

SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2372
103RD GENERAL ASSEMBLY

5868S.08T

2026

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, 192.990, 192.2400, 192.2435, 193.245, 195.417, 196.990, 197.315, 198.022, 206.110, 208.146, 208.215, 208.662, 210.110, 301.142, 321.621, 332.081, 334.031, 334.108, 335.081, 337.600, 338.010, 338.012, 338.333, 338.710, 345.050, 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 eighty new sections relating to health care, with penalty provisions.

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

Section A. Sections 96.192, 96.196, 167.627, 167.630, 190.098, 190.142, 190.165, 190.246, 191.1146, 192.020, 192.990, 192.2400, 192.2435, 193.245, 195.417, 196.990, 197.315, 198.022, 206.110, 208.146, 208.215, 208.662, 210.110, 301.142, 321.621, 332.081, 334.031, 334.108, 335.081, 337.600, 338.010, 338.012, 338.333, 338.710, 345.050, 376.1000, 376.1012, 376.1017, 376.1183, 376.1186, 376.1240, 376.1364, 383.155, 579.060, 590.192, and 632.305, RSMo, are repealed and eighty new sections enacted in lieu thereof, to be known as sections 9.021, 9.025, 9.238, 9.412, 9.418, 9.501, 9.502, 96.192, 96.196, 103.190, 167.627, 167.630, 173.690, 190.098, 190.142, 190.165, 190.246, 191.117, 191.708, 191.1146, 192.020, 192.026, 192.027, 192.028, 192.029, 192.990, 192.2155, 192.2400, 192.2435, 193.245, 195.417, 196.990, 197.315, 197.708, 197.1040, 197.1045, 198.022, 206.110, 206.158, 208.146, 208.149, 208.215, 208.270, 208.440, 208.662,

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

12 208.1400, 208.1405, 208.1410, 208.1415, 208.1420, 208.1425, 210.110, 210.225, 301.142,
13 321.621, 332.081, 334.031, 334.108, 335.081, 337.600, 338.010, 338.012, 338.206, 338.208,
14 338.333, 338.710, 345.050, 376.417, 376.1000, 376.1012, 376.1017, 376.1183, 376.1240,
15 376.1245, 376.1364, 376.1960, 383.155, 579.060, 590.192, and 632.305, to read as follows:

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

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

9.238. The month of September is hereby designated as "Pediatric Cancer Awareness Month" in Missouri. Pediatric cancers are the leading cause of death from disease among children in the United States. The citizens of the state of Missouri are encouraged to participate in events that honor and support families who have been impacted by pediatric cancer, raise awareness, and fund research into pediatric cancer prevention, diagnosis, and treatment.

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

9.418. The last full week of April each year shall be known as "Infertility Awareness Week" in Missouri. Infertility is a medical condition defined by the inability to achieve pregnancy after twelve months or more of regular, unprotected sexual activity, or the inability to carry a pregnancy to live birth, affecting millions of individuals and couples worldwide. It is estimated that approximately one in eight couples in the United States experience infertility, impacting people across all racial, ethnic, socioeconomic, and cultural backgrounds. The citizens of this state are encouraged to participate in appropriate events and activities to raise awareness about

9 infertility to help reduce stigma, foster understanding, and promote equitable access to
10 fertility treatments and family-building options, including assisted reproductive
11 technologies, adoption, and surrogacy.

9.501. The first full week in September each year is hereby designated as "June's
2 Week" and "Rare Pediatric Disease Week" in Missouri in honor of June, a young
3 Missourian undergoing treatment for an atypical teratoid rhabdoid tumor, subtype B
4 (ATRT-B). The citizens of this state are encouraged to participate in appropriate events
5 and activities to raise public awareness of rare pediatric diseases, encourage early
6 recognition of symptoms, and honor Missouri children and families affected by rare
7 pediatric diseases.

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

96.192. 1. The board of trustees of any hospital authorized under subsection 2 of this
2 section, and established and organized under the provisions of sections 96.150 to 96.229[~~7~~]:

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

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

9 (b) Bonds that have:

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

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

13 (c) Money market investments; or

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

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

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

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

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

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

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

**103.190. 1. As used in this section, the terms "Lyme disease" and
2 "posttreatment Lyme disease syndrome" shall have the same meaning as given to the
3 terms under section 192.026.**

**4 2. The Missouri consolidated health care plan shall, at a minimum, provide
5 coverage for diagnostic testing, treatment, and management of Lyme disease and
6 posttreatment Lyme disease syndrome for participants who receive a diagnosis from a
7 licensed health care provider, acting within the scope of his or her practice, after making
8 a thorough evaluation of the participant's symptoms, diagnostic test results, or response
9 to treatment, including, but not limited to, necessary office visits and ongoing testing.
10 An experimental drug shall be covered as a long-term antibiotic therapy if it is approved
11 for an indication by the U.S. Food and Drug Administration. A drug, including, but not
12 limited to, an experimental drug, shall be covered for an off-label use in the treatment of
13 a tick-borne disease if the drug has been approved by the U.S. Food and Drug
14 Administration.**

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

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

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

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

9 2. Each board of education and its employees and agents in this state shall grant any
10 pupil in the school authorization for the possession and self-administration of medication to

11 treat such pupil's chronic health condition, including but not limited to asthma or anaphylaxis
12 if:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 **(b) The speaker of the house of representatives shall appoint two members of the**
20 **house of representatives of whom not more than one shall be of the same party; and**

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

24 **(4) Eight members to be appointed by the governor with the advice and consent**
25 **of the senate, composed of the following:**

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

28 **(b) Two members who represent the private health care research industry and**
29 **who have expertise in pediatric diseases;**

30 **(c) Two members who represent the private research industry and who have**
31 **expertise in pediatric diseases;**

32 **(d) One member representing a collaborating nonprofit or industry partner; and**

33 **(e) One member representing a patient advocacy group.**

34 **4. Beginning January 1, 2027, the task force shall meet at least quarterly. The**
35 **department of higher education and workforce development shall provide necessary**
36 **clerical support and assistance in order to facilitate meetings of the task force.**

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

39 **(1) Research initiatives focused on genetic or pediatric diseases, including rare**
40 **pediatric diseases, led by institutions located in this state;**

41 **(2) Key outcomes achieved by the research initiatives;**

42 **(3) Funds expended and leveraged by the research initiatives; and**

43 **(4) Any legislative recommendations.**

44 **6. This section shall expire on December 31, 2030.**

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

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

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

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

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

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

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

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

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

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

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

23 ~~[2-]~~ **3.** A community paramedic shall practice in accordance with protocols and
24 supervisory standards established by the medical director. A community paramedic shall
25 provide services of a health care plan if the plan has been developed by the patient's physician
26 or by an advanced practice registered nurse through a collaborative practice arrangement with
27 a physician or a physician assistant through a collaborative practice arrangement with a
28 physician and there is no duplication of services to the patient from another provider.

29 ~~[3-]~~ **4. (1)** Any ambulance service shall enter into a written contract **with another**
30 **ambulance service provider** to provide community paramedic services in [~~another~~] **their**
31 ambulance service area, as that term is defined in section 190.100. The contract that is agreed
32 upon may be for an indefinite period of time, as long as it includes at least a sixty-day
33 cancellation notice by either ambulance service.

34 **(2) The department shall establish regulations for the purpose of recognizing**
35 **community paramedic service entities that have met the standards necessary to provide**
36 **community paramedic services, including physician medical oversight, training, patient**
37 **recordkeeping, formal relationships with primary care services where necessary, and**
38 **quality improvement policies. The department shall issue an endorsement to any**
39 **community paramedic service entity that meets such standards that allows the entity to**
40 **provide community paramedic services for a period of five years.**

41 ~~[4-]~~ **5.** A community paramedic is subject to the provisions of sections 190.001 to
42 190.245 and rules promulgated under sections 190.001 to 190.245.

43 ~~[5-]~~ **6.** No person shall hold himself or herself out as a community paramedic or
44 provide the services of a community paramedic unless such person is certified by the
45 department.

46 ~~[6.]~~ 7. The medical director shall approve the implementation of the community
47 paramedic program.

48 ~~[7.]~~ 8. Any rule or portion of a rule, as that term is defined in section 536.010, that is
49 created under the authority delegated in this section shall become effective only if it complies
50 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
51 This section and chapter 536 are nonseverable and if any of the powers vested with the
52 general assembly pursuant to chapter 536 to review, to delay the effective date, or to
53 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
54 rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid
55 and void.

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

5 (2) For applications submitted after the recognition of EMS personnel licensure
6 interstate compact under sections 190.900 to 190.939 takes effect, an applicant for initial
7 licensure as an emergency medical technician in this state shall submit to a background check
8 by the Missouri state highway patrol and the Federal Bureau of Investigation through a
9 process approved by the department of health and senior services. Such processes may
10 include the use of vendors or systems administered by the Missouri state highway patrol. The
11 department may share the results of such a criminal background check with any emergency
12 services licensing agency in any member state, as that term is defined under section 190.900,
13 in recognition of the EMS personnel licensure interstate compact. The department shall not
14 issue a license until the department receives the results of an applicant's criminal background
15 check from the Missouri state highway patrol and the Federal Bureau of Investigation, but,
16 notwithstanding this subsection, the department may issue a temporary license as provided
17 under section 190.143. Any fees due for a criminal background check shall be paid by the
18 applicant.

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

21 2. The department shall issue a license to all levels of emergency medical technicians,
22 for a period of five years, if the applicant meets the requirements established pursuant to
23 sections 190.001 to 190.245 and the rules adopted by the department pursuant to sections
24 190.001 to 190.245. The department may promulgate rules relating to the requirements for an
25 emergency medical technician including but not limited to:

26 (1) Age requirements;

27 (2) Emergency medical technician and paramedic education and training
28 requirements based on respective National Emergency Medical Services Education
29 Standards and any modification to such curricula specified by the department through rules
30 adopted pursuant to sections 190.001 to 190.245;

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

33 (4) Initial licensure testing requirements. Initial paramedic licensure testing shall be
34 through the national registry of EMTs;

35 (5) Continuing education and relicensure requirements; and

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

37 3. Application for all levels of emergency medical technician license shall be made
38 upon such forms as prescribed by the department in rules adopted pursuant to sections
39 190.001 to 190.245. The application form shall contain such information as the department
40 deems necessary to make a determination as to whether the emergency medical technician
41 meets all the requirements of sections 190.001 to 190.245 and rules promulgated pursuant to
42 sections 190.001 to 190.245.

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

45 (1) Consistent with the training, education and experience of the particular emergency
46 medical technician; ~~and~~

47 (2) **Consistent with the current National EMS Scope of Practice Model. The**
48 **state EMS medical director's advisory committee, under section 190.103, may add to**
49 **this scope of practice for advanced emergency medical technicians and the local medical**
50 **director may add to this scope of practice for paramedics at the agency or individual**
51 **clinician level; and**

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

53 5. No person shall hold themselves out as an emergency medical technician or
54 provide the services of an emergency medical technician unless such person is licensed by the
55 department.

56 6. Any rule or portion of a rule, as that term is defined in section 536.010, that is
57 created under the authority delegated in this section shall become effective only if it complies
58 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
59 This section and chapter 536 are nonseverable and if any of the powers vested with the
60 general assembly pursuant to chapter 536 to review, to delay the effective date, or to
61 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
62 rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid
63 and void.

190.165. 1. The department may refuse to issue or deny renewal of any **endorsement**, certificate, permit or license required pursuant to sections ~~[190.100]~~ **190.098** to 190.245 for failure to comply with the provisions of sections ~~[190.100]~~ **190.098** to 190.245 or any lawful regulations promulgated by the department to implement its provisions as described in subsection 2 of this section. The department shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

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

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

(2) Being finally adjudicated and found guilty, or having entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any activity licensed or regulated pursuant to sections ~~[190.100]~~ **190.098** to 190.245, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

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

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

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

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

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

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

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

45 (10) Assisting or enabling any person to practice or offer to practice any activity
46 licensed or regulated by sections [~~190.100~~] **190.098** to 190.245 who is not licensed and
47 currently eligible to practice pursuant to sections [~~190.100~~] **190.098** to 190.245;

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

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

52 (13) Use of any advertisement or solicitation which is false, misleading or deceptive
53 to the general public or persons to whom the advertisement or solicitation is primarily
54 directed;

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

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

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

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

64 3. If the department conducts investigations, the department, prior to interviewing a
65 licensee who is the subject of the investigation, shall explain to the licensee that he or she has
66 the right to:

67 (1) Consult legal counsel or have legal counsel present;

68 (2) Have anyone present whom he or she deems to be necessary or desirable; and

69 (3) Refuse to answer any question or refuse to provide or sign any written statement.

70

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

73 4. After the filing of such complaint, the proceedings shall be conducted in
74 accordance with the provisions of chapter 621. Upon a finding by the administrative hearing
75 commission that the grounds, provided in subsection 2 of this section, for disciplinary action
76 are met, the department may, singly or in combination, censure or place the person named in
77 the complaint on probation on such terms and conditions as the department deems appropriate
78 for a period not to exceed five years, or may suspend, for a period not to exceed three years,
79 or revoke the license, **endorsement**, certificate, or permit. Notwithstanding any provision of
80 law to the contrary, the department shall be authorized to impose a suspension or revocation
81 as a disciplinary action only if it first files the requisite complaint with the administrative
82 hearing commission. The administrative hearing commission shall hear all relevant evidence
83 on remediation activities of the licensee and shall make a recommendation to the department
84 of health and senior services as to licensure disposition based on such evidence.

85 5. An individual whose license has been revoked shall wait one year from the date of
86 revocation to apply for relicensure. Relicensure shall be at the discretion of the department
87 after compliance with all the requirements of sections [~~190.100~~] **190.098** to 190.245 relative
88 to the licensing of an applicant for the first time. Any individual whose license has been
89 revoked twice within a ten-year period shall not be eligible for relicensure.

90 6. The department may notify the proper licensing authority of any other state in
91 which the person whose license was suspended or revoked was also licensed of the
92 suspension or revocation.

93 7. Any person, organization, association or corporation who reports or provides
94 information to the department pursuant to the provisions of sections [~~190.100~~] **190.098** to
95 190.245 and who does so in good faith shall not be subject to an action for civil damages as a
96 result thereof.

97 8. The department of health and senior services may suspend any certificate, permit
98 or license required pursuant to sections [~~190.100~~] **190.098** to 190.245 simultaneously with the
99 filing of the complaint with the administrative hearing commission as set forth in subsection 2
100 of this section, if the department finds that there is an imminent threat to the public health.
101 The notice of suspension shall include the basis of the suspension and notice of the right to
102 appeal such suspension. The licensee may appeal the decision to suspend the license,
103 **endorsement**, certificate, or permit to the department. The appeal shall be filed within ten
104 days from the date of the filing of the complaint. A hearing shall be conducted by the
105 department within ten days from the date the appeal is filed. The suspension shall continue in
106 effect until the conclusion of the proceedings, including review thereof, unless sooner
107 withdrawn by the department, dissolved by a court of competent jurisdiction or stayed by the
108 administrative hearing commission.

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

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

9 (2) "Emergency health care provider":

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 **2. There is hereby established in the department of health and senior services a
4 "Sickle Cell Standing Committee" as a subcommittee of the Missouri genetic advisory
5 committee. The committee shall consist of the following members:**

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

8 **(2) One member who has sickle cell disease or is a family member of a person
9 with sickle cell disease;**

10 **(3) One member with expertise in sickle cell disease research;**

11 **(4) One member from a leading sickle cell disease organization;**

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

13 **(6) One member from each of the hemoglobinopathy center that contracts with
14 the department.**

15 **3. The members of the committee shall be appointed by the director of the
16 department of health and senior services. Members shall serve on the committee
17 without compensation or reimbursement for expenses incurred.**

18 **4. The committee shall:**

19 **(1) Assess the impact of sickle cell disease on urban communities in the state of
20 Missouri;**

21 **(2) Examine the existing services and resources addressing the needs of persons
22 with sickle cell disease; and**

23 **(3) Develop recommendations to provide educational services to schools on the
24 traits of sickle cell disease and its effects.**

25 **5. The committee shall include an examination of the following in its assessment
26 and recommendations required under subsection 4 of this section:**

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

29 **(2) Existing services and resources; and**

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

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

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

37 **8. After December 31, 2027, the committee shall continue to meet at the request**
38 **of the chair and at a minimum of one time annually for the purpose of continuing the**
39 **study of sickle cell disease in this state, the impact of the committee recommendations,**
40 **and to provide an annual supplemental report on the findings to the governor and the**
41 **general assembly.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 and authority, with approval of the director of the department, to make such orders, findings,
8 rules and regulations as will prevent the entrance of infectious, contagious and communicable
9 diseases into the state.

