

SENATE SUBSTITUTE
FOR
SENATE COMMITTEE SUBSTITUTE
FOR
HOUSE COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 2372

AN ACT

To repeal sections 96.192, 96.196, 167.627, 167.630, 190.098, 190.142, 190.165, 190.246, 191.1146, 192.020, 192.2400, 192.2435, 193.245, 195.417, 196.990, 198.022, 206.110, 208.146, 208.215, 208.662, 210.110, 301.142, 321.621, 332.081, 334.108, 335.081, 337.600, 338.010, 338.012, 338.333, 338.600, 338.710, 345.050, 376.387, 376.1000, 376.1012, 376.1017, 376.1183, 376.1186, 376.1240, 376.1364, 383.155, 579.060, 590.192, and 632.305, RSMo, and to enact in lieu thereof seventy-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,
2 190.098, 190.142, 190.165, 190.246, 191.1146, 192.020,
3 192.2400, 192.2435, 193.245, 195.417, 196.990, 198.022,
4 206.110, 208.146, 208.215, 208.662, 210.110, 301.142, 321.621,
5 332.081, 334.108, 335.081, 337.600, 338.010, 338.012, 338.333,
6 338.600, 338.710, 345.050, 376.387, 376.1000, 376.1012,
7 376.1017, 376.1183, 376.1186, 376.1240, 376.1364, 383.155,
8 579.060, 590.192, and 632.305, RSMo, are repealed and seventy-
9 eight new sections enacted in lieu thereof, to be known as
10 sections 9.021, 9.025, 9.238, 9.412, 9.418, 9.501, 9.502,
11 96.192, 96.196, 167.627, 167.630, 173.690, 190.098, 190.142,
12 190.165, 190.246, 191.117, 191.708, 191.1146, 192.020, 192.021,

13 192.2155, 192.2400, 192.2435, 193.245, 195.417, 196.990,
14 197.708, 197.1040, 197.1045, 198.022, 206.110, 206.158,
15 208.146, 208.149, 208.215, 208.270, 208.440, 208.662, 208.1400,
16 208.1405, 208.1410, 208.1415, 208.1420, 208.1425, 210.110,
17 210.225, 301.142, 321.621, 332.081, 334.108, 335.081, 337.600,
18 338.010, 338.012, 338.206, 338.208, 338.333, 338.600, 338.710,
19 345.050, 376.387, 376.399, 376.417, 376.1000, 376.1012,
20 376.1017, 376.1183, 376.1240, 376.1245, 376.1280, 376.1364,
21 376.1960, 383.155, 407.3007, 579.060, 590.192, and 632.305, to
22 read as follows:

2 9.021. The week beginning the last Monday of September
3 each year shall be known as "Frontotemporal Degeneration
4 (FTD) Awareness Week" in Missouri. Frontotemporal
5 degeneration, also frequently referred to as frontotemporal
6 dementia, represents a group of brain disorders caused by
7 degeneration of the frontal or temporal lobes of the brain,
8 representing the most common form of dementia for people
9 under the age of sixty. The citizens of this state are
10 encouraged to participate in appropriate events and
11 activities that will increase awareness of frontotemporal
12 degeneration, to support programs of research and education
13 surrounding frontotemporal degeneration, and to support
14 individuals and families impacted by frontotemporal
degeneration.

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

2 9.238. The month of September is hereby designated as
"Pediatric Cancer Awareness Month" in Missouri. Pediatric

3 cancers are the leading cause of death from disease among
4 children in the United States. The citizens of the state of
5 Missouri are encouraged to participate in events that honor
6 and support families who have been impacted by pediatric
7 cancer, raise awareness, and fund research into pediatric
8 cancer prevention, diagnosis, and treatment.

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

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

2 9.501. The first full week in September each year is
3 hereby designated as "June's Week" and "Rare Pediatric
4 Disease Week" in Missouri in honor of June, a young
5 Missourian undergoing treatment for an atypical teratoid
6 rhabdoid tumor, subtype B (ATRT-B). The citizens of this

6 state are encouraged to participate in appropriate events
7 and activities to raise public awareness of rare pediatric
8 diseases, encourage early recognition of symptoms, and honor
9 Missouri children and families affected by rare pediatric
10 diseases.

1 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.

1 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.

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

3 (1) "Genetic disease", any disease, disorder, or
4 condition caused in whole or in part by genetic variation,
5 mutation, or inherited genetic traits;

6 (2) "Pediatric disease", any disease, disorder, or
7 condition that primarily affects individuals under eighteen
8 years of age;

9 (3) "Rare pediatric disease", a life-threatening or
10 chronically debilitating disease that affects fewer than two
11 hundred thousand individuals under eighteen years of age in
12 the United States.

13 2. There is hereby established within the department
14 of higher education and workforce development the "Pediatric
15 Disease Task Force".

16 3. The task force shall consist of the following
17 members:

18 (1) The director of the department of higher education
19 and workforce development or his or her designee;

20 (2) The director of the department of health and
21 senior services or his or her designee;

22 (3) Four members shall be from the general assembly
23 composed of the following:

24 (a) The president pro tempore of the senate shall
25 appoint two members of the senate of whom not more than one
26 shall be of the same party; and

27 (b) The speaker of the house of representatives shall
28 appoint two members of the house of representatives of whom
29 not more than one shall be of the same party; and

30 (c) The legislative members shall serve on the task
31 force until such time as they resign, are no longer members
32 of the general assembly, or are replaced by new
33 appointments; and

34 (4) Eight members to be appointed by the governor with
35 the advice and consent of the senate, composed of the
36 following:

37 (a) Two members who represent public universities and
38 who have expertise in pediatric diseases, with at least one
39 member who represents the University of Missouri;

40 (b) Two members who represent the private health care
41 research industry and who have expertise in pediatric
42 diseases;

43 (c) Two members who represent the private research
44 industry and who have expertise in pediatric diseases;

45 (d) One member representing a collaborating nonprofit
46 or industry partner; and

47 (e) One member representing a patient advocacy group.

48 4. Beginning January 1, 2027, the task force shall
49 meet at least quarterly. The department of higher education
50 and workforce development shall provide necessary clerical
51 support and assistance in order to facilitate meetings of
52 the task force.

53 5. The task force shall submit an annual public report
54 to the governor and the general assembly no later than
55 December thirty-first of each year detailing:

56 (1) Research initiatives focused on genetic or
57 pediatric diseases, including rare pediatric diseases, led
58 by institutions located in this state;

59 (2) Key outcomes achieved by the research initiatives;

60 (3) Funds expended and leveraged by the research
61 initiatives; and

62 (4) Any legislative recommendations.

63 6. This section shall expire on December 31, 2030.

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.

190.142. 1. (1) For applications submitted before
2 the recognition of EMS personnel licensure interstate
3 compact under sections 190.900 to 190.939 takes effect, the
4 department shall, within a reasonable time after receipt of
5 an application, cause such investigation as it deems
6 necessary to be made of the applicant for an emergency
7 medical technician's license.

8 (2) For applications submitted after the recognition
9 of EMS personnel licensure interstate compact under sections
10 190.900 to 190.939 takes effect, an applicant for initial
11 licensure as an emergency medical technician in this state
12 shall submit to a background check by the Missouri state
13 highway patrol and the Federal Bureau of Investigation
14 through a process approved by the department of health and
15 senior services. Such processes may include the use of
16 vendors or systems administered by the Missouri state
17 highway patrol. The department may share the results of
18 such a criminal background check with any emergency services
19 licensing agency in any member state, as that term is
20 defined under section 190.900, in recognition of the EMS
21 personnel licensure interstate compact. The department
22 shall not issue a license until the department receives the
23 results of an applicant's criminal background check from the
24 Missouri state highway patrol and the Federal Bureau of
25 Investigation, but, notwithstanding this subsection, the
26 department may issue a temporary license as provided under

27 section 190.143. Any fees due for a criminal background
28 check shall be paid by the applicant.

29 (3) The director may authorize investigations into
30 criminal records in other states for any applicant.

31 2. The department shall issue a license to all levels
32 of emergency medical technicians, for a period of five
33 years, if the applicant meets the requirements established
34 pursuant to sections 190.001 to 190.245 and the rules
35 adopted by the department pursuant to sections 190.001 to
36 190.245. The department may promulgate rules relating to
37 the requirements for an emergency medical technician
38 including but not limited to:

39 (1) Age requirements;

40 (2) Emergency medical technician and paramedic
41 education and training requirements based on respective
42 National Emergency Medical Services Education Standards and
43 any modification to such curricula specified by the
44 department through rules adopted pursuant to sections
45 190.001 to 190.245;

46 (3) Paramedic accreditation requirements. Paramedic
47 training programs shall be accredited as required by the
48 National Registry of Emergency Medical Technicians;

49 (4) Initial licensure testing requirements. Initial
50 paramedic licensure testing shall be through the national
51 registry of EMTs;

52 (5) Continuing education and relicensure requirements;
53 and

54 (6) Ability to speak, read and write the English
55 language.

56 3. Application for all levels of emergency medical
57 technician license shall be made upon such forms as
58 prescribed by the department in rules adopted pursuant to
59 sections 190.001 to 190.245. The application form shall

60 contain such information as the department deems necessary
61 to make a determination as to whether the emergency medical
62 technician meets all the requirements of sections 190.001 to
63 190.245 and rules promulgated pursuant to sections 190.001
64 to 190.245.

65 4. All levels of emergency medical technicians may
66 perform only that patient care which is:

67 (1) Consistent with the training, education and
68 experience of the particular emergency medical technician;
69 [and]

70 (2) Consistent with the current National EMS Scope of
71 Practice Model. The state EMS medical director's advisory
72 committee, under section 190.103, may add to this scope of
73 practice for advanced emergency medical technicians and the
74 local medical director may add to this scope of practice for
75 paramedics at the agency or individual clinician level; and

76 (3) Ordered by a physician or set forth in protocols
77 approved by the medical director.

78 5. No person shall hold themselves out as an emergency
79 medical technician or provide the services of an emergency
80 medical technician unless such person is licensed by the
81 department.

82 6. Any rule or portion of a rule, as that term is
83 defined in section 536.010, that is created under the
84 authority delegated in this section shall become effective
85 only if it complies with and is subject to all of the
86 provisions of chapter 536 and, if applicable, section
87 536.028. This section and chapter 536 are nonseverable and
88 if any of the powers vested with the general assembly
89 pursuant to chapter 536 to review, to delay the effective
90 date, or to disapprove and annul a rule are subsequently
91 held unconstitutional, then the grant of rulemaking

92 authority and any rule proposed or adopted after August 28,
93 2002, 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.

191.117. 1. This section shall be known and may be
2 cited as the "Lori Zena Baker Act".

3 2. There is hereby established in the department of
4 health and senior services a "Sickle Cell Standing
5 Committee" as a subcommittee of the Missouri genetic

6 advisory committee. The committee shall consist of the
7 following members:

8 (1) One member who is a licensed physician with
9 experience in the diagnosis and treatment of sickle cell
10 disease and who shall serve as chair of the committee;

11 (2) One member who has sickle cell disease or is a
12 family member of a person with sickle cell disease;

13 (3) One member with expertise in sickle cell disease
14 research;

15 (4) One member from a leading sickle cell disease
16 organization;

17 (5) One member with expertise in minority health; and

18 (6) One member from each of the hemoglobinopathy
19 center that contracts with the department.

20 3. The members of the committee shall be appointed by
21 the director of the department of health and senior
22 services. Members shall serve on the committee without
23 compensation or reimbursement for expenses incurred.

24 4. The committee shall:

25 (1) Assess the impact of sickle cell disease on urban
26 communities in the state of Missouri;

27 (2) Examine the existing services and resources
28 addressing the needs of persons with sickle cell disease; and

29 (3) Develop recommendations to provide educational
30 services to schools on the traits of sickle cell disease and
31 its effects.

32 5. The committee shall include an examination of the
33 following in its assessment and recommendations required
34 under subsection 4 of this section:

35 (1) Trends in state sickle cell disease populations
36 and their needs, including, but not limited to, the state's
37 role in providing assistance;

38 (2) Existing services and resources; and

39 (3) Needed state policies or responses, including, but
40 not limited to, directions for the provision of clear and
41 coordinated services and supports to persons living with
42 sickle cell disease and strategies to address any identified
43 gaps in services.

44 6. The committee shall hold a minimum of one meeting
45 at three urban regions in the state to seek public input.

46 7. The committee shall submit a report of its findings
47 and any recommendations to the general assembly and the
48 governor no later than December 31, 2027.

49 8. After December 31, 2027, the committee shall
50 continue to meet at the request of the chair and at a
51 minimum of one time annually for the purpose of continuing
52 the study of sickle cell disease in this state, the impact
53 of the committee recommendations, and to provide an annual
54 supplemental report on the findings to the governor and the
55 general assembly.

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, utilizing a medical
44 evaluation questionnaire completed by the patient by way of
45 the internet or telephone, shall provide a written report to
46 the patient's primary health care provider within fourteen
47 days of evaluation, 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) A laboratory blood test result for alpha-gal
23 immunoglobulin E that yields a level consistent with
24 sensitization to alpha-gal by laboratory standards, as
25 established by the current national case definition, shall
26 be reported to the department within seven days. The
27 laboratory that generates the test results shall be
28 responsible for submitting the report. The test results
29 shall be submitted using an electronic laboratory reporting
30 system to be developed by the department.

31 (2) Subject to appropriation, the department may
32 follow up on reported cases of alpha-gal immunoglobulin E

33 blood test results by applying an appropriate random
34 sampling method to ascertain case status, using the current
35 national case definition of alpha-gal syndrome. Reporting
36 under this subdivision shall commence no later than six
37 months after August 28, 2026.

38 (3) The department shall submit an annual report to
39 the Centers for Disease Control and Prevention summarizing
40 its findings related to the reporting and incidence of alpha-
41 gal syndrome.

192.021. 1. The department of health and senior
2 services shall be authorized to contract directly with a
3 Missouri affiliate of a national public health association
4 or public health institute, or a similar or successor
5 entity, in order to assist in carrying out its duties to
6 promote the health and wellbeing of the residents of this
7 state. Such contracts may include, but not be limited to,
8 efforts to assist in the delivery of health services to
9 residents throughout the state and the administration of
10 grant funds and related programs.

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

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.

