

CONFERENCE COMMITTEE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

SENATE SUBSTITUTE NO. 2

FOR

SENATE BILL NO. 754

AN ACT

To repeal sections 105.711, 174.335, 195.070, 208.631, 208.636, 208.640, 208.643, 208.646, 208.790, 208.798, 334.035, 334.735, 338.010, 338.059, and 338.220, RSMo, and to enact in lieu thereof twenty-seven new sections relating to health care.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

1 Section A. Sections 105.711, 174.335, 195.070, 208.631,
2 208.636, 208.640, 208.643, 208.646, 208.790, 208.798, 334.035,
3 334.735, 338.010, 338.059, and 338.220, RSMo, are repealed and
4 twenty-seven new sections enacted in lieu thereof, to be known as
5 sections 105.711, 174.335, 191.761, 191.990, 191.1140, 192.769,
6 195.070, 197.168, 208.141, 208.631, 208.636, 208.640, 208.643,
7 208.646, 208.662, 208.790, 208.798, 334.035, 334.036, 334.037,
8 334.735, 338.010, 338.059, 338.165, 338.220, 1, and 2, to read as
9 follows:

10 105.711. 1. There is hereby created a "State Legal Expense
11 Fund" which shall consist of moneys appropriated to the fund by
12 the general assembly and moneys otherwise credited to such fund

1 pursuant to section 105.716.

2 2. Moneys in the state legal expense fund shall be
3 available for the payment of any claim or any amount required by
4 any final judgment rendered by a court of competent jurisdiction
5 against:

6 (1) The state of Missouri, or any agency of the state,
7 pursuant to section 536.050 or 536.087 or section 537.600;

8 (2) Any officer or employee of the state of Missouri or any
9 agency of the state, including, without limitation, elected
10 officials, appointees, members of state boards or commissions,
11 and members of the Missouri National Guard upon conduct of such
12 officer or employee arising out of and performed in connection
13 with his or her official duties on behalf of the state, or any
14 agency of the state, provided that moneys in this fund shall not
15 be available for payment of claims made under chapter 287;

16 (3) (a) Any physician, psychiatrist, pharmacist,
17 podiatrist, dentist, nurse, or other health care provider
18 licensed to practice in Missouri under the provisions of chapter
19 330, 332, 334, 335, 336, 337 or 338 who is employed by the state
20 of Missouri or any agency of the state under formal contract to
21 conduct disability reviews on behalf of the department of
22 elementary and secondary education or provide services to
23 patients or inmates of state correctional facilities on a
24 part-time basis, and any physician, psychiatrist, pharmacist,
25 podiatrist, dentist, nurse, or other health care provider
26 licensed to practice in Missouri under the provisions of chapter
27 330, 332, 334, 335, 336, 337, or 338 who is under formal contract
28 to provide services to patients or inmates at a county jail on a

1 part-time basis;

2 (b) Any physician licensed to practice medicine in Missouri
3 under the provisions of chapter 334 and his professional
4 corporation organized pursuant to chapter 356 who is employed by
5 or under contract with a city or county health department
6 organized under chapter 192 or chapter 205, or a city health
7 department operating under a city charter, or a combined
8 city-county health department to provide services to patients for
9 medical care caused by pregnancy, delivery, and child care, if
10 such medical services are provided by the physician pursuant to
11 the contract without compensation or the physician is paid from
12 no other source than a governmental agency except for patient
13 co-payments required by federal or state law or local ordinance;

14 (c) Any physician licensed to practice medicine in Missouri
15 under the provisions of chapter 334 who is employed by or under
16 contract with a federally funded community health center
17 organized under Section 315, 329, 330 or 340 of the Public Health
18 Services Act (42 U.S.C. 216, 254c) to provide services to
19 patients for medical care caused by pregnancy, delivery, and
20 child care, if such medical services are provided by the
21 physician pursuant to the contract or employment agreement
22 without compensation or the physician is paid from no other
23 source than a governmental agency or such a federally funded
24 community health center except for patient co-payments required
25 by federal or state law or local ordinance. In the case of any
26 claim or judgment that arises under this paragraph, the aggregate
27 of payments from the state legal expense fund shall be limited to
28 a maximum of one million dollars for all claims arising out of

1 and judgments based upon the same act or acts alleged in a single
2 cause against any such physician, and shall not exceed one
3 million dollars for any one claimant;

4 (d) Any physician licensed pursuant to chapter 334 who is
5 affiliated with and receives no compensation from a nonprofit
6 entity qualified as exempt from federal taxation under Section
7 501(c)(3) of the Internal Revenue Code of 1986, as amended, which
8 offers a free health screening in any setting or any physician,
9 nurse, physician assistant, dental hygienist, dentist, or other
10 health care professional licensed or registered under chapter
11 330, 331, 332, 334, 335, 336, 337, or 338 who provides health
12 care services within the scope of his or her license or
13 registration at a city or county health department organized
14 under chapter 192 or chapter 205, a city health department
15 operating under a city charter, or a combined city-county health
16 department, or a nonprofit community health center qualified as
17 exempt from federal taxation under Section 501(c)(3) of the
18 Internal Revenue Code of 1986, as amended, excluding federally
19 funded community health centers as specified in paragraph (c) of
20 this subdivision and rural health clinics under 42 U.S.C.
21 1396d(1)(1), if such services are restricted to primary care and
22 preventive health services, provided that such services shall not
23 include the performance of an abortion, and if such health
24 services are provided by the health care professional licensed or
25 registered under chapter 330, 331, 332, 334, 335, 336, 337, or
26 338 without compensation. MO HealthNet or Medicare payments for
27 primary care and preventive health services provided by a health
28 care professional licensed or registered under chapter 330, 331,