10 2. The department of health and senior services shall include in its list of
11 communicable or infectious diseases which must be reported to the department methicillin-
12 resistant staphylococcus aureus (MRSA), carbapenem-resistant enterobacteriaceae (CRE) as
13 specified by the department, ~~and~~ vancomycin-resistant enterococcus (VRE), **and alpha-gal**
14 **syndrome.**

15 3. (1) **A laboratory blood test result for alpha-gal immunoglobulin E that yields**
16 **a level consistent with sensitization to alpha-gal by laboratory standards, as established**
17 **by the current national case definition, shall be reported to the department within seven**
18 **days. The laboratory that generates the test results shall be responsible for submitting**
19 **the report. The test results shall be submitted using an electronic laboratory reporting**
20 **system to be developed by the department.**

21 (2) **Subject to appropriation, the department may follow up on reported cases of**
22 **alpha-gal immunoglobulin E blood test results by applying an appropriate random**
23 **sampling method to ascertain case status, using the current national case definition of**
24 **alpha-gal syndrome. Reporting under this subdivision shall commence no later than six**
25 **months after August 28, 2026.**

26 (3) **The department shall submit an annual report to the Centers for Disease**
27 **Control and Prevention summarizing its findings related to the reporting and incidence**
28 **of alpha-gal syndrome.**

29 (4) **The laboratory and the department shall not disclose the identifiable test**
30 **result or other protected health information relating to any individual for which a blood**
31 **test is obtained to anyone other than the individual for which the blood test result is**
32 **obtained and the health care provider ordering the laboratory blood test.**

192.026. 1. Sections 103.190 and 192.026 to 192.029 shall be known and may be
2 **cited as the "Missouri Lyme Disease Eradication Act".**

3 2. **As used in sections 103.190 and 192.026 to 192.029, the following terms shall**
4 **mean:**

5 (1) **"Department", the department of health and senior services;**

6 (2) **"Lyme disease", a condition caused by an infection of the bacterium Borrelia**
7 **burgdorferi, Borrelia mayonii, Borrelia afzelii, Borrelia garinii, Borrelia valaisiana,**
8 **Borrelia lusitaniae, Bartonella, Babesia, Ehrlichia, or related species, transmitted to**
9 **humans through the bite of infected blacklegged ticks (Ixodes scapularis) or other ticks,**
10 **as diagnosed by the two-tier serologic testing recommended by the federal Centers for**

11 **Disease Control and Prevention (CDC) or by a similar blood test ordered by a treating**
12 **health care provider or by clinical evaluation;**

13 **(3) "Medically necessary", health care services or products that a treating health**
14 **care provider exercising prudent clinical judgment would provide to a patient for the**
15 **purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease, or**
16 **symptoms of such, and that are:**

17 **(a) Clinically appropriate in terms of type, frequency, extent, site, and duration**
18 **for the specific circumstances; and**

19 **(b) Not primarily for the mere convenience of the patient, health care provider,**
20 **or as determined by the provider based on the patient's specific circumstances;**

21 **(4) "Posttreatment Lyme disease syndrome", a condition characterized by**
22 **persistent symptoms, including, but not limited to, fatigue, pain, respiratory**
23 **impairment, neurological impairment, or other cognitive impairment following**
24 **standard antibiotic or other treatment for Lyme disease.**

25 **3. Health care providers, laboratories, and local health departments shall report**
26 **to the department all confirmed or suspected cases of Lyme disease within seven days of**
27 **diagnosis using standardized surveillance case definitions developed by the CDC. Any**
28 **patient who receives a positive or suspected diagnosis of Lyme disease shall be given the**
29 **option to opt in to having their identifiable information shared with the department,**
30 **local public health officials, or the CDC.**

31 **4. The department shall compile an annual report on the incidence and**
32 **prevalence of Lyme disease in Missouri, including, but not limited to, demographic data,**
33 **geographic distribution, treatment outcomes, and barriers to care. The department**
34 **shall submit the report to the CDC and the general assembly and make such report**
35 **available to the public on the department's website by no later than December thirty-**
36 **first of each year.**

37 **5. The department shall collaborate with the University of Missouri or any**
38 **public four-year institution of higher education to integrate Lyme disease surveillance**
39 **data into existing tick-borne disease monitoring programs.**

40 **6. Any information collected or reported under this section shall be done in a**
41 **manner that protects individually identifiable or potentially identifiable information**
42 **and that is consistent with state and federal privacy laws.**

43 **7. The department may promulgate any rules and regulations necessary to**
44 **implement the provisions of sections 192.026 to 192.028. Any rule or portion of a rule,**
45 **as that term is defined in section 536.010, that is created under the authority delegated**
46 **in this section shall become effective only if it complies with and is subject to all of the**
47 **provisions of chapter 536 and, if applicable, section 536.028. This section and chapter**

48 **536 are nonseverable and if any of the powers vested with the general assembly**
49 **pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul**
50 **a rule are subsequently held unconstitutional, then the grant of rulemaking authority**
51 **and any rule proposed or adopted after August 28, 2026, shall be invalid and void.**

192.027. 1. There is hereby created in the state treasury the "Lyme Research
2 **and Eradication Fund", which shall consist of moneys appropriated to it by the general**
3 **assembly, as well as any grants, bequests, gifts, or donations. The state treasurer shall**
4 **be custodian of the fund. In accordance with sections 30.170 and 30.180, the state**
5 **treasurer may approve disbursements. The fund shall be a dedicated fund and money**
6 **in the fund shall be used solely by the department for the purposes of implementing the**
7 **provisions of this section. Notwithstanding the provisions of section 33.080 to the**
8 **contrary, any moneys remaining in the fund at the end of the biennium shall not revert**
9 **to the credit of the general revenue fund. The state treasurer shall invest moneys in the**
10 **fund in the same manner as other funds are invested. Any interest and moneys earned**
11 **on such investments shall be credited to the fund.**

12 **2. The department shall use the moneys in the fund to distribute grants to public**
13 **four-year institutions of higher education, research institutions, and nonprofit**
14 **organizations for Lyme disease research, including, but not limited to, the following:**

15 **(1) Development of improved diagnostics, therapies, and treatments;**
16 **(2) Studies on novel therapies, such as those inspired by natural host immunity;**
17 **and**

18 **(3) Eradication strategies, including, but not limited to, tick population control**
19 **through acaricides, deer management programs, and environmental interventions.**

20 **3. No less than twenty percent of the funds shall be utilized to support**
21 **eradication efforts in rural counties.**

22 **4. The department shall submit a report to the general assembly no later than**
23 **March first of each year detailing fund expenditures, research outcomes, and progress**
24 **toward Lyme disease eradication in the state.**

192.028. 1. There shall be established within the department the "Lyme Disease
2 **Task Force" to advise the department on disease prevention and surveillance, as well as**
3 **education relating to the disease for health care providers and the public. The task force**
4 **shall consist of the following members:**

5 **(1) The director of the department, or his or her designee, who shall serve as the**
6 **chairman; and**

7 **(2) As appointed by the director of the department:**

8 **(a) Two physicians licensed to practice in this state who are members of a**
9 **statewide organization representing physicians, one of whom represents a medical**

10 school faculty and one of whom has experience treating Lyme disease or posttreatment
11 Lyme disease syndrome;

12 (b) Two advanced practice registered nurses licensed to practice in this state who
13 are selected from the recommendations of one or more professional nursing associations
14 and who have experience treating Lyme disease or posttreatment Lyme disease
15 syndrome;

16 (c) One local public health administrator; and

17 (d) One veterinarian who is licensed to practice in this state; and

18 (3) Two residents of this state appointed by the governor, with the advice and
19 consent of the senate, who have or have had a diagnosis of Lyme disease.

20 2. The terms of office for each member aside from the director, or his or her
21 designee, shall be three years. Members may continue to serve after the expiration of a
22 term until a new member is appointed. Each member appointed to fill a vacancy
23 occurring prior to the expiration of the term for which his or her predecessor was
24 appointed shall be appointed for the remainder of such term. The task force shall meet
25 as frequently as the chairman deems necessary, but not less than two times each year.
26 Members of the task force shall receive no compensation for their service, but shall,
27 subject to appropriation, be reimbursed for their actual and necessary expenses
28 incurred in the performance of their duties.

29 3. The task force shall have the following duties and responsibilities:

30 (1) Monitor the implementation of the "Missouri Lyme Disease Eradication
31 Act", established under sections 103.190 and 192.026 to 192.029, and provide feedback
32 and input to the department for necessary additions or modifications;

33 (2) Review relevant literature and guidelines pertaining to accurate diagnoses of
34 Lyme disease and posttreatment Lyme disease syndrome with the purpose of creating
35 cohesive and consistent guidelines for the diagnosis of Lyme disease and posttreatment
36 Lyme disease syndrome across all counties in this state and with the intent of providing
37 accurate and relevant data to the Centers for Disease Control and Prevention;

38 (3) Provide recommendations on professional continuing education materials
39 and opportunities that emphasize Lyme disease prevention, protection, and treatment;
40 and

41 (4) Assist the department in establishing policies, procedures, techniques, and
42 criteria for the collection, maintenance, exchange, and sharing of medical information
43 pertaining to Lyme disease and posttreatment Lyme disease syndrome and identifying
44 persons or entities with expertise in Lyme disease to collaborate with the department in
45 the diagnosis, prevention, and treatment of Lyme disease and posttreatment Lyme
46 disease syndrome.

192.029. **Notwithstanding any provision of law to the contrary, a health care provider shall not be subject to any discipline, suspension or revocation of a license, or denial of a license renewal solely for, within such provider's scope of practice, prescribing, administering, or dispensing treatments or therapies for Lyme disease or posttreatment Lyme disease syndrome, including, but not limited to, extended antibiotic therapy or similar treatment deemed medically necessary.**

192.990. 1. There is hereby established within the department of health and senior services the "Pregnancy-Associated Mortality Review Board" to improve data collection and reporting with respect to maternal deaths. The department may collaborate with localities and with other states to meet the goals of the initiative.

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

(1) "Department", the Missouri department of health and senior services;

(2) "Maternal death", the death of a woman while pregnant or during the one-year period following the date of the end of pregnancy, regardless of the cause of death and regardless of whether a delivery, miscarriage, or death occurs inside or outside of a hospital;

(3) **"Maternity care deserts", counties in which access to maternity care services is limited or absent, either through a lack of services or through barriers to a woman's ability to access care within a county. A "maternity care desert" shall include, but not be limited to, any county without a hospital or birth center offering obstetric care and without any obstetric clinicians.**

3. The board shall be composed of no more than ~~[eighteen]~~ **twenty-two** members, with a chair elected from among its membership. The board shall meet at least twice per year and shall approve the strategic priorities, funding allocations, work processes, and products of the board. Members of the board shall be appointed by the director of the department. Members shall serve four-year terms, except that the initial terms shall be staggered so that approximately one-third serve three-, four-, and five-year terms.

4. The board shall have a multidisciplinary and diverse membership that represents a variety of medical and nursing specialties, including, but not limited to, obstetrics and maternal-fetal care, as well as state or local public health officials, epidemiologists, statisticians, community organizations, geographic regions, and other individuals or organizations that are most affected by maternal deaths and lack of access to maternal health care services. **At least one member from each congressional district shall be selected to serve on the board and membership shall be demographically diverse and shall include representation from both rural and urban populations.**

5. The duties of the board shall include, but not be limited to:

(1) Conducting ongoing comprehensive, multidisciplinary reviews of all maternal deaths;

- 32 (2) Identifying factors associated with maternal deaths;
- 33 (3) **Identifying maternity care deserts throughout the state;**
- 34 (4) Reviewing medical records and other relevant data, which shall include, to the
35 extent available:
- 36 (a) A description of the maternal deaths determined by matching each death record of
37 a maternal death to a birth certificate of an infant or fetal death record, as applicable, and an
38 indication of whether the delivery, miscarriage, or death occurred inside or outside of a
39 hospital;
- 40 (b) Data collected from medical examiner and coroner reports, as appropriate; ~~and~~
- 41 (c) **The level and timing of prenatal and postnatal medical care; and**
- 42 (d) Using other appropriate methods or information to identify maternal deaths,
43 including deaths from pregnancy outcomes not identified under paragraph (a) of this
44 subdivision;
- 45 ~~(4)~~ (5) Consulting with relevant experts, as needed;
- 46 ~~(5)~~ (6) Analyzing cases to produce recommendations for reducing maternal
47 mortality;
- 48 ~~(6)~~ (7) Disseminating recommendations to policy makers, health care providers and
49 facilities, and the general public;
- 50 ~~(7)~~ (8) Recommending and promoting preventative strategies and making
51 recommendations for systems changes;
- 52 ~~(8)~~ (9) Protecting the confidentiality of the hospitals and individuals involved in any
53 maternal deaths;
- 54 ~~(9)~~ (10) Examining racial and social disparities in maternal deaths;
- 55 (11) **Investigating and developing recommendations regarding approaches taken**
56 **in other states or other organizations to reduce or eliminate racial inequities in maternal**
57 **deaths, including community-driven strategies, health care accessibility, insurance**
58 **availability, and other barriers to access and delivery of prenatal and postpartum care;**
- 59 ~~(10)~~ (12) Subject to appropriation, providing for voluntary and confidential case
60 reporting of maternal deaths to the appropriate state health agency by family members of the
61 deceased, and other appropriate individuals, for purposes of review by the board;
- 62 ~~(11)~~ (13) Making publicly available the contact information of the board for use in
63 such reporting;
- 64 ~~(12)~~ (14) Conducting outreach to local professional organizations, community
65 organizations, and social services agencies regarding the availability of the review board;
- 66 ~~and~~

67 **(15) Examining and developing recommendations on the adequacy of data**
68 **collected under this section and if additional categories of data would be informative in**
69 **the study of maternal deaths in Missouri; and**

70 ~~[(13)]~~ **(16)** Ensuring that data collected under this section is made available, as
71 appropriate and practicable, for research purposes, in a manner that protects individually
72 identifiable or potentially identifiable information and that is consistent with state and federal
73 privacy laws.

74 6. The board may contract with other entities consistent with the duties of the board.

75 7. (1) Before June 30, 2020, and annually thereafter, the board shall submit to the
76 Director of the Centers for Disease Control and Prevention, the director of the department, the
77 governor, and the general assembly a report on maternal mortality in the state based on data
78 collected through ongoing comprehensive, multidisciplinary reviews of all maternal deaths,
79 and any other projects or efforts funded by the board. The data shall be collected using best
80 practices to reliably determine and include all maternal deaths, regardless of the outcome of
81 the pregnancy and shall include data, findings, and recommendations of the committee, and,
82 as applicable, information on the implementation during such year of any recommendations
83 submitted by the board in a previous year. **Data reported by the board shall be**
84 **disaggregated by race, ethnicity, language, nationality, age, zip code, the presence or**
85 **absence of maternity care deserts, and level and timing of prenatal and postnatal care in**
86 **a manner that protects individually identifiable or potentially identifiable information**
87 **and that is consistent with state and federal privacy laws.**

88 (2) The report shall be made available to the public on the department's website and
89 the director shall disseminate the report to all health care providers and facilities that provide
90 women's health services in the state.

91 8. The director of the department, or his or her designee, shall provide the board with
92 the copy of the death certificate and any linked birth or fetal death certificate for any maternal
93 death occurring within the state.

94 9. Upon request by the department, health care providers, health care facilities,
95 clinics, laboratories, medical examiners, coroners, law enforcement agencies, driver's license
96 bureaus, other state agencies, and facilities licensed by the department shall provide to the
97 department data related to maternal deaths from sources such as medical records, autopsy
98 reports, medical examiner's reports, coroner's reports, law enforcement reports, motor vehicle
99 records, social services records, and other sources as appropriate. Such data requests shall be
100 limited to maternal deaths which have occurred within the previous twenty-four months. No
101 entity shall be held liable for civil damages or be subject to any criminal or disciplinary action
102 when complying in good faith with a request from the department for information under the
103 provisions of this subsection.