192.2400. As used in sections 192.2400 to 192.2505,
2 the following terms mean:

3 (1) "Abuse", the infliction of physical, sexual, or
4 emotional injury or harm including financial exploitation by
5 any person, firm, or corporation and bullying;

6 (2) "Bullying", intimidation or harassment that causes
7 a reasonable person to fear for his or her physical safety
8 or property and may consist of physical actions including
9 gestures; cyberbullying; oral, electronic, or written
10 communication; and any threat of retaliation for reporting
11 of such acts;

12 (3) "Court", the circuit court;

13 (4) "Department", the department of health and senior
14 services;

15 (5) "Director", director of the department of health
16 and senior services or his or her designees;

17 (6) "Eligible adult", a person sixty years of age or
18 older who is unable to protect his or her own interests or
19 adequately perform or obtain services which are necessary to
20 meet his or her essential human needs or an adult with a
21 disability, as defined in section 192.2005, between the ages
22 of eighteen and fifty-nine who is unable to protect his or
23 her own interests or adequately perform or obtain services
24 which are necessary to meet his or her essential human needs;

25 (7) "Home health agency", the same meaning as such
26 term is defined in section 197.400;

27 (8) "Home health agency employee", a person employed
28 by a home health agency;

29 (9) "Home health patient", an eligible adult who is
30 receiving services through any home health agency;

31 (10) "In-home services client", an eligible adult who
32 is receiving services in his or her private residence
33 through any in-home services provider agency;

34 (11) "In-home services employee", a person employed by
35 an in-home services provider agency;

36 (12) "In-home services provider agency", a business
37 entity under contract with the department or with a Medicaid
38 participation agreement, which employs persons to deliver
39 any kind of services provided for eligible adults in their
40 private homes;

41 (13) "Least restrictive environment", a physical
42 setting where protective services for the eligible adult and
43 accommodation is provided in a manner no more restrictive of
44 an individual's personal liberty and no more intrusive than
45 necessary to achieve care and treatment objectives;

46 (14) "Likelihood of serious physical harm", one or
47 more of the following:

48 (a) A substantial risk that physical harm to an
49 eligible adult will occur because of his or her failure or
50 inability to provide for his or her essential human needs as
51 evidenced by acts or behavior which has caused such harm or
52 which gives another person probable cause to believe that
53 the eligible adult will sustain such harm;

54 (b) A substantial risk that physical harm will be
55 inflicted by an eligible adult upon himself or herself, as
56 evidenced by recent credible threats, acts, or behavior
57 which has caused such harm or which places another person in
58 reasonable fear that the eligible adult will sustain such
59 harm;

60 (c) A substantial risk that physical harm will be
61 inflicted by another upon an eligible adult as evidenced by
62 recent acts or behavior which has caused such harm or which
63 gives another person probable cause to believe the eligible
64 adult will sustain such harm;

65 (d) A substantial risk that further physical harm will
66 occur to an eligible adult who has suffered physical injury,

67 neglect, sexual or emotional abuse, or other maltreatment or
68 wasting of his or her financial resources by another person;

69 (15) "Multidisciplinary adult protection team", a team
70 of two or more persons recognized by the department who
71 facilitate the identification, investigation, prosecution,
72 prevention, and treatment of offenses against eligible
73 adults and who supplement any protective services provided
74 by the department. In addition to department designees,
75 such teams may include, but shall not be limited to,
76 representatives from the following entities:

77 (a) A prosecuting attorney's office or a circuit
78 attorney's office;

79 (b) Law enforcement agencies;

80 (c) Medical or health care providers, including long-
81 term care facilities;

82 (d) Mental health care providers;

83 (e) Community-based or government agencies that, in
84 some capacity, participate in the prevention, investigation,
85 identification, treatment, or provision of care or needed
86 resources related to the abuse or neglect of eligible adults
87 and that are necessary for the review of cases;

88 (f) Guardians or conservators, as described in chapter
89 475; and

90 (g) Financial institutions or forensic accounting
91 agencies qualified to review financial matters in order to
92 identify financial abuse;

93 (16) "Neglect", the failure to provide services to an
94 eligible adult by any person, firm or corporation with a
95 legal or contractual duty to do so, when such failure
96 presents either an imminent danger to the health, safety, or
97 welfare of the client or a substantial probability that
98 death or serious physical harm would result;

99 [(16)] (17) "Protective services", services provided
100 by the state or other governmental or private organizations
101 or individuals which are necessary for the eligible adult to
102 meet his or her essential human needs.

 192.2435. 1. Reports made pursuant to sections
2 192.2400 to 192.2470 shall be confidential and shall not be
3 deemed a public record and shall not be subject to the
4 provisions of section 109.180 or chapter 610.

5 2. Such reports shall be accessible for examination
6 and copying only to the following persons or offices, or to
7 their designees:

8 (1) The department or any person or agency designated
9 by the department;

10 (2) The attorney general;

11 (3) The department of mental health for persons
12 referred to that department;

13 (4) The department of social services for persons
14 referred to that department;

15 (5) Any appropriate law enforcement agency; [and]

16 (6) Any member of a multidisciplinary adult protection
17 team when acting in the member's official capacity as a
18 representative of a participating entity; and

19 [(5)] (7) The eligible adult or such adult's legal
20 guardian.

21 3. The name of the reporter shall not be disclosed
22 unless:

23 (1) It is provided to the department of mental health
24 for investigating reported incidents of abuse and neglect of
25 vulnerable persons, as defined in section 630.005; or

26 (2) (a) Such reporter specifically authorizes
27 disclosure of his name; and

28 [(2)] (b) The department determines that disclosure of
29 the name of the reporter is necessary in order to prevent
30 further harm to an eligible adult.

31 4. Notwithstanding any other provision of law to the
32 contrary, members of a multidisciplinary adult protection
33 team may make available to members of the team all
34 information and records that are appropriate and necessary
35 to conduct team activities for the benefit of the eligible
36 adult. The case information received by members of the
37 multidisciplinary adult protection team shall be maintained
38 as confidential and any person to whom information is
39 released under this section is prohibited from using or
40 releasing the information except in the proper performance
41 of the person's official duties. Any member of the
42 multidisciplinary adult protection team may share
43 information that is acquired in the team member's
44 professional capacity with other members of the
45 multidisciplinary adult protection team to assist the team
46 in its function for the benefit of the eligible adult.

47 5. Any person who violates the provisions of this
48 section, or who permits or encourages the unauthorized
49 dissemination of information contained in the central
50 registry and in reports and records made pursuant to
51 sections 192.2400 to 192.2470, shall be guilty of a class A
52 misdemeanor.

53 [5.] 6. The department shall maintain a central
54 registry capable of receiving and maintaining reports
55 received in a manner that facilitates rapid access and
56 recall of the information reported, and of subsequent
57 investigations and other relevant information. The
58 department shall electronically record any telephone report
59 of suspected abuse and neglect received by the department

60 and such recorded reports shall be retained by the
61 department for a period of one year after recording.

62 [6.] 7. Although reports to the central registry may
63 be made anonymously, the department shall in all cases,
64 after obtaining relevant information regarding the alleged
65 abuse or neglect, attempt to obtain the name and address of
66 any person making a report.

193.245. It shall be unlawful for any person to permit
2 inspection of, or to disclose information contained in,
3 vital records or to copy or issue a copy of all or part of
4 any such record except as authorized by this law and by
5 regulation or by order of a court of competent jurisdiction
6 or in the following situations:

7 (1) [A listing of persons who are born or who die on a
8 particular date may be disclosed upon request, but no
9 information from the record other than the name and the date
10 of such birth or death shall be disclosed;

11 (2) The department may authorize the disclosure of
12 information contained in vital records for legitimate
13 research purposes;

14 [(3)] (2) To a qualified applicant as provided in
15 section 193.255;

16 [(4)] (3) Copies of death records over fifty years old
17 may be disclosed upon request.

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.

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.".

1 197.1040. For purposes of this section and section
2 197.1045, unless the context otherwise requires, the
3 following terms mean:

4 (1) "Collection action", any of the following actions
5 taken with respect to a debt for items and services that
6 were purchased from or provided to a patient by a hospital
7 on a date during which the hospital was not in material
8 compliance with hospital price transparency laws:

9 (a) Attempting to collect a debt from a patient or
10 patient guarantor by referring the debt, directly or
11 indirectly, to a debt collector, a collection agency, or
12 other third party retained by or on behalf of the hospital;

13 (b) Suing the patient or patient guarantor or
14 enforcing an arbitration or mediation clause in any hospital
15 documents, including contracts, agreements, statements, or
16 bills; or

17 (c) Directly or indirectly causing a report to be made
18 to a consumer reporting agency;

19 (2) "Collection agency":

20 (a) Any:

21 a. Person who engages in a business, the principal
22 purpose of which is the collection of debts; or

23 b. Person who:

24 (i) Regularly collects or attempts to collect,
25 directly or indirectly, debts owed or due or asserted to be
26 owed or due to another;

27 (ii) Takes assignment of debts for collection purposes;

28 (iii) Directly or indirectly solicits for collection
29 debts owed or due or asserted to be owed or due to another;

30 or

31 (iv) Collects debts for the office of administration;
32 (b) Does not include:
33 a. Any officer or employee of a creditor while, in the
34 name of the creditor, collecting debts for such creditor;
35 b. Any person while acting as a collection agency for
36 another person, both of whom are related by common ownership
37 or affiliated by corporate control, if the person acting as
38 a collection agency does so only for creditors to whom it is
39 so related or affiliated and if the principal business of
40 the person is not the collection of debts;
41 c. Any officer or employee of the United States or any
42 state to the extent that collecting or attempting to collect
43 any debt is in the performance of the officer's or
44 employee's official duties;
45 d. Any person while serving or attempting to serve
46 legal process on any other person in connection with the
47 judicial enforcement of any debt;
48 e. Any person collecting or attempting to collect any
49 debt owed or due or asserted to be owed or due to another to
50 the extent that:
51 (i) The activity is incidental to a bona fide
52 fiduciary obligation or a bona fide escrow arrangement;
53 (ii) The activity concerns a debt that was extended by
54 the person;
55 (iii) The activity concerns a debt that was not in
56 default at the time it was obtained by the person; or
57 (iv) The activity concerns a debt obtained by the
58 person as a secured party in a commercial credit transaction
59 involving the creditor; or
60 f. Any person whose principal business is the making
61 of loans or the servicing of debt not in default and who
62 acts as a loan correspondent, seller, and servicer for the
63 owner, or holder of a debt that is secured by a deed of

64 trust on real property, regardless of whether the debt is
65 also secured by an interest in personal property;

66 (c) Notwithstanding the provisions of paragraph (b) of
67 this subdivision to the contrary, the term "collection
68 agency" includes any person who, in the process of
69 collecting the person's own debts, uses another name that
70 would indicate that a third person is collecting or
71 attempting to collect such debts;

72 (3) "Consumer reporting agency", any person who, for
73 monetary fees or dues or on a cooperative nonprofit basis,
74 regularly engages, in whole or in part, in the practice of
75 assembling or evaluating consumer credit information or
76 other information on consumers for the purpose of furnishing
77 consumer reports to third parties. The term "consumer
78 reporting agency" includes any person defined in 15 U.S.C.
79 Section 1681a(f) and any consumer credit reporting agency
80 defined in section 407.1380. The term "consumer reporting
81 agency" does not include any business entity that provides
82 only check verification or check guarantee services;

83 (4) "Debt", any obligation or alleged obligation of a
84 consumer to pay moneys arising out of a transaction,
85 regardless of whether the obligation has been reduced to
86 judgment. The term "debt" does not include a debt for
87 business, investment, commercial, or agricultural purposes
88 or a debt incurred by a business;

89 (5) "Debt collector", any person employed or engaged
90 by a collection agency to perform the collection of debts
91 owed or due or asserted to be owed or due to another;

92 (6) "Hospital", a hospital:

93 (a) Licensed under this chapter; or

94 (b) Approved by the department of health and senior
95 services as meeting the standards established for licensing
96 a hospital in this state;

97 (7) "Hospital price transparency laws", Section
98 2718(e) of the Public Health Service Act, as amended, and
99 rules adopted by the United States Department of Health and
100 Human Services implementing Section 2718(e);

101 (8) "Items and services" or "items or services", items
102 and services as defined in 45 CFR 180.20.

197.1045. On and after August 28, 2026, a hospital
2 shall not initiate or pursue a collection action against a
3 patient or patient guarantor for a debt owed for items and
4 services furnished on dates of service that occur during a
5 period of time the hospital was materially out of compliance
6 with hospital price transparency laws as evidenced by either:

7 (1) An assessment of a civil monetary penalty by the
8 U.S. Department of Health and Human Services for
9 noncompliance with price transparency requirements under 45
10 CFR 180.90; or

11 (2) An official notification by the U.S. Department of
12 Health and Human Services that the hospital has failed to
13 remedy material deficiencies through warning letters or
14 corrective action plans.

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.

208.146. 1. The program established under this
2 section shall be known as the "Ticket to Work Health
3 Assurance Program". Subject to appropriations and in
4 accordance with the federal Ticket to Work and Work
5 Incentives Improvement Act of 1999 (TWWIIA), Public Law 106-
6 170, the medical assistance provided for in section 208.151
7 may be paid for a person who is employed and who:

8 (1) Except for earnings, meets the definition of
9 disabled under the Supplemental Security Income Program or
10 meets the definition of an employed individual with a
11 medically improved disability under TWWIIA;

12 (2) Has earned income, as defined in subsection 2 of
13 this section;

14 (3) Meets the asset limits in subsection 3 of this
15 section; and

16 (4) Has income, as determined in subsection 3 of this
17 section, that does not exceed two hundred fifty percent of
18 the federal poverty level, excluding any earned income of
19 the worker with a disability between two hundred fifty and
20 three hundred percent of the federal poverty level.

21 2. For income to be considered earned income for
22 purposes of this section, the department of social services
23 shall document that Medicare and Social Security taxes are
24 withheld from such income. Self-employed persons shall
25 provide proof of payment of Medicare and Social Security
26 taxes for income to be considered earned.

27 3. (1) For purposes of determining eligibility under
28 this section, the available asset limit and the definition
29 of available assets shall be the same as those used to
30 determine MO HealthNet eligibility for permanent and totally
31 disabled individuals under subdivision (24) of subsection 1
32 of section 208.151 except for:

33 (a) Medical savings accounts limited to deposits of
34 earned income and earnings on such income while a
35 participant in the program created under this section with a
36 value not to exceed five thousand dollars per year;

37 (b) Independent living accounts limited to deposits of
38 earned income and earnings on such income while a
39 participant in the program created under this section with a
40 value not to exceed five thousand dollars per year. For
41 purposes of this section, an "independent living account"
42 means an account established and maintained to provide
43 savings for transportation, housing, home modification, and
44 personal care services and assistive devices associated with
45 such person's disability; and

46 (c) Retirement accounts including, but not limited to,
47 individual accounts, 401(k) plans, 403(b) plans, Keogh
48 plans, and pension plans, provided that income from such
49 accounts be calculated as income under subdivision (4) of
50 subsection 1 of this section.

51 (2) To determine income, the following shall be
52 disregarded:

53 (a) The first fifty thousand dollars of earned income
54 of the person's spouse;

55 (b) A twenty dollar standard deduction;

56 (c) Health insurance premiums;

57 (d) A seventy-five dollar a month standard deduction
58 for the disabled worker's dental and optical insurance when
59 the total dental and optical insurance premiums are less
60 than seventy-five dollars;

61 (e) All Supplemental Security Income payments, and the
62 first fifty dollars of SSDI payments; and

63 (f) A standard deduction for impairment-related
64 employment expenses equal to one-half of the disabled
65 worker's earned income.

66 4. Any person whose income exceeds one hundred percent
67 of the federal poverty level shall pay a premium for
68 participation in the medical assistance provided in this
69 section. Such premium shall be:

70 (1) For a person whose income is more than one hundred
71 percent but less than one hundred fifty percent of the
72 federal poverty level, four percent of income at one hundred
73 percent of the federal poverty level;

74 (2) For a person whose income equals or exceeds one
75 hundred fifty percent but is less than two hundred percent
76 of the federal poverty level, four percent of income at one
77 hundred fifty percent of the federal poverty level;

78 (3) For a person whose income equals or exceeds two
79 hundred percent but less than two hundred fifty percent of
80 the federal poverty level, five percent of income at two
81 hundred percent of the federal poverty level;

82 (4) For a person whose income equals or exceeds two
83 hundred fifty percent up to and including three hundred
84 percent of the federal poverty level, six percent of income
85 at two hundred fifty percent of the federal poverty level.

86 5. Recipients of services through this program shall
87 report any change in income or household size within ten
88 days of the occurrence of such change. An increase in
89 premiums resulting from a reported change in income or
90 household size shall be effective with the next premium
91 invoice that is mailed to a person after due process
92 requirements have been met. A decrease in premiums shall be
93 effective the first day of the month immediately following
94 the month in which the change is reported.