1 332, 334, 335, 336, 337, or 338 who volunteers at a [free]
2 community health clinic is not compensation for the purpose of
3 this section if the total payment is assigned to the [free]
4 community health clinic. For the purposes of the section,
5 "[free] community health clinic" means a nonprofit community
6 health center qualified as exempt from federal taxation under
7 Section 501(c)(3) of the Internal Revenue Code of 1987, as
8 amended, that provides primary care and preventive health
9 services to people without health insurance coverage [for the
10 services provided without charge]. In the case of any claim or
11 judgment that arises under this paragraph, the aggregate of
12 payments from the state legal expense fund shall be limited to a
13 maximum of five hundred thousand dollars, for all claims arising
14 out of and judgments based upon the same act or acts alleged in a
15 single cause and shall not exceed five hundred thousand dollars
16 for any one claimant, and insurance policies purchased pursuant
17 to the provisions of section 105.721 shall be limited to five
18 hundred thousand dollars. Liability or malpractice insurance
19 obtained and maintained in force by or on behalf of any health
20 care professional licensed or registered under chapter 330, 331,
21 332, 334, 335, 336, 337, or 338 shall not be considered available
22 to pay that portion of a judgment or claim for which the state
23 legal expense fund is liable under this paragraph;

24 (e) Any physician, nurse, physician assistant, dental
25 hygienist, or dentist licensed or registered to practice
26 medicine, nursing, or dentistry or to act as a physician
27 assistant or dental hygienist in Missouri under the provisions of
28 chapter 332, 334, or 335, or lawfully practicing, who provides

1 medical, nursing, or dental treatment within the scope of his
2 license or registration to students of a school whether a public,
3 private, or parochial elementary or secondary school or summer
4 camp, if such physician's treatment is restricted to primary care
5 and preventive health services and if such medical, dental, or
6 nursing services are provided by the physician, dentist,
7 physician assistant, dental hygienist, or nurse without
8 compensation. In the case of any claim or judgment that arises
9 under this paragraph, the aggregate of payments from the state
10 legal expense fund shall be limited to a maximum of five hundred
11 thousand dollars, for all claims arising out of and judgments
12 based upon the same act or acts alleged in a single cause and
13 shall not exceed five hundred thousand dollars for any one
14 claimant, and insurance policies purchased pursuant to the
15 provisions of section 105.721 shall be limited to five hundred
16 thousand dollars; or

17 (f) Any physician licensed under chapter 334, or dentist
18 licensed under chapter 332, providing medical care without
19 compensation to an individual referred to his or her care by a
20 city or county health department organized under chapter 192 or
21 205, a city health department operating under a city charter, or
22 a combined city-county health department, or nonprofit health
23 center qualified as exempt from federal taxation under Section
24 501(c)(3) of the Internal Revenue Code of 1986, as amended, or a
25 federally funded community health center organized under Section
26 315, 329, 330, or 340 of the Public Health Services Act, 42
27 U.S.C. Section 216, 254c; provided that such treatment shall not
28 include the performance of an abortion. In the case of any claim

1 or judgment that arises under this paragraph, the aggregate of
2 payments from the state legal expense fund shall be limited to a
3 maximum of one million dollars for all claims arising out of and
4 judgments based upon the same act or acts alleged in a single
5 cause and shall not exceed one million dollars for any one
6 claimant, and insurance policies purchased under the provisions
7 of section 105.721 shall be limited to one million dollars.

8 Liability or malpractice insurance obtained and maintained in
9 force by or on behalf of any physician licensed under chapter
10 334, or any dentist licensed under chapter 332, shall not be
11 considered available to pay that portion of a judgment or claim
12 for which the state legal expense fund is liable under this
13 paragraph;

14 (4) Staff employed by the juvenile division of any judicial
15 circuit;

16 (5) Any attorney licensed to practice law in the state of
17 Missouri who practices law at or through a nonprofit community
18 social services center qualified as exempt from federal taxation
19 under Section 501(c)(3) of the Internal Revenue Code of 1986, as
20 amended, or through any agency of any federal, state, or local
21 government, if such legal practice is provided by the attorney
22 without compensation. In the case of any claim or judgment that
23 arises under this subdivision, the aggregate of payments from the
24 state legal expense fund shall be limited to a maximum of five
25 hundred thousand dollars for all claims arising out of and
26 judgments based upon the same act or acts alleged in a single
27 cause and shall not exceed five hundred thousand dollars for any
28 one claimant, and insurance policies purchased pursuant to the

1 provisions of section 105.721 shall be limited to five hundred
2 thousand dollars;

3 (6) Any social welfare board created under section 205.770
4 and the members and officers thereof upon conduct of such officer
5 or employee while acting in his or her capacity as a board member
6 or officer, and any physician, nurse, physician assistant, dental
7 hygienist, dentist, or other health care professional licensed or
8 registered under chapter 330, 331, 332, 334, 335, 336, 337, or
9 338 who is referred to provide medical care without compensation
10 by the board and who provides health care services within the
11 scope of his or her license or registration as prescribed by the
12 board; or

13 (7) Any person who is selected or appointed by the state
14 director of revenue under subsection 2 of section 136.055 to act
15 as an agent of the department of revenue, to the extent that such
16 agent's actions or inactions upon which such claim or judgment is
17 based were performed in the course of the person's official
18 duties as an agent of the department of revenue and in the manner
19 required by state law or department of revenue rules.

20 3. The department of health and senior services shall
21 promulgate rules regarding contract procedures and the
22 documentation of care provided under paragraphs (b), (c), (d),
23 (e), and (f) of subdivision (3) of subsection 2 of this section.
24 The limitation on payments from the state legal expense fund or
25 any policy of insurance procured pursuant to the provisions of
26 section 105.721, provided in subsection 7 of this section, shall
27 not apply to any claim or judgment arising under paragraph (a),
28 (b), (c), (d), (e), or (f) of subdivision (3) of subsection 2 of

1 this section. Any claim or judgment arising under paragraph (a),
2 (b), (c), (d), (e), or (f) of subdivision (3) of subsection 2 of
3 this section shall be paid by the state legal expense fund or any
4 policy of insurance procured pursuant to section 105.721, to the
5 extent damages are allowed under sections 538.205 to 538.235.
6 Liability or malpractice insurance obtained and maintained in
7 force by any health care professional licensed or registered
8 under chapter 330, 331, 332, 334, 335, 336, 337, or 338 for
9 coverage concerning his or her private practice and assets shall
10 not be considered available under subsection 7 of this section to
11 pay that portion of a judgment or claim for which the state legal
12 expense fund is liable under paragraph (a), (b), (c), (d), (e),
13 or (f) of subdivision (3) of subsection 2 of this section.
14 However, a health care professional licensed or registered under
15 chapter 330, 331, 332, 334, 335, 336, 337, or 338 may purchase
16 liability or malpractice insurance for coverage of liability
17 claims or judgments based upon care rendered under paragraphs
18 (c), (d), (e), and (f) of subdivision (3) of subsection 2 of this
19 section which exceed the amount of liability coverage provided by
20 the state legal expense fund under those paragraphs. Even if
21 paragraph (a), (b), (c), (d), (e), or (f) of subdivision (3) of
22 subsection 2 of this section is repealed or modified, the state
23 legal expense fund shall be available for damages which occur
24 while the pertinent paragraph (a), (b), (c), (d), (e), or (f) of
25 subdivision (3) of subsection 2 of this section is in effect.