104 10. (1) The board shall protect the privacy and confidentiality of all patients,
105 decedents, providers, hospitals, or any other participants involved in any maternal deaths. In
106 no case shall any individually identifiable health information be provided to the public or
107 submitted to an information clearinghouse.

108 (2) Nothing in this subsection shall prohibit the board or department from publishing
109 statistical compilations and research reports that:

110 (a) Are based on confidential information relating to mortality reviews under this
111 section; and

112 (b) Do not contain identifying information or any other information that could be
113 used to ultimately identify the individuals concerned.

114 (3) Information, records, reports, statements, notes, memoranda, or other data
115 collected under this section shall not be admissible as evidence in any action of any kind in
116 any court or before any other tribunal, board, agency, or person. Such information, records,
117 reports, notes, memoranda, data obtained by the department or any other person, statements,
118 notes, memoranda, or other data shall not be exhibited nor their contents disclosed in any
119 way, in whole or in part, by any officer or representative of the department or any other
120 person. No person participating in such review shall disclose, in any manner, the information
121 so obtained except in strict conformity with such review project. Such information shall not
122 be subject to disclosure under chapter 610.

123 (4) All information, records of interviews, written reports, statements, notes,
124 memoranda, or other data obtained by the department, the board, and other persons, agencies,
125 or organizations so authorized by the department under this section shall be confidential.

126 (5) All proceedings and activities of the board, opinions of members of such board
127 formed as a result of such proceedings and activities, and records obtained, created, or
128 maintained under this section, including records of interviews, written reports, statements,
129 notes, memoranda, or other data obtained by the department or any other person, agency, or
130 organization acting jointly or under contract with the department in connection with the
131 requirements of this section, shall be confidential and shall not be subject to subpoena,
132 discovery, or introduction into evidence in any civil or criminal proceeding; provided,
133 however, that nothing in this section shall be construed to limit or restrict the right to discover
134 or use in any civil or criminal proceeding anything that is available from another source and
135 entirely independent of the board's proceedings.

136 (6) Members of the board shall not be questioned in any civil or criminal proceeding
137 regarding the information presented in or opinions formed as a result of a meeting or
138 communication of the board; provided, however, that nothing in this section shall be
139 construed to prevent a member of the board from testifying to information obtained
140 independently of the board or which is public information.

141 11. The department may use grant program funds to support the efforts of the board
142 and may apply for additional federal government and private foundation grants as needed.
143 The department may also accept private, foundation, city, county, or federal moneys to
144 implement the provisions of this section.

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

4 **2. The dementia services coordinator shall:**

5 **(1) Evaluate the coordination of dementia services within this state;**

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

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

10 **(b) Establishing and maintaining relationships with other agencies, providers,
11 and organizations within the state in order to meet the needs of affected populations and
12 prevent the duplication of services;**

13 **(c) Supporting the provision of dementia-specific staff training across all
14 relevant state agencies, including law enforcement, the department of health and senior
15 services, and other organizations; and**

16 **(d) Recommending strategies to improve coordination of dementia-related
17 services and resources provided by public and private entities;**

18 **(3) Streamline all applicable state government services to increase efficiency and
19 improve access to dementia services;**

20 **(4) Identify any duplicated services;**

21 **(5) Identify grant opportunities to expand the scope of dementia services and
22 apply for appropriate grant opportunities;**

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

25 **(7) Promote public and professional awareness and education of dementia and
26 access to needed services and programs; and**

27 **(8) Monitor data concerning the impact of dementia in Missouri.**

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

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

4 **(2) "Bullying", intimidation or harassment that causes a reasonable person to fear for
5 his or her physical safety or property and may consist of physical actions including gestures;**

6 cyberbullying; oral, electronic, or written communication; and any threat of retaliation for
7 reporting of such acts;

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

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

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

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

18 (7) "Home health agency", the same meaning as such term is defined in section
19 197.400;

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

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

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

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

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

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

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

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

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

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

46 (d) A substantial risk that further physical harm will occur to an eligible adult who
47 has suffered physical injury, neglect, sexual or emotional abuse, or other maltreatment or
48 wasting of his or her financial resources by another person;

49 (15) **"Multidisciplinary adult protection team", a team of two or more persons**
50 **recognized by the department who facilitate the identification, investigation,**
51 **prosecution, prevention, and treatment of offenses against eligible adults and who**
52 **supplement any protective services provided by the department. In addition to**
53 **department designees, such teams may include, but shall not be limited to,**
54 **representatives from the following entities:**

55 (a) **A prosecuting attorney's office or a circuit attorney's office;**

56 (b) **Law enforcement agencies;**

57 (c) **Medical or health care providers, including long-term care facilities;**

58 (d) **Mental health care providers;**

59 (e) **Community-based or government agencies that, in some capacity, participate**
60 **in the prevention, investigation, identification, treatment, or provision of care or needed**
61 **resources related to the abuse or neglect of eligible adults and that are necessary for the**
62 **review of cases;**

63 (f) **Guardians or conservators, as described in chapter 475; and**

64 (g) **Financial institutions or forensic accounting agencies qualified to review**
65 **financial matters in order to identify financial abuse;**

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

70 ~~(16)~~ (17) "Protective services", services provided by the state or other governmental
71 or private organizations or individuals which are necessary for the eligible adult to meet his or
72 her essential human needs.

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

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

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

7 (2) The attorney general;

- 8 (3) The department of mental health for persons referred to that department;
9 (4) **The department of social services for persons referred to that department;**
10 (5) Any appropriate law enforcement agency; ~~and~~
11 (6) **Any member of a multidisciplinary adult protection team when acting in the**
12 **member's official capacity as a representative of a participating entity; and**
13 ~~(5)~~ (7) The eligible adult or such adult's legal guardian.

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

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

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

18 ~~(2)~~ (b) The department determines that disclosure of the name of the reporter is
19 necessary in order to prevent further harm to an eligible adult.

20 4. **Notwithstanding any other provision of law to the contrary, members of a**
21 **multidisciplinary adult protection team may make available to members of the team all**
22 **information and records that are appropriate and necessary to conduct team activities**
23 **for the benefit of the eligible adult. The case information received by members of the**
24 **multidisciplinary adult protection team shall be maintained as confidential and any**
25 **person to whom information is released under this section is prohibited from using or**
26 **releasing the information except in the proper performance of the person's official**
27 **duties. Any member of the multidisciplinary adult protection team may share**
28 **information that is acquired in the team member's professional capacity with other**
29 **members of the multidisciplinary adult protection team to assist the team in its function**
30 **for the benefit of the eligible adult.**

31 5. Any person who violates the provisions of this section, or who permits or
32 encourages the unauthorized dissemination of information contained in the central registry
33 and in reports and records made pursuant to sections 192.2400 to 192.2470, shall be guilty of
34 a class A misdemeanor.

35 ~~(5-)~~ 6. The department shall maintain a central registry capable of receiving and
36 maintaining reports received in a manner that facilitates rapid access and recall of the
37 information reported, and of subsequent investigations and other relevant information. The
38 department shall electronically record any telephone report of suspected abuse and neglect
39 received by the department and such recorded reports shall be retained by the department for
40 a period of one year after recording.

41 ~~(6-)~~ 7. Although reports to the central registry may be made anonymously, the
42 department shall in all cases, after obtaining relevant information regarding the alleged abuse
43 or neglect, attempt to obtain the name and address of any person making a report.

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

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

8 ~~(2)~~ (2) The department may authorize the disclosure of information contained in vital
9 records for legitimate research purposes;

10 ~~[(3)]~~ (2) To a qualified applicant as provided in section 193.255;

11 ~~[(4)]~~ (3) Copies of death records over fifty years old may be disclosed upon request.

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

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

9 (1) The sole active ingredient; or

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

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

13

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

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

22 (1) The sole active ingredient; or

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

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

26

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

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

34 (1) The sole active ingredient; or

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

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

38

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

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

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

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

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

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

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

63 **(5) The fees required under this subsection shall be assessed against each**
64 **manufacturer solely on the basis of sales transactions involving that manufacturer's own**
65 **compounds, mixtures, or preparations sold in or into the state. No manufacturer shall**
66 **be assessed fees based upon transactions attributable to the compounds, mixtures, or**
67 **preparations of any other manufacturer.**

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

77 ~~[8-]~~ **9.** This section shall supersede and preempt any local ordinances or regulations,
78 including any ordinances or regulations enacted by any political subdivision of the state. This
79 section shall not apply to the sale of any animal feed products containing ephedrine or any
80 naturally occurring or herbal ephedra or extract of ephedra.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

69 (4) Any person or entity that conducts the training described in this section.
70

71 Such immunity does not apply to acts or omissions constituting a reckless disregard for the
72 safety of others or willful or wanton conduct. The administration of an epinephrine ~~[auto-~~
73 ~~injector]~~ **delivery system** in accordance with this section shall not be considered the practice
74 of medicine. The immunity from liability provided under this subsection is in addition to and
75 not in lieu of that provided under section 537.037. An authorized entity located in this state

76 shall not be liable for any injuries or related damages that result from the provision or
77 administration of an epinephrine ~~[auto-injector]~~ **delivery system** by its employees or agents
78 outside of this state if the entity or its employee or agent is not liable for such injuries or
79 related damages under the laws of the state in which such provision or administration
80 occurred. No trained person who is in compliance with this section and who in good faith and
81 exercising reasonable care fails to administer an epinephrine ~~[auto-injector]~~ **delivery system**
82 shall be liable for such failure.

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

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

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

197.315. 1. Any person who proposes to develop or offer a new institutional health
2 service within the state must obtain a certificate of need from the committee prior to the time
3 such services are offered.

4 2. Only those new institutional health services which are found by the committee to
5 be needed shall be granted a certificate of need. Only those new institutional health services
6 which are granted certificates of need shall be offered or developed within the state. No
7 expenditures for new institutional health services in excess of the applicable expenditure
8 minimum shall be made by any person unless a certificate of need has been granted.

9 3. After October 1, 1980, no state agency charged by statute to license or certify
10 health care facilities shall issue a license to or certify any such facility, or distinct part of such
11 facility, that is developed without obtaining a certificate of need.

12 4. If any person proposes to develop any new institutional health care service without
13 a certificate of need as required by sections 197.300 to 197.366, the committee shall notify
14 the attorney general, and he shall apply for an injunction or other appropriate legal action in
15 any court of this state against that person.

16 5. After October 1, 1980, no agency of state government may appropriate or grant
17 funds to or make payment of any funds to any person or health care facility which has not first
18 obtained every certificate of need required pursuant to sections 197.300 to 197.366.

19 6. A certificate of need shall be issued only for the premises and persons named in the
20 application and is not transferable except by consent of the committee.

21 7. Project cost increases, due to changes in the project application as approved or due
22 to project change orders, exceeding the initial estimate by more than ten percent shall not be
23 incurred without consent of the committee.

24 8. Periodic reports to the committee shall be required of any applicant who has been
25 granted a certificate of need until the project has been completed. The committee may order
26 the forfeiture of the certificate of need upon failure of the applicant to file any such report.

27 9. A certificate of need shall be subject to forfeiture for failure to incur a capital
28 expenditure on any approved project within six months after the date of the order. The
29 applicant may request an extension from the committee of not more than six additional
30 months based upon substantial expenditure made.

31 10. Each application for a certificate of need must be accompanied by an application
32 fee. The time of filing commences with the receipt of the application and the application fee.
33 The application fee is one thousand dollars, or one-tenth of one percent of the total cost of the
34 proposed project, whichever is greater. All application fees shall be deposited in the state
35 treasury. Because of the loss of federal funds, the general assembly will appropriate funds to
36 the Missouri health facilities review committee.

37 11. In determining whether a certificate of need should be granted, no consideration
38 shall be given to the facilities or equipment of any other health care facility located more than
39 a fifteen-mile radius from the applying facility.

40 12. When a nursing facility shifts from a skilled to an intermediate level of nursing
41 care, it may return to the higher level of care if it meets the licensure requirements, without
42 obtaining a certificate of need.

43 13. In no event shall a certificate of need be denied because the applicant refuses to
44 provide abortion services or information.

45 14. A certificate of need shall not be required for the transfer of ownership of an
46 existing and operational health facility in its entirety.

47 15. A certificate of need may be granted to a facility for an expansion, an addition of
48 services, a new institutional service, or for a new hospital facility which provides for
49 something less than that which was sought in the application.

50 16. The provisions of this section shall not apply to facilities operated by the state,
51 and appropriation of funds to such facilities by the general assembly shall be deemed in
52 compliance with this section, and such facilities shall be deemed to have received an
53 appropriate certificate of need without payment of any fee or charge. The provisions of this
54 subsection shall not apply to hospitals operated by the state and licensed under this chapter,
55 except for department of mental health state-operated psychiatric hospitals.

56 17. Notwithstanding other provisions of this section, a certificate of need may be
57 issued after July 1, 1983, for an intermediate care facility operated exclusively for the
58 intellectually disabled.

59 18. To assure the safe, appropriate, and cost-effective transfer of new medical
60 technology throughout the state, a certificate of need shall not be required for the purchase
61 and operation of:

62 (1) Research equipment that is to be used in a clinical trial that has received written
63 approval from a duly constituted institutional review board of an accredited school of
64 medicine or osteopathy located in Missouri to establish its safety and efficacy and does not
65 increase the bed complement of the institution in which the equipment is to be located. After
66 the clinical trial has been completed, a certificate of need must be obtained for continued use
67 in such facility; or

68 (2) Equipment that is to be used by an academic health center operated by the state in
69 furtherance of its research or teaching missions.

70 **19. If, within thirty days of an applicant receiving a certificate of need, including**
71 **one granted on an appeal of a denial of a certificate of need, the committee obtains**
72 **evidence that a material fact was withheld from or misrepresented to the committee**
73 **during the original hearing on the application before the committee, the committee**
74 **shall, at the next regularly scheduled meeting, vote to rescind the granted certificate of**
75 **need and require the applicant to file a new application for a certificate of need that**
76 **corrects any omissions or misstatements.**

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

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

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

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

10 (b) Suing the patient or patient guarantor or enforcing an arbitration or
11 mediation clause in any hospital documents, including contracts, agreements,
12 statements, or bills; or

- 13 (c) **Directly or indirectly causing a report to be made to a consumer reporting**
14 **agency;**
- 15 (2) **"Collection agency":**
- 16 (a) **Any:**
- 17 a. **Person who engages in a business, the principal purpose of which is the**
18 **collection of debts; or**
- 19 b. **Person who:**
- 20 (i) **Regularly collects or attempts to collect, directly or indirectly, debts owed or**
21 **due or asserted to be owed or due to another;**
- 22 (ii) **Takes assignment of debts for collection purposes;**
- 23 (iii) **Directly or indirectly solicits for collection debts owed or due or asserted to**
24 **be owed or due to another; or**
- 25 (iv) **Collects debts for the office of administration;**
- 26 (b) **Does not include:**
- 27 a. **Any officer or employee of a creditor while, in the name of the creditor,**
28 **collecting debts for such creditor;**
- 29 b. **Any person while acting as a collection agency for another person, both of**
30 **whom are related by common ownership or affiliated by corporate control, if the person**
31 **acting as a collection agency does so only for creditors to whom it is so related or**
32 **affiliated and if the principal business of the person is not the collection of debts;**
- 33 c. **Any officer or employee of the United States or any state to the extent that**
34 **collecting or attempting to collect any debt is in the performance of the officer's or**
35 **employee's official duties;**
- 36 d. **Any person while serving or attempting to serve legal process on any other**
37 **person in connection with the judicial enforcement of any debt;**
- 38 e. **Any person collecting or attempting to collect any debt owed or due or**
39 **asserted to be owed or due to another to the extent that:**
- 40 (i) **The activity is incidental to a bona fide fiduciary obligation or a bona fide**
41 **escrow arrangement;**
- 42 (ii) **The activity concerns a debt that was extended by the person;**
- 43 (iii) **The activity concerns a debt that was not in default at the time it was**
44 **obtained by the person; or**
- 45 (iv) **The activity concerns a debt obtained by the person as a secured party in a**
46 **commercial credit transaction involving the creditor; or**
- 47 f. **Any person whose principal business is the making of loans or the servicing of**
48 **debt not in default and who acts as a loan correspondent, seller, and servicer for the**

49 owner, or holder of a debt that is secured by a deed of trust on real property, regardless
50 of whether the debt is also secured by an interest in personal property;

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

55 (3) "Consumer reporting agency", any person who, for monetary fees or dues or
56 on a cooperative nonprofit basis, regularly engages, in whole or in part, in the practice
57 of assembling or evaluating consumer credit information or other information on
58 consumers for the purpose of furnishing consumer reports to third parties. The term
59 "consumer reporting agency" includes any person defined in 15 U.S.C. Section 1681a(f)
60 and any consumer credit reporting agency defined in section 407.1380. The term
61 "consumer reporting agency" does not include any business entity that provides only
62 check verification or check guarantee services;

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

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

69 (6) "Hospital", a hospital:

70 (a) Licensed under this chapter; or

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

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

76 (8) "Items and services" or "items or services", items and services as defined in
77 45 CFR 180.20.