95 6. If an eligible person's employer offers employer-
96 sponsored health insurance and the department of social
97 services determines that it is more cost effective, such
98 person shall participate in the employer-sponsored
99 insurance. The department shall pay such person's portion
100 of the premiums, co-payments, and any other costs associated
101 with participation in the employer-sponsored health
102 insurance. If the department elects to pay such person's
103 employer-sponsored insurance costs under this subsection,
104 the medical assistance provided under this section shall be
105 provided to an eligible person as a secondary or
106 supplemental policy for only personal care assistance
107 services, as defined in section 208.900, and related costs
108 and nonemergency medical transportation to any employer-
109 sponsored benefits that may be available to such person.

110 7. The department of social services shall provide to
111 the general assembly an annual report that identifies the
112 number of participants in the program and describes the
113 outreach and education efforts to increase awareness and
114 enrollment in the program.

115 8. The department of social services shall submit such
116 state plan amendments and waivers to the Centers for
117 Medicare and Medicaid Services of the federal Department of
118 Health and Human Services as the department determines are
119 necessary to implement the provisions of this section.

120 [9. The provisions of this section shall expire August
121 28, 2025.]

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.

208.215. 1. MO HealthNet is payer of last resort
2 unless otherwise specified by law. When any person,
3 corporation, institution, public agency or private agency is
4 liable, either pursuant to contract or otherwise, to a
5 participant receiving public assistance on account of
6 personal injury to or disability or disease or benefits
7 arising from a health insurance plan to which the
8 participant may be entitled, payments made by the department
9 of social services or MO HealthNet division shall be a debt
10 due the state and recoverable from the liable party or
11 participant for all payments made on behalf of the
12 participant and the debt due the state shall not exceed the
13 payments made from MO HealthNet benefits provided under
14 sections 208.151 to 208.158 and section 208.162 and section
15 208.204 on behalf of the participant, minor or estate for
16 payments on account of the injury, disease, or disability or
17 benefits arising from a health insurance program to which
18 the participant may be entitled. Any health benefit plan as
19 defined in section 376.1350, third-party administrator,
20 administrative service organization, and pharmacy benefits
21 manager shall process and pay all properly submitted medical
22 assistance subrogation claims or MO HealthNet subrogation
23 claims using standard electronic transactions or paper claim
24 forms:

25 (1) For a period of three years from the date services
26 were provided or rendered; however, an entity:

27 (a) Shall respond to any inquiry by the state
28 regarding a claim for payment for any health care item or
29 service not later than sixty days after receiving any such
30 inquiry;

31 (b) Shall not be required to reimburse for items or
32 services which are not covered under MO HealthNet;

33 [(b)] (c) Shall not deny a claim submitted by the
34 state solely on the basis of the date of submission of the
35 claim, the type or format of the claim form, failure to
36 present proper documentation of coverage at the point of
37 sale, or failure to provide prior authorization for the item
38 or service for which the claim is being submitted, except
39 that such shall not apply to the original Medicare fee-for-
40 service program under Parts A and B of Subchapter XVIII of
41 42 U.S.C. Chapter 7, a Medicare Advantage plan offered by a
42 Medicare Advantage organization under Part C of such
43 subchapter, a reasonable cost reimbursement plan under 42
44 U.S.C. 1395mm, a health care prepayment plan under 42 U.S.C.
45 1395l, or a prescription drug plan offered by a PDP sponsor
46 under Part D of Subchapter XVIII of 42 U.S.C. Chapter 7 with
47 regards to prior authorizations;

48 [(c)] (d) Shall not be required to reimburse for items
49 or services for which a claim was previously submitted to
50 the health benefit plan, third-party administrator,
51 administrative service organization, or pharmacy benefits
52 manager by the health care provider or the participant and
53 the claim was properly denied by the health benefit plan,
54 third-party administrator, administrative service
55 organization, or pharmacy benefits manager for procedural
56 reasons, except for timely filing, type or format of the
57 claim form, failure to present proper documentation of

58 coverage at the point of sale, or failure to obtain prior
59 authorization;

60 (e) Shall accept authorization provided by the state
61 that the item or service is covered under the state plan or
62 waiver of such plan for such individual, as if such
63 authorization were the prior authorization made by the third
64 party for such item or service, except that such shall not
65 apply to the original Medicare fee-for-service program under
66 Parts A and B of Subchapter XVIII of 42 U.S.C. Chapter 7, a
67 Medicare Advantage plan offered by a Medicare Advantage
68 organization under Part C of such subchapter, a reasonable
69 cost reimbursement plan under 42 U.S.C. 1395mm, a health
70 care prepayment plan under 42 U.S.C. 1395l, or a
71 prescription drug plan offered by a PDP sponsor under Part D
72 of Subchapter XVIII of 42 U.S.C. Chapter 7;

73 ~~[(d)]~~ (f) Shall not be required to reimburse for items
74 or services which are not covered under or were not covered
75 under the plan offered by the entity against which a claim
76 for subrogation has been filed; and

77 ~~[(e)]~~ (g) Shall reimburse for items or services to the
78 same extent that the entity would have been liable as if it
79 had been properly billed at the point of sale, and the
80 amount due is limited to what the entity would have paid as
81 if it had been properly billed at the point of sale; and

82 (2) If any action by the state to enforce its rights
83 with respect to such claim is commenced within six years of
84 the state's submission of such claim.

85 2. The department of social services, MO HealthNet
86 division, or its contractor may maintain an appropriate
87 action to recover funds paid by the department of social
88 services or MO HealthNet division or its contractor that are
89 due under this section in the name of the state of Missouri

90 against the person, corporation, institution, public agency,
91 or private agency liable to the participant, minor or estate.

92 3. Any participant, minor, guardian, conservator,
93 personal representative, estate, including persons entitled
94 under section 537.080 to bring an action for wrongful death
95 who pursues legal rights against a person, corporation,
96 institution, public agency, or private agency liable to that
97 participant or minor for injuries, disease or disability or
98 benefits arising from a health insurance plan to which the
99 participant may be entitled as outlined in subsection 1 of
100 this section shall upon actual knowledge that the department
101 of social services or MO HealthNet division has paid MO
102 HealthNet benefits as defined by this chapter promptly
103 notify the MO HealthNet division as to the pursuit of such
104 legal rights.

105 4. Every applicant or participant by application
106 assigns his right to the department of social services or MO
107 HealthNet division of any funds recovered or expected to be
108 recovered to the extent provided for in this section. All
109 applicants and participants, including a person authorized
110 by the probate code, shall cooperate with the department of
111 social services, MO HealthNet division in identifying and
112 providing information to assist the state in pursuing any
113 third party who may be liable to pay for care and services
114 available under the state's plan for MO HealthNet benefits
115 as provided in sections 208.151 to 208.159 and sections
116 208.162 and 208.204. All applicants and participants shall
117 cooperate with the agency in obtaining third-party resources
118 due to the applicant, participant, or child for whom
119 assistance is claimed. Failure to cooperate without good
120 cause as determined by the department of social services, MO
121 HealthNet division in accordance with federally prescribed
122 standards shall render the applicant or participant

123 ineligible for MO HealthNet benefits under sections 208.151
124 to 208.159 and sections 208.162 and 208.204. A participant
125 who has notice or who has actual knowledge of the
126 department's rights to third-party benefits who receives any
127 third-party benefit or proceeds for a covered illness or
128 injury is either required to pay the division within sixty
129 days after receipt of settlement proceeds the full amount of
130 the third-party benefits up to the total MO HealthNet
131 benefits provided or to place the full amount of the third-
132 party benefits in a trust account for the benefit of the
133 division pending judicial or administrative determination of
134 the division's right to third-party benefits.

135 5. Every person, corporation or partnership who acts
136 for or on behalf of a person who is or was eligible for MO
137 HealthNet benefits under sections 208.151 to 208.159 and
138 sections 208.162 and 208.204 for purposes of pursuing the
139 applicant's or participant's claim which accrued as a result
140 of a nonoccupational or nonwork-related incident or
141 occurrence resulting in the payment of MO HealthNet benefits
142 shall notify the MO HealthNet division upon agreeing to
143 assist such person and further shall notify the MO HealthNet
144 division of any institution of a proceeding, settlement or
145 the results of the pursuit of the claim and give thirty
146 days' notice before any judgment, award, or settlement may
147 be satisfied in any action or any claim by the applicant or
148 participant to recover damages for such injuries, disease,
149 or disability, or benefits arising from a health insurance
150 program to which the participant may be entitled.

151 6. Every participant, minor, guardian, conservator,
152 personal representative, estate, including persons entitled
153 under section 537.080 to bring an action for wrongful death,
154 or his attorney or legal representative shall promptly
155 notify the MO HealthNet division of any recovery from a

156 third party and shall immediately reimburse the department
157 of social services, MO HealthNet division, or its contractor
158 from the proceeds of any settlement, judgment, or other
159 recovery in any action or claim initiated against any such
160 third party. A judgment, award, or settlement in an action
161 by a participant to recover damages for injuries or other
162 third-party benefits in which the division has an interest
163 may not be satisfied without first giving the division
164 notice and a reasonable opportunity to file and satisfy the
165 claim or proceed with any action as otherwise permitted by
166 law.

167 7. The department of social services, MO HealthNet
168 division or its contractor shall have a right to recover the
169 amount of payments made to a provider under this chapter
170 because of an injury, disease, or disability, or benefits
171 arising from a health insurance plan to which the
172 participant may be entitled for which a third party is or
173 may be liable in contract, tort or otherwise under law or
174 equity. Upon request by the MO HealthNet division, all
175 third-party payers shall provide the MO HealthNet division
176 with information contained in a 270/271 Health Care
177 Eligibility Benefits Inquiry and Response standard
178 transaction mandated under the federal Health Insurance
179 Portability and Accountability Act, except that third-party
180 payers shall not include accident-only, specified disease,
181 disability income, hospital indemnity, or other fixed
182 indemnity insurance policies.

183 8. The department of social services or MO HealthNet
184 division shall have a lien upon any moneys to be paid by any
185 insurance company or similar business enterprise, person,
186 corporation, institution, public agency or private agency in
187 settlement or satisfaction of a judgment on any claim for
188 injuries or disability or disease benefits arising from a

189 health insurance program to which the participant may be
190 entitled which resulted in medical expenses for which the
191 department or MO HealthNet division made payment. This lien
192 shall also be applicable to any moneys which may come into
193 the possession of any attorney who is handling the claim for
194 injuries, or disability or disease or benefits arising from
195 a health insurance plan to which the participant may be
196 entitled which resulted in payments made by the department
197 or MO HealthNet division. In each case, a lien notice shall
198 be served by certified mail or registered mail, upon the
199 party or parties against whom the applicant or participant
200 has a claim, demand or cause of action. The lien shall
201 claim the charge and describe the interest the department or
202 MO HealthNet division has in the claim, demand or cause of
203 action. The lien shall attach to any verdict or judgment
204 entered and to any money or property which may be recovered
205 on account of such claim, demand, cause of action or suit
206 from and after the time of the service of the notice.

207 9. On petition filed by the department, or by the
208 participant, or by the defendant, the court, on written
209 notice of all interested parties, may adjudicate the rights
210 of the parties and enforce the charge. The court may
211 approve the settlement of any claim, demand or cause of
212 action either before or after a verdict, and nothing in this
213 section shall be construed as requiring the actual trial or
214 final adjudication of any claim, demand or cause of action
215 upon which the department has charge. The court may
216 determine what portion of the recovery shall be paid to the
217 department against the recovery. In making this
218 determination the court shall conduct an evidentiary hearing
219 and shall consider competent evidence pertaining to the
220 following matters:

221 (1) The amount of the charge sought to be enforced
222 against the recovery when expressed as a percentage of the
223 gross amount of the recovery; the amount of the charge
224 sought to be enforced against the recovery when expressed as
225 a percentage of the amount obtained by subtracting from the
226 gross amount of the recovery the total attorney's fees and
227 other costs incurred by the participant incident to the
228 recovery; and whether the department should, as a matter of
229 fairness and equity, bear its proportionate share of the
230 fees and costs incurred to generate the recovery from which
231 the charge is sought to be satisfied;

232 (2) The amount, if any, of the attorney's fees and
233 other costs incurred by the participant incident to the
234 recovery and paid by the participant up to the time of
235 recovery, and the amount of such fees and costs remaining
236 unpaid at the time of recovery;

237 (3) The total hospital, doctor and other medical
238 expenses incurred for care and treatment of the injury to
239 the date of recovery therefor, the portion of such expenses
240 theretofore paid by the participant, by insurance provided
241 by the participant, and by the department, and the amount of
242 such previously incurred expenses which remain unpaid at the
243 time of recovery and by whom such incurred, unpaid expenses
244 are to be paid;

245 (4) Whether the recovery represents less than
246 substantially full recompense for the injury and the
247 hospital, doctor and other medical expenses incurred to the
248 date of recovery for the care and treatment of the injury,
249 so that reduction of the charge sought to be enforced
250 against the recovery would not likely result in a double
251 recovery or unjust enrichment to the participant;

252 (5) The age of the participant and of persons
253 dependent for support upon the participant, the nature and

254 permanency of the participant's injuries as they affect not
255 only the future employability and education of the
256 participant but also the reasonably necessary and
257 foreseeable future material, maintenance, medical
258 rehabilitative and training needs of the participant, the
259 cost of such reasonably necessary and foreseeable future
260 needs, and the resources available to meet such needs and
261 pay such costs;

262 (6) The realistic ability of the participant to repay
263 in whole or in part the charge sought to be enforced against
264 the recovery when judged in light of the factors enumerated
265 above.

266 10. The burden of producing evidence sufficient to
267 support the exercise by the court of its discretion to
268 reduce the amount of a proven charge sought to be enforced
269 against the recovery shall rest with the party seeking such
270 reduction. The computerized records of the MO HealthNet
271 division, certified by the director or his or her designee,
272 shall be prima facie evidence of proof of moneys expended
273 and the amount of the debt due the state.

274 11. The court may reduce and apportion the
275 department's or MO HealthNet division's lien proportionate
276 to the recovery of the claimant. The court may consider the
277 nature and extent of the injury, economic and noneconomic
278 loss, settlement offers, comparative negligence as it
279 applies to the case at hand, hospital costs, physician
280 costs, and all other appropriate costs. The department or
281 MO HealthNet division shall pay its pro rata share of the
282 attorney's fees based on the department's or MO HealthNet
283 division's lien as it compares to the total settlement
284 agreed upon. This section shall not affect the priority of
285 an attorney's lien under section 484.140. The charges of
286 the department or MO HealthNet division or contractor

287 described in this section, however, shall take priority over
288 all other liens and charges existing under the laws of the
289 state of Missouri with the exception of the attorney's lien
290 under such statute.

291 12. Whenever the department of social services or MO
292 HealthNet division has a statutory charge under this section
293 against a recovery for damages incurred by a participant
294 because of its advancement of any assistance, such charge
295 shall not be satisfied out of any recovery until the
296 attorney's claim for fees is satisfied, regardless of
297 whether an action based on participant's claim has been
298 filed in court. Nothing herein shall prohibit the director
299 from entering into a compromise agreement with any
300 participant, after consideration of the factors in
301 subsections 9 to 13 of this section.