26 4. The attorney general shall promulgate rules regarding
27 contract procedures and the documentation of legal practice
28 provided under subdivision (5) of subsection 2 of this section.

1 The limitation on payments from the state legal expense fund or
2 any policy of insurance procured pursuant to section 105.721 as
3 provided in subsection 7 of this section shall not apply to any
4 claim or judgment arising under subdivision (5) of subsection 2
5 of this section. Any claim or judgment arising under subdivision
6 (5) of subsection 2 of this section shall be paid by the state
7 legal expense fund or any policy of insurance procured pursuant
8 to section 105.721 to the extent damages are allowed under
9 sections 538.205 to 538.235. Liability or malpractice insurance
10 otherwise obtained and maintained in force shall not be
11 considered available under subsection 7 of this section to pay
12 that portion of a judgment or claim for which the state legal
13 expense fund is liable under subdivision (5) of subsection 2 of
14 this section. However, an attorney may obtain liability or
15 malpractice insurance for coverage of liability claims or
16 judgments based upon legal practice rendered under subdivision
17 (5) of subsection 2 of this section that exceed the amount of
18 liability coverage provided by the state legal expense fund under
19 subdivision (5) of subsection 2 of this section. Even if
20 subdivision (5) of subsection 2 of this section is repealed or
21 amended, the state legal expense fund shall be available for
22 damages that occur while the pertinent subdivision (5) of
23 subsection 2 of this section is in effect.

24 5. All payments shall be made from the state legal expense
25 fund by the commissioner of administration with the approval of
26 the attorney general. Payment from the state legal expense fund
27 of a claim or final judgment award against a health care
28 professional licensed or registered under chapter 330, 331, 332,

1 334, 335, 336, 337, or 338, described in paragraph (a), (b), (c),
2 (d), (e), or (f) of subdivision (3) of subsection 2 of this
3 section, or against an attorney in subdivision (5) of subsection
4 2 of this section, shall only be made for services rendered in
5 accordance with the conditions of such paragraphs. In the case
6 of any claim or judgment against an officer or employee of the
7 state or any agency of the state based upon conduct of such
8 officer or employee arising out of and performed in connection
9 with his or her official duties on behalf of the state or any
10 agency of the state that would give rise to a cause of action
11 under section 537.600, the state legal expense fund shall be
12 liable, excluding punitive damages, for:

13 (1) Economic damages to any one claimant; and

14 (2) Up to three hundred fifty thousand dollars for
15 noneconomic damages.

16
17 The state legal expense fund shall be the exclusive remedy and
18 shall preclude any other civil actions or proceedings for money
19 damages arising out of or relating to the same subject matter
20 against the state officer or employee, or the officer's or
21 employee's estate. No officer or employee of the state or any
22 agency of the state shall be individually liable in his or her
23 personal capacity for conduct of such officer or employee arising
24 out of and performed in connection with his or her official
25 duties on behalf of the state or any agency of the state. The
26 provisions of this subsection shall not apply to any defendant
27 who is not an officer or employee of the state or any agency of
28 the state in any proceeding against an officer or employee of the

1 state or any agency of the state. Nothing in this subsection
2 shall limit the rights and remedies otherwise available to a
3 claimant under state law or common law in proceedings where one
4 or more defendants is not an officer or employee of the state or
5 any agency of the state.

6 6. The limitation on awards for noneconomic damages
7 provided for in this subsection shall be increased or decreased
8 on an annual basis effective January first of each year in
9 accordance with the Implicit Price Deflator for Personal
10 Consumption Expenditures as published by the Bureau of Economic
11 Analysis of the United States Department of Commerce. The
12 current value of the limitation shall be calculated by the
13 director of the department of insurance, financial institutions
14 and professional registration, who shall furnish that value to
15 the secretary of state, who shall publish such value in the
16 Missouri Register as soon after each January first as
17 practicable, but it shall otherwise be exempt from the provisions
18 of section 536.021.

19 7. Except as provided in subsection 3 of this section, in
20 the case of any claim or judgment that arises under sections
21 537.600 and 537.610 against the state of Missouri, or an agency
22 of the state, the aggregate of payments from the state legal
23 expense fund and from any policy of insurance procured pursuant
24 to the provisions of section 105.721 shall not exceed the limits
25 of liability as provided in sections 537.600 to 537.610. No
26 payment shall be made from the state legal expense fund or any
27 policy of insurance procured with state funds pursuant to section
28 105.721 unless and until the benefits provided to pay the claim

1 by any other policy of liability insurance have been exhausted.

2 8. The provisions of section 33.080 notwithstanding, any
3 moneys remaining to the credit of the state legal expense fund at
4 the end of an appropriation period shall not be transferred to
5 general revenue.

6 9. Any rule or portion of a rule, as that term is defined
7 in section 536.010, that is promulgated under the authority
8 delegated in sections 105.711 to 105.726 shall become effective
9 only if it has been promulgated pursuant to the provisions of
10 chapter 536. Nothing in this section shall be interpreted to
11 repeal or affect the validity of any rule filed or adopted prior
12 to August 28, 1999, if it fully complied with the provisions of
13 chapter 536. This section and chapter 536 are nonseverable and
14 if any of the powers vested with the general assembly pursuant to
15 chapter 536 to review, to delay the effective date, or to
16 disapprove and annul a rule are subsequently held
17 unconstitutional, then the grant of rulemaking authority and any
18 rule proposed or adopted after August 28, 1999, shall be invalid
19 and void.

