is a
52 340B drug;

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

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

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

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

62 (b) Required by federal law.

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

69 4. The director of the department of commerce and
70 insurance shall promulgate rules to implement the provisions
71 of this section. Any rule or portion of a rule, as that
72 term is defined in section 536.010, that is created under
73 the authority delegated in this section shall become
74 effective only if it complies with and is subject to all of
75 the provisions of chapter 536 and, if applicable, section
76 536.028. This section and chapter 536 are nonseverable and
77 if any of the powers vested with the general assembly
78 pursuant to chapter 536 to review, to delay the effective
79 date, or to disapprove and annul a rule are subsequently
80 held unconstitutional, then the grant of rulemaking
81 authority and any rule proposed or adopted after August 28,
82 2026, shall be invalid and void.

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

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

6 (2) Established or maintained for the purpose of
7 offering or providing health, dental or short-term
8 disability benefits to employees of two or more employers

9 **and to two or more self-employed individuals, each with at**
10 **least one common-law employee, and their dependents.**

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

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

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

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

23 (3) Investment of plan funds is subject to the same
24 restrictions which are applicable to insurers pursuant to
25 sections 376.291 to 376.307; provided, however, that no
26 foreign plan shall be exempt under section 376.310 from the

27 investment laws of this state unless such plan is subject to
28 laws in its state of domicile which are substantially
29 similar to sections 376.1032 to 376.1045. All investments
30 shall be managed by a bank or other investment entity
31 licensed to operate in Missouri;

32 (4) Trustees, on behalf of the plan, shall file an
33 annual report with the director of the department of
34 commerce and insurance by March first [showing the condition
35 and affairs of the plan as of the preceding thirty-first day
36 of December. The report shall be made on forms prescribed
37 by the director. The report shall summarize the financial
38 condition of the fund, itemize collections from
39 participating employers, detail all fund expenditures and
40 provide any additional information which the director
41 requires] **in compliance with section 375.041.** More frequent
42 reports may be required at the discretion of the director.
43 **The plan shall also prepare and file an RBC report with the**
44 **director in compliance with section 375.1252 as it applies**
45 **to health organizations, and the provisions of section**
46 **375.1267 shall apply to such RBC reports.**

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

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

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

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

10 (3)] Six hundred thousand dollars; **or**

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

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

3 (1) "Anesthesia practitioner", an anesthesiologist, as
4 defined in section 334.400, or a certified registered nurse
5 anesthetist, as defined in section 335.016;

6 (2) "Anesthesia time", the period during which an
7 anesthesia practitioner is present with the patient,
8 starting when the anesthesia practitioner begins to prepare
9 the patient for anesthesia services in the operating room or
10 an equivalent area and ending when the anesthesia
11 practitioner is no longer furnishing anesthesia services to
12 the patient because the patient may be placed safely under
13 postoperative or postanesthesia care. If there is an
14 interruption in anesthesia, the term "anesthesia time"
15 includes blocks of time around the interruption in
16 anesthesia, provided the anesthesia practitioner is
17 furnishing continuous anesthesia care within the time
18 periods around the interruption;

19 (3) "Anesthesia time units", time units recognized
20 with appropriate time intervals that do not exceed fifteen
21 minutes in length for each interval and that, taken
22 together, represent the total anesthesia time for a
23 particular anesthesia service;

24 (4) "Excepted benefit plan", the same meaning given to
25 the term in section 376.998;

26 (5) "Health benefit plan", the same meaning given to
27 the term in section 376.1350. The term "health benefit
28 plan" shall also include MO HealthNet, the children's health
29 insurance program authorized under chapter 208, the Missouri

30 consolidated health care plan established under chapter 103,
31 and any other state-sponsored health insurance program;

32 (6) "Health carrier", the same meaning given to the
33 term in section 376.1350. The term "health carrier" shall
34 also include the MO HealthNet division and any Medicaid
35 managed care organization as defined in section 208.431;

36 (7) "Payment of anesthesia services", an amount paid
37 for anesthesia services:

38 (a) Determined by using prevailing medical coding and
39 billing standards in the professional medical billing
40 community, such as the Current Procedural Terminology code
41 book published by the American Medical Association, the
42 Medicare Claims Processing Manual, or guidance from
43 nationally recognized anesthesia organizations; and

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

46 a. The sum of the base units for the appropriate
47 medical code plus anesthesia time units and modifying units;
48 and

49 b. An anesthesia conversion factor that is defined in
50 the individual contract between the health carrier or health
51 benefit plan and the anesthesia practitioner or group.