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

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

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

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

- 5 (1) The statements in the application are true and correct;
- 6 (2) The facility and the operator are in substantial compliance with the provisions of
7 sections 198.003 to 198.096 and the standards established thereunder;
- 8 (3) The applicant has the financial capacity to operate the facility;
- 9 (4) The administrator of an assisted living facility, a skilled nursing facility, or an
10 intermediate care facility is currently licensed under the provisions of chapter 344;
- 11 (5) Neither the operator nor any principals in the operation of the facility have ever
12 been convicted of a felony offense concerning the operation of a long-term health care facility
13 or other health care facility or ever knowingly acted or knowingly failed to perform any duty
14 which materially and adversely affected the health, safety, welfare or property of a resident,
15 while acting in a management capacity. The operator of the facility or any principal in the
16 operation of the facility shall not be under exclusion from participation in the Title XVIII
17 (Medicare) or Title XIX (Medicaid) program of any state or territory;
- 18 (6) Neither the operator nor any principals involved in the operation of the facility
19 have ever been convicted of a felony in any state or federal court arising out of conduct
20 involving either management of a long-term care facility or the provision or receipt of health
21 care; **and**

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

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

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

35 operator. The department may make such other inspections, announced or unannounced, as it
36 deems necessary to carry out the provisions of sections 198.003 to 198.136.

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

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

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

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

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

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

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

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

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

206.110. 1. A hospital district, both within and outside such district, except in
2 counties of the third or fourth classification (other than within the district boundaries) where
3 there already exists a hospital organized pursuant to ~~[chapters 96, 205 or]~~ this chapter;

4 provided, however, that this exception shall not prohibit the continuation or expansion of
5 existing activities otherwise allowed by law, shall have and exercise the following
6 governmental powers, and all other powers incidental, necessary, convenient or desirable
7 to carry out and effectuate the express powers:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15 2. For income to be considered earned income for purposes of this section, the
16 department of social services shall document that Medicare and Social Security taxes are
17 withheld from such income. Self-employed persons shall provide proof of payment of
18 Medicare and Social Security taxes for income to be considered earned.

19 3. (1) For purposes of determining eligibility under this section, the available asset
20 limit and the definition of available assets shall be the same as those used to determine MO
21 HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of
22 subsection 1 of section 208.151 except for:

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

26 (b) Independent living accounts limited to deposits of earned income and earnings on
27 such income while a participant in the program created under this section with a value not to
28 exceed five thousand dollars per year. For purposes of this section, an "independent living
29 account" means an account established and maintained to provide savings for transportation,

30 housing, home modification, and personal care services and assistive devices associated with
31 such person's disability; and

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

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

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

37 (b) A twenty dollar standard deduction;

38 (c) Health insurance premiums;

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

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

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

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

49 (1) For a person whose income is more than one hundred percent but less than one
50 hundred fifty percent of the federal poverty level, four percent of income at one hundred
51 percent of the federal poverty level;

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

55 (3) For a person whose income equals or exceeds two hundred percent but less than
56 two hundred fifty percent of the federal poverty level, five percent of income at two hundred
57 percent of the federal poverty level;

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

61 5. Recipients of services through this program shall report any change in income or
62 household size within ten days of the occurrence of such change. An increase in premiums
63 resulting from a reported change in income or household size shall be effective with the next
64 premium invoice that is mailed to a person after due process requirements have been met. A
65 decrease in premiums shall be effective the first day of the month immediately following the
66 month in which the change is reported.

67 6. If an eligible person's employer offers employer-sponsored health insurance and
68 the department of social services determines that it is more cost effective, such person shall
69 participate in the employer-sponsored insurance. The department shall pay such person's
70 portion of the premiums, co-payments, and any other costs associated with participation in the
71 employer-sponsored health insurance. If the department elects to pay such person's
72 employer-sponsored insurance costs under this subsection, the medical assistance provided
73 under this section shall be provided to an eligible person as a secondary or supplemental
74 policy for only personal care assistance services, as defined in section 208.900, and related
75 costs and nonemergency medical transportation to any employer-sponsored benefits that may
76 be available to such person.

77 7. The department of social services shall provide to the general assembly an annual
78 report that identifies the number of participants in the program and describes the outreach and
79 education efforts to increase awareness and enrollment in the program.

80 8. The department of social services shall submit such state plan amendments and
81 waivers to the Centers for Medicare and Medicaid Services of the federal Department of
82 Health and Human Services as the department determines are necessary to implement the
83 provisions of this section.

84 ~~[9. The provisions of this section shall expire August 28, 2025.]~~

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

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

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

8 **(3) "MO HealthNet", the Medicaid program administered by the state of**
9 **Missouri in accordance with federal and state law;**

10 **(4) "Professional component of clinical pathology services", the portion of each**
11 **clinical pathology service in a high-complexity laboratory environment that involves the**
12 **physician's use of medical judgment in interpreting and supervising laboratory tests**
13 **and that excludes the technical component of the laboratory test.**

14 **2. The professional component of clinical pathology services provided by a**
15 **hospital-based pathologist shall be recognized as distinct physician services by the MO**
16 **HealthNet program.**

17 **3. The MO HealthNet program shall reimburse the professional component of**
18 **clinical pathology services provided to MO HealthNet participants.**

19 **4. The reimbursement amount for the professional component of clinical**
20 **pathology services shall be set at no less than thirty percent of the approved MO**
21 **HealthNet Independent Lab - Technical Component fee schedule.**

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

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

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

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

14 assistance subrogation claims or MO HealthNet subrogation claims using standard electronic
15 transactions or paper claim forms:

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

18 (a) **Shall respond to any inquiry by the state regarding a claim for payment for**
19 **any health care item or service not later than sixty days after receiving any such**
20 **inquiry;**

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

23 ~~[(b)]~~ (c) Shall not deny a claim submitted by the state solely on the basis of the date of
24 submission of the claim, the type or format of the claim form, failure to present proper
25 documentation of coverage at the point of sale, or failure to provide prior authorization **for**
26 **the item or service for which the claim is being submitted, except that such shall not**
27 **apply to the original Medicare fee-for-service program under Parts A and B of**
28 **Subchapter XVIII of 42 U.S.C. Chapter 7, a Medicare Advantage plan offered by a**
29 **Medicare Advantage organization under Part C of such subchapter, a reasonable cost**
30 **reimbursement plan under 42 U.S.C. 1395mm, a health care prepayment plan under 42**
31 **U.S.C. 1395l, or a prescription drug plan offered by a PDP sponsor under Part D of**
32 **Subchapter XVIII of 42 U.S.C. Chapter 7 with regards to prior authorizations;**

33 ~~[(c)]~~ (d) Shall not be required to reimburse for items or services for which a claim
34 was previously submitted to the health benefit plan, third-party administrator, administrative
35 service organization, or pharmacy benefits manager by the health care provider or the
36 participant and the claim was properly denied by the health benefit plan, third-party
37 administrator, administrative service organization, or pharmacy benefits manager for
38 procedural reasons, except for timely filing, type or format of the claim form, failure to
39 present proper documentation of coverage at the point of sale, or failure to obtain prior
40 authorization;

41 (e) **Shall accept authorization provided by the state that the item or service is**
42 **covered under the state plan or waiver of such plan for such individual, as if such**
43 **authorization were the prior authorization made by the third party for such item or**
44 **service, except that such shall not apply to the original Medicare fee-for-service**
45 **program under Parts A and B of Subchapter XVIII of 42 U.S.C. Chapter 7, a Medicare**
46 **Advantage plan offered by a Medicare Advantage organization under Part C of such**
47 **subchapter, a reasonable cost reimbursement plan under 42 U.S.C. 1395mm, a health**
48 **care prepayment plan under 42 U.S.C. 1395l, or a prescription drug plan offered by a**
49 **PDP sponsor under Part D of Subchapter XVIII of 42 U.S.C. Chapter 7;**

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

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

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

59 2. The department of social services, MO HealthNet division, or its contractor may
60 maintain an appropriate action to recover funds paid by the department of social services or
61 MO HealthNet division or its contractor that are due under this section in the name of the
62 state of Missouri against the person, corporation, institution, public agency, or private agency
63 liable to the participant, minor or estate.

64 3. Any participant, minor, guardian, conservator, personal representative, estate,
65 including persons entitled under section 537.080 to bring an action for wrongful death who
66 pursues legal rights against a person, corporation, institution, public agency, or private agency
67 liable to that participant or minor for injuries, disease or disability or benefits arising from a
68 health insurance plan to which the participant may be entitled as outlined in subsection 1 of
69 this section shall upon actual knowledge that the department of social services or MO
70 HealthNet division has paid MO HealthNet benefits as defined by this chapter promptly
71 notify the MO HealthNet division as to the pursuit of such legal rights.

72 4. Every applicant or participant by application assigns his right to the department of
73 social services or MO HealthNet division of any funds recovered or expected to be recovered
74 to the extent provided for in this section. All applicants and participants, including a person
75 authorized by the probate code, shall cooperate with the department of social services, MO
76 HealthNet division in identifying and providing information to assist the state in pursuing any
77 third party who may be liable to pay for care and services available under the state's plan for
78 MO HealthNet benefits as provided in sections 208.151 to 208.159 and sections 208.162 and
79 208.204. All applicants and participants shall cooperate with the agency in obtaining third-
80 party resources due to the applicant, participant, or child for whom assistance is claimed.
81 Failure to cooperate without good cause as determined by the department of social services,
82 MO HealthNet division in accordance with federally prescribed standards shall render the
83 applicant or participant ineligible for MO HealthNet benefits under sections 208.151 to
84 208.159 and sections 208.162 and 208.204. A participant who has notice or who has actual
85 knowledge of the department's rights to third-party benefits who receives any third-party
86 benefit or proceeds for a covered illness or injury is either required to pay the division within

87 sixty days after receipt of settlement proceeds the full amount of the third-party benefits up to
88 the total MO HealthNet benefits provided or to place the full amount of the third-party
89 benefits in a trust account for the benefit of the division pending judicial or administrative
90 determination of the division's right to third-party benefits.

91 5. Every person, corporation or partnership who acts for or on behalf of a person who
92 is or was eligible for MO HealthNet benefits under sections 208.151 to 208.159 and sections
93 208.162 and 208.204 for purposes of pursuing the applicant's or participant's claim which
94 accrued as a result of a nonoccupational or nonwork-related incident or occurrence resulting
95 in the payment of MO HealthNet benefits shall notify the MO HealthNet division upon
96 agreeing to assist such person and further shall notify the MO HealthNet division of any
97 institution of a proceeding, settlement or the results of the pursuit of the claim and give thirty
98 days' notice before any judgment, award, or settlement may be satisfied in any action or any
99 claim by the applicant or participant to recover damages for such injuries, disease, or
100 disability, or benefits arising from a health insurance program to which the participant may be
101 entitled.

102 6. Every participant, minor, guardian, conservator, personal representative, estate,
103 including persons entitled under section 537.080 to bring an action for wrongful death, or his
104 attorney or legal representative shall promptly notify the MO HealthNet division of any
105 recovery from a third party and shall immediately reimburse the department of social
106 services, MO HealthNet division, or its contractor from the proceeds of any settlement,
107 judgment, or other recovery in any action or claim initiated against any such third party. A
108 judgment, award, or settlement in an action by a participant to recover damages for injuries or
109 other third-party benefits in which the division has an interest may not be satisfied without
110 first giving the division notice and a reasonable opportunity to file and satisfy the claim or
111 proceed with any action as otherwise permitted by law.

112 7. The department of social services, MO HealthNet division or its contractor shall
113 have a right to recover the amount of payments made to a provider under this chapter because
114 of an injury, disease, or disability, or benefits arising from a health insurance plan to which
115 the participant may be entitled for which a third party is or may be liable in contract, tort or
116 otherwise under law or equity. Upon request by the MO HealthNet division, all third-party
117 payers shall provide the MO HealthNet division with information contained in a 270/271
118 Health Care Eligibility Benefits Inquiry and Response standard transaction mandated under
119 the federal Health Insurance Portability and Accountability Act, except that third-party payers
120 shall not include accident-only, specified disease, disability income, hospital indemnity, or
121 other fixed indemnity insurance policies.

122 8. The department of social services or MO HealthNet division shall have a lien upon
123 any moneys to be paid by any insurance company or similar business enterprise, person,

124 corporation, institution, public agency or private agency in settlement or satisfaction of a
125 judgment on any claim for injuries or disability or disease benefits arising from a health
126 insurance program to which the participant may be entitled which resulted in medical
127 expenses for which the department or MO HealthNet division made payment. This lien shall
128 also be applicable to any moneys which may come into the possession of any attorney who is
129 handling the claim for injuries, or disability or disease or benefits arising from a health
130 insurance plan to which the participant may be entitled which resulted in payments made by
131 the department or MO HealthNet division. In each case, a lien notice shall be served by
132 certified mail or registered mail, upon the party or parties against whom the applicant or
133 participant has a claim, demand or cause of action. The lien shall claim the charge and
134 describe the interest the department or MO HealthNet division has in the claim, demand or
135 cause of action. The lien shall attach to any verdict or judgment entered and to any money or
136 property which may be recovered on account of such claim, demand, cause of action or suit
137 from and after the time of the service of the notice.

138 9. On petition filed by the department, or by the participant, or by the defendant, the
139 court, on written notice of all interested parties, may adjudicate the rights of the parties and
140 enforce the charge. The court may approve the settlement of any claim, demand or cause of
141 action either before or after a verdict, and nothing in this section shall be construed as
142 requiring the actual trial or final adjudication of any claim, demand or cause of action upon
143 which the department has charge. The court may determine what portion of the recovery
144 shall be paid to the department against the recovery. In making this determination the court
145 shall conduct an evidentiary hearing and shall consider competent evidence pertaining to the
146 following matters:

147 (1) The amount of the charge sought to be enforced against the recovery when
148 expressed as a percentage of the gross amount of the recovery; the amount of the charge
149 sought to be enforced against the recovery when expressed as a percentage of the amount
150 obtained by subtracting from the gross amount of the recovery the total attorney's fees and
151 other costs incurred by the participant incident to the recovery; and whether the department
152 should, as a matter of fairness and equity, bear its proportionate share of the fees and costs
153 incurred to generate the recovery from which the charge is sought to be satisfied;

154 (2) The amount, if any, of the attorney's fees and other costs incurred by the
155 participant incident to the recovery and paid by the participant up to the time of recovery, and
156 the amount of such fees and costs remaining unpaid at the time of recovery;

157 (3) The total hospital, doctor and other medical expenses incurred for care and
158 treatment of the injury to the date of recovery therefor, the portion of such expenses
159 theretofore paid by the participant, by insurance provided by the participant, and by the

160 department, and the amount of such previously incurred expenses which remain unpaid at the
161 time of recovery and by whom such incurred, unpaid expenses are to be paid;

162 (4) Whether the recovery represents less than substantially full recompense for the
163 injury and the hospital, doctor and other medical expenses incurred to the date of recovery for
164 the care and treatment of the injury, so that reduction of the charge sought to be enforced
165 against the recovery would not likely result in a double recovery or unjust enrichment to the
166 participant;

167 (5) The age of the participant and of persons dependent for support upon the
168 participant, the nature and permanency of the participant's injuries as they affect not only the
169 future employability and education of the participant but also the reasonably necessary and
170 foreseeable future material, maintenance, medical rehabilitative and training needs of the
171 participant, the cost of such reasonably necessary and foreseeable future needs, and the
172 resources available to meet such needs and pay such costs;

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

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

181 11. The court may reduce and apportion the department's or MO HealthNet division's
182 lien proportionate to the recovery of the claimant. The court may consider the nature and
183 extent of the injury, economic and noneconomic loss, settlement offers, comparative
184 negligence as it applies to the case at hand, hospital costs, physician costs, and all other
185 appropriate costs. The department or MO HealthNet division shall pay its pro rata share of
186 the attorney's fees based on the department's or MO HealthNet division's lien as it compares
187 to the total settlement agreed upon. This section shall not affect the priority of an attorney's
188 lien under section 484.140. The charges of the department or MO HealthNet division or
189 contractor described in this section, however, shall take priority over all other liens and
190 charges existing under the laws of the state of Missouri with the exception of the attorney's
191 lien under such statute.