20 174.335. 1. Beginning with the 2004-2005 school year and
21 for each school year thereafter, every public institution of
22 higher education in this state shall require all students who
23 reside in on-campus housing to [sign a written waiver stating
24 that the institution of higher education has provided the
25 student, or if the student is a minor, the student's parents or
26 guardian, with detailed written information on the risks
27 associated with meningococcal disease and the availability and
28 effectiveness of] have received the meningococcal vaccine unless

1 a signed statement of medical or religious exemption is on file
2 with the institution's administration. A student shall be
3 exempted from the immunization requirement of this section upon
4 signed certification by a physician licensed under chapter 334,
5 indicating that the immunization would seriously endanger the
6 student's health or life or the student has documentation of the
7 disease or laboratory evidence of immunity to the disease. A
8 student shall be exempted from the immunization requirement of
9 this section if he or she objects in writing to the institution's
10 administration that immunization violates his or her religious
11 beliefs.

12 2. [Any student who elects to receive the meningococcal
13 vaccine shall not be required to sign a waiver referenced in
14 subsection 1 of this section and shall present a record of said
15 vaccination to the institution of higher education.

16 3.] Each public university or college in this state shall
17 maintain records on the meningococcal vaccination status of every
18 student residing in on-campus housing at the university or
19 college[, including any written waivers executed pursuant to
20 subsection 1 of this section].

21 [4.] 3. Nothing in this section shall be construed as
22 requiring any institution of higher education to provide or pay
23 for vaccinations against meningococcal disease.

24 191.761. 1. Beginning July 1, 2015, the department of
25 health and senior services shall provide a courier service to
26 transport collected, donated umbilical cord blood samples to a
27 nonprofit umbilical cord blood bank located in a city not within
28 a county in existence as of the effective date of this section.

1 The collection sites shall only be those facilities designated
2 and trained by the blood bank in the collection and handling of
3 umbilical cord blood specimens.

4 2. The department may promulgate rules to implement the
5 provisions of this section. Any rule or portion of a rule, as
6 that term is defined in section 536.010, that is created under
7 the authority delegated in this section shall become effective
8 only if it complies with and is subject to all of the provisions
9 of chapter 536 and, if applicable, section 536.028. This section
10 and chapter 536 are nonseverable, and if any of the powers vested
11 with the general assembly under chapter 536 to review, to delay
12 the effective date, or to disapprove and annul a rule are
13 subsequently held unconstitutional, then the grant of rulemaking
14 authority and any rule proposed or adopted after August 28, 2014,
15 shall be invalid and void.

16 191.990. 1. The MO HealthNet division and the department
17 of health and senior services shall collaborate to coordinate
18 goals and benchmarks in each agency's plans to reduce the
19 incidence of diabetes in Missouri, improve diabetes care, and
20 control complications associated with diabetes.

21 2. The MO HealthNet division and the department of health
22 and senior services shall submit a report to the general assembly
23 by January first of each odd-numbered year on the following:

24 (1) The prevalence and financial impact of diabetes of all
25 types on the state of Missouri. Items in this assessment shall
26 include an estimate of the number of people with diagnosed and
27 undiagnosed diabetes, the number of individuals with diabetes
28 impacted or covered by the agency programs addressing diabetes,

1 the financial impact of diabetes, and its complications on
2 Missouri based on the most recently published cost estimates for
3 diabetes;

4 (2) An assessment of the benefits of implemented programs
5 and activities aimed at controlling diabetes and preventing the
6 disease;

7 (3) A description of the level of coordination existing
8 between the agencies, their contracted partners, and other
9 stakeholders on activities, programs, and messaging on managing,
10 treating, or preventing all forms of diabetes and its
11 complications;

12 (4) The development or revision of detailed action plans
13 for battling diabetes with a range of actionable items for
14 consideration by the general assembly. The plans shall identify
15 proposed action steps to reduce the impact of diabetes,
16 prediabetes, and related diabetes complications. The plan also
17 shall identify expected outcomes of the action steps proposed in
18 the following biennium while also establishing benchmarks for
19 controlling and preventing diabetes; and

20 (5) The development of a detailed budget blueprint
21 identifying needs, costs, and resources required to implement the
22 plan identified in subdivision (4) of this subsection. This
23 blueprint shall include a budget range for all options presented
24 in the plan identified in subdivision (4) of this subsection for
25 consideration by the general assembly.

26 3. The requirements of subsections 1 and 2 of this section
27 shall be limited to diabetes information, data, initiatives, and
28 programs within each agency prior to the effective date of this

1 section, unless there is unobligated funding for diabetes in each
2 agency that may be used for new research, data collection,
3 reporting, or other requirements of subsections 1 and 2 of this
4 section.

5 191.1140. 1. Subject to appropriations, the University of
6 Missouri shall manage the "Show-Me Extension for Community Health
7 Care Outcomes (ECHO) Program". The department of health and
8 senior services shall collaborate with the University of Missouri
9 in utilizing the program to expand the capacity to safely and
10 effectively treat chronic, common, and complex diseases in rural
11 and underserved areas of the state and to monitor outcomes of
12 such treatment.

13 2. The program is designed to utilize current telehealth
14 technology to disseminate knowledge of best practices for the
15 treatment of chronic, common, and complex diseases from a
16 multidisciplinary team of medical experts to local primary care
17 providers who will deliver the treatment protocol to patients,
18 which will alleviate the need of many patients to travel to see
19 specialists and will allow patients to receive treatment more
20 quickly.

21 3. The program shall utilize local community health care
22 workers with knowledge of local social determinants as a force
23 multiplier to obtain better patient compliance and improved
24 health outcomes.

25 192.769. 1. On completion of a mammogram, a mammography
26 facility certified by the United States Food and Drug
27 Administration (FDA) or by a certification agency approved by the
28 FDA shall provide to the patient the following notice:

1 "If your mammogram demonstrates that you have dense breast
2 tissue, which could hide abnormalities, and you have other risk
3 factors for breast cancer that have been identified, you might
4 benefit from supplemental screening tests that may be suggested
5 by your ordering physician. Dense breast tissue, in and of
6 itself, is a relatively common condition. Therefore, this
7 information is not provided to cause undue concern, but rather to
8 raise your awareness and to promote discussion with your
9 physician regarding the presence of other risk factors, in
10 addition to dense breast tissue. A report of your mammography
11 results will be sent to you and your physician. You should
12 contact your physician if you have any questions or concerns
13 regarding this report."

14 2. Nothing in this section shall be construed to create a
15 duty of care beyond the duty to provide notice as set forth in
16 this section.

17 3. The information required by this section or evidence
18 that a person violated this section is not admissible in a civil,
19 judicial, or administrative proceeding.