302 13. This section shall be inapplicable to any claim,
303 demand or cause of action arising under the workers'
304 compensation act, chapter 287. From funds recovered
305 pursuant to this section the federal government shall be
306 paid a portion thereof equal to the proportionate part
307 originally provided by the federal government to pay for MO
308 HealthNet benefits to the participant or minor involved.
309 The department or MO HealthNet division shall enforce TEFRA
310 liens, 42 U.S.C. Section 1396p, as authorized by federal law
311 and regulation on permanently institutionalized
312 individuals. The department or MO HealthNet division shall
313 have the right to enforce TEFRA liens, 42 U.S.C. Section
314 1396p, as authorized by federal law and regulation on all
315 other institutionalized individuals. For the purposes of
316 this subsection, "permanently institutionalized individuals"
317 includes those people who the department or MO HealthNet
318 division determines cannot reasonably be expected to be
319 discharged and return home, and "property" includes the

320 homestead and all other personal and real property in which
321 the participant has sole legal interest or a legal interest
322 based upon co-ownership of the property which is the result
323 of a transfer of property for less than the fair market
324 value within thirty months prior to the participant's
325 entering the nursing facility. The following provisions
326 shall apply to such liens:

327 (1) The lien shall be for the debt due the state for
328 MO HealthNet benefits paid or to be paid on behalf of a
329 participant. The amount of the lien shall be for the full
330 amount due the state at the time the lien is enforced;

331 (2) The MO HealthNet division shall file for record,
332 with the recorder of deeds of the county in which any real
333 property of the participant is situated, a written notice of
334 the lien. The notice of lien shall contain the name of the
335 participant and a description of the real estate. The
336 recorder shall note the time of receiving such notice, and
337 shall record and index the notice of lien in the same manner
338 as deeds of real estate are required to be recorded and
339 indexed. The director or the director's designee may
340 release or discharge all or part of the lien and notice of
341 the release shall also be filed with the recorder. The
342 department of social services, MO HealthNet division, shall
343 provide payment to the recorder of deeds the fees set for
344 similar filings in connection with the filing of a lien and
345 any other necessary documents;

346 (3) No such lien may be imposed against the property
347 of any individual prior to the individual's death on account
348 of MO HealthNet benefits paid except:

349 (a) In the case of the real property of an individual:

350 a. Who is an inpatient in a nursing facility,
351 intermediate care facility for the intellectually disabled,
352 or other medical institution, if such individual is

353 required, as a condition of receiving services in such
354 institution, to spend for costs of medical care all but a
355 minimal amount of his or her income required for personal
356 needs; and

357 b. With respect to whom the director of the MO
358 HealthNet division or the director's designee determines,
359 after notice and opportunity for hearing, that he cannot
360 reasonably be expected to be discharged from the medical
361 institution and to return home. The hearing, if requested,
362 shall proceed under the provisions of chapter 536 before a
363 hearing officer designated by the director of the MO
364 HealthNet division; or

365 (b) Pursuant to the judgment of a court on account of
366 benefits incorrectly paid on behalf of such individual;

367 (4) No lien may be imposed under paragraph (b) of
368 subdivision (3) of this subsection on such individual's home
369 if one or more of the following persons is lawfully residing
370 in such home:

371 (a) The spouse of such individual;

372 (b) Such individual's child who is under twenty-one
373 years of age, or is blind or permanently and totally
374 disabled; or

375 (c) A sibling of such individual who has an equity
376 interest in such home and who was residing in such
377 individual's home for a period of at least one year
378 immediately before the date of the individual's admission to
379 the medical institution;

380 (5) Any lien imposed with respect to an individual
381 pursuant to subparagraph b. of paragraph (a) of subdivision
382 (3) of this subsection shall dissolve upon that individual's
383 discharge from the medical institution and return home.

384 14. The debt due the state provided by this section is
385 subordinate to the lien provided by section 484.130 or

386 section 484.140, relating to an attorney's lien and to the
387 participant's expenses of the claim against the third party.

388 15. Application for and acceptance of MO HealthNet
389 benefits under this chapter shall constitute an assignment
390 to the department of social services or MO HealthNet
391 division of any rights to support for the purpose of medical
392 care as determined by a court or administrative order and of
393 any other rights to payment for medical care.

394 16. All participants receiving benefits as defined in
395 this chapter shall cooperate with the state by reporting to
396 the family support division or the MO HealthNet division,
397 within thirty days, any occurrences where an injury to their
398 persons or to a member of a household who receives MO
399 HealthNet benefits is sustained, on such form or forms as
400 provided by the family support division or MO HealthNet
401 division.

402 17. If a person fails to comply with the provision of
403 any judicial or administrative decree or temporary order
404 requiring that person to maintain medical insurance on or be
405 responsible for medical expenses for a dependent child,
406 spouse, or ex-spouse, in addition to other remedies
407 available, that person shall be liable to the state for the
408 entire cost of the medical care provided pursuant to
409 eligibility under any public assistance program on behalf of
410 that dependent child, spouse, or ex-spouse during the period
411 for which the required medical care was provided. Where a
412 duty of support exists and no judicial or administrative
413 decree or temporary order for support has been entered, the
414 person owing the duty of support shall be liable to the
415 state for the entire cost of the medical care provided on
416 behalf of the dependent child or spouse to whom the duty of
417 support is owed.

418 18. The department director or the director's designee
419 may compromise, settle or waive any such claim in whole or
420 in part in the interest of the MO HealthNet program.
421 Notwithstanding any provision in this section to the
422 contrary, the department of social services, MO HealthNet
423 division is not required to seek reimbursement from a liable
424 third party on claims for which the amount it reasonably
425 expects to recover will be less than the cost of recovery or
426 for which recovery efforts will not be cost-effective. Cost-
427 effectiveness is determined based on the following:
428 (1) Actual and legal issues of liability as may exist
429 between the participant and the liable party;
430 (2) Total funds available for settlement; and
431 (3) An estimate of the cost to the division of
432 pursuing its claim.

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, vegetables,
6 grains, beans, lean proteins, or dairy, that is prescribed
7 by a registered dietitian, a physician licensed under
8 chapter 334, or a qualified clinical team for individuals
9 who are able to prepare food. Such groceries may be
10 specifically selected by a registered dietitian, a physician
11 licensed under chapter 334, or a qualified clinical team, or
12 selected by a participant from a pantry in accordance with
13 dietary recommendations set by a registered dietitian, a
14 physician licensed under chapter 334, or a qualified
15 clinical team;

16 (2) "Medically tailored meals", meals used to meet the
17 specific dietary needs of individuals living with one or
18 more chronic conditions or diet-related conditions. Such

19 meals are prescribed by a registered dietitian, a physician
20 licensed under chapter 334, or a qualified clinical team and
21 home-delivered for individuals who are not able to prepare
22 food on their own;

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

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

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

41 (1) Case management;

42 (2) Nutrition counseling; and

43 (3) Food provisions prescribed by a registered
44 dietitian, a physician licensed under chapter 334, or a
45 qualified clinical team, including:

46 (a) Medically tailored groceries;

47 (b) Medically tailored meals; and

48 (c) Produce prescriptions.

49 5. Whenever feasible, the MO HealthNet division shall
50 prioritize the inclusion of community-based organizations

51 and local growers to support the purchase of locally grown
52 food in nutrition prescriptions.

53 6. The department of social services shall promulgate
54 all necessary rules and regulations for the administration
55 of this section. Any rule or portion of a rule, as that
56 term is defined in section 536.010, that is created under
57 the authority delegated in this section shall become
58 effective only if it complies with and is subject to all of
59 the provisions of chapter 536 and, if applicable, section
60 536.028. This section and chapter 536 are nonseverable and
61 if any of the powers vested with the general assembly
62 pursuant to chapter 536 to review, to delay the effective
63 date, or to disapprove and annul a rule are subsequently
64 held unconstitutional, then the grant of rulemaking
65 authority and any rule proposed or adopted after August 28,
66 2026, shall be invalid and void.

208.440. 1. By July 1, 2027, MO HealthNet managed
2 care organizations, as defined in section 208.431, MO
3 HealthNet managed care plans, and the MO HealthNet division
4 shall comply with the requirements of subsections 7 to 10 of
5 section 376.1364 as are applicable to health carriers,
6 health benefit plans, and the department of commerce and
7 insurance.

8 2. By July 1, 2028, MO HealthNet managed care
9 organizations, as defined in section 208.431, MO HealthNet
10 managed care plans, and the MO HealthNet division shall
11 comply with the requirements of subsections 4 to 10 of
12 section 376.1364 as are applicable to health carriers,
13 health benefit plans, and the department of commerce and
14 insurance.

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.

210.110. As used in sections 210.109 to 210.165, and
2 sections 210.180 to 210.183, the following terms mean:

3 (1) "Abuse", any physical injury, sexual abuse, or
4 emotional abuse inflicted on a child other than by
5 accidental means by those responsible for the child's care,
6 custody, and control, except that discipline including
7 spanking, administered in a reasonable manner, shall not be
8 construed to be abuse. Victims of abuse shall also include
9 any victims of sex trafficking or severe forms of
10 trafficking as those terms are defined in 22 U.S.C. Section
11 7102, as amended;

12 (2) "Assessment and treatment services for children",
13 an approach to be developed by the children's division which
14 will recognize and treat the specific needs of at-risk and
15 abused or neglected children. The developmental and medical
16 assessment may be a broad physical, developmental, and
17 mental health screening [to be completed within thirty days
18 of a child's entry into custody and] that shall be in
19 accordance with the time frames set forth under paragraphs
20 (a) and (b) of this subdivision and the periodicity schedule
21 set forth by the American Academy of Pediatrics thereafter
22 as long as the child remains in care. Screenings may be

23 offered at a centralized location and shall include, at a
24 minimum, the following:

25 (a) Within seventy-two hours upon entry into custody,
26 a [complete] physical to be performed by a [pediatrician]
27 physician or nurse practitioner familiar with the effects of
28 abuse [and] or neglect on young children. The physician or
29 nurse practitioner who performs the physical under this
30 paragraph shall also request the child's past medical
31 records, and a foster family of the child shall have access
32 to all medical records under this paragraph. If medical
33 records indicate that an evaluation has been completed and
34 such evaluation indicated a need for developmental,
35 behavioral, and emotional treatment, best efforts shall be
36 made to provide or, if such treatment is being provided,
37 continue such care with the current provider or another
38 provider if such provider is not available. Any person
39 receiving such request shall fulfill the request within
40 thirty days of placement. No vaccine shall be administered
41 during the physical without the consent of the parent or
42 legal guardian; and

43 (b) Within thirty days of the physical under paragraph
44 (a) of this subdivision, a referral for a developmental,
45 behavioral, and emotional screening in addition to early
46 periodic screening, diagnosis, and treatment services,
47 including a core set of standardized and recognized
48 instruments as well as interviews with the child and
49 appropriate caregivers. The screening battery may be
50 performed by a licensed mental health professional familiar
51 with the effects of abuse [and] or neglect on young children
52 or a primary care physician using a standardized assessment
53 tool, who will then serve as the liaison between all service
54 providers in ensuring that needed services are provided.
55 Such treatment services may include in-home services, out-of-

56 home placement, intensive twenty-four-hour treatment
57 services, family counseling, parenting training and other
58 best practices.

59 Children whose screenings indicate an area of concern may
60 complete a comprehensive, in-depth health, psychodiagnostic,
61 or developmental assessment within sixty days of entry into
62 custody;

63 (3) "Central registry", a registry of persons where
64 the division has found probable cause to believe prior to
65 August 28, 2004, or by a preponderance of the evidence after
66 August 28, 2004, or a court has substantiated through court
67 adjudication that the individual has committed child abuse
68 or neglect or the person has pled guilty or has been found
69 guilty of a crime pursuant to section 565.020, 565.021,
70 565.023, 565.024, 565.050, 566.030, 566.060, or 567.050 if
71 the victim is a child less than eighteen years of age, or
72 any other crime pursuant to chapter 566 if the victim is a
73 child less than eighteen years of age and the perpetrator is
74 twenty-one years of age or older, a crime under section
75 568.020, 568.030, 568.045, 568.050, 568.060, 568.080,
76 568.090, 573.023, 573.025, 573.035, 573.037, 573.040,
77 573.200, or 573.205, or an attempt to commit any such
78 crimes. Any persons placed on the registry prior to August
79 28, 2004, shall remain on the registry for the duration of
80 time required by section 210.152;

81 (4) "Child", any person, regardless of physical or
82 mental condition, under eighteen years of age;

83 (5) "Children's services providers and agencies", any
84 public, quasi-public, or private entity with the appropriate
85 and relevant training and expertise in delivering services
86 to children and their families as determined by the
87 children's division, and capable of providing direct

88 services and other family services for children in the
89 custody of the children's division or any such entities or
90 agencies that are receiving state moneys for such services;

91 (6) "Director", the director of the Missouri
92 children's division within the department of social services;

93 (7) "Division", the Missouri children's division
94 within the department of social services;

95 (8) "Family assessment and services", an approach to
96 be developed by the children's division which will provide
97 for a prompt assessment of a child who has been reported to
98 the division as a victim of abuse or neglect by a person
99 responsible for that child's care, custody or control and of
100 that child's family, including risk of abuse and neglect
101 and, if necessary, the provision of community-based services
102 to reduce the risk and support the family;

103 (9) "Family support team meeting" or "team meeting", a
104 meeting convened by the division or children's services
105 provider in behalf of the family and/or child for the
106 purpose of determining service and treatment needs,
107 determining the need for placement and developing a plan for
108 reunification or other permanency options, determining the
109 appropriate placement of the child, evaluating case
110 progress, and establishing and revising the case plan;

111 (10) "Investigation", the collection of physical and
112 [verbal] oral evidence to determine if a child has been
113 abused or neglected;

114 (11) "Jail or detention center personnel", employees
115 and volunteers working in any premises or institution where
116 incarceration, evaluation, care, treatment or rehabilitation
117 is provided to persons who are being held under custody of
118 the law;

119 (12) "Neglect", failure to provide, by those
120 responsible for the care, custody, and control of the child,

121 the proper or necessary support, education as required by
122 law, nutrition or medical, surgical, or any other care
123 necessary for the child's well-being, except that neglect
124 shall not be found by virtue of the sole fact that a person
125 allows a child to engage in independent activities without
126 adult supervision including, but not limited to, traveling
127 to or from school or nearby locations by bicycle or on foot,
128 playing outdoors, or remaining at home for a reasonable
129 period of time, provided such activities are appropriate
130 based on the child's age, maturity, and physical and mental
131 abilities, and the lack of adult supervision does not
132 constitute conduct that is so grossly negligent as to
133 endanger the health or safety of the child. Victims of
134 neglect shall also include any victims of sex trafficking or
135 severe forms of trafficking as those terms are defined in 22
136 U.S.C. Section 7102, as amended;

137 (13) "Preponderance of the evidence", that degree of
138 evidence that is of greater weight or more convincing than
139 the evidence which is offered in opposition to it or
140 evidence which as a whole shows the fact to be proved to be
141 more probable than not;

142 (14) "Probable cause", available facts when viewed in
143 the light of surrounding circumstances which would cause a
144 reasonable person to believe a child was abused or neglected;

145 (15) "Report", the communication of an allegation of
146 child abuse or neglect to the division pursuant to section
147 210.115;

148 (16) "Those responsible for the care, custody, and
149 control of the child", includes, but is not limited to:

150 (a) The parents or legal guardians of a child;

151 (b) Other members of the child's household;

152 (c) Those exercising supervision over a child for any
153 part of a twenty-four-hour day;

154 (d) Any adult person who has access to the child based
155 on relationship to the parents of the child or members of
156 the child's household or the family;

157 (e) Any person who takes control of the child by
158 deception, force, or coercion; or

159 (f) School personnel, contractors, and volunteers, if
160 the relationship with the child was established through the
161 school or through school-related activities, even if the
162 alleged abuse or neglect occurred outside of school hours or
163 off school grounds.

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.

39 4. The department of elementary and secondary
40 education shall, in cooperation with any appropriate
41 professional association, develop a model policy or policies
42 before July 1, 2027.