192 12. Whenever the department of social services or MO HealthNet division has a
193 statutory charge under this section against a recovery for damages incurred by a participant
194 because of its advancement of any assistance, such charge shall not be satisfied out of any
195 recovery until the attorney's claim for fees is satisfied, regardless of whether an action based
196 on participant's claim has been filed in court. Nothing herein shall prohibit the director from

197 entering into a compromise agreement with any participant, after consideration of the factors
198 in subsections 9 to 13 of this section.

199 13. This section shall be inapplicable to any claim, demand or cause of action arising
200 under the workers' compensation act, chapter 287. From funds recovered pursuant to this
201 section the federal government shall be paid a portion thereof equal to the proportionate part
202 originally provided by the federal government to pay for MO HealthNet benefits to the
203 participant or minor involved. The department or MO HealthNet division shall enforce
204 TEFRA liens, 42 U.S.C. Section 1396p, as authorized by federal law and regulation on
205 permanently institutionalized individuals. The department or MO HealthNet division shall
206 have the right to enforce TEFRA liens, 42 U.S.C. Section 1396p, as authorized by federal law
207 and regulation on all other institutionalized individuals. For the purposes of this subsection,
208 "permanently institutionalized individuals" includes those people who the department or MO
209 HealthNet division determines cannot reasonably be expected to be discharged and return
210 home, and "property" includes the homestead and all other personal and real property in
211 which the participant has sole legal interest or a legal interest based upon co-ownership of the
212 property which is the result of a transfer of property for less than the fair market value within
213 thirty months prior to the participant's entering the nursing facility. The following provisions
214 shall apply to such liens:

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

218 (2) The MO HealthNet division shall file for record, with the recorder of deeds of the
219 county in which any real property of the participant is situated, a written notice of the lien.
220 The notice of lien shall contain the name of the participant and a description of the real estate.
221 The recorder shall note the time of receiving such notice, and shall record and index the
222 notice of lien in the same manner as deeds of real estate are required to be recorded and
223 indexed. The director or the director's designee may release or discharge all or part of the lien
224 and notice of the release shall also be filed with the recorder. The department of social
225 services, MO HealthNet division, shall provide payment to the recorder of deeds the fees set
226 for similar filings in connection with the filing of a lien and any other necessary documents;

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

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

230 a. Who is an inpatient in a nursing facility, intermediate care facility for the
231 intellectually disabled, or other medical institution, if such individual is required, as a
232 condition of receiving services in such institution, to spend for costs of medical care all but a
233 minimal amount of his or her income required for personal needs; and

234 b. With respect to whom the director of the MO HealthNet division or the director's
235 designee determines, after notice and opportunity for hearing, that he cannot reasonably be
236 expected to be discharged from the medical institution and to return home. The hearing, if
237 requested, shall proceed under the provisions of chapter 536 before a hearing officer
238 designated by the director of the MO HealthNet division; or

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

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

244 (a) The spouse of such individual;

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

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

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

253 14. The debt due the state provided by this section is subordinate to the lien provided
254 by section 484.130 or section 484.140, relating to an attorney's lien and to the participant's
255 expenses of the claim against the third party.

256 15. Application for and acceptance of MO HealthNet benefits under this chapter shall
257 constitute an assignment to the department of social services or MO HealthNet division of
258 any rights to support for the purpose of medical care as determined by a court or
259 administrative order and of any other rights to payment for medical care.

260 16. All participants receiving benefits as defined in this chapter shall cooperate with
261 the state by reporting to the family support division or the MO HealthNet division, within
262 thirty days, any occurrences where an injury to their persons or to a member of a household
263 who receives MO HealthNet benefits is sustained, on such form or forms as provided by the
264 family support division or MO HealthNet division.

265 17. If a person fails to comply with the provision of any judicial or administrative
266 decree or temporary order requiring that person to maintain medical insurance on or be
267 responsible for medical expenses for a dependent child, spouse, or ex-spouse, in addition to
268 other remedies available, that person shall be liable to the state for the entire cost of the
269 medical care provided pursuant to eligibility under any public assistance program on behalf of
270 that dependent child, spouse, or ex-spouse during the period for which the required medical

271 care was provided. Where a duty of support exists and no judicial or administrative decree or
272 temporary order for support has been entered, the person owing the duty of support shall be
273 liable to the state for the entire cost of the medical care provided on behalf of the dependent
274 child or spouse to whom the duty of support is owed.

275 18. The department director or the director's designee may compromise, settle or
276 waive any such claim in whole or in part in the interest of the MO HealthNet program.
277 Notwithstanding any provision in this section to the contrary, the department of social
278 services, MO HealthNet division is not required to seek reimbursement from a liable third
279 party on claims for which the amount it reasonably expects to recover will be less than the
280 cost of recovery or for which recovery efforts will not be cost-effective. Cost-effectiveness is
281 determined based on the following:

- 282 (1) Actual and legal issues of liability as may exist between the participant and the
283 liable party;
- 284 (2) Total funds available for settlement; and
- 285 (3) An estimate of the cost to the division of pursuing its claim.

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

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

**4 (1) "Medically tailored groceries", a selection of groceries, including but not
5 limited to fruits, vegetables, grains, beans, lean proteins, or dairy, that is prescribed by a
6 registered dietitian, a physician licensed under chapter 334, or a qualified clinical team
7 for individuals who are able to prepare food. Such groceries may be specifically selected
8 by a registered dietitian, a physician licensed under chapter 334, or a qualified clinical
9 team, or selected by a participant from a pantry in accordance with dietary
10 recommendations set by a registered dietitian, a physician licensed under chapter
11 334, or a qualified clinical team;**

**12 (2) "Medically tailored meals", meals used to meet the specific dietary needs of
13 individuals living with one or more chronic conditions or diet-related conditions. Such
14 meals are prescribed by a registered dietitian, a physician licensed under chapter 334, or
15 a qualified clinical team and home-delivered for individuals who are not able to prepare
16 food on their own;**

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

**21 3. The department of social services may apply to the Centers for Medicare and
22 Medicaid Services of the federal Department of Health and Human Services for a**

23 **Section 1115 demonstration waiver to implement the "Food is Medicine" program for**
24 **the purpose of providing nutritional support through the MO HealthNet program. The**
25 **food is medicine program shall be designed to improve health outcomes for MO**
26 **HealthNet participants with nutrition-related chronic diseases through nutrition**
27 **services and to reduce the need for medical care for those participants.**

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

30 **(1) Case management;**

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

32 **(3) Food provisions prescribed by a registered dietitian, a physician licensed**
33 **under chapter 334, or a qualified clinical team, including:**

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

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

36 **(c) Produce prescriptions.**

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

40 **6. The department of social services shall promulgate all necessary rules and**
41 **regulations for the administration of this section. Any rule or portion of a rule, as that**
42 **term is defined in section 536.010, that is created under the authority delegated in this**
43 **section shall become effective only if it complies with and is subject to all of the**
44 **provisions of chapter 536 and, if applicable, section 536.028. This section and chapter**
45 **536 are nonseverable and if any of the powers vested with the general assembly**
46 **pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul**
47 **a rule are subsequently held unconstitutional, then the grant of rulemaking authority**
48 **and any rule proposed or adopted after August 28, 2026, shall be invalid and void.**

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

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

208.662. 1. There is hereby established within the department of social services the
2 "Show-Me Healthy Babies Program" as a separate children's health insurance program
3 (CHIP) for any low-income unborn child. The program shall be established under the
4 authority of Title XXI of the federal Social Security Act, the State Children's Health
5 Insurance Program, as amended, and 42 CFR 457.1.

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

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

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

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

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

35 (2) (a) Subject to approval of any necessary state plan amendments or waivers,
36 beginning on July 6, 2023, mothers eligible to receive coverage under this section shall
37 receive medical assistance benefits during the pregnancy and during the twelve-month period

38 that begins on the last day of the woman's pregnancy and ends on the last day of the month in
39 which such twelve-month period ends, consistent with the provisions of 42 U.S.C. Section
40 1397gg(e)(1)(J). The department shall seek any necessary state plan amendments or waivers
41 to implement the provisions of this subdivision when the number of ineligible MO HealthNet
42 participants removed from the program in 2023 pursuant to section 208.239 exceeds the
43 projected number of beneficiaries likely to enroll in benefits in 2023 under this subdivision
44 and subdivision (28) of subsection 1 of section 208.151, as determined by the department, by
45 at least one hundred individuals.

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

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

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

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

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

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

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

75 (3) The change in the proportion of unborn children who receive care in the first
76 trimester of pregnancy due to a lack of waiting periods, by allowing presumptive eligibility,
77 or by removal of other barriers, and any resulting or projected decrease in health problems
78 and other problems for unborn children and women throughout pregnancy; at labor, delivery,
79 and birth; and during infancy and childhood;

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

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

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

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

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

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

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

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

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

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

- 14 **(b) Is a trained certified professional but is not a licensed or clinical provider;**
15 **and**
- 16 **(c) Does not require supervision in the performance of the activities described in**
17 **paragraph (a) of this subdivision;**
- 18 **(3) "Doula care", physical, emotional, and other nonmedical care provided by a**
19 **doula during the prenatal, intrapartum, and postpartum periods; presence of a doula**
20 **during labor and delivery; and doula support for miscarriage and stillbirth;**
- 21 **(4) "Doula services", health education, advocacy, and physical, emotional, and**
22 **nonmedical support provided during the prenatal and intrapartum periods, and after**
23 **childbirth, including throughout the postpartum period;**
- 24 **(5) "Eligible participant", any pregnant woman who is eligible for MO**
25 **HealthNet benefits and requests doula services;**
- 26 **(6) "Fee-for-service", a payment model where services are unbundled and paid**
27 **for separately;**
- 28 **(7) "Intrapartum", the period of pregnancy during labor and delivery,**
29 **miscarriage, and stillbirth. Services provided during this period are rendered to the**
30 **pregnant woman;**
- 31 **(8) "Managed care", the delivery of Medicaid health benefits and additional**
32 **services through contracted arrangements between state Medicaid agencies and**
33 **managed care organizations that accept a set per member per month (capitation)**
34 **payment for these services;**
- 35 **(9) "Postpartum", the one-year period after a pregnancy ends;**
- 36 **(10) "Postpartum support session", any session provided during the postpartum**
37 **period that is designed to help a woman understand what to expect, identify normal**
38 **experiences, communicate concerns to providers, transition back to well-woman care,**
39 **engage in family planning, participate in screening for postpartum depression, engage in**
40 **parenting education and skills development, and transition to other insurance as**
41 **necessary;**
- 42 **(11) "Prenatal", the period of pregnancy before labor or childbirth. Services**
43 **provided during this period are rendered to the pregnant woman;**
- 44 **(12) "Prenatal support session", any session provided during the prenatal period**
45 **that is aimed at enhancing health literacy, covering what to expect during pregnancy**
46 **and childbirth, identifying normal experiences, communicating concerns to providers,**
47 **and discussing nutrition, exercise, tobacco cessation, and self-monitoring of existing**
48 **health risks or conditions;**
- 49 **(13) "Support session", any prenatal, intrapartum, or postpartum support**
50 **session.**

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

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

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

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

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

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

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

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

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

7 (4) Either:

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

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

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

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

208.1425. The MO HealthNet division shall promulgate all necessary rules and
2 regulations for the administration of sections 208.1400 to 208.1425. Any rule or portion
3 of a rule, as that term is defined in section 536.010, that is created under the authority
4 delegated in this section shall become effective only if it complies with and is subject to

5 **all of the provisions of chapter 536 and, if applicable, section 536.028. This section and**
6 **chapter 536 are nonseverable and if any of the powers vested with the general assembly**
7 **pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul**
8 **a rule are subsequently held unconstitutional, then the grant of rulemaking authority**
9 **and any rule proposed or adopted after August 28, 2026, shall be invalid and void.**

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

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

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

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

28 (b) **Within thirty days of the physical under paragraph (a) of this subdivision, a**
29 **referral for a developmental, behavioral, and emotional screening in addition to early**
30 **periodic screening, diagnosis, and treatment services, including a core set of standardized and**
31 **recognized instruments as well as interviews with the child and appropriate caregivers. The**
32 **screening battery may be performed by a licensed mental health professional familiar with the**

33 effects of abuse [~~and~~] or neglect on young children **or a primary care physician using a**
34 **standardized assessment tool**, who will then serve as the liaison between all service
35 providers in ensuring that needed services are provided. Such treatment services may include
36 in-home services, out-of-home placement, intensive twenty-four-hour treatment services,
37 family counseling, parenting training and other best practices.

38

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

42 (3) "Central registry", a registry of persons where the division has found probable
43 cause to believe prior to August 28, 2004, or by a preponderance of the evidence after August
44 28, 2004, or a court has substantiated through court adjudication that the individual has
45 committed child abuse or neglect or the person has pled guilty or has been found guilty of a
46 crime pursuant to section 565.020, 565.021, 565.023, 565.024, 565.050, 566.030, 566.060, or
47 567.050 if the victim is a child less than eighteen years of age, or any other crime pursuant to
48 chapter 566 if the victim is a child less than eighteen years of age and the perpetrator is
49 twenty-one years of age or older, a crime under section 568.020, 568.030, 568.045, 568.050,
50 568.060, 568.080, 568.090, 573.023, 573.025, 573.035, 573.037, 573.040, 573.200, or
51 573.205, or an attempt to commit any such crimes. Any persons placed on the registry prior
52 to August 28, 2004, shall remain on the registry for the duration of time required by section
53 210.152;

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

56 (5) "Children's services providers and agencies", any public, quasi-public, or private
57 entity with the appropriate and relevant training and expertise in delivering services to
58 children and their families as determined by the children's division, and capable of providing
59 direct services and other family services for children in the custody of the children's division
60 or any such entities or agencies that are receiving state moneys for such services;

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

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

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

70 (9) "Family support team meeting" or "team meeting", a meeting convened by the
71 division or children's services provider in behalf of the family and/or child for the purpose of
72 determining service and treatment needs, determining the need for placement and developing
73 a plan for reunification or other permanency options, determining the appropriate placement
74 of the child, evaluating case progress, and establishing and revising the case plan;

75 (10) "Investigation", the collection of physical and ~~verbal~~ **oral** evidence to
76 determine if a child has been abused or neglected;

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

80 (12) "Neglect", failure to provide, by those responsible for the care, custody, and
81 control of the child, the proper or necessary support, education as required by law, nutrition or
82 medical, surgical, or any other care necessary for the child's well-being, except that neglect
83 shall not be found by virtue of the sole fact that a person allows a child to engage in
84 independent activities without adult supervision including, but not limited to, traveling to or
85 from school or nearby locations by bicycle or on foot, playing outdoors, or remaining at home
86 for a reasonable period of time, provided such activities are appropriate based on the child's
87 age, maturity, and physical and mental abilities, and the lack of adult supervision does not
88 constitute conduct that is so grossly negligent as to endanger the health or safety of the child.
89 Victims of neglect shall also include any victims of sex trafficking or severe forms of
90 trafficking as those terms are defined in 22 U.S.C. Section 7102, as amended;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 (3) "Other authorized health care practitioner" includes advanced practice registered
5 nurses licensed pursuant to chapter 335, physician assistants licensed pursuant to chapter 334,
6 chiropractors licensed pursuant to chapter 331, podiatrists licensed pursuant to chapter 330,
7 assistant physicians, physical therapists licensed pursuant to chapter 334, **occupational**
8 **therapists licensed pursuant to chapter 324**, and optometrists licensed pursuant to chapter
9 336;

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

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

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

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

22 (d) Uses portable oxygen; or

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

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

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

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

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

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

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

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

44 3. A physician's statement shall:

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

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

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

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

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

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

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

71 7. Owners of motor vehicles who are residents of the state of Missouri, and who are
72 physically disabled, owners of motor vehicles operated at least fifty percent of the time by a
73 physically disabled person, or owners of motor vehicles used to primarily transport physically
74 disabled members of the owner's household may obtain disabled person license plates. Such

75 owners, upon application to the director accompanied by the documents and fees provided for
76 in this section, a current physician's statement which has been issued within ninety days
77 [~~proceeding~~] **preceding** the date the application is made, and proof of compliance with the
78 state motor vehicle laws relating to registration and licensing of motor vehicles, shall be
79 issued motor vehicle license plates for vehicles, other than commercial vehicles with a gross
80 weight in excess of twenty-four thousand pounds, upon which shall be inscribed the
81 international wheelchair accessibility symbol and the word "DISABLED" in addition to a
82 combination of letters and numbers. Such license plates shall be made with fully reflective
83 material with a common color scheme and design, shall be clearly visible at night, and shall
84 be aesthetically attractive, as prescribed by section 301.130. If at any time an individual who
85 obtained disabled license plates issued under this subsection no longer occupies a residence
86 with a physically disabled person, or no longer owns a vehicle that is operated at least fifty
87 percent of the time by a physically disabled person, such individual shall surrender the
88 disabled license plates to the department within thirty days of becoming ineligible for their
89 use.