20 4. A mammography facility is not required to comply with
21 the requirements of this section until January 1, 2015.

22 195.070. 1. A physician, podiatrist, dentist, a registered
23 optometrist certified to administer pharmaceutical agents as
24 provided in section 336.220, or an assistant physician in
25 accordance with section 334.037 or a physician assistant in
26 accordance with section 334.747 in good faith and in the course
27 of his or her professional practice only, may prescribe,
28 administer, and dispense controlled substances or he or she may

1 cause the same to be administered or dispensed by an individual
2 as authorized by statute.

3 2. An advanced practice registered nurse, as defined in
4 section 335.016, but not a certified registered nurse anesthetist
5 as defined in subdivision (8) of section 335.016, who holds a
6 certificate of controlled substance prescriptive authority from
7 the board of nursing under section 335.019 and who is delegated
8 the authority to prescribe controlled substances under a
9 collaborative practice arrangement under section 334.104 may
10 prescribe any controlled substances listed in Schedules III, IV,
11 and V of section 195.017. However, no such certified advanced
12 practice registered nurse shall prescribe controlled substance
13 for his or her own self or family. Schedule III narcotic
14 controlled substance prescriptions shall be limited to a one
15 hundred twenty-hour supply without refill.

16 3. A veterinarian, in good faith and in the course of the
17 veterinarian's professional practice only, and not for use by a
18 human being, may prescribe, administer, and dispense controlled
19 substances and the veterinarian may cause them to be administered
20 by an assistant or orderly under his or her direction and
21 supervision.

22 4. A practitioner shall not accept any portion of a
23 controlled substance unused by a patient, for any reason, if such
24 practitioner did not originally dispense the drug.

25 5. An individual practitioner shall not prescribe or
26 dispense a controlled substance for such practitioner's personal
27 use except in a medical emergency.

28 197.168. Each year between October first and March first

1 and in accordance with the latest recommendations of the Advisory
2 Committee on Immunization Practices of the Centers for Disease
3 Control and Prevention, each hospital licensed under this chapter
4 shall offer, prior to discharge and with the approval of the
5 attending physician or other practitioner authorized to order
6 vaccinations or as authorized by physician-approved hospital
7 policies or protocols for influenza vaccinations pursuant to
8 state hospital regulations, immunizations against influenza virus
9 to all inpatients sixty-five years of age and older unless
10 contraindicated for such patient and contingent upon the
11 availability of the vaccine.

12 208.141. 1. The department of social services shall
13 reimburse a hospital for prescribed medically necessary donor
14 human breast milk provided to a MO HealthNet participant if:

15 (1) The participant is an infant under the age of three
16 months;

17 (2) The participant is critically ill;

18 (3) The participant is in the neonatal intensive care unit
19 of the hospital;

20 (4) A physician orders the milk for the participant;

21 (5) The department determines that the milk is medically
22 necessary for the participant;

23 (6) The parent or guardian signs and dates an informed
24 consent form indicating the risks and benefits of using banked
25 donor human milk; and

26 (7) The milk is obtained from a donor human milk bank that
27 meets the quality guidelines established by the department.

28 2. An electronic web-based prior authorization system using

1 the best medical evidence and care and treatment guidelines
2 consistent with national standards shall be used to verify
3 medical need.

4 3. The department shall promulgate rules for the
5 implementation of this section, including setting forth rules for
6 the required documentation by the physician and the informed
7 consent to be provided to and signed by the parent or guardian of
8 the participant. Any rule or portion of a rule, as that term is
9 defined in section 536.010, that is created under the authority
10 delegated in this section shall become effective only if it
11 complies with and is subject to all of the provisions of chapter
12 536, and, if applicable, section 536.028. This section and
13 chapter 536, are nonseverable, and if any of the powers vested
14 with the general assembly under chapter 536, to review, to delay
15 the effective date, or to disapprove and annul a rule are
16 subsequently held unconstitutional, then the grant of rulemaking
17 authority and any rule proposed or adopted after August 28, 2014,
18 shall be invalid and void.

19 208.631. 1. Notwithstanding any other provision of law to
20 the contrary, the MO HealthNet division shall establish a program
21 to pay for health care for uninsured children. Coverage pursuant
22 to sections 208.631 to ~~[208.659]~~ 208.658 is subject to
23 appropriation. The provisions of sections 208.631 to ~~[208.569]~~
24 208.658, health care for uninsured children, shall be void and of
25 no effect if there are no funds of the United States appropriated
26 by Congress to be provided to the state on the basis of a state
27 plan approved by the federal government under the federal Social
28 Security Act. If funds are appropriated by the United States

1 Congress, the department of social services is authorized to
2 manage the state children's health insurance program (SCHIP)
3 allotment in order to ensure that the state receives maximum
4 federal financial participation. Children in households with
5 incomes up to one hundred fifty percent of the federal poverty
6 level may meet all Title XIX program guidelines as required by
7 the Centers for Medicare and Medicaid Services. Children in
8 households with incomes of one hundred fifty percent to three
9 hundred percent of the federal poverty level shall continue to be
10 eligible as they were and receive services as they did on June
11 30, 2007, unless changed by the Missouri general assembly.

12 2. For the purposes of sections 208.631 to ~~[208.659]~~
13 208.658, "children" are persons up to nineteen years of age.
14 "Uninsured children" are persons up to nineteen years of age who
15 are emancipated and do not have access to affordable employer-
16 subsidized health care insurance or other health care coverage or
17 persons whose parent or guardian have not had access to
18 affordable employer-subsidized health care insurance or other
19 health care coverage for their children ~~[for six months]~~ prior to
20 application, are residents of the state of Missouri, and have
21 parents or guardians who meet the requirements in section
22 208.636. A child who is eligible for MO HealthNet benefits as
23 authorized in section 208.151 is not uninsured for the purposes
24 of sections 208.631 to ~~[208.659]~~ 208.658.