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

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

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

63 5. This section shall not apply to anesthesia services
64 provided by a dentist in a dental office.

65 6. Nothing in this section shall be construed in a way
66 to allow for any health care provider to commit fraudulent
67 acts.

68 7. Nothing in this section shall be construed in a way
69 to permit those who are currently unable to bill for health
70 care services to bill for health care services.

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

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

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

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

15 (4) "Health benefit plan", the same meaning given to
16 the term in section 376.1350;

17 (5) "Health care professional", the same meaning given
18 to the term in section 376.1350.

19 2. Notwithstanding any provision of law to the
20 contrary, when a licensed health care professional acting
21 within the scope of his or her license prescribes a
22 nonopioid medication for the treatment of acute or chronic

23 pain to an enrollee, it shall be unlawful for a health
24 benefit plan to:

25 (1) Deny coverage of the nonopioid prescription drug
26 in favor of an opioid prescription drug;

27 (2) Require the enrollee to try an opioid prescription
28 drug before providing coverage of the nonopioid prescription
29 drug; or

30 (3) Require a higher level of cost-sharing for the
31 nonopioid prescription drug than for an opioid prescription
32 drug.

33 3. This section shall apply to health benefit plans
34 delivered, issued for delivery, continued, or renewed on or
35 after January 1, 2027.

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

3 (1) "Artificial intelligence" or "AI":

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

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

12 (c) An artificial system designed to think or act like
13 a human, including cognitive architectures and neural
14 networks;

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

17 (e) An artificial system designed to act rationally,
18 including an intelligent software agent or embodied robot

19 that achieves goals using perception, planning, reasoning,
20 learning, communicating, decision-making, and acting;

21 (2) "Mental health professional", the same as defined
22 in section 632.005. The term "mental health professional"
23 shall also include any person licensed in a profession
24 regulated under chapter 337.

25 2. Any person or entity that develops or deploys
26 artificial intelligence in the state shall not advertise or
27 represent to the public that the AI is or is able to act as
28 a mental health professional or is capable of providing
29 therapy services, psychotherapy services, or a mental health
30 diagnosis.

31 3. Any violation of this section shall be considered
32 an unlawful practice under the Missouri merchandising
33 practices act under this chapter.

34 4. The attorney general shall enforce the provisions
35 of this section. Any individual may report violations of
36 this section to the attorney general. If the attorney
37 general finds that a violation occurred, the attorney
38 general shall commence a civil action in a court of
39 competent jurisdiction. If the court finds that a violation
40 occurred, the court may grant damages, civil penalties,
41 injunctive relief, attorney's fees, and any such other
42 relief the court finds appropriate. Notwithstanding section
43 407.100 to the contrary, civil penalties shall be as follows:

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

45 (2) Twenty thousand dollars for any subsequent
46 violation.

579.060. 1. A person commits the offense of unlawful
2 sale, distribution, or purchase of over-the-counter
3 methamphetamine precursor drugs if he or she knowingly:

4 (1) Sells, distributes, dispenses, or otherwise
5 provides any number of packages of any drug product
6 containing detectable amounts of ephedrine,
7 phenylpropanolamine, or pseudoephedrine, or any of their
8 salts, optical isomers, or salts of optical isomers, in a
9 total amount greater than seven and two-tenths grams to the
10 same individual within a thirty-day period, unless the
11 amount is dispensed, sold, or distributed pursuant to a
12 valid prescription; or

13 (2) Purchases, receives, or otherwise acquires within
14 a thirty-day period any number of packages of any drug
15 product containing any detectable amount of ephedrine,
16 phenylpropanolamine, or pseudoephedrine, or any of their
17 salts or optical isomers, or salts of optical isomers in a
18 total amount greater than seven and two-tenths grams,
19 without regard to the number of transactions, unless the
20 amount is purchased, received, or acquired pursuant to a
21 valid prescription; or