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

96 9. No additional fee shall be paid to the director for the issuance of the special license
97 plates provided in this section, except for special personalized license plates and other license
98 plates described in this subsection. Priority for any specific set of special license plates shall
99 be given to the applicant who received the number in the immediately preceding license
100 period subject to the applicant's compliance with the provisions of this section and any
101 applicable rules or regulations issued by the director. If determined feasible by the advisory
102 committee established in section [~~301.129~~] **301.125**, any special license plate issued pursuant
103 to this section may be adapted to also include the international wheelchair accessibility
104 symbol and the word "DISABLED" as prescribed in this section and such plate may be issued
105 to any applicant who meets the requirements of this section and the other appropriate
106 provision of this chapter, subject to the requirements and fees of the appropriate provision of
107 this chapter.

108 10. Any physically disabled person, or the parent or guardian of any such person, or
109 any not-for-profit group, organization, or other entity which transports more than one
110 physically disabled person, may apply to the director of revenue for a removable windshield
111 placard. The placard may be used in motor vehicles which do not bear the permanent

112 handicap symbol on the license plate. Such placards must be hung from the front, middle
113 rearview mirror of a parked motor vehicle and may not be hung from the mirror during
114 operation. These placards may only be used during the period of time when the vehicle is
115 being used by a disabled person, or when the vehicle is being used to pick up, deliver, or
116 collect a disabled person, and shall be surrendered to the department, within thirty days, if a
117 group, organization, or entity that obtained the removable windshield placard due to the
118 transportation of more than one physically disabled person no longer transports more than one
119 disabled person. When there is no rearview mirror, the placard shall be displayed on the
120 dashboard on the driver's side.

121 11. The removable windshield placard shall conform to the specifications, in respect
122 to size, color, and content, as set forth in federal regulations published by the Department of
123 Transportation. The removable windshield placard shall be renewed every [~~four~~] **eight** years.
124 **The department shall have the authority to automatically renew current valid disabled**
125 **placards for a duration of eight years, or for the duration that correlates with the**
126 **disabled person's current physician's statement expiration date, until all permanent**
127 **disabled placards are on an eight-year cycle.** The director may stagger the expiration dates
128 to equalize workload. Only one removable placard may be issued to an applicant who has
129 been issued disabled person license plates. Upon request, one additional windshield placard
130 may be issued to an applicant who has not been issued disabled person license plates.

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

144 13. A windshield placard shall be renewable only by the person or entity to which the
145 placard was originally issued. Any placard issued pursuant to this section shall only be used
146 when the physically disabled occupant for whom the disabled plate or placard was issued is in
147 the motor vehicle at the time of parking or when a physically disabled person is being

148 delivered or collected. A disabled license plate and/or a removable windshield hanging
149 placard are not transferable and may not be used by any other person whether disabled or not.

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

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

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

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

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

177 17. The director of revenue upon receiving a physician's statement pursuant to this
178 ~~subsection~~ **section** shall check with the state board of registration for the healing arts created
179 in section 334.120, or the Missouri state board of nursing established in section 335.021, with
180 respect to ~~physician's~~ **physicians'** statements signed by advanced practice registered nurses,
181 or the Missouri state board of chiropractic examiners established in section 331.090, with
182 respect to ~~physician's~~ **physicians'** statements signed by licensed chiropractors, or ~~with~~ the
183 board of optometry established in section 336.130, with respect to ~~physician's~~ **physicians'**
184 statements signed by licensed optometrists, **or the state board of occupational therapy**

185 **established in section 324.063, with respect to physicians' statements signed by licensed**
186 **occupational therapists,** or the state board of podiatric medicine [~~created~~] **established** in
187 section 330.100, with respect to [~~physician's~~] **physicians'** statements signed by physicians of
188 the foot or podiatrists to determine whether the physician is duly licensed and registered
189 pursuant to law.

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

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

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

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

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

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

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

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

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

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

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

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

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

15 2. The director of the department of health and senior services, if a licensed
16 physician, may issue a statewide standing order for epinephrine [~~auto-injector devices~~]
17 **delivery systems** for adult patients to fire protection districts in nonmetropolitan areas in
18 Missouri as such areas are determined according to the United States Census Bureau's
19 American Community Survey, based on the most recent of five-year period estimate data in
20 which the final year of the estimate ends in either zero or five. If the director of the
21 department of health and senior services is not a licensed physician, the department of health
22 and senior services may employ or contract with a licensed physician who may issue such a
23 statewide order with the express consent of the director.

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

26 (1) No person shall use an epinephrine [~~auto-injector device~~] **delivery system**
27 pursuant to this section unless such person has successfully completed a training course in the

28 use of epinephrine ~~[auto-injector devices]~~ **delivery systems** for adult patients approved by the
29 director of the department of health and senior services. Nothing in this section shall prohibit
30 the use of an epinephrine ~~[auto-injector device]~~ **delivery system**:

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

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

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

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

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

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

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

50 5. (1) There is hereby created in the state treasury the "Epinephrine ~~[Auto-injector~~
51 ~~Devices]~~ **Delivery Systems** for Fire Personnel Fund", which shall consist of ~~[money collected~~
52 ~~under this section]~~ **moneys appropriated to the fund**. The state treasurer shall be custodian
53 of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve
54 disbursements. The moneys in the fund as set forth in this section shall be subject to
55 appropriation by the general assembly for the particular purpose for which collected. The
56 fund shall be a dedicated fund and money in the fund shall be used solely by the department
57 of health and senior services for the purposes of providing epinephrine ~~[auto-injector devices]~~
58 **delivery systems** for adult patients to qualified first responder agencies as used in this
59 section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

46 (a) The United States Armed Forces;

47 (b) The United States Public Health Service;

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

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

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

53 (f) The United States Veterans Bureau; or

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

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

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

69 (2) A federally qualified health center as defined in Section 1905(l) of the Social
70 Security Act (42 U.S.C. Section 1396d(l)), or a migrant, community, or health care for the

71 homeless health center provided for in Section 330 of the Public Health Services Act (42
72 U.S.C. Section 254b) at which a person regulated under this chapter provides dental care
73 within the scope of his or her license or registration;

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

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

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

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

90

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

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

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

103 6. A not-for-profit corporation organized under the provisions of chapter 355 and
104 qualifying as an organization under 26 U.S.C. Section 501(c)(3), an unincorporated
105 organization operating pursuant to subsection 4 of this section, or any other person should not
106 direct or interfere or attempt to direct or interfere with a licensed dentist's professional
107 judgment and competent practice of dentistry. Nothing in this subsection shall be so

108 construed as to make it unlawful for not-for-profit organizations to enforce employment
109 contracts, corporate policy and procedure manuals, or quality improvement or assurance
110 requirements.

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

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

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

137 10. The board may promulgate rules and regulations to ensure not-for-profit
138 corporations are rendering care to the patient populations as set forth herein, including
139 requirements for covered not-for-profit corporations to report patient census data to the board.
140 The provisions of this subsection shall not apply to a federally qualified health center as
141 defined in Section 1905(l) of the Social Security Act (42 U.S.C. Section 1396d(l)).

142 11. All not-for-profit corporations organized or operated pursuant to the provisions of
143 chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3), or the
144 requirements relating to migrant, community, or health care for the homeless health centers

145 provided in Section 330 of the Public Health Service Act (42 U.S.C. Section 254b) and
146 federally qualified health centers as defined in Section 1905(l) (42 U.S.C. Section 1396d(l))
147 of the Social Security Act, that employ persons who practice dentistry or dental hygiene in
148 this state shall do so in accordance with the relevant laws of this state except to the extent that
149 such laws are contrary to, or inconsistent with, federal statute or regulation.

334.031. 1. **(1)** Candidates for licenses as physicians and surgeons shall furnish
2 ~~[satisfactory evidence of their good moral character, and their preliminary qualifications, to~~
3 ~~wit: a certificate of graduation from an accredited high school or its equivalent, and~~
4 ~~satisfactory evidence of completion of preprofessional education consisting of a minimum of~~
5 ~~sixty semester hours of college credits in acceptable subjects leading towards the degree of~~
6 ~~bachelor of arts or bachelor of science from an accredited college or university. They shall~~
7 ~~also furnish satisfactory evidence of having attended throughout at least four terms of thirty-~~
8 ~~two weeks of actual instructions in each term and of having received a diploma from some~~
9 ~~reputable medical college or osteopathic college that enforces requirements of four terms of~~
10 ~~thirty-two weeks for actual instruction in each term, including, in addition to class work, such~~
11 ~~experience in operative and hospital work during the last two years of instruction as is~~
12 ~~required by the American Medical Association and the American Osteopathic Association~~
13 ~~before the college is approved and accredited as reputable. Any medical college approved~~
14 ~~and accredited as reputable by the American Medical Association or the Liaison Committee~~
15 ~~on Medical Education and any osteopathic college approved and accredited as reputable by~~
16 ~~the American Osteopathic Association is deemed to have complied with the requirements of~~
17 ~~this subsection]:~~

18 **(a) Evidence of good moral character by submitting to a criminal background**
19 **check as provided in section 43.540;**

20 **(b) Either:**

21 **a. A diploma and academic transcripts from a school accredited by the Liaison**
22 **Committee on Medical Education, the Commission on Osteopathic College**
23 **Accreditation, or a similar accrediting agency; or**

24 **b. A valid certificate from the Educational Commission for Foreign Medical**
25 **Graduates (ECFMG); and**

26 **(c) A certificate demonstrating that the applicant has satisfied the requirements**
27 **of section 334.035 relating to postgraduate training. An applicant who holds a valid**
28 **certificate issued by the ECFMG shall submit satisfactory evidence of successful**
29 **completion of two years of such training.**

30 **(2) Except as provided in subsection 3 of this section, the board shall not require**
31 **applicants to provide information in addition to the information the applicant is**
32 **required to furnish under this subsection.**

33 2. In determining the qualifications necessary for licensure as a qualified physician
34 and surgeon, the board, by rule and regulation, may accept the certificate of the National
35 Board of Medical Examiners of the United States, chartered pursuant to the laws of the
36 District of Columbia, of the National Board of Examiners for Osteopathic Physicians and
37 Surgeons chartered pursuant to the laws of the state of Indiana, or of the Licentiate of the
38 Medical Counsel of Canada (LMCC) in lieu of and as equivalent to its own professional
39 examination. Every applicant for a license on the basis of such certificate, upon making
40 application showing necessary qualifications as provided in subsection 1 of this section, shall
41 be required to pay the same fee required of applicants to take the examination before the
42 board.

43 **3. The board may require applicants to list all licenses to practice as a physician**
44 **currently or previously held in any other state, territory, or country and to disclose any**
45 **past or pending investigations, discipline, or sanctions against each such license.**

46 **4. In addition to the criminal background screening required by this section, the**
47 **board may obtain a report on the applicant from the National Practitioner Data Bank**
48 **or the Federation of State Medical Boards.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 (a) Insulin;

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

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

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

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

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

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

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

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

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

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

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

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

45 (10) The practice of any legally qualified and licensed nurse of another state, territory,
46 or foreign country whose responsibilities include transporting patients into, out of, or through

47 this state while actively engaged in patient transport that does not exceed forty-eight hours in
48 this state.

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

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

13 (2) "Clinical social work", the application of social work theory, knowledge, values,
14 methods, principles, and techniques of case work, group work, client-centered advocacy,
15 community organization, administration, planning, evaluation, consultation, research,
16 psychotherapy and counseling methods and techniques to persons, families and groups in
17 assessment, diagnosis, treatment, prevention and amelioration of mental and emotional
18 conditions;

19 (3) "Committee", the state committee for social workers established in section
20 337.622;

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

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

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

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

27 (8) "Licensed advanced macro social worker", any person who offers to render
28 services to individuals, groups, families, couples, organizations, institutions, communities,
29 government agencies, corporations, or the general public for a fee, monetary or otherwise,
30 implying that the person is trained, experienced, and licensed as an advanced macro social
31 worker, and who holds a current valid license to practice as an advanced macro social worker;

32 (9) "Licensed baccalaureate social worker", any person who offers to render services
33 to individuals, groups, organizations, institutions, corporations, government agencies, or the
34 general public for a fee, monetary or otherwise, implying that the person is trained,

35 experienced, and licensed as a baccalaureate social worker, and who holds a current valid
36 license to practice as a baccalaureate social worker;

37 (10) "Licensed clinical social worker", any person who offers to render services to
38 individuals, groups, organizations, institutions, corporations, government agencies, or the
39 general public for a fee, monetary or otherwise, implying that the person is trained,
40 experienced, and licensed as a clinical social worker, and who holds a current, valid license to
41 practice as a clinical social worker;

42 (11) "Licensed master social worker", any person who offers to render services to
43 individuals, groups, families, couples, organizations, institutions, communities, government
44 agencies, corporations, or the general public for a fee, monetary or otherwise, implying that
45 the person is trained, experienced, and licensed as a master social worker, and who holds a
46 current valid license to practice as a master social worker. A licensed master social worker
47 may not treat mental or emotional disorders, provide psychotherapy without the direct
48 supervision of a licensed clinical social worker, or diagnose a mental disorder;

49 (12) "Master social work", the application of social work theory, knowledge,
50 methods, and ethics and the professional use of self to restore or enhance social, psychosocial,
51 or biopsychosocial functioning of individuals, couples, families, groups, organizations,
52 communities, institutions, government agencies, or corporations. The practice includes the
53 applications of specialized knowledge and advanced practice skills in the areas of assessment,
54 treatment planning, implementation and evaluation, case management, mediation,
55 information and referral, counseling, client education, supervision, consultation, education,
56 research, advocacy, community organization and development, planning, evaluation,
57 implementation and administration of policies, programs, and activities. Under supervision
58 as provided in this section, the practice of master social work may include the practices
59 reserved to clinical social workers or advanced macro social workers for no more than forty-
60 eight consecutive calendar months for the purpose of obtaining licensure under section
61 337.615 or 337.645;

62 (13) "Practice of advanced macro social work", rendering, offering to render, or
63 supervising those who render to individuals, couples, families, groups, organizations,
64 institutions, corporations, government agencies, communities, or the general public any
65 service involving the application of methods, principles, and techniques of advanced practice
66 macro social work;