25 208.636. Parents and guardians of uninsured children
26 eligible for the program established in sections 208.631 to
27 ~~[208.657]~~ 208.658 shall:

28 (1) Furnish to the department of social services the

1 uninsured child's Social Security number or numbers, if the
2 uninsured child has more than one such number;

3 (2) Cooperate with the department of social services in
4 identifying and providing information to assist the state in
5 pursuing any third-party insurance carrier who may be liable to
6 pay for health care;

7 (3) Cooperate with the department of social services,
8 division of child support enforcement in establishing paternity
9 and in obtaining support payments, including medical support; and

10 (4) Demonstrate upon request their child's participation in
11 wellness programs including immunizations and a periodic physical
12 examination. This subdivision shall not apply to any child whose
13 parent or legal guardian objects in writing to such wellness
14 programs including immunizations and an annual physical
15 examination because of religious beliefs or medical
16 contraindications[; and

17 (5) Demonstrate annually that their total net worth does
18 not exceed two hundred fifty thousand dollars in total value].

19 208.640. 1. Parents and guardians of uninsured children
20 with incomes of more than one hundred fifty but less than three
21 hundred percent of the federal poverty level who do not have
22 access to affordable employer-sponsored health care insurance or
23 other affordable health care coverage may obtain coverage for
24 their children under this section. Health insurance plans that
25 do not cover an eligible child's preexisting condition shall not
26 be considered affordable employer-sponsored health care insurance
27 or other affordable health care coverage. For the purposes of
28 sections 208.631 to [208.659] 208.658, "affordable employer-

1 sponsored health care insurance or other affordable health care
2 coverage" refers to health insurance requiring a monthly premium
3 of:

4 (1) Three percent of one hundred fifty percent of the
5 federal poverty level for a family of three for families with a
6 gross income of more than one hundred fifty and up to one hundred
7 eighty-five percent of the federal poverty level for a family of
8 three;

9 (2) Four percent of one hundred eighty-five percent of the
10 federal poverty level for a family of three for a family with a
11 gross income of more than one hundred eighty-five and up to two
12 hundred twenty-five percent of the federal poverty level;

13 (3) Five percent of two hundred twenty-five percent of the
14 federal poverty level for a family of three for a family with a
15 gross income of more than two hundred twenty-five but less than
16 three hundred percent of the federal poverty level.

17
18 The parents and guardians of eligible uninsured children pursuant
19 to this section are responsible for a monthly premium as required
20 by annual state appropriation; provided that the total aggregate
21 cost sharing for a family covered by these sections shall not
22 exceed five percent of such family's income for the years
23 involved. No co-payments or other cost sharing is permitted with
24 respect to benefits for well-baby and well-child care including
25 age-appropriate immunizations. Cost-sharing provisions for their
26 children under sections 208.631 to ~~208.659~~ 208.658 shall not
27 exceed the limits established by 42 U.S.C. Section 1397cc(e). If
28 a child has exceeded the annual coverage limits for all health

1 care services, the child is not considered insured and does not
2 have access to affordable health insurance within the meaning of
3 this section.

4 2. The department of social services shall study the
5 expansion of a presumptive eligibility process for children for
6 medical assistance benefits.

7 208.643. 1. The department of social services shall
8 implement policies establishing a program to pay for health care
9 for uninsured children by rules promulgated pursuant to chapter
10 536, either statewide or in certain geographic areas, subject to
11 obtaining necessary federal approval and appropriation authority.
12 The rules may provide for a health care services package that
13 includes all medical services covered by section 208.152, except
14 nonemergency transportation.

15 2. Available income shall be determined by the department
16 of social services by rule, which shall comply with federal laws
17 and regulations relating to the state's eligibility to receive
18 federal funds to implement the insurance program established in
19 sections 208.631 to ~~[208.657]~~ 208.658.

20 208.646. There shall be a thirty-day waiting period after
21 enrollment for uninsured children in families with an income of
22 more than two hundred twenty-five percent of the federal poverty
23 level before the child becomes eligible for insurance under the
24 provisions of sections 208.631 to ~~[208.660]~~ 208.658. If the
25 parent or guardian with an income of more than two hundred
26 twenty-five percent of the federal poverty level fails to meet
27 the co-payment or premium requirements, the child shall not be
28 eligible for coverage under sections 208.631 to ~~[208.660]~~ 208.658

1 for [six months] ninety days after the department provides notice
2 of such failure to the parent or guardian.

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

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

25 3. Coverage for an unborn child enrolled in the show-me
26 healthy babies program shall include all prenatal care and
27 pregnancy-related services that benefit the health of the unborn
28 child and that promote healthy labor, delivery, and birth.

1 Coverage need not include services that are solely for the
2 benefit of the pregnant mother, that are unrelated to maintaining
3 or promoting a healthy pregnancy, and that provide no benefit to
4 the unborn child. However, the department may include pregnancy-
5 related assistance as defined in 42 U.S.C. Section 139711.

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

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

16 6. Pregnancy-related and postpartum coverage for the mother
17 shall begin on the day the pregnancy ends and extend through the
18 last day of the month that includes the sixtieth day after the
19 pregnancy ends, unless otherwise prohibited by law or unless
20 otherwise limited by the general assembly through appropriations.
21 The department may include pregnancy-related assistance as
22 defined in 42 U.S.C. Section 139711.

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

28 8. The department shall provide information about the show-

1 me healthy babies program to maternity homes as defined in
2 section 135.600, pregnancy resource centers as defined in section
3 135.630, and other similar agencies and programs in the state
4 that assist unborn children and their mothers. The department
5 shall consider allowing such agencies and programs to assist in
6 the enrollment of unborn children in the program, and in making
7 determinations about presumptive eligibility and verification of
8 the pregnancy.

9 9. Within sixty days after the effective date of this
10 section, the department shall submit a state plan amendment or
11 seek any necessary waivers from the federal Department of Health
12 and Human Services requesting approval for the show-me healthy
13 babies program.

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

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

28 (2) The efficacy in providing services to unborn children

1 through managed care organizations, group or individual health
2 insurance providers or premium assistance, or through other
3 nontraditional arrangements of providing health care;

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

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

18 (5) The change in infant and maternal mortality, pre-term
19 births and low birth weight babies and any resulting or projected
20 decrease in short-term and long-term medical and other
21 interventions.

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

26 12. Nothing in this section shall be construed as
27 obligating the state to continue the show-me healthy babies
28 program if the allotment or payments from the federal government

1 end or are not sufficient for the program to operate, or if the
2 general assembly does not appropriate funds for the program.