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]** eight years. The
188 department shall have the authority to automatically renew
189 current valid disabled placards for a duration of eight
190 years, or for the duration that correlates with the disabled
191 person's current physician's statement expiration date,
192 until all permanent disabled placards are on an eight-year
193 cycle. The director may stagger the expiration dates to
194 equalize workload. Only one removable placard may be issued
195 to an applicant who has been issued disabled person license
196 plates. Upon request, one additional windshield placard may
197 be issued to an applicant who has not been issued disabled
198 person license plates.

199 12. A temporary windshield placard shall be issued to
200 any physically disabled person, or the parent or guardian of
201 any such person who otherwise qualifies except that the
202 physical disability, in the opinion of the physician, is not
203 expected to exceed a period of one hundred eighty days. The
204 temporary windshield placard shall conform to the
205 specifications, in respect to size, color, and content, as
206 set forth in federal regulations published by the Department
207 of Transportation. The fee for the temporary windshield
208 placard shall be two dollars. Upon request, and for good
209 cause shown, one additional temporary windshield placard may
210 be issued to an applicant. Temporary windshield placards
211 shall be issued upon presentation of the physician's
212 statement provided by this section and shall be displayed in

213 the same manner as removable windshield placards. A person
214 or entity shall be qualified to possess and display a
215 temporary removable windshield placard for six months and
216 the placard may be renewed once for an additional six months
217 if a physician's statement pursuant to this section is
218 supplied to the director of revenue at the time of renewal.

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

229 14. At the time the disabled plates or windshield
230 hanging placards are issued, the director shall issue a
231 registration certificate which shall include the applicant's
232 name, address, and other identifying information as
233 prescribed by the director, or if issued to an agency, such
234 agency's name and address. This certificate shall further
235 contain the disabled license plate number or, for windshield
236 hanging placards, the registration or identifying number
237 stamped on the placard. The validated registration receipt
238 given to the applicant shall serve as the registration
239 certificate.

240 15. The director shall, upon issuing any disabled
241 registration certificate for license plates and/or
242 windshield hanging placards, provide information which
243 explains that such plates or windshield hanging placards are
244 nontransferable, and the restrictions explaining who and
245 when a person or vehicle which bears or has the disabled

246 plates or windshield hanging placards may be used or be
247 parked in a disabled reserved parking space, and the
248 penalties prescribed for violations of the provisions of
249 this act.

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

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

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

271 17. The director of revenue upon receiving a
272 physician's statement pursuant to this [subsection] section
273 shall check with the state board of registration for the
274 healing arts created in section 334.120, or the Missouri
275 state board of nursing established in section 335.021, with
276 respect to [physician's] physicians' statements signed by
277 advanced practice registered nurses, or the Missouri state
278 board of chiropractic examiners established in section

279 331.090, with respect to [physician's] physicians'
280 statements signed by licensed chiropractors, or [with] the
281 board of optometry established in section 336.130, with
282 respect to [physician's] physicians' statements signed by
283 licensed optometrists, or the state board of occupational
284 therapy established in section 324.063, with respect to
285 physicians' statements signed by licensed occupational
286 therapists, or the state board of podiatric medicine
287 [created] established in section 330.100, with respect to
288 [physician's] physicians' statements signed by physicians of
289 the foot or podiatrists to determine whether the physician
290 is duly licensed and registered pursuant to law.

291 18. The boards shall cooperate with the director and
292 shall supply information requested pursuant to this
293 [subsection] section. The director shall, in cooperation
294 with the boards which shall assist the director, establish a
295 list of all Missouri physicians and other authorized health
296 care practitioners and of any other information necessary to
297 administer this section.

298 19. Where the owner's application is based on the fact
299 that the vehicle is used at least fifty percent of the time
300 by a physically disabled person, the applicant shall submit
301 a statement stating this fact, in addition to the
302 physician's statement. The statement shall be signed by
303 both the owner of the vehicle and the physically disabled
304 person. The applicant shall be required to submit this
305 statement with each application for license plates. No
306 person shall willingly or knowingly submit a false statement
307 and any such false statement shall be considered perjury and
308 may be punishable pursuant to section 301.420.

309 20. The director of revenue shall retain all
310 physicians' statements and all other documents received in

311 connection with a person's application for disabled license
312 plates and/or disabled windshield placards.

313 21. The director of revenue shall enter into
314 reciprocity agreements with other states or the federal
315 government for the purpose of recognizing disabled person
316 license plates or windshield placards issued to physically
317 disabled persons.

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

327 23. The director of revenue may order any person
328 issued disabled person license plates or windshield placards
329 to submit to an examination by a chiropractor, osteopath, or
330 physician, or to such other investigation as will determine
331 whether such person qualifies for the special plates or
332 placards.

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

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

344 26. Fraudulent application, renewal, issuance,
345 procurement or use of disabled person license plates or
346 windshield placards shall be a class A misdemeanor. It is a
347 class B misdemeanor for a physician, chiropractor,
348 podiatrist or optometrist to certify that an individual or
349 family member is qualified for a license plate or windshield
350 placard based on a disability, the diagnosis of which is
351 outside their scope of practice or if there is no basis for
352 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.

 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(l) of the Social Security Act (42
175 U.S.C. Section 1396d(l)).

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(l) of the Social Security Act (42 U.S.C.
191 Section 1396d(l)) 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(l) of the Social
214 Security Act (42 U.S.C. Section 1396d(l)).

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.

337.600. As used in sections 337.600 to 337.689, the
2 following terms mean:

3 (1) "Advanced macro social worker", the applications
4 of social work theory, knowledge, methods, principles,
5 values, and ethics; and the professional use of self to
6 community and organizational systems, systemic and macrocosm
7 issues, and other indirect nonclinical services; specialized
8 knowledge and advanced practice skills in case management,
9 information and referral, nonclinical assessments,
10 counseling, outcome evaluation, mediation, nonclinical
11 supervision, nonclinical consultation, expert testimony,
12 education, outcome evaluation, research, advocacy, social
13 planning and policy development, community organization, and
14 the development, implementation and administration of
15 policies, programs, and activities. A licensed advanced
16 macro social worker may not treat mental or emotional
17 disorders or provide psychotherapy without the direct
18 supervision of a licensed clinical social worker, or
19 diagnose a mental disorder;

20 (2) "Clinical social work", the application of social
21 work theory, knowledge, values, methods, principles, and
22 techniques of case work, group work, client-centered
23 advocacy, community organization, administration, planning,
24 evaluation, consultation, research, psychotherapy and
25 counseling methods and techniques to persons, families and
26 groups in assessment, diagnosis, treatment, prevention and
27 amelioration of mental and emotional conditions;

28 (3) "Committee", the state committee for social
29 workers established in section 337.622;

30 (4) "Department", the Missouri department of commerce
31 and insurance;

32 (5) "Director", the director of the division of
33 professional registration;

34 (6) "Division", the division of professional
35 registration;

36 (7) "Independent practice", any practice of social
37 workers outside of an organized setting such as a social,
38 medical, or governmental agency in which a social worker
39 assumes responsibility and accountability for services
40 required;

41 (8) "Licensed advanced macro social worker", any
42 person who offers to render services to individuals, groups,
43 families, couples, organizations, institutions, communities,
44 government agencies, corporations, or the general public for
45 a fee, monetary or otherwise, implying that the person is
46 trained, experienced, and licensed as an advanced macro
47 social worker, and who holds a current valid license to
48 practice as an advanced macro social worker;

49 (9) "Licensed baccalaureate social worker", any person
50 who offers to render services to individuals, groups,
51 organizations, institutions, corporations, government
52 agencies, or the general public for a fee, monetary or

53 otherwise, implying that the person is trained, experienced,
54 and licensed as a baccalaureate social worker, and who holds
55 a current valid license to practice as a baccalaureate
56 social worker;

57 (10) "Licensed clinical social worker", any person who
58 offers to render services to individuals, groups,
59 organizations, institutions, corporations, government
60 agencies, or the general public for a fee, monetary or
61 otherwise, implying that the person is trained, experienced,
62 and licensed as a clinical social worker, and who holds a
63 current, valid license to practice as a clinical social
64 worker;

65 (11) "Licensed master social worker", any person who
66 offers to render services to individuals, groups, families,
67 couples, organizations, institutions, communities,
68 government agencies, corporations, or the general public for
69 a fee, monetary or otherwise, implying that the person is
70 trained, experienced, and licensed as a master social
71 worker, and who holds a current valid license to practice as
72 a master social worker. A licensed master social worker may
73 not treat mental or emotional disorders, provide
74 psychotherapy without the direct supervision of a licensed
75 clinical social worker, or diagnose a mental disorder;

76 (12) "Master social work", the application of social
77 work theory, knowledge, methods, and ethics and the
78 professional use of self to restore or enhance social,
79 psychosocial, or biopsychosocial functioning of individuals,
80 couples, families, groups, organizations, communities,
81 institutions, government agencies, or corporations. The
82 practice includes the applications of specialized knowledge
83 and advanced practice skills in the areas of assessment,
84 treatment planning, implementation and evaluation, case
85 management, mediation, information and referral, counseling,

86 client education, supervision, consultation, education,
87 research, advocacy, community organization and development,
88 planning, evaluation, implementation and administration of
89 policies, programs, and activities. Under supervision as
90 provided in this section, the practice of master social work
91 may include the practices reserved to clinical social
92 workers or advanced macro social workers for no more than
93 forty-eight consecutive calendar months for the purpose of
94 obtaining licensure under section 337.615 or 337.645;

95 (13) "Practice of advanced macro social work",
96 rendering, offering to render, or supervising those who
97 render to individuals, couples, families, groups,
98 organizations, institutions, corporations, government
99 agencies, communities, or the general public any service
100 involving the application of methods, principles, and
101 techniques of advanced practice macro social work;

102 (14) "Practice of baccalaureate social work",
103 rendering, offering to render, or supervising those who
104 render to individuals, families, groups, organizations,
105 institutions, corporations, or the general public any
106 service involving the application of methods, principles,
107 and techniques of baccalaureate social work;

108 (15) "Practice of clinical social work", rendering,
109 offering to render, or supervising those who render to
110 individuals, couples, groups, organizations, institutions,
111 corporations, or the general public any service involving
112 the application of methods, principles, and techniques of
113 clinical social work;

114 (16) "Practice of master social work", rendering,
115 offering to render, or supervising those who render to
116 individuals, couples, families, groups, organizations,
117 institutions, corporations, government agencies,
118 communities, or the general public any service involving the

119 application of methods, principles, and techniques of master
120 social work;

121 (17) "Qualified advanced macro supervisor", any
122 licensed social worker who meets the qualifications of a
123 qualified clinical supervisor or a licensed advanced macro
124 social worker who has:

125 (a) Practiced in the field of social work as a
126 licensed social worker for which he or she is supervising
127 the applicant for a minimum of **[five]** three years;

128 (b) Successfully completed a minimum of sixteen hours
129 of supervisory training from the Association of Social Work
130 Boards, the National Association of Social Workers, an
131 accredited university, or a program approved by the state
132 committee for social workers. All organizations providing
133 the supervisory training shall adhere to the basic content
134 and quality standards outlined by the state committee on
135 social work; and

136 (c) Met all the requirements of sections 337.600 to
137 337.689, and as defined by rule by the state committee for
138 social workers;

139 (18) "Qualified baccalaureate supervisor", any
140 licensed social worker who meets the qualifications of a
141 qualified clinical supervisor, qualified master supervisor,
142 qualified advanced macro supervisor, or a licensed
143 baccalaureate social worker who has:

144 (a) Practiced in the field of social work as a
145 licensed social worker for which he or she is supervising
146 the applicant for a minimum of **[five]** three years;

147 (b) Successfully completed a minimum of sixteen hours
148 of supervisory training from the Association of Social Work
149 Boards, the National Association of Social Workers, an
150 accredited university, or a program approved by the state
151 committee for social workers. All organizations providing

152 the supervisory training shall adhere to the basic content
153 and quality standards outlined by the state committee on
154 social workers; and

155 (c) Met all the requirements of sections 337.600 to
156 337.689, and as defined by rule by the state committee for
157 social workers;

158 (19) "Qualified clinical supervisor", any licensed
159 clinical social worker who has:

160 (a) Practiced in the field of social work as a
161 licensed social worker for which he or she is supervising
162 the applicant for a minimum of ~~five~~ three years;

163 (b) Successfully completed a minimum of sixteen hours
164 of supervisory training from the Association of Social Work
165 Boards, the National Association of Social Workers, an
166 accredited university, or a program approved by the state
167 committee for social workers. All organizations providing
168 the supervisory training shall adhere to the basic content
169 and quality standards outlined by the state committee on
170 social work; and

171 (c) Met all the requirements of sections 337.600 to
172 337.689, and as defined by rule by the state committee for
173 social workers;

174 (20) "Social worker", any individual that has:

175 (a) Received a baccalaureate degree in social work
176 from an accredited social work program approved by the
177 Council on Social Work Education;

178 (b) Received a master's degree in social work from a
179 social work program:

180 a. Accredited by the Council on Social Work Education;

181 or

182 b. Recognized and approved by the committee in
183 accordance with rules adopted by the committee under section

184 337.627 and in accordance with the procedure set forth in
185 section 337.628;

186 (c) Received a doctorate or Ph.D. in social work; or

187 (d) A current social worker license as set forth in
188 sections 337.600 to 337.689.

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]** or any vaccine that is not
20 jointly included by joint rules promulgated by the board of
21 pharmacy and the state board of registration for the healing
22 arts for vaccines approved by the U.S. Food and Drug
23 Administration after January 1, **[2023]** 2026, to persons at
24 least seven years of age or the age recommended by the
25 Centers for Disease Control and Prevention, whichever is
26 older, pursuant to joint promulgation of rules established
27 by the board of pharmacy and the state board of registration

28 for the healing arts unless rules are established under a
29 state of emergency as described in section 44.100;

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

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

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

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

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

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

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

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

56 4. This chapter shall not be construed to prohibit or
57 interfere with any legally registered practitioner of
58 medicine, dentistry, or podiatry, or veterinary medicine
59 only for use in animals, or the practice of optometry in
60 accordance with and as provided in sections 195.070 and

61 336.220 in the compounding, administering, prescribing, or
62 dispensing of his or her own prescriptions.

63 5. A pharmacist with a certificate of medication
64 therapeutic plan authority may provide medication therapy
65 services pursuant to a written protocol from a physician
66 licensed under chapter 334 to patients who have established
67 a physician-patient relationship, as described in
68 subdivision (1) of subsection 1 of section 191.1146, with
69 the protocol physician. The written protocol authorized by
70 this section shall come only from the physician and shall
71 not come from a nurse engaged in a collaborative practice
72 arrangement under section 334.104, or from a physician
73 assistant engaged in a collaborative practice arrangement
74 under section 334.735.

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

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

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

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

91 10. The state board of registration for the healing
92 arts, under section 334.125, and the state board of
93 pharmacy, under section 338.140, shall jointly promulgate

94 rules regulating the use of protocols for medication therapy
95 services. Such rules shall require protocols to include
96 provisions allowing for timely communication between the
97 pharmacist and the protocol physician or similar body
98 authorized by this section, and any other patient protection
99 provisions deemed appropriate by both boards. In order to
100 take effect, such rules shall be approved by a majority vote
101 of a quorum of each board. Neither board shall separately
102 promulgate rules regulating the use of protocols for
103 medication therapy services. Any rule or portion of a rule,
104 as that term is defined in section 536.010, that is created
105 under the authority delegated in this section shall become
106 effective only if it complies with and is subject to all of
107 the provisions of chapter 536 and, if applicable, section
108 536.028. This section and chapter 536 are nonseverable and
109 if any of the powers vested with the general assembly
110 pursuant to chapter 536 to review, to delay the effective
111 date, or to disapprove and annul a rule are subsequently
112 held unconstitutional, then the grant of rulemaking
113 authority and any rule proposed or adopted after August 28,
114 2007, shall be invalid and void.