67 (14) "Practice of baccalaureate social work", rendering, offering to render, or
68 supervising those who render to individuals, families, groups, organizations, institutions,
69 corporations, or the general public any service involving the application of methods,
70 principles, and techniques of baccalaureate social work;

71 (15) "Practice of clinical social work", rendering, offering to render, or supervising
72 those who render to individuals, couples, groups, organizations, institutions, corporations, or
73 the general public any service involving the application of methods, principles, and
74 techniques of clinical social work;

75 (16) "Practice of master social work", rendering, offering to render, or supervising
76 those who render to individuals, couples, families, groups, organizations, institutions,
77 corporations, government agencies, communities, or the general public any service involving
78 the application of methods, principles, and techniques of master social work;

79 (17) "Qualified advanced macro supervisor", any licensed social worker who meets
80 the qualifications of a qualified clinical supervisor or a licensed advanced macro social
81 worker who has:

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

84 (b) Successfully completed a minimum of sixteen hours of supervisory training from
85 the Association of Social Work Boards, the National Association of Social Workers, an
86 accredited university, or a program approved by the state committee for social workers. All
87 organizations providing the supervisory training shall adhere to the basic content and quality
88 standards outlined by the state committee on social work; and

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

91 (18) "Qualified baccalaureate supervisor", any licensed social worker who meets the
92 qualifications of a qualified clinical supervisor, qualified master supervisor, qualified
93 advanced macro supervisor, or a licensed baccalaureate social worker who has:

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

96 (b) Successfully completed a minimum of sixteen hours of supervisory training from
97 the Association of Social Work Boards, the National Association of Social Workers, an
98 accredited university, or a program approved by the state committee for social workers. All
99 organizations providing the supervisory training shall adhere to the basic content and quality
100 standards outlined by the state committee on social workers; and

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

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

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

106 (b) Successfully completed a minimum of sixteen hours of supervisory training from
107 the Association of Social Work Boards, the National Association of Social Workers, an

108 accredited university, or a program approved by the state committee for social workers. All
109 organizations providing the supervisory training shall adhere to the basic content and quality
110 standards outlined by the state committee on social work; and

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

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

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

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

117 a. Accredited by the Council on Social Work Education; or

118 b. Recognized and approved by the committee in accordance with rules adopted by
119 the committee under section 337.627 and in accordance with the procedure set forth in section
120 337.628;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

62 10. The state board of registration for the healing arts, under section 334.125, and the
63 state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the
64 use of protocols for medication therapy services. Such rules shall require protocols to include
65 provisions allowing for timely communication between the pharmacist and the protocol
66 physician or similar body authorized by this section, and any other patient protection
67 provisions deemed appropriate by both boards. In order to take effect, such rules shall be
68 approved by a majority vote of a quorum of each board. Neither board shall separately
69 promulgate rules regulating the use of protocols for medication therapy services. Any rule or
70 portion of a rule, as that term is defined in section 536.010, that is created under the authority
71 delegated in this section shall become effective only if it complies with and is subject to all of
72 the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter
73 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
74 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
75 subsequently held unconstitutional, then the grant of rulemaking authority and any rule
76 proposed or adopted after August 28, 2007, shall be invalid and void.

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

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

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

90 14. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary
91 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or
92 an equivalent title means a person who has received a doctor's degree in veterinary medicine
93 from an accredited school of veterinary medicine or holds an Educational Commission for

94 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary
95 Medical Association (AVMA).

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

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

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

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

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

114 (1) The identity of the patient;

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

116 (3) The route of administration;

117 (4) The anatomic site of the administration;

118 (5) The dose administered; and

119 (6) The date of administration.

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

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

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

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

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

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

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

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

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

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

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

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

25 **then the grant of rulemaking authority and any rule proposed or adopted after August**
26 **28, 2026, shall be invalid and void.**

338.208. **Notwithstanding any other provision of law to the contrary, a**
2 **pharmacist may dispense ivermectin and hydroxychloroquine to a person, without**
3 **requiring a prescription order from a licensed health care practitioner, upon the**
4 **approval of a warning label for the use and indication in accordance with any written,**
5 **standardized procedures or protocols for the pharmacist issued by the board of**
6 **pharmacy, including, if required, providing the person with instructions on the proper**
7 **use of ivermectin and hydroxychloroquine. Any ivermectin or hydroxychloroquine that**
8 **is dispensed by a pharmacist without a prescription shall be kept behind the counter or**
9 **otherwise not available for self-service or direct consumer access, be stored in a secure**
10 **area accessible only to pharmacy personnel, and be dispensed only by a pharmacist or**
11 **pharmacy technician under a pharmacist's supervision.**

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

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

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

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

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

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

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

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

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

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

4 (1) Hold a master's or a doctoral degree from a program that was awarded
5 "accreditation candidate" status or is accredited by the Council on Academic Accreditation of

6 the American Speech-Language-Hearing Association or other accrediting agency approved
7 by the board in the area in which licensure is sought;

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

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

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

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

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

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

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

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

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

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

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

21 (2) Imposing any terms or conditions on covered entities that differ from such
22 terms or conditions applied to other similarly situated entities or pharmacies that are

23 not covered entities on the basis that the covered entity is a covered entity or that the
24 covered entity dispenses 340B drugs including, but not limited to, terms or conditions
25 with respect to any of the following:

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

27 (b) Professional dispensing fees;

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

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

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

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

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

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

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

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

45 (b) Required by federal law.

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

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

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

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

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

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

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

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

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

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

(4) Trustees, on behalf of the plan, shall file an annual report with the director of the department of commerce and insurance by March first ~~[showing the condition and affairs of the plan as of the preceding thirty-first day of December. The report shall be made on forms prescribed by the director. The report shall summarize the financial condition of the fund, itemize collections from participating employers, detail all fund expenditures and provide any additional information which the director requires]~~ **in compliance with section 375.041.** More frequent reports may be required at the discretion of the director. **The plan shall also**

28 **prepare and file an RBC report with the director in compliance with section 375.1252 as**
 29 **it applies to health organizations, and the provisions of section 375.1267 shall apply to**
 30 **such RBC reports.**

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

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

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

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

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

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

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

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

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

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

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

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

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

14 (5) "Supplemental breast examination", any medically necessary and appropriate
 15 examination of the breast, including such an examination using breast magnetic resonance
 16 imaging or breast ultrasound, **contrast enhanced mammography**, that is:

17 (a) Used to screen for breast cancer when there is no abnormality seen or suspected;

18 ~~and]~~

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

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

23 2. Each health carrier or health benefit plan that offers or issues health benefit plans
 24 that are delivered, issued for delivery, continued, or renewed in this state on or after January

25 1, 2024, and that provide coverage for diagnostic breast examinations, coverage for
26 supplemental breast examinations, coverage required under section 376.782, or any
27 combination of such coverages shall not impose any cost-sharing requirements with
28 respect to any such coverage.

29 3. If, under federal law, application of the requirement under subsection 2 of this
30 section would result in health savings account ineligibility under Section 223 of the Internal
31 Revenue Code, the requirement under subsection 2 of this section shall apply to health
32 savings account-qualified high deductible health plans with respect to the deductible of such a
33 plan after the enrollee has satisfied the minimum deductible under Section 223, except with
34 respect to items or services that are preventive care under Section 223(c)(2)(C) of the Internal
35 Revenue Code, in which case the requirement of subsection 2 of this section shall apply
36 regardless of whether the minimum deductible under Section 223 has been satisfied.

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

7 2. **(1) Any health benefit plan delivered, issued for delivery, continued, or renewed in**
8 **this state on or after January 1, 2026, that provides coverage for self-administered hormonal**
9 **contraceptives shall provide coverage to reimburse a health care provider or dispensing entity**
10 **for the dispensing of a supply of self-administered hormonal contraceptives intended to last**
11 **up to ninety days, or intended to last up to one hundred eighty days for generic self-**
12 **administered hormonal contraceptives. The provisions of this subdivision shall no longer**
13 **be in effect after December 31, 2026.**

14 **(2) Any health benefit plan delivered, issued for delivery, continued, or renewed**
15 **in this state on or after January 1, 2027, that provides coverage for self-administered**
16 **hormonal contraceptives shall provide coverage to reimburse a health care provider or**
17 **dispensing entity for the dispensing of a supply of self-administered hormonal**
18 **contraceptives, including generic and brand-name contraceptives, intended to last up**
19 **to one year.**

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

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

2 **(1) "Anesthesia time", the period during which an anesthesiologist, an**
3 **anesthesiologist assistant, as defined in section 334.400, or a certified registered nurse**

4 anesthetist, as defined in section 385.016, is present with the patient, starting when the
5 anesthesiologist, anesthesiologist assistant, or certified registered nurse anesthetist
6 begins to prepare the patient for anesthesia services in the operating room or an
7 equivalent area and ending when the anesthesiologist, anesthesiologist assistant, or
8 certified registered nurse anesthetist is no longer furnishing anesthesia services to the
9 patient because the patient may be placed safely under postoperative or postanesthesia
10 care;

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

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

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

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

24 (6) "Payment of anesthesia services", an amount paid for anesthesia services as
25 determined in a contract between a health carrier, health benefit plan, or utilization
26 review entity and an anesthesiologist, an anesthesiologist assistant, a certified registered
27 nurse anesthetist, or a health care provider. Such contract shall identify the payment
28 methodology agreed to by the parties, which may include a methodology based on a
29 medical billing code, base units for the applicable medical billing code, anesthesia time
30 units, modifying units, and an anesthesia conversion factor, or any other payment
31 methodology agreed to by the health carrier and the contracted provider.

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

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

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

39 5. The provisions of this section shall not apply to anesthesia services provided in
40 connection with dental procedures or services performed pursuant to a license issued

41 under chapter 332, including, but not limited to, oral and maxillofacial surgery
42 performed under such license.

43 **6. Nothing in this section shall be construed in a way to:**

44 **(1) Authorize a health care provider to provide a health care service outside of**
45 **the scope of the provider's applicable license. No health carrier or health benefit plan**
46 **shall be required to pay for anesthesia services administered by a person not licensed or**
47 **otherwise qualified to administer such services;**

48 **(2) Interfere with a health carrier, health benefit plan, or utilization review**
49 **entity requiring compliance by an anesthesiologist, an anesthesiologist assistant, a**
50 **certified registered nurse anesthetist, a health care provider, or a group with any**
51 **program authorized under sections 376.1350 to 376.1389; or**

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

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

6 **2. (1) No later than January 1, 2021, utilization review entities shall accept and**
7 **respond to requests for prior authorization of drug benefits through a secure electronic**
8 **transmission using the National Council for Prescription Drugs SCRIPT Standard Version**
9 **2017071 or a backwards-compatible successor adopted by the United States Department of**
10 **Health and Human Services. For purposes of this ~~subsection~~ subdivision, facsimile,**
11 **proprietary payer portals, and electronic forms shall not be considered electronic**
12 **transmission.**

13 **(2) Beginning July 1, 2028, health carriers shall establish and maintain an online**
14 **process that:**

15 **(a) Links directly to all e-prescribing systems and electronic health record**
16 **systems that utilize the National Council for Prescription Drug Programs SCRIPT**
17 **standard and the National Council for Prescription Drug Programs Real Time Benefit**
18 **Standard;**

19 **(b) Can accept electronic prior authorization requests from a health care**
20 **provider;**

21 **(c) Can approve electronic prior authorization requests:**

- 22 **a. For which no additional information is needed by the carrier to process the**
23 **prior authorization requests;**
- 24 **b. For which no clinical review is required; and**
- 25 **c. That meet the carrier's criteria for approval;**
- 26 **(d) Links directly to real time patient out-of-pocket costs for the prescription**
27 **drug, considering copayment and deductible; and**
- 28 **(e) Otherwise meets the requirements of this subsection.**
- 29 **(3) No carrier shall:**
- 30 **(a) Impose a fee or charge on any person for accessing the online process as**
31 **required by subdivision (2) of this subsection; or**
- 32 **(b) Access, absent provider consent, provider data through the online process**
33 **other than for the enrollee.**
- 34 **(4) No later than July 1, 2028, a carrier shall provide contact information of any**
35 **third party vendor or other entity the carrier will use to meet the requirements of**
36 **subdivision (2) of this subsection to any provider that requests such information. A**
37 **carrier that posts such contact information on its website shall be considered to have**
38 **met the requirements of this subdivision.**
- 39 **(5) After July 1, 2028, a carrier that fails to implement and maintain an online**
40 **process for prior authorization of prescription drugs in accordance with subdivisions (2)**
41 **to (4) of this subsection shall not require providers to obtain prior authorization for**
42 **prescription drugs, except as may be specified by the department of commerce and**
43 **insurance by rule.**
- 44 3. No later than January 1, 2021, utilization review entities shall accept and respond
45 to requests for prior authorization of health care services and mental health services
46 electronically. For purposes of this subsection, facsimile, proprietary payer portals, and
47 electronic forms shall not be considered electronic transmission.
- 48 4. ~~[No later than January 1, 2021, each health carrier utilizing prior authorization~~
49 ~~review shall develop a single secure electronic prior authorization cover page for all of its~~
50 ~~health benefit plans utilizing prior authorization review, which the carrier or its utilization~~
51 ~~review entity shall use to accept and respond to, and which providers shall use to submit,~~
52 ~~requests for prior authorization. Such cover page shall include, but not be limited to, fields~~
53 ~~for patient or enrollee information, referring or requesting provider information, rendering or~~
54 ~~attending provider information, and required clinical information, and shall be supplemented~~
55 ~~by additional clinical information as required by the health carrier or utilization review~~
56 ~~entity.]~~ **By January 1, 2028, health carriers and utilization review entities shall**
57 **implement and maintain a prior authorization application programming interface (API)**
58 **that conforms with 45 CFR 156.221(c)(2) through (4), (d), and (e) and the standards in**

59 **45 CFR 170.215(a)(1), (b)(1)(i), and (c)(1) to respond to requests for prior authorization**
60 **for health care services, excluding prescription drugs. If a health carrier cannot**
61 **implement the prior authorization API by January 1, 2028, the health carrier shall**
62 **provide written notice to the department requesting an extension, accompanied by a**
63 **documented plan to come into compliance.**

64 **5. By January 1, 2028, an enrollee's health care provider may use the prior**
65 **authorization API, as described in subsection 4 of this section, to submit requests for**
66 **prior authorization for health care services, excluding prescription drugs. A health**
67 **carrier shall accept prior authorization requests submitted through the prior**
68 **authorization API.**

69 **6. For contracts between health carriers and participating health care providers**
70 **entered into or renewed on or after January 1, 2028, a health carrier may include a**
71 **provision that requires health care providers to submit prior authorization requests**
72 **using the application programming interface described in subsection 4 of this section. If**
73 **a participating health care provider fails to utilize the prior authorization API to submit**
74 **requests, cost-sharing for which the enrollee would have otherwise been responsible**
75 **shall not be affected.**

76 **7. For plan years beginning on or after January 1, 2027, a health carrier using**
77 **prior authorization shall make statistics available regarding prior authorization**
78 **approvals and denials for health care services, excluding drugs, on its website in a**
79 **readily accessible format. Health carriers shall submit the uniform resource locator**
80 **(URL) for the website location where such statistics are posted to the department, and**
81 **the department shall publish the website locations in a central location on the**
82 **department's website. The statistics shall be updated each year thereafter, no later than**
83 **June thirtieth, and shall include all the following information:**

84 **(1) The percentage of standard prior authorization requests that were approved,**
85 **aggregated for all health care services;**

86 **(2) The percentage of standard prior authorization requests that were denied,**
87 **aggregated for all health care services;**

88 **(3) The percentage of prior authorization requests that were approved after**
89 **appeal, aggregated for all health care services;**

90 **(4) The percentage of prior authorization requests for which the time frame for**
91 **review was extended, and the request was approved, aggregated for all health care**
92 **services;**

93 **(5) The percentage of expedited prior authorization requests that were**
94 **approved, aggregated for all health care services;**

95 **(6) The percentage of expedited prior authorization requests that were denied,**
96 **aggregated for all health care services;**

97 **(7) The average and median time that elapsed between the submission of a**
98 **request and a determination by the health carrier for standard prior authorization,**
99 **aggregated for all health care services;**

100 **(8) The average and median time that elapsed between the submission of a**
101 **request and a decision by the health carrier for expedited prior authorizations,**
102 **aggregated for all health care services; and**

103 **(9) Any other information as the department determines appropriate.**

104 **8. Every health carrier in this state offering a health benefit plan with a**
105 **managed care component shall report annually to the department, in a manner specified**
106 **by the department, a complete list of the health care services, excluding drugs, for which**
107 **prior authorization is required, including for services where prior authorization is**
108 **performed by the health carrier's utilization review entity.**

109 **9. Health carriers shall reduce the scope of claims subject to prior**
110 **authorizations. To promote consistency among carriers, the department shall review**
111 **the reports submitted under subsections 8 and 10 of this section and compile an annual**
112 **report to be published on the department's website no later than October first of each**
113 **year.**

114 **10. No later than May 31, 2028, and annually thereafter, every health carrier in**
115 **this state offering a health benefit plan with a managed care component shall report to**
116 **the department, in a manner specified by the department, aggregated data related to the**
117 **following practices and experience of the health carrier for the prior plan year for**
118 **health care services submitted for payment, excluding drugs:**

119 **(1) The number of prior authorization requests;**

120 **(2) The number of prior authorization requests approved;**

121 **(3) The number of prior authorization requests denied;**

122 **(4) The number of prior authorization requests for mental health services,**
123 **behavioral health benefits, and substance use disorders;**

124 **(5) The number of prior authorization requests for mental health services,**
125 **behavioral health benefits, and substance use disorders denied;**

126 **(6) The number of prior authorization requests for mental health services,**
127 **behavioral health benefits, and substance use disorders approved;**

128 **(7) The number of prior authorization appeals received;**

129 **(8) The number of adverse determinations reversed on appeal;**

130 **(9) The ten health care services or mental health services that were most**
131 **frequently denied through prior authorization;**

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

134 **(11) The number of claims for health care services or mental health services that**
135 **were examined through a postservice utilization review process.**

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

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

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

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

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

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

 383.155. 1. A joint underwriting association may be created, **or directed to resume**
2 **operations**, upon determination by the director after a public hearing that medical
3 malpractice liability insurance is not reasonably available for health care providers in the
4 voluntary market. The association shall contain as members all companies authorized to
5 write and engaged in writing, on a direct basis, any insurance or benefit, the premium for
6 which is included under the definition of "net direct premiums". Membership in the
7 association shall be a condition of continued authority to do business in this state.