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

6 208.790. 1. The applicant shall have or intend to have a
7 fixed place of residence in Missouri, with the present intent of
8 maintaining a permanent home in Missouri for the indefinite
9 future. The burden of establishing proof of residence within
10 this state is on the applicant. The requirement also applies to
11 persons residing in long-term care facilities located in the
12 state of Missouri.

13 2. The department shall promulgate rules outlining
14 standards for documenting proof of residence in Missouri.
15 Documents used to show proof of residence shall include the
16 applicant's name and address in the state of Missouri.

17 3. Applicant household income limits for eligibility shall
18 be subject to appropriations, but in no event shall applicants
19 have household income that is greater than one hundred eighty-
20 five percent of the federal poverty level for the applicable
21 family size for the applicable year as converted to the MAGI
22 equivalent net income standard.

23 4. The department shall promulgate rules outlining standards
24 for documenting proof of household income.

25 208.798. The provisions of sections 208.780 to 208.798
26 shall terminate on August 28, [2014] 2017.

27 334.035. Except as otherwise provided in section 334.036,
28 every applicant for a permanent license as a physician and

1 surgeon shall provide the board with satisfactory evidence of
2 having successfully completed such postgraduate training in
3 hospitals or medical or osteopathic colleges as the board may
4 prescribe by rule.

5 334.036. 1. For purposes of this section, the following
6 terms shall mean:

7 (1) "Assistant physician", any medical school graduate who:

8 (a) Is a resident and citizen of the United States or is a
9 legal resident alien;

10 (b) Has successfully completed Step 1 and Step 2 of the
11 United States Medical Licensing Examination or the equivalent of
12 such steps of any other board-approved medical licensing
13 examination within the two-year period immediately preceding
14 application for licensure as an assistant physician, but in no
15 event more than three years after graduation from a medical
16 college or osteopathic medical college;

17 (c) Has not completed an approved postgraduate residency
18 and has successfully completed Step 2 of the United States
19 Medical Licensing Examination or the equivalent of such step of
20 any other board-approved medical licensing examination within the
21 immediately preceding two-year period unless when such two-year
22 anniversary occurred he or she was serving as a resident
23 physician in an accredited residency in the United States and
24 continued to do so within thirty days prior to application for
25 licensure as an assistant physician; and

26 (d) Has proficiency in the English language;

27 (2) "Assistant physician collaborative practice
28 arrangement", an agreement between a physician and an assistant

1 physician that meets the requirements of this section and section
2 334.037;

3 (3) "Medical school graduate", any person who has graduated
4 from a medical college or osteopathic medical college described
5 in section 334.031.

6 2. (1) An assistant physician collaborative practice
7 arrangement shall limit the assistant physician to providing only
8 primary care services and only in medically underserved rural or
9 urban areas of this state or in any pilot project areas
10 established in which assistant physicians may practice.

11 (2) For a physician-assistant physician team working in a
12 rural health clinic under the federal Rural Health Clinic
13 Services Act, P.L. 95-210, as amended:

14 (a) An assistant physician shall be considered a physician
15 assistant for purposes of regulations of the Centers for Medicare
16 and Medicaid Services (CMS); and

17 (b) No supervision requirements in addition to the minimum
18 federal law shall be required.

19 3. (1) For purposes of this section, the licensure of
20 assistant physicians shall take place within processes
21 established by rules of the state board of registration for the
22 healing arts. The board of healing arts is authorized to
23 establish rules under chapter 536 establishing licensure and
24 renewal procedures, supervision, collaborative practice
25 arrangements, fees, and addressing such other matters as are
26 necessary to protect the public and discipline the profession.
27 An application for licensure may be denied or the licensure of an
28 assistant physician may be suspended or revoked by the board in

1 the same manner and for violation of the standards as set forth
2 by section 334.100, or such other standards of conduct set by the
3 board by rule.

4 (2) Any rule or portion of a rule, as that term is defined
5 in section 536.010, that is created under the authority delegated
6 in this section shall become effective only if it complies with
7 and is subject to all of the provisions of chapter 536 and, if
8 applicable, section 536.028. This section and chapter 536 are
9 nonseverable and if any of the powers vested with the general
10 assembly under chapter 536 to review, to delay the effective
11 date, or to disapprove and annul a rule are subsequently held
12 unconstitutional, then the grant of rulemaking authority and any
13 rule proposed or adopted after August 28, 2014, shall be invalid
14 and void.

15 4. An assistant physician shall clearly identify himself or
16 herself as an assistant physician and shall be permitted to use
17 the terms "doctor", "Dr.", or "doc". No assistant physician
18 shall practice or attempt to practice without an assistant
19 physician collaborative practice arrangement, except as otherwise
20 provided in this section and in an emergency situation.

21 5. The collaborating physician is responsible at all times
22 for the oversight of the activities of and accepts responsibility
23 for primary care services rendered by the assistant physician.

24 6. The provisions of section 334.037 shall apply to all
25 assistant physician collaborative practice arrangements. To be
26 eligible to practice as an assistant physician, a licensed
27 assistant physician shall enter into an assistant physician
28 collaborative practice arrangement within six months of his or

1 her initial licensure and shall not have more than a six-month
2 time period between collaborative practice arrangements during
3 his or her licensure period. Any renewal of licensure under this
4 section shall include verification of actual practice under a
5 collaborative practice arrangement in accordance with this
6 subsection during the immediately preceding licensure period.

7 334.037. 1. A physician may enter into collaborative
8 practice arrangements with assistant physicians. Collaborative
9 practice arrangements shall be in the form of written agreements,
10 jointly agreed-upon protocols, or standing orders for the
11 delivery of health care services. Collaborative practice
12 arrangements, which shall be in writing, may delegate to an
13 assistant physician the authority to administer or dispense drugs
14 and provide treatment as long as the delivery of such health care
15 services is within the scope of practice of the assistant
16 physician and is consistent with that assistant physician's
17 skill, training, and competence and the skill and training of the
18 collaborating physician.