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

125 12. Any pharmacist who has received a certificate of
126 medication therapeutic plan authority may engage in the

127 designing, initiating, implementing, and monitoring of a
128 medication therapeutic plan as defined by a written protocol
129 from a physician that may be specific to each patient for
130 care by a pharmacist.

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

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

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

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

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

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

160 17. A pharmacist shall inform the patient that the
161 administration of a vaccine will be entered into the
162 ShowMeVax system, as administered by the department of
163 health and senior services. The patient shall attest to the
164 inclusion of such information in the system by signing a
165 form provided by the pharmacist. If the patient indicates
166 that he or she does not want such information entered into
167 the ShowMeVax system, the pharmacist shall provide a written
168 report within fourteen days of administration of a vaccine
169 to the patient's health care provider, if provided by the
170 patient, containing:

- 171 (1) The identity of the patient;
- 172 (2) The identity of the vaccine or vaccines
173 administered;
- 174 (3) The route of administration;
- 175 (4) The anatomic site of the administration;
- 176 (5) The dose administered; and
- 177 (6) The date of administration.

178 18. A pharmacist licensed under this chapter may order
179 and administer vaccines approved or authorized by the U.S.
180 Food and Drug Administration to address a public health
181 need, as lawfully authorized by the state or federal
182 government, or a department or agency thereof, during a
183 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 360c and its implementing regulations under
8 21 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. Any ivermectin or hydroxychloroquine
11 that is dispensed by a pharmacist without a prescription
12 shall be kept behind the counter or otherwise not available
13 for self-service or direct consumer access, be stored in a
14 secure area accessible only to pharmacy personnel, and be
15 dispensed only by a pharmacist or pharmacy technician under
16 a pharmacist's supervision.

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.

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

3 (1) "Audit", any review, inspection, investigation,
4 examination, or analysis conducted by a pharmacy benefits
5 manager (PBM) or its representative of a pharmacy's records,
6 claims, practices, or compliance with contractual

7 obligations or legal requirements, which may result in
8 recoupment, repayment demand, chargeback, penalty, or other
9 financial adjustment. Routine verification or inquiry
10 regarding claim elements or documentation shall not
11 constitute an audit; however, no recoupment, repayment
12 demand, chargeback, penalty, or financial adjustment shall
13 be based upon or initiated through such inquiry unless the
14 inquiry is converted to an audit and conducted in compliance
15 with the requirements of this section;

16 (2) "Entity", a managed care company, insurance
17 company or third-party payor, or representative of a managed
18 care company, insurance company or third-party payor, or a
19 pharmacy benefits manager or a subcontractor of a pharmacy
20 benefits manager.

21 2. Notwithstanding any other provision of law to the
22 contrary, when an audit of the records of a pharmacy
23 licensed in this state is conducted by a managed care
24 company, insurance company, third-party payor, or any entity
25 that represents such companies or groups, such audit shall
26 be conducted in accordance with the following:

27 (1) The entity conducting the initial on-site audit
28 shall provide the pharmacy with notice at least [one week]
29 fourteen days prior to conducting the initial on-site audit
30 for each audit cycle and shall specify specific
31 prescriptions to be audited which may or may not include the
32 final two digits of the prescription numbers. The notice
33 required under this subsection shall be in writing and shall
34 be sent by means that allows tracking of delivery to the
35 pharmacist or pharmacy not later than the fourteenth day
36 before the date on which the on-site audit is scheduled to
37 occur. A pharmacy benefits manager is not required to
38 provide notice before conducting an audit if, after
39 reviewing claims data, written or oral statements of

40 pharmacy staff, wholesalers, or other investigative
41 information, including patient referrals, the plan issuer or
42 pharmacy benefits manager suspects the pharmacist or
43 pharmacy subject to the audit committed fraud or made an
44 intentional misrepresentation related to the pharmacy
45 business, which cause and suspicion shall be disclosed to
46 pharmacy upon initiation of the audit;

47 (2) Any audit which involves clinical judgment shall
48 be conducted by or in consultation with a [licensed]
49 pharmacist licensed by the Missouri board of pharmacy, and
50 said pharmacist shall be made available to the audited
51 pharmacy to discuss clinical rationale and Missouri legal
52 requirements;

53 (3) Any clerical error, record-keeping error,
54 typographical error, or scrivener's error regarding a
55 required document or record shall not constitute fraud or
56 grounds for recoupment, so long as the prescription was
57 otherwise legally dispensed and the claim was otherwise
58 materially correct; except that, such claims may be
59 otherwise subject to recoupment of overpayments or payment
60 of any discovered underpayment. No claim arising under this
61 subdivision shall be subject to criminal penalties without
62 proof of intent to commit fraud. The pharmacy shall have
63 the right to submit amended claims within thirty days of the
64 discovery of an error to correct clerical or record keeping
65 errors in lieu of recoupment if the prescription was
66 dispensed according to requirements set forth in state or
67 federal law;

68 (4) A pharmacy may use the records of a hospital,
69 physician, or other authorized practitioner of the healing
70 arts involving drugs or medicinal supplies written or
71 transmitted by any means of communication for purposes of
72 validating the pharmacy record with respect to orders or

73 refills of a legend or narcotic drug. Electronically stored
74 images of prescriptions, electronically created annotations
75 and other related supporting documentation shall be
76 considered valid prescription records. Hard copy and
77 electronic signature logs that indicate the delivery of
78 pharmacy services shall be considered valid proof of receipt
79 of such services by a program enrollee;

80 (5) A finding of an overpayment or underpayment may be
81 a projection based on the number of patients served and
82 having a similar diagnosis or on the number of similar
83 orders or refills for similar drugs; except that, recoupment
84 of claims shall be based on the actual overpayment or
85 underpayment unless the projection for overpayment or
86 underpayment is part of a settlement as agreed to by the
87 pharmacy;

88 (6) Each pharmacy shall be audited under the same
89 standards and parameters as other pharmacies audited by the
90 entity;

91 (7) A pharmacy shall be allowed at least thirty days
92 following receipt of the preliminary audit report in which
93 to produce documentation to address any discrepancy found
94 during an audit;

95 (8) An audit shall be limited to forty unique
96 prescriptions, with a maximum of two hundred separately
97 adjudicated claims, that have been randomly selected, and
98 such randomness shall be reflected by auditing a similar
99 type of prescriptions as are collectively adjudicated.

100 (a) If an audit reveals the necessity for a review of
101 additional claims, the audit shall be conducted on site.

102 (b) An entity shall not initiate an audit of a
103 pharmacy more than two times in a calendar year, unless
104 fraud is suspected as described in subdivision (1) of this
105 subsection; such audit of pharmacy records includes any

106 prescription information request by an auditing entity that
107 could result in recoupment.

108 (c) The list of the claims subject to an on-site audit
109 shall be provided in the notice under paragraph (a) of this
110 subdivision to the pharmacist or pharmacy and shall identify
111 the claims only by the prescription numbers or a date range
112 for prescriptions subject to the audit. The last two digits
113 of the prescription numbers provided may be omitted;

114 (9) A recoupment shall not be based on a requirement
115 that a pharmacy or pharmacist perform a professional duty in
116 addition to or exceeding professional duties prescribed by
117 the Missouri board of pharmacy;

118 (10) Recoupment shall only occur following the
119 correction of a claim and shall be limited to amounts
120 adjudicated by a pharmacy benefits manager;

121 (11) Except for MO HealthNet claims, approval of drug,
122 prescriber, or patient eligibility upon adjudication of a
123 claim shall not be reversed unless the pharmacy or
124 pharmacist obtained the adjudication by fraud, abuse, waste,
125 a misrepresentation of claim elements, or claims that were
126 not properly rendered or billed by a pharmacy or pharmacist,
127 or otherwise in accordance with state pharmacy audit laws.

128 (a) This subdivision does not preclude a pharmacy
129 benefits manager from engaging in claims reconciliation
130 activities if the activities do not result in a retroactive
131 reduction or recoupment of payment to the pharmacist or
132 pharmacy for a previously adjudicated covered claim:

133 (b) A pharmacy benefits manager may not charge a
134 pharmacy or pharmacist a fee relating to the adjudication of
135 a claim;

136 (12) Any entity conducting an audit shall not be
137 compensated, nor shall any of its employees be compensated,
138 directly or indirectly, based on any amounts recouped;

139 (13) An entity shall not charge a fee for conducting
140 an on-site or a desk audit unless there is a finding of
141 actual fraud;

142 (14) The period covered by the audit shall not exceed
143 a two-year period beginning [two years prior to the initial
144 date of the on-site portion of the audit unless otherwise
145 provided by contractual agreement or] the date the claim was
146 submitted for payment [if] unless there has been a previous
147 finding of fraud or as otherwise provided by state or
148 federal law;

149 [(9)] (15) An audit shall not be initiated or
150 scheduled during the first [three] five business days of any
151 month due to the high volume of prescriptions filled during
152 such time unless otherwise consented to by the pharmacy;

153 [(10)] (16) The preliminary audit report shall be
154 delivered to the pharmacy within one hundred twenty days
155 [after conclusion of the audit] from the date the pharmacy
156 submits the audit information to the pharmacy benefits
157 manager, with reasonable extensions permitted. A final
158 audit report shall be delivered to the pharmacy within six
159 months of receipt by the pharmacy of the preliminary audit
160 report or final appeal, as provided for in subsection 3 of
161 this section, whichever is later. Audit reports not
162 delivered to the pharmacy in this timeline shall be deemed
163 to have no discrepancies and no recoupment shall be made;

164 [(11)] (17) Notwithstanding any other provision in
165 this subsection, the entity conducting the audit shall not
166 use the accounting practice of extrapolation in calculating
167 recoupments or penalties for audits, except as otherwise
168 authorized under subdivision (5) of this subsection;

169 (18) The days' supply for unit-of-use items, such as
170 topicals, drops, vials, and inhalants, shall not be limited
171 beyond manufacturer recommendations;

172 (19) If the only commercially available package size
173 exceeds an entity's maximum days' supply, the dispensing of
174 such package size shall be accepted by the entity and shall
175 not be the basis for recoupment;

176 (20) If the only commercially available package size
177 exceeds an entity's maximum days' supply and the entity
178 accepts the refill of such prescription, the entity shall
179 not recoup such claim as an early refill;

180 (21) The failure of a pharmacy to collect a copayment
181 shall not be the basis for recoupment if the pharmacy
182 provides documentation of billing of the claim and a
183 reasonable attempt to collect the copayment; and

184 (22) In a wholesale invoice audit conducted by an
185 entity:

186 (a) An entity shall not audit the claims of another
187 entity;

188 (b) The following shall not form the basis for
189 recoupment:

190 a. The national drug code for the dispensed drug is in
191 a quantity that is a sub-unit or multiple of the purchased
192 drug as reflected on a supporting wholesale invoice;

193 b. The correct quantity dispensed is reflected on the
194 audited pharmacy claim; or

195 c. The drug dispensed by the pharmacy on an audited
196 pharmacy claim is identical to the strength and dosage form
197 of the drug purchased;

198 (c) The entity shall accept as evidence:

199 a. Supplier invoices issued prior to the date of
200 dispensing the drug underlying the audited claim;

201 b. Invoices from any supplier authorized by law to
202 transfer ownership of the drug acquired by the audited
203 pharmacy;

204 c. Copies of supplier invoices in the possession of
205 the audited pharmacy; and
206 d. Reports required by any state board or agency; and
207 (d) Within five business days of a request by the
208 audited pharmacy, the entity shall provide supporting
209 documentation provided to the entity by the audited
210 pharmacy's suppliers.

211 [2.] 3. Recoupments of any disputed moneys shall only
212 occur after final internal disposition of the audit,
213 including the appeals process set forth in subsection 3 of
214 this section. Should the identified discrepancy for an
215 individual audit exceed twenty-five thousand dollars, future
216 payments to the pharmacy in excess of twenty-five thousand
217 dollars may be withheld pending finalization of the audit.

218 [3.] 4. Each entity conducting an audit shall
219 establish an appeals process, lasting no longer than six
220 months, under which a licensed pharmacy may appeal an
221 unfavorable preliminary audit report to the entity. If,
222 following such appeal, the entity finds that an unfavorable
223 audit report or any portion thereof is unsubstantiated, the
224 entity shall dismiss the audit report or such portion
225 without the necessity of any further proceedings.

226 [4.] 5. Each entity conducting an audit shall provide
227 a copy of the final audit report, after completion of any
228 appeal process, to the plan sponsor. Such report shall
229 include the total amount of recoupment returned to the plan
230 sponsor, if any.

231 [5.] 6. This section shall not apply to any
232 investigative audit that involves probable fraud, willful
233 misrepresentation, or abuse.

234 [6.] 7. This section shall not apply to any audit
235 conducted as part of any inspection or investigation

236 conducted by any governmental entity or law enforcement
237 agency.

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 state
24 of Missouri in the profession in which the applicant seeks
25 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.

376.387. 1. For purposes of [this section] sections
2 376.387 to 376.399, the following terms shall mean:

3 (1) "Contracted pharmacy", a pharmacy located in
4 Missouri participating in the network of a pharmacy benefits
5 manager through a direct or indirect contract;

6 (2) "Covered person", the same meaning as such term is
7 defined in section 376.1257;

8 [(2)] (3) "Health benefit plan", the same meaning as
9 such term is defined in section 376.1350;

10 [(3)] (4) "Health carrier" [or "carrier", the same
11 meaning as such term is defined in section 376.1350], an
12 entity subject to the insurance laws and regulations of this
13 state that contracts or offers to contract to provide,
14 deliver, arrange for, pay for, or reimburse any of the costs
15 of health care services, including a sickness and accident
16 insurance company, a health maintenance organization, a
17 nonprofit hospital and health service corporation, or any
18 other entity providing a plan of health insurance, health
19 benefits, or health services, except that such plan shall
20 not include any coverage pursuant to a liability insurance
21 policy, workers' compensation insurance policy, or medical
22 payments insurance issued as a supplement to a liability
23 policy;

24 [(4)] (5) "Pharmacy", the same meaning as such term is
25 defined in chapter 338;

26 [(5)] (6) "Pharmacy benefits manager", [the same
27 meaning as such term is defined in section 376.388] an
28 entity that contracts with pharmacies on behalf of health
29 carriers or health benefit plans to provide prescription
30 drug and pharmacist services;

31 (7) "Pharmacy benefits manager affiliate", a pharmacy
32 or pharmacist that directly or indirectly, through one or
33 more intermediaries, owns or controls, is owned or
34 controlled by, or is under common ownership or control with
35 a pharmacy benefits manager;

36 (8) "Plan sponsor", the sponsor of the health benefit
37 plans.

38 2. No pharmacy benefits manager, or prescription
39 claims processor of any kind, shall include a provision in a
40 contract entered into or modified on or after August 28,
41 2018, with a pharmacy or pharmacist that requires a covered
42 person to make a payment for a prescription drug at the
43 point of sale in an amount that exceeds the lesser of:

44 (1) The copayment amount as required under the health
45 benefit plan; or

46 (2) The amount an individual would pay for a
47 prescription if that individual paid with cash; or

48 (3) The contracted rate the pharmacy would be
49 reimbursed for the drug.