8 2. A plan of operation shall be adopted to be effective concurrently with the effective
9 date of the association.

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

13 (1) To issue, or to cause to be issued, policies of insurance to applicants, including
14 incidental coverages and subject to limits as specified in the plan of operation but not to

15 exceed one million dollars for each claimant under one policy and three million dollars for all
16 claimants under one policy in any one policy year;

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

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

20 (4) To cede reinsurance.

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

24 5. The plan of operation shall provide for economic, fair and nondiscriminatory
25 administration and for the prompt and efficient distribution of medical malpractice insurance,
26 and shall contain other provisions including, but not limited to, preliminary assessment of all
27 members for initial expenses to commence operations, establishment of necessary facilities,
28 management of the association, assessment of members to defray losses and expenses,
29 reasonable and objective underwriting standards, acceptance and cession of reinsurance,
30 appointment of a servicing company and procedures for determining amounts of insurance to
31 be provided by the association. The preliminary assessment shall be an advance to be
32 recouped under the provisions of subsection 5 of section 383.160.

33 6. The composition of the board and the terms of directors of the board shall be
34 established by the plan of operation.

35 7. The plan of operation shall be subject to approval by the director after consultation
36 with the members of the association, representatives of the public and other affected
37 individuals and organizations. If the director disapproves all or any part of the proposed plan
38 of operation, the directors shall within fifteen days submit for review a revised plan of
39 operation. If the directors fail to do so, the director shall promulgate a plan of operation or
40 part thereof, as the case may be. The plan of operation approved or promulgated by the
41 director shall become effective and operational upon his or her order.

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

44 9. There shall be no liability imposed on the part of and no cause of action of any
45 nature shall arise against any member insurer or any member of the board of directors for any
46 omission or action taken by them in the performance of their powers and duties under sections
47 383.150 to 383.195.

48 **10. (1) The directors of the board may suspend the operations of the association**
49 **if the directors determine that medical malpractice insurance is reasonably available to**
50 **health care providers in the voluntary market if there are two or fewer individual**
51 **physicians insured annually for at least two consecutive years.**

52 **(2) Suspension of operations of the association is to be in accordance with its**
53 **plan of operation, or any amendment thereto. The plan of operation shall establish the**
54 **process for suspension of operations and shall include provisions for the administration**
55 **of association funds until the director determines either to resume operations under**
56 **subsection 1 of this section, or to terminate operations in compliance with section**
57 **383.195.**

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

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

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

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

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

15 (3) Purchases, receives, or otherwise acquires within a twenty-four-hour period any
16 number of packages of any drug product containing any detectable amount of ephedrine,
17 phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of
18 optical isomers in a total amount greater than three and six-tenths grams, without regard to the
19 number of transactions, unless the amount is purchased, received, or acquired pursuant to a
20 valid prescription; or

21 (4) Sells, distributes, dispenses, or otherwise provides any number of packages of any
22 drug product containing detectable amounts of ephedrine, phenylpropanolamine, or
23 pseudoephedrine, or any of their salts, optical isomers, or salts of optical isomers, in a
24 total amount greater than [~~forty-three~~] **sixty-one** and two-tenths grams to the same individual

25 within a twelve-month period, unless the amount is dispensed, sold, or distributed pursuant to
26 a valid prescription; or

27 (5) Purchases, receives, or otherwise acquires within a twelve-month period any
28 number of packages of any drug product containing any detectable amount of ephedrine,
29 phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of
30 optical isomers in a total amount greater than ~~forty-three~~ **sixty-one** and two-tenths grams,
31 without regard to the number of transactions, unless the amount is purchased, received, or
32 acquired pursuant to a valid prescription; or

33 (6) Dispenses or offers drug products that are not excluded from Schedule V in
34 subsection 17 or 18 of section 195.017 and that contain detectable amounts of ephedrine,
35 phenylpropanolamine, or pseudoephedrine, or any of their salts, optical isomers, or salts of
36 optical isomers, without ensuring that such products are located behind a pharmacy counter
37 where the public is not permitted and that such products are dispensed by a registered
38 pharmacist or pharmacy technician under subsection 11 of section 195.017; or

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

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

44 (1) Sells, distributes, dispenses, or otherwise provides any number of packages of any
45 drug product containing detectable amounts of ephedrine, phenylpropanolamine, or
46 pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in a
47 total amount greater than three and six-tenth grams to the same individual within a twenty-
48 four hour period, unless the amount is dispensed, sold, or distributed pursuant to a valid
49 prescription; or

50 (2) Fails to submit information under subsection 13 of section 195.017 and subsection
51 6 of section 195.417 about the sales of any compound, mixture, or preparation of products
52 containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or
53 any of their salts, optical isomers, or salts of optical isomers, in accordance with transmission
54 methods and frequency established by the department of health and senior services; or

55 (3) Fails to implement and maintain an electronic log, as required by subsection 12 of
56 section 195.017, of each transaction involving any detectable quantity of pseudoephedrine, its
57 salts, isomers, or salts of optical isomers or ephedrine, its salts, optical isomers, or salts of
58 optical isomers; or

59 (4) Sells, distributes, dispenses or otherwise provides to an individual under eighteen
60 years of age without a valid prescription any number of packages of any drug product

61 containing any detectable quantity of pseudoephedrine, its salts, isomers, or salts of optical
62 isomers, or ephedrine, its salts or optical isomers, or salts of optical isomers.

63 3. Any person who violates the packaging requirements of section 195.418 and is
64 considered the general owner or operator of the outlet where ephedrine, pseudoephedrine, or
65 phenylpropanolamine products are available for sale shall not be penalized if he or she
66 documents that an employee training program was in place to provide the employee who
67 made the unlawful retail sale with information on the state and federal regulations regarding
68 ephedrine, pseudoephedrine, or phenylpropanolamine.

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

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

590.192. 1. There is hereby established the "Critical Incident Stress Management
2 Program" within the department of public safety. The program shall provide services for
3 peace officers and first responders to assist in coping with stress and potential psychological
4 trauma resulting from a response to a critical incident or emotionally difficult event. Such
5 services may include consultation, risk assessment, education, intervention, and other crisis
6 intervention services provided by the department to peace officers and first responders
7 affected by a critical incident. For purposes of this section, a "critical incident" shall mean
8 any event outside the usual realm of human experience that is markedly distressing or evokes
9 reactions of intense fear, helplessness, or horror and involves the perceived threat to a
10 person's physical integrity or the physical integrity of someone else. For purposes of this
11 section, the term "first responder" shall have the same meaning as first responder in section
12 190.1010.

13 2. All peace officers and first responders shall be required to meet with a program
14 service provider once every three to five years for a mental health check-in, **or a department**
15 **established behavioral health or mental health program that meets the requirements of**
16 **subsection 1 of this section which shall satisfy this requirement.** The program service
17 provider shall send a notification to the peace officer's commanding officer, **or first**
18 **responder's commanding officer,** or first responder's director or supervisor that he or she
19 completed such check-in.

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

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

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

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

29 4. (1) There is hereby created in the state treasury the "988 Public Safety Fund",
30 which shall consist of moneys appropriated by the general assembly. The state treasurer shall
31 be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer
32 may approve disbursements. The fund shall be a dedicated fund and moneys in the fund shall
33 be used solely by the department of public safety for the purposes of providing services for
34 peace officers and first responders to assist in coping with stress and potential psychological
35 trauma resulting from a response to a critical incident or emotionally difficult event pursuant
36 to subsection 1 of this section. Such services may include consultation, risk assessment,
37 education, intervention, and other crisis intervention services provided by the department to
38 peace officers or first responders affected by a critical incident. The director of public safety
39 may prescribe rules and regulations necessary to carry out the provisions of this section. Any
40 rule or portion of a rule, as that term is defined in section 536.010, that is created under the
41 authority delegated in this section shall become effective only if it complies with and is
42 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section
43 and chapter 536 are nonseverable and if any of the powers vested with the general assembly
44 pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a
45 rule are subsequently held unconstitutional, then the grant of rulemaking authority and any
46 rule proposed or adopted after August 28, 2021, shall be invalid and void.

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

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

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

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

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

34 4. If a person presents himself or herself or is presented by others to a mental health
35 facility and a licensed physician, a registered professional nurse or a mental health
36 professional designated by the head of the facility and approved by the department for such
37 purpose has reasonable cause to believe that the person is mentally disordered and presents an
38 imminent likelihood of serious harm to himself or herself or others unless he or she is
39 accepted for detention, the licensed physician, the mental health professional or the registered
40 professional nurse designated by the facility and approved by the department may complete
41 an application for detention for evaluation and treatment for a period not to exceed ninety-six
42 hours. The application shall be based on his or her own personal observations or
43 investigation and shall contain the information required in subsection 1 of this section.

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

- 46 **(a) A peace officer under subsection 3 of this section;**
47 **(b) A licensed physician, mental health professional, or registered professional**
48 **nurse under subsection 4 of this section; or**
49 **(c) An employee acting on behalf of a hospital, as defined in section 197.020,**
50 **under subsections 1 and 2 of this section.**
51 **(2) The application and any affidavits, declarations, or other documents supporting**
52 **the application shall be subject to the provisions of section 492.060 allowing for declaration**
53 **under penalty of perjury.**

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

- 8 ~~(1) A bill as prescribed by Article III of the Missouri Constitution;~~
9 ~~(2) An initiative petition as prescribed by Article III, Section 50 of the~~
10 ~~Missouri Constitution; or~~
11 ~~(3) A referendum as prescribed by Article III, Section 52(a) of the~~
12 ~~Missouri Constitution.~~

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

16 ~~3. No department, agency, instrumentality or political subdivision of~~
17 ~~the state of Missouri shall establish any program, promulgate any rule, policy,~~
18 ~~guideline or plan or change any program, rule, policy or guideline to~~
19 ~~implement, establish, create, administer or otherwise operate a state-based~~
20 ~~health benefit exchange described in the federal health care act unless such~~
21 ~~department, agency, instrumentality or political subdivision has received~~
22 ~~statutory authority to do so in a manner consistent with subsection 1 of this~~
23 ~~section. No department, agency, instrumentality or political subdivision of the~~
24 ~~state of Missouri shall act as an eligible entity as described in Section 1311(f)~~
25 ~~(3)(B) of the federal health care act to perform one or more of the~~
26 ~~responsibilities of a state-based health benefit exchange unless authorized by~~
27 ~~statute or a regulation validly promulgated pursuant to such statute.~~

28 ~~4. No department, agency, instrumentality, or political subdivision of~~
29 ~~this state shall apply for, accept or expend federal moneys related to the~~
30 ~~creation, implementation or operation of a state-based health benefit exchange~~
31 ~~or a federally facilitated health benefit exchange unless such acceptance or~~
32 ~~expenditure is authorized by statute or an appropriations bill.~~

33 ~~5. No department, agency, instrumentality, political subdivision, public~~
34 ~~officer or employee of this state shall enter into any agreement or any~~
35 ~~obligation to establish, administer, or operate a federally facilitated health~~
36 ~~benefit exchange described in Section 1321(c)(1) of the federal health care act~~
37 ~~unless such department, agency, instrumentality, political subdivision, public~~
~~officer or employee of this state has received statutory authority to enter into~~

38 ~~such agreements or obligations. No department, agency, instrumentality,~~
39 ~~political subdivision, public officer or employee of this state shall provide~~
40 ~~assistance or resources of any kind to any department, agency, public official,~~
41 ~~employee or agent of the federal government related to the creation or~~
42 ~~operation of a federally facilitated health benefit exchange unless such~~
43 ~~assistance or resources are authorized by state statute or a regulation~~
44 ~~promulgated thereto or such assistance or resources are specifically required~~
45 ~~by federal law.~~

46 ~~6. Any taxpayer of this state or any member of the general assembly~~
47 ~~shall have standing to bring suit against the state of Missouri or any official,~~
48 ~~department, division, agency, or political subdivision of this state which is in~~
49 ~~violation of this section in any court with jurisdiction to enforce the provisions~~
50 ~~of this section. The court shall award attorney's fees, court costs, and all~~
51 ~~reasonable expenses incurred by the taxpayer or member of the general~~
52 ~~assembly if the court finds that the provisions of this section have been~~
53 ~~violated. Such attorney's fees, court costs, and reasonable expenses shall be~~
54 ~~paid from funds appropriated to the department, division, agency, or any~~
55 ~~political subdivision of this state determined to have violated, in whole or in~~
56 ~~part, the provisions of this section. In no case shall the award of attorney's~~
57 ~~fees, court costs, or reasonable expenses be paid from the legal defense fund,~~
58 ~~nor shall any department, division, agency, or political subdivision of this state~~
59 ~~request, or be granted, additional appropriations in order to satisfy an award~~
60 ~~made under this section.~~

61 ~~7. As used in this section, the term "federal health care act" shall mean~~
62 ~~the federal Patient Protection and Affordable Care Act, Public Law 111-148,~~
63 ~~as amended by the federal Health Care and Education Reconciliation Act of~~
64 ~~2010, Public Law 111-152, and any amendments thereto, or regulations or~~
65 ~~guidance issued under such federal acts.~~

66 ~~8. As used in this section, the term "state based health benefit~~
67 ~~exchange" means a governmental agency or nonprofit entity established by the~~
68 ~~state of Missouri and not the federal government that meets the applicable~~
69 ~~requirements of Section 1311 of the federal health care act and regulations~~
70 ~~promulgated thereto and makes qualified health care plans available to~~
71 ~~qualified individuals and qualified employers. The term "state based health~~
72 ~~benefit exchange" includes regional or other interstate exchanges and~~
73 ~~subsidiary exchanges as described in Section 1311(f)(1) and (2) of the~~
74 ~~federal health care act. The term "federally facilitated health benefit~~
75 ~~exchange" means a health benefit exchange established and operated by the~~
76 ~~Secretary of Health and Human Services under Section 1321(c)(1) of the~~
77 ~~federal health care act, either directly or through agreement with a not for-~~
78 ~~profit entity.]~~

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