22 (3) Purchases, receives, or otherwise acquires within
23 a twenty-four-hour period any number of packages of any drug
24 product containing any detectable amount of ephedrine,
25 phenylpropanolamine, or pseudoephedrine, or any of their
26 salts or optical isomers, or salts of optical isomers in a
27 total amount greater than three and six-tenths grams,
28 without regard to the number of transactions, unless the
29 amount is purchased, received, or acquired pursuant to a
30 valid prescription; or

31 (4) Sells, distributes, dispenses, or otherwise
32 provides any number of packages of any drug product
33 containing detectable amounts of ephedrine,
34 phenylpropanolamine, or pseudoephedrine, or any of their
35 salts, optical isomers, or salts of optical isomers, in a

36 total amount greater than [forty-three] **sixty-one** and two-
37 tenths grams to the same individual within a twelve-month
38 period, unless the amount is dispensed, sold, or distributed
39 pursuant to a valid prescription; or

40 (5) Purchases, receives, or otherwise acquires within
41 a twelve-month period any number of packages of any drug
42 product containing any detectable amount of ephedrine,
43 phenylpropanolamine, or pseudoephedrine, or any of their
44 salts or optical isomers, or salts of optical isomers in a
45 total amount greater than [forty-three] **sixty-one** and two-
46 tenths grams, without regard to the number of transactions,
47 unless the amount is purchased, received, or acquired
48 pursuant to a valid prescription; or

49 (6) Dispenses or offers drug products that are not
50 excluded from Schedule V in subsection 17 or 18 of section
51 195.017 and that contain detectable amounts of ephedrine,
52 phenylpropanolamine, or pseudoephedrine, or any of their
53 salts, optical isomers, or salts of optical isomers, without
54 ensuring that such products are located behind a pharmacy
55 counter where the public is not permitted and that such
56 products are dispensed by a registered pharmacist or
57 pharmacy technician under subsection 11 of section 195.017;
58 or

59 (7) Holds a retail sales license issued under chapter
60 144 and knowingly sells or dispenses packages that do not
61 conform to the packaging requirements of section 195.418.

62 2. A pharmacist, intern pharmacist, or registered
63 pharmacy technician commits the offense of unlawful sale,
64 distribution, or purchase of over-the-counter
65 methamphetamine precursor drugs if he or she knowingly:

66 (1) Sells, distributes, dispenses, or otherwise
67 provides any number of packages of any drug product

68 containing detectable amounts of ephedrine,
69 phenylpropanolamine, or pseudoephedrine, or any of their
70 salts or optical isomers, or salts of optical isomers, in a
71 total amount greater than three and six-tenth grams to the
72 same individual within a twenty-four hour period, unless the
73 amount is dispensed, sold, or distributed pursuant to a
74 valid prescription; or

75 (2) Fails to submit information under subsection 13 of
76 section 195.017 and subsection 6 of section 195.417 about
77 the sales of any compound, mixture, or preparation of
78 products containing detectable amounts of ephedrine,
79 phenylpropanolamine, or pseudoephedrine, or any of their
80 salts, optical isomers, or salts of optical isomers, in
81 accordance with transmission methods and frequency
82 established by the department of health and senior services;
83 or

84 (3) Fails to implement and maintain an electronic log,
85 as required by subsection 12 of section 195.017, of each
86 transaction involving any detectable quantity of
87 pseudoephedrine, its salts, isomers, or salts of optical
88 isomers or ephedrine, its salts, optical isomers, or salts
89 of optical isomers; or

90 (4) Sells, distributes, dispenses or otherwise
91 provides to an individual under eighteen years of age
92 without a valid prescription any number of packages of any
93 drug product containing any detectable quantity of
94 pseudoephedrine, its salts, isomers, or salts of optical
95 isomers, or ephedrine, its salts or optical isomers, or
96 salts of optical isomers.