50 3. A pharmacy or pharmacist shall have the right to
51 provide to a covered person information regarding the amount
52 of the covered person's cost share for a prescription drug,
53 the covered person's cost of an alternative drug, and the
54 covered person's cost of the drug without adjudicating the
55 claim through the pharmacy benefits manager. Neither a
56 pharmacy nor a pharmacist shall be proscribed by a pharmacy
57 benefits manager from discussing any such information or
58 from selling a more affordable alternative to the covered
59 person.

60 4. No pharmacy benefits manager shall, directly or
61 indirectly, charge or hold a pharmacist or pharmacy
62 responsible for any fee amount related to a claim that is
63 not known at the time of the claim's adjudication, unless
64 the amount is a result of improperly paid claims or charges
65 for administering a health benefit plan.

66 5. This section shall not apply with respect to claims
67 under Medicare Part D, or any other plan administered or
68 regulated solely under federal law, and to the extent this

69 section may be preempted under the Employee Retirement
70 Income Security Act of 1974 for self-funded employer-
71 sponsored health benefit plans.

72 6. A pharmacy benefits manager shall notify in writing
73 any health carrier with which it contracts if the pharmacy
74 benefits manager has a conflict of interest, any commonality
75 of ownership, or any other relationship, financial or
76 otherwise, between the pharmacy benefits manager and any
77 other health carrier with which the pharmacy benefits
78 manager contracts.

79 7. [The department of commerce and insurance shall
80 enforce this section] The pharmacy benefits manager shall
81 provide the plan sponsor documentation of any benefit design
82 that encourages or requires enrollees to fill prescriptions
83 at affiliated pharmacies.

84 8. A pharmacy benefits manager shall exercise good
85 faith and fair dealing in the administration of pharmacy
86 benefits and shall ensure that any conflicts of interest
87 that may clinically or financially impact covered persons or
88 the health benefit plan sponsor in a negative manner are
89 disclosed.

90 9. All disclosures required under this section shall
91 be provided to the plan sponsor or its authorized agent in a
92 universal manner.

93 10. If a pharmacy benefits manager or health carrier
94 has an affiliated pharmacy or a pharmacy under common
95 ownership, the pharmacy benefits manager shall disclose to
96 the plan sponsor:

97 (1) The amount charged per dosage unit to the
98 affiliated pharmacy; and

99 (2) The median amount charged per dosage unit at
100 nonaffiliated, in-network pharmacies.

101 11. The department of commerce and insurance shall
102 enforce this section and may audit a pharmacy benefits
103 manager to ensure compliance with this section.

2 376.399. 1. Health carriers shall comply with H.R.
3 7148, the Consolidated Appropriations Act, by September 1,
4 2028.

5 2. The department of commerce and insurance shall
6 enforce this section.

7 3. Nothing in this section or sections 338.600 and
8 376.387 shall apply with respect to claims under Medicare
9 Part D, or any other plan administered or regulated solely
10 under federal law, and to the extent these sections may be
11 preempted under the Employee Retirement Income Security Act
12 of 1974 for self-funded employer-sponsored health benefit
13 plans.

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

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

4 (1) "340B drug", the same meaning given to the term in
5 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.

376.1183. 1. For purposes of this section, the
2 following terms mean:

3 (1) "Cost-sharing requirement", any deductible,
4 coinsurance, co-payment, or maximum limitation on the
5 application of such deductible, coinsurance, co-payment, or
6 similar out-of-pocket expense;

7 (2) "Diagnostic breast examination", any medically
8 necessary and appropriate examination of the breast,
9 including such an examination using diagnostic mammography,
10 contrast enhanced mammography, breast magnetic resonance
11 imaging, or breast ultrasound, that is:

12 (a) Used to evaluate an abnormality seen or suspected
13 from a screening examination for breast cancer; or

14 (b) Used to evaluate an abnormality detected by
15 another means of examination;

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

18 (4) "Health carrier", the same meaning given to the
19 term in section 376.1350;

20 (5) "Supplemental breast examination", any medically
21 necessary and appropriate examination of the breast,
22 including such an examination using breast magnetic
23 resonance imaging or breast ultrasound, contrast enhanced
24 mammography, that is:

25 (a) Used to screen for breast cancer when there is no
26 abnormality seen or suspected; [and]

27 (b) Based on personal or family medical history or any
28 additional factors that may increase the patient's risk of
29 breast cancer; and

30 (c) Other factors are present that may increase the
31 insured's risk of breast cancer, including heterogeneous or
32 extremely dense breasts.

33 2. Each health carrier or health benefit plan that
34 offers or issues health benefit plans that are delivered,
35 issued for delivery, continued, or renewed in this state on
36 or after January 1, 2024, and that provide coverage for
37 diagnostic breast examinations, coverage for supplemental
38 breast examinations, coverage required under section
39 376.782, or any combination of such coverages shall not
40 impose any cost-sharing requirements with respect to any
41 such coverage.

42 3. If, under federal law, application of the
43 requirement under subsection 2 of this section would result
44 in health savings account ineligibility under Section 223 of

45 the Internal Revenue Code, the requirement under subsection
46 2 of this section shall apply to health savings account-
47 qualified high deductible health plans with respect to the
48 deductible of such a plan after the enrollee has satisfied
49 the minimum deductible under Section 223, except with
50 respect to items or services that are preventive care under
51 Section 223(c)(2)(C) of the Internal Revenue Code, in which
52 case the requirement of subsection 2 of this section shall
53 apply regardless of whether the minimum deductible under
54 Section 223 has been satisfied.

376.1240. 1. For purposes of this section, terms
2 shall have the same meanings as ascribed to them in section
3 376.1350, and the term "self-administered hormonal
4 contraceptive" shall mean a drug that is composed of one or
5 more hormones and that is approved by the Food and Drug
6 Administration to prevent pregnancy, excluding emergency
7 contraception. Nothing in this section shall be construed
8 to apply to medications approved by the Food and Drug
9 Administration to terminate an existing pregnancy.

10 2. (1) Any health benefit plan delivered, issued for
11 delivery, continued, or renewed in this state on or after
12 January 1, 2026, that provides coverage for self-
13 administered hormonal contraceptives shall provide coverage
14 to reimburse a health care provider or dispensing entity for
15 the dispensing of a supply of self-administered hormonal
16 contraceptives intended to last up to ninety days, or
17 intended to last up to one hundred eighty days for generic
18 self-administered hormonal contraceptives. The provisions
19 of this subdivision shall no longer be in effect after
20 December 31, 2026.

21 (2) Any health benefit plan delivered, issued for
22 delivery, continued, or renewed in this state on or after
23 January 1, 2027, that provides coverage for self-

24 administered hormonal contraceptives shall provide coverage
25 to reimburse a health care provider or dispensing entity for
26 the dispensing of a supply of self-administered hormonal
27 contraceptives, including generic and brand-name
28 contraceptives, intended to last up to one year.

29 3. The coverage required under this section shall not
30 be subject to any greater deductible or co-payment than
31 other similar health care services provided by the health
32 benefit plan.

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

3 (1) "Anesthesia time", the period during which an
4 anesthesiologist, an anesthesiologist assistant, as defined
5 in section 334.400, or a certified registered nurse
6 anesthetist, as defined in section 385.016, is present with
7 the patient, starting when the anesthesiologist,
8 anesthesiologist assistant, or certified registered nurse
9 anesthetist begins to prepare the patient for anesthesia
10 services in the operating room or an equivalent area and
11 ending when the anesthesiologist, anesthesiologist
12 assistant, or certified registered nurse anesthetist is no
13 longer furnishing anesthesia services to the patient because
14 the patient may be placed safely under postoperative or
15 postanesthesia care;

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

21 (3) "Excepted benefit plan", a policy or certificate
22 of insurance extending coverage under short-term major
23 medical policies;

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

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

34 (6) "Payment of anesthesia services", an amount paid
35 for anesthesia services as determined in a contract between
36 a health carrier, health benefit plan, or utilization review
37 entity and an anesthesiologist, an anesthesiologist
38 assistant, a certified registered nurse anesthetist, or a
39 health care provider. Such contract shall identify the
40 payment methodology agreed to by the parties, which may
41 include a methodology based on a medical billing code, base
42 units for the applicable medical billing code, anesthesia
43 time units, modifying units, and an anesthesia conversion
44 factor, or any other payment methodology agreed to by the
45 health carrier and the contracted provider.

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

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

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

57 5. The provisions of this section shall not apply to
58 anesthesia services provided in connection with dental
59 procedures or services performed pursuant to a license
60 issued under chapter 332, including, but not limited to,
61 oral and maxillofacial surgery performed under such license.

62 6. Nothing in this section shall be construed in a way
63 to:

64 (1) Authorize a health care provider to provide a
65 health care service outside of the scope of the provider's
66 applicable license. No health carrier or health benefit
67 plan shall be required to pay for anesthesia services
68 administered by a person not licensed or otherwise qualified
69 to administer such services;

70 (2) Interfere with a health carrier, health benefit
71 plan, or utilization review entity requiring compliance by
72 an anesthesiologist, an anesthesiologist assistant, a
73 certified registered nurse anesthetist, a health care
74 provider, or a group with any program authorized under
75 sections 376.1350 to 376.1389; or

76 (3) Affect, alter, or impair the terms of any contract
77 between a health carrier or health benefit plan and an
78 anesthesiologist, an anesthesiologist assistant, a certified
79 registered nurse anesthetist, a health care provider, or a
80 group that was executed before January 1, 2027. This
81 section shall only apply to contracts entered into, renewed,
82 or materially amended on or after January 1, 2027.

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.

36 4. The provisions of this section related to the
37 treatment of acute pain shall only be applicable when
38 multiple nonopioid medications are approved by the U.S. Food

39 and Drug Administration and indicated for the treatment of
40 acute pain.

41 5. The provisions of this section related to the
42 treatment of chronic pain shall only be applicable when
43 multiple nonopioid medications are approved by the U.S. Food
44 and Drug Administration and indicated for the treatment of
45 chronic pain.

376.1364. 1. Any utilization review entity performing
2 prior authorization review shall provide a unique
3 confirmation number to a provider upon receipt from that
4 provider of a request for prior authorization. Except as
5 otherwise requested by the provider in writing, unique
6 confirmation numbers shall be transmitted or otherwise
7 communicated through the same medium through which the
8 requests for prior authorization were made.

9 2. (1) No later than January 1, 2021, utilization
10 review entities shall accept and respond to requests for
11 prior authorization of drug benefits through a secure
12 electronic transmission using the National Council for
13 Prescription Drugs SCRIPT Standard Version 2017071 or a
14 backwards-compatible successor adopted by the United States
15 Department of Health and Human Services. For purposes of
16 this [subsection] subdivision, facsimile, proprietary payer
17 portals, and electronic forms shall not be considered
18 electronic transmission.

19 (2) Beginning July 1, 2028, health carriers shall
20 establish and maintain an online process that:

21 (a) Links directly to all e-prescribing systems and
22 electronic health record systems that utilize the National
23 Council for Prescription Drug Programs SCRIPT standard and
24 the National Council for Prescription Drug Programs Real
25 Time Benefit Standard;

26 (b) Can accept electronic prior authorization requests
27 from a health care provider;

28 (c) Can approve electronic prior authorization
29 requests:

30 a. For which no additional information is needed by
31 the carrier to process the prior authorization requests;

32 b. For which no clinical review is required; and

33 c. That meet the carrier's criteria for approval;

34 (d) Links directly to real time patient out-of-pocket
35 costs for the prescription drug, considering copayment and
36 deductible; and

37 (e) Otherwise meets the requirements of this
38 subsection.

39 (3) No carrier shall:

40 (a) Impose a fee or charge on any person for accessing
41 the online process as required by subdivision (2) of this
42 subsection; or

43 (b) Access, absent provider consent, provider data
44 through the online process other than for the enrollee.

45 (4) No later than July 1, 2028, a carrier shall
46 provide contact information of any third party vendor or
47 other entity the carrier will use to meet the requirements
48 of subdivision (2) of this subsection to any provider that
49 requests such information. A carrier that posts such
50 contact information on its website shall be considered to
51 have met the requirements of this subdivision.

52 (5) After July 1, 2028, a carrier that fails to
53 implement and maintain an online process for prior
54 authorization of prescription drugs in accordance with
55 subdivisions (2) to (4) of this subsection shall not require
56 providers to obtain prior authorization for prescription
57 drugs, except as may be specified by the department of
58 commerce and insurance by rule.

59 3. No later than January 1, 2021, utilization review
60 entities shall accept and respond to requests for prior
61 authorization of health care services and mental health
62 services electronically. For purposes of this subsection,
63 facsimile, proprietary payer portals, and electronic forms
64 shall not be considered electronic transmission.

65 4. [No later than January 1, 2021, each health carrier
66 utilizing prior authorization review shall develop a single
67 secure electronic prior authorization cover page for all of
68 its health benefit plans utilizing prior authorization
69 review, which the carrier or its utilization review entity
70 shall use to accept and respond to, and which providers
71 shall use to submit, requests for prior authorization. Such
72 cover page shall include, but not be limited to, fields for
73 patient or enrollee information, referring or requesting
74 provider information, rendering or attending provider
75 information, and required clinical information, and shall be
76 supplemented by additional clinical information as required
77 by the health carrier or utilization review entity.] By
78 January 1, 2028, health carriers and utilization review
79 entities shall implement and maintain a prior authorization
80 application programming interface (API) that conforms with
81 45 CFR 156.221(c) (2) through (4), (d), and (e) and the
82 standards in 45 CFR 170.215(a) (1), (b) (1) (i), and (c) (1) to
83 respond to requests for prior authorization for health care
84 services, excluding prescription drugs. If a health carrier
85 cannot implement the prior authorization API by January 1,
86 2028, the health carrier shall provide written notice to the
87 department requesting an extension, accompanied by a
88 documented plan to come into compliance.

89 5. By January 1, 2028, an enrollee's health care
90 provider may use the prior authorization API, as described
91 in subsection 4 of this section, to submit requests for

92 prior authorization for health care services, excluding
93 prescription drugs. A health carrier shall accept prior
94 authorization requests submitted through the prior
95 authorization API.

96 6. For contracts between health carriers and
97 participating health care providers entered into or renewed
98 on or after January 1, 2028, a health carrier may include a
99 provision that requires health care providers to submit
100 prior authorization requests using the application
101 programming interface described in subsection 4 of this
102 section. If a participating health care provider fails to
103 utilize the prior authorization API to submit requests, cost-
104 sharing for which the enrollee would have otherwise been
105 responsible shall not be affected.

106 7. For plan years beginning on or after January 1,
107 2027, a health carrier using prior authorization shall make
108 statistics available regarding prior authorization approvals
109 and denials for health care services, excluding drugs, on
110 its website in a readily accessible format. Health carriers
111 shall submit the uniform resource locator (URL) for the
112 website location where such statistics are posted to the
113 department, and the department shall publish the website
114 locations in a central location on the department's
115 website. The statistics shall be updated each year
116 thereafter, no later than June thirtieth, and shall include
117 all the following information:

118 (1) The percentage of standard prior authorization
119 requests that were approved, aggregated for all health care
120 services;

121 (2) The percentage of standard prior authorization
122 requests that were denied, aggregated for all health care
123 services;

124 (3) The percentage of prior authorization requests
125 that were approved after appeal, aggregated for all health
126 care services;

127 (4) The percentage of prior authorization requests for
128 which the time frame for review was extended, and the
129 request was approved, aggregated for all health care
130 services;

131 (5) The percentage of expedited prior authorization
132 requests that were approved, aggregated for all health care
133 services;

134 (6) The percentage of expedited prior authorization
135 requests that were denied, aggregated for all health care
136 services;

137 (7) The average and median time that elapsed between
138 the submission of a request and a determination by the
139 health carrier for standard prior authorization, aggregated
140 for all health care services;

141 (8) The average and median time that elapsed between
142 the submission of a request and a decision by the health
143 carrier for expedited prior authorizations, aggregated for
144 all health care services; and

145 (9) Any other information as the department determines
146 appropriate.

147 8. Every health carrier in this state offering a
148 health benefit plan with a managed care component shall
149 report annually to the department, in a manner specified by
150 the department, a complete list of the health care services,
151 excluding drugs, for which prior authorization is required,
152 including for services where prior authorization is
153 performed by the health carrier's utilization review entity.

154 9. Health carriers shall reduce the scope of claims
155 subject to prior authorizations. To promote consistency
156 among carriers, the department shall review the reports

157 submitted under subsections 8 and 10 of this section and
158 compile an annual report to be published on the department's
159 website no later than October first of each year.

160 10. No later than May 31, 2028, and annually
161 thereafter, every health carrier in this state offering a
162 health benefit plan with a managed care component shall
163 report to the department, in a manner specified by the
164 department, aggregated data related to the following
165 practices and experience of the health carrier for the prior
166 plan year for health care services submitted for payment,
167 excluding drugs:

168 (1) The number of prior authorization requests;

169 (2) The number of prior authorization requests
170 approved;

171 (3) The number of prior authorization requests denied;

172 (4) The number of prior authorization requests for
173 mental health services, behavioral health benefits, and
174 substance use disorders;

175 (5) The number of prior authorization requests for
176 mental health services, behavioral health benefits, and
177 substance use disorders denied;

178 (6) The number of prior authorization requests for
179 mental health services, behavioral health benefits, and
180 substance use disorders approved;

181 (7) The number of prior authorization appeals received;

182 (8) The number of adverse determinations reversed on
183 appeal;

184 (9) The ten health care services or mental health
185 services that were most frequently denied through prior
186 authorization;

187 (10) The most frequent, but no fewer than five,
188 reasons prior authorization requests were denied; and

189 (11) The number of claims for health care services or
190 mental health services that were examined through a
191 postservice utilization review process.

376.1960. 1. This section shall be known and may be
2 cited as "Nora's Law".

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

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

6 (2) "Home blood pressure monitoring device", a mobile
7 device that can be used to measure blood pressure, and that
8 is validated for clinical accuracy and device calibration;

9 (3) "Home blood pressure monitoring device services",
10 patient education and training services on the setup and use
11 of a home blood pressure monitoring device.

12 3. Health benefit plans delivered, issued for
13 delivery, continued or renewed in this state on or after
14 January 1, 2027, and providing for maternity benefits, shall
15 provide coverage for a prescribed home blood pressure
16 monitoring device and home blood pressure monitoring device
17 services for pregnant women or women within twelve months
18 postpartum when determined to be medically appropriate by
19 the prescribing practitioner in accordance with American
20 College of Obstetricians and Gynecologists guidelines. Home
21 blood pressure monitoring devices or home blood pressure
22 monitoring device services prescribed shall meet the
23 requirements for medical necessity only and can only be
24 prescribed again if the condition being monitored
25 deteriorates so as to necessitate another prescription, or
26 as necessary for subsequent pregnancies.

383.155. 1. A joint underwriting association may be
2 created, or directed to resume operations, upon
3 determination by the director after a public hearing that
4 medical malpractice liability insurance is not reasonably

5 available for health care providers in the voluntary
6 market. The association shall contain as members all
7 companies authorized to write and engaged in writing, on a
8 direct basis, any insurance or benefit, the premium for
9 which is included under the definition of "net direct
10 premiums". Membership in the association shall be a
11 condition of continued authority to do business in this
12 state.

13 2. A plan of operation shall be adopted to be
14 effective concurrently with the effective date of the
15 association.

16 3. The association shall, pursuant to the provisions
17 of sections 383.150 to 383.195 and the plan of operation,
18 with respect to medical malpractice insurance, have the
19 authority on behalf of its members:

20 (1) To issue, or to cause to be issued, policies of
21 insurance to applicants, including incidental coverages and
22 subject to limits as specified in the plan of operation but
23 not to exceed one million dollars for each claimant under
24 one policy and three million dollars for all claimants under
25 one policy in any one policy year;

26 (2) To underwrite such insurance and to adjust and pay
27 losses with respect thereto, or to appoint a service company
28 to perform those functions;

29 (3) To assume reinsurance from its members; and

30 (4) To cede reinsurance.

31 4. Within forty-five days following the creation of
32 the association, the directors of the association shall
33 submit to the director for his or her review, a proposed
34 plan of operation, consistent with the provisions of
35 sections 383.150 to 383.195.

36 5. The plan of operation shall provide for economic,
37 fair and nondiscriminatory administration and for the prompt

38 and efficient distribution of medical malpractice insurance,
39 and shall contain other provisions including, but not
40 limited to, preliminary assessment of all members for
41 initial expenses to commence operations, establishment of
42 necessary facilities, management of the association,
43 assessment of members to defray losses and expenses,
44 reasonable and objective underwriting standards, acceptance
45 and cession of reinsurance, appointment of a servicing
46 company and procedures for determining amounts of insurance
47 to be provided by the association. The preliminary
48 assessment shall be an advance to be recouped under the
49 provisions of subsection 5 of section 383.160.

50 6. The composition of the board and the terms of
51 directors of the board shall be established by the plan of
52 operation.

53 7. The plan of operation shall be subject to approval
54 by the director after consultation with the members of the
55 association, representatives of the public and other
56 affected individuals and organizations. If the director
57 disapproves all or any part of the proposed plan of
58 operation, the directors shall within fifteen days submit
59 for review a revised plan of operation. If the directors
60 fail to do so, the director shall promulgate a plan of
61 operation or part thereof, as the case may be. The plan of
62 operation approved or promulgated by the director shall
63 become effective and operational upon his or her order.

64 8. Amendments to the plan of operation may be made by
65 the directors of the association, subject to the approval of
66 the director or shall be made at his direction.

67 9. There shall be no liability imposed on the part of
68 and no cause of action of any nature shall arise against any
69 member insurer or any member of the board of directors for

70 any omission or action taken by them in the performance of
71 their powers and duties under sections 383.150 to 383.195.

72 10. (1) The directors of the board may suspend the
73 operations of the association if the directors determine
74 that medical malpractice insurance is reasonably available
75 to health care providers in the voluntary market if there
76 are two or fewer individual physicians insured annually for
77 at least two consecutive years.

78 (2) Suspension of operations of the association is to
79 be in accordance with its plan of operation, or any
80 amendment thereto. The plan of operation shall establish
81 the process for suspension of operations and shall include
82 provisions for the administration of association funds until
83 the director determines either to resume operations under
84 subsection 1 of this section, or to terminate operations in
85 compliance with section 383.195.

86 (3) During any period of suspension, the association
87 shall not collect dues or fees from its members unless and
88 until the director authorizes an assessment or authorizes
89 the resumption of operations as provided herein.

90 (4) As used in this section, "reasonably available"
91 shall mean that medical malpractice insurance products are
92 offered to health care providers through voluntary markets
93 by insurance carriers in the ordinary course of business.

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 have the exclusive
35 authority to enforce the provisions of this section. Any
36 individual may report violations of this section to the
37 attorney general. If the attorney general finds that a
38 violation occurred, the attorney general shall commence a
39 civil action in a court of competent jurisdiction. If the
40 court finds that a violation occurred, the court may grant
41 damages, civil penalties, injunctive relief, attorney's
42 fees, and any such other relief the court finds

43 appropriate. Notwithstanding section 407.100 to the
44 contrary, civil penalties shall be as follows:

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

46 (2) Twenty thousand dollars for any subsequent
47 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.

590.192. 1. There is hereby established the "Critical
2 Incident Stress Management Program" within the department of
3 public safety. The program shall provide services for peace
4 officers and first responders to assist in coping with
5 stress and potential psychological trauma resulting from a
6 response to a critical incident or emotionally difficult
7 event. Such services may include consultation, risk
8 assessment, education, intervention, and other crisis
9 intervention services provided by the department to peace
10 officers and first responders affected by a critical
11 incident. For purposes of this section, a "critical
12 incident" shall mean any event outside the usual realm of
13 human experience that is markedly distressing or evokes
14 reactions of intense fear, helplessness, or horror and

15 involves the perceived threat to a person's physical
16 integrity or the physical integrity of someone else. For
17 purposes of this section, the term "first responder" shall
18 have the same meaning as first responder in section 190.1010.

19 2. All peace officers and first responders shall be
20 required to meet with a program service provider once every
21 three to five years for a mental health check-in, or a
22 department established behavioral health or mental health
23 program that meets the requirements of subsection 1 of this
24 section which shall satisfy this requirement. The program
25 service provider shall send a notification to the peace
26 officer's commanding officer, or first responder's
27 commanding officer, or first responder's director or
28 supervisor that he or she completed such check-in.

29 3. Any information disclosed by a peace officer or
30 first responder shall be privileged and shall not be used as
31 evidence in criminal, administrative, or civil proceedings
32 against the peace officer or first responder unless:

33 (1) A program representative reasonably believes the
34 disclosure is necessary to prevent harm to a person who
35 received services or to prevent harm to another person;

36 (2) The person who received the services provides
37 written consent to the disclosure; or

38 (3) The person receiving services discloses
39 information that is required to be reported under mandatory
40 reporting laws.

41 4. (1) There is hereby created in the state treasury
42 the "988 Public Safety Fund", which shall consist of moneys
43 appropriated by the general assembly. The state treasurer
44 shall be custodian of the fund. In accordance with sections
45 30.170 and 30.180, the state treasurer may approve
46 disbursements. The fund shall be a dedicated fund and
47 moneys in the fund shall be used solely by the department of

48 public safety for the purposes of providing services for
49 peace officers and first responders to assist in coping with
50 stress and potential psychological trauma resulting from a
51 response to a critical incident or emotionally difficult
52 event pursuant to subsection 1 of this section. Such
53 services may include consultation, risk assessment,
54 education, intervention, and other crisis intervention
55 services provided by the department to peace officers or
56 first responders affected by a critical incident. The
57 director of public safety may prescribe rules and
58 regulations necessary to carry out the provisions of this
59 section. Any rule or portion of a rule, as that term is
60 defined in section 536.010, that is created under the
61 authority delegated in this section shall become effective
62 only if it complies with and is subject to all of the
63 provisions of chapter 536 and, if applicable, section
64 536.028. This section and chapter 536 are nonseverable and
65 if any of the powers vested with the general assembly
66 pursuant to chapter 536 to review, to delay the effective
67 date, or to disapprove and annul a rule are subsequently
68 held unconstitutional, then the grant of rulemaking
69 authority and any rule proposed or adopted after August 28,
70 2021, shall be invalid and void.

71 (2) Notwithstanding the provisions of section 33.080
72 to the contrary, any moneys remaining in the fund at the end
73 of the biennium shall not revert to the credit of the
74 general revenue fund.

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

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.

2 [376.1186. 1. No state-based health
3 benefit exchange may be established, created, or
4 operated within this state in order to implement
5 Section 1311 of the federal health care act, 42
6 U.S.C. Section 18031, or any other provision of
7 the federal health care act that relates to the
8 creation and operation of a state-based health
9 benefit exchange, unless the authority to create
10 or operate such an exchange is enacted into law
11 through:

12 (1) A bill as prescribed by Article III of
13 the Missouri Constitution;

14 (2) An initiative petition as prescribed
15 by Article III, Section 50 of the Missouri
16 Constitution; or

17 (3) A referendum as prescribed by Article
18 III, Section 52(a) of the Missouri Constitution.

19 2. In no case shall the authority for
20 establishing, administering, or operating a
21 state-based health benefit exchange in Missouri
22 be based upon an executive order issued by the
governor of Missouri.

23 3. No department, agency, instrumentality
24 or political subdivision of the state of
25 Missouri shall establish any program, promulgate
26 any rule, policy, guideline or plan or change
27 any program, rule, policy or guideline to
28 implement, establish, create, administer or
29 otherwise operate a state-based health benefit
30 exchange described in the federal health care
31 act unless such department, agency,
32 instrumentality or political subdivision has
33 received statutory authority to do so in a
34 manner consistent with subsection 1 of this
35 section. No department, agency, instrumentality
36 or political subdivision of the state of
37 Missouri shall act as an eligible entity as
38 described in Section 1311(f)(3)(B) of the
39 federal health care act to perform one or more
40 of the responsibilities of a state-based health
41 benefit exchange unless authorized by statute or
42 a regulation validly promulgated pursuant to
43 such statute.

44 4. No department, agency, instrumentality,
45 or political subdivision of this state shall
46 apply for, accept or expend federal moneys
47 related to the creation, implementation or
48 operation of a state-based health benefit
49 exchange or a federally facilitated health
50 benefit exchange unless such acceptance or
51 expenditure is authorized by statute or an
52 appropriations bill.

53 5. No department, agency, instrumentality,
54 political subdivision, public officer or
55 employee of this state shall enter into any
56 agreement or any obligation to establish,
57 administer, or operate a federally facilitated
58 health benefit exchange described in Section
59 1321(c)(1) of the federal health care act unless
60 such department, agency, instrumentality,
61 political subdivision, public officer or
62 employee of this state has received statutory
63 authority to enter into such agreements or
64 obligations. No department, agency,
65 instrumentality, political subdivision, public
66 officer or employee of this state shall provide
67 assistance or resources of any kind to any
68 department, agency, public official, employee or

69 agent of the federal government related to the
70 creation or operation of a federally facilitated
71 health benefit exchange unless such assistance
72 or resources are authorized by state statute or
73 a regulation promulgated thereto or such
74 assistance or resources are specifically
75 required by federal law.

76 6. Any taxpayer of this state or any
77 member of the general assembly shall have
78 standing to bring suit against the state of
79 Missouri or any official, department, division,
80 agency, or political subdivision of this state
81 which is in violation of this section in any
82 court with jurisdiction to enforce the
83 provisions of this section. The court shall
84 award attorney's fees, court costs, and all
85 reasonable expenses incurred by the taxpayer or
86 member of the general assembly if the court
87 finds that the provisions of this section have
88 been violated. Such attorney's fees, court
89 costs, and reasonable expenses shall be paid
90 from funds appropriated to the department,
91 division, agency, or any political subdivision
92 of this state determined to have violated, in
93 whole or in part, the provisions of this
94 section. In no case shall the award of
95 attorney's fees, court costs, or reasonable
96 expenses be paid from the legal defense fund,
97 nor shall any department, division, agency, or
98 political subdivision of this state request, or
99 be granted, additional appropriations in order
100 to satisfy an award made under this section.

101 7. As used in this section, the term
102 "federal health care act" shall mean the federal
103 Patient Protection and Affordable Care Act,
104 Public Law 111-148, as amended by the federal
105 Health Care and Education Reconciliation Act of
106 2010, Public Law 111-152, and any amendments
107 thereto, or regulations or guidance issued under
108 such federal acts.

109 8. As used in this section, the term
110 "state-based health benefit exchange" means a
111 governmental agency or nonprofit entity
112 established by the state of Missouri and not the
113 federal government that meets the applicable
114 requirements of Section 1311 of the federal

115 health care act and regulations promulgated
116 thereto and makes qualified health care plans
117 available to qualified individuals and qualified
118 employers. The term "state-based health benefit
119 exchange" includes regional or other interstate
120 exchanges and subsidiary exchanges as described
121 in Section 1311(f)(1) and (2) of the federal
122 health care act. The term "federally
123 facilitated health benefit exchange" means a
124 health benefit exchange established and operated
125 by the Secretary of Health and Human Services
126 under Section 1321(c)(1) of the federal health
127 care act, either directly or through agreement
128 with a not-for-profit entity.]