97 3. Any person who violates the packaging requirements
98 of section 195.418 and is considered the general owner or
99 operator of the outlet where ephedrine, pseudoephedrine, or

100 phenylpropanolamine products are available for sale shall
101 not be penalized if he or she documents that an employee
102 training program was in place to provide the employee who
103 made the unlawful retail sale with information on the state
104 and federal regulations regarding ephedrine,
105 pseudoephedrine, or phenylpropanolamine.

106 **4. A manufacturer commits the offense of unlawful**
107 **sale, distribution, or purchase of over-the-counter**
108 **methamphetamine precursor drugs if he or she knowingly fails**
109 **to pay the fees required under subsection 7 of section**
110 **195.417.**

111 **5.** The offense of unlawful sale, distribution, or
112 purchase of over-the-counter methamphetamine precursor drugs
113 is a class A misdemeanor.

632.305. 1. An application for detention for
2 evaluation and treatment at a mental health facility may be
3 executed by any adult person, who need not be an attorney or
4 represented by an attorney, on a form provided by the court
5 for such purpose, and shall allege under oath[, without a
6 notarization requirement,] that the applicant has reason to
7 believe that the respondent is suffering from a mental
8 disorder and presents a likelihood of serious harm to
9 himself or herself or to others. The application shall
10 specify the factual information on which such belief is
11 based and should contain the names and addresses of all
12 persons known to the applicant who have knowledge of such
13 facts through personal observation.

14 **2.** The filing of a written application in court by any
15 adult person, who need not be an attorney or represented by
16 an attorney, shall authorize the applicant to bring the
17 matter before the court on an ex parte basis to determine
18 whether the respondent should be taken into custody and

19 transported to a mental health facility. The application
20 may be filed in the court having probate jurisdiction in any
21 county where the respondent may be found. If the court
22 finds that there is probable cause, either upon testimony
23 under oath or upon a review of affidavits, declarations, or
24 other supporting documentation, to believe that the
25 respondent may be suffering from a mental disorder and
26 presents a likelihood of serious harm to himself or herself
27 or others, it shall direct a peace officer to take the
28 respondent into custody and transport him or her to a mental
29 health facility for detention for evaluation and treatment
30 for a period not to exceed ninety-six hours unless further
31 detention and treatment is authorized pursuant to this
32 chapter. Nothing herein shall be construed to prohibit the
33 court, in the exercise of its discretion, from giving the
34 respondent an opportunity to be heard.

35 3. A peace officer may take a person into custody for
36 detention for evaluation and treatment at a mental health
37 facility for a period not to exceed ninety-six hours only
38 when such peace officer has reasonable cause to believe that
39 such person is suffering from a mental disorder and that the
40 likelihood of serious harm by such person to himself or
41 herself or others is imminent unless such person is
42 immediately taken into custody. Upon arrival at the mental
43 health facility, the peace officer who conveyed such person
44 or caused him or her to be conveyed shall either present the
45 application for detention for evaluation and treatment upon
46 which the court has issued a finding of probable cause and
47 the respondent was taken into custody or complete an
48 application for initial detention for evaluation and
49 treatment for a period not to exceed ninety-six hours which
50 shall be based upon his or her own personal observations or

51 investigations and shall contain the information required in
52 subsection 1 of this section.

53 4. If a person presents himself or herself or is
54 presented by others to a mental health facility and a
55 licensed physician, a registered professional nurse or a
56 mental health professional designated by the head of the
57 facility and approved by the department for such purpose has
58 reasonable cause to believe that the person is mentally
59 disordered and presents an imminent likelihood of serious
60 harm to himself or herself or others unless he or she is
61 accepted for detention, the licensed physician, the mental
62 health professional or the registered professional nurse
63 designated by the facility and approved by the department
64 may complete an application for detention for evaluation and
65 treatment for a period not to exceed ninety-six hours. The
66 application shall be based on his or her own personal
67 observations or investigation and shall contain the
68 information required in subsection 1 of this section.

69 5. **(1)** No notarization shall be required for an
70 application, or for any affidavits, declarations, or other
71 documents supporting an application, **completed or executed**
72 **by:**

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

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

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

80 **(2)** The application and any affidavits, declarations,
81 or other documents supporting the application shall be

82 subject to the provisions of section 492.060 allowing for
83 declaration under penalty of perjury.

✓