19 2. The written collaborative practice arrangement shall
20 contain at least the following provisions:

21 (1) Complete names, home and business addresses, zip codes,
22 and telephone numbers of the collaborating physician and the
23 assistant physician;

24 (2) A list of all other offices or locations besides those
25 listed in subdivision (1) of this subsection where the
26 collaborating physician authorized the assistant physician to
27 prescribe;

28 (3) A requirement that there shall be posted at every

1 office where the assistant physician is authorized to prescribe,
2 in collaboration with a physician, a prominently displayed
3 disclosure statement informing patients that they may be seen by
4 an assistant physician and have the right to see the
5 collaborating physician;

6 (4) All specialty or board certifications of the
7 collaborating physician and all certifications of the assistant
8 physician;

9 (5) The manner of collaboration between the collaborating
10 physician and the assistant physician, including how the
11 collaborating physician and the assistant physician shall:

12 (a) Engage in collaborative practice consistent with each
13 professional's skill, training, education, and competence;

14 (b) Maintain geographic proximity; except, the
15 collaborative practice arrangement may allow for geographic
16 proximity to be waived for a maximum of twenty-eight days per
17 calendar year for rural health clinics as defined by P.L. 95-210,
18 as long as the collaborative practice arrangement includes
19 alternative plans as required in paragraph (c) of this
20 subdivision. Such exception to geographic proximity shall apply
21 only to independent rural health clinics, provider-based rural
22 health clinics if the provider is a critical access hospital as
23 provided in 42 U.S.C. Section 1395i-4, and provider-based rural
24 health clinics if the main location of the hospital sponsor is
25 greater than fifty miles from the clinic. The collaborating
26 physician shall maintain documentation related to such
27 requirement and present it to the state board of registration for
28 the healing arts when requested; and

1 (c) Provide coverage during absence, incapacity, infirmity,
2 or emergency by the collaborating physician;

3 (6) A description of the assistant physician's controlled
4 substance prescriptive authority in collaboration with the
5 physician, including a list of the controlled substances the
6 physician authorizes the assistant physician to prescribe and
7 documentation that it is consistent with each professional's
8 education, knowledge, skill, and competence;

9 (7) A list of all other written practice agreements of the
10 collaborating physician and the assistant physician;

11 (8) The duration of the written practice agreement between
12 the collaborating physician and the assistant physician;

13 (9) A description of the time and manner of the
14 collaborating physician's review of the assistant physician's
15 delivery of health care services. The description shall include
16 provisions that the assistant physician shall submit a minimum of
17 ten percent of the charts documenting the assistant physician's
18 delivery of health care services to the collaborating physician
19 for review by the collaborating physician, or any other physician
20 designated in the collaborative practice arrangement, every
21 fourteen days; and

22 (10) The collaborating physician, or any other physician
23 designated in the collaborative practice arrangement, shall
24 review every fourteen days a minimum of twenty percent of the
25 charts in which the assistant physician prescribes controlled
26 substances. The charts reviewed under this subdivision may be
27 counted in the number of charts required to be reviewed under
28 subdivision (9) of this subsection.

1 3. The state board of registration for the healing arts
2 under section 334.125 shall promulgate rules regulating the use
3 of collaborative practice arrangements for assistant physicians.

4 Such rules shall specify:

5 (1) Geographic areas to be covered;

6 (2) The methods of treatment that may be covered by
7 collaborative practice arrangements;

8 (3) In conjunction with deans of medical schools and
9 primary care residency program directors in the state, the
10 development and implementation of educational methods and
11 programs undertaken during the collaborative practice service
12 which shall facilitate the advancement of the assistant
13 physician's medical knowledge and capabilities, and which may
14 lead to credit toward a future residency program for programs
15 that deem such documented educational achievements acceptable;
16 and

17 (4) The requirements for review of services provided under
18 collaborative practice arrangements, including delegating
19 authority to prescribe controlled substances.

20
21 Any rules relating to dispensing or distribution of medications
22 or devices by prescription or prescription drug orders under this
23 section shall be subject to the approval of the state board of
24 pharmacy. Any rules relating to dispensing or distribution of
25 controlled substances by prescription or prescription drug orders
26 under this section shall be subject to the approval of the
27 department of health and senior services and the state board of
28 pharmacy. The state board of registration for the healing arts

1 shall promulgate rules applicable to assistant physicians that
2 shall be consistent with guidelines for federally funded clinics.
3 The rulemaking authority granted in this subsection shall not
4 extend to collaborative practice arrangements of hospital
5 employees providing inpatient care within hospitals as defined in
6 chapter 197 or population-based public health services as defined
7 by 20 CSR 2150-5.100 as of April 30, 2008.

8 4. The state board of registration for the healing arts
9 shall not deny, revoke, suspend, or otherwise take disciplinary
10 action against a collaborating physician for health care services
11 delegated to an assistant physician provided the provisions of
12 this section and the rules promulgated thereunder are satisfied.

13 5. Within thirty days of any change and on each renewal,
14 the state board of registration for the healing arts shall
15 require every physician to identify whether the physician is
16 engaged in any collaborative practice arrangement, including
17 collaborative practice arrangements delegating the authority to
18 prescribe controlled substances, and also report to the board the
19 name of each assistant physician with whom the physician has
20 entered into such arrangement. The board may make such
21 information available to the public. The board shall track the
22 reported information and may routinely conduct random reviews of
23 such arrangements to ensure that arrangements are carried out for
24 compliance under this chapter.

25 6. A collaborating physician shall not enter into a
26 collaborative practice arrangement with more than three full-time
27 equivalent assistant physicians. Such limitation shall not apply
28 to collaborative arrangements of hospital employees providing

1 inpatient care service in hospitals as defined in chapter 197 or
2 population-based public health services as defined by 20 CSR
3 2150-5.100 as of April 30, 2008.

4 7. The collaborating physician shall determine and document
5 the completion of at least a one-month period of time during
6 which the assistant physician shall practice with the
7 collaborating physician continuously present before practicing in
8 a setting where the collaborating physician is not continuously
9 present. Such limitation shall not apply to collaborative
10 arrangements of providers of population-based public health
11 services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

12 8. No agreement made under this section shall supersede
13 current hospital licensing regulations governing hospital
14 medication orders under protocols or standing orders for the
15 purpose of delivering inpatient or emergency care within a
16 hospital as defined in section 197.020 if such protocols or
17 standing orders have been approved by the hospital's medical
18 staff and pharmaceutical therapeutics committee.

19 9. No contract or other agreement shall require a physician
20 to act as a collaborating physician for an assistant physician
21 against the physician's will. A physician shall have the right
22 to refuse to act as a collaborating physician, without penalty,
23 for a particular assistant physician. No contract or other
24 agreement shall limit the collaborating physician's ultimate
25 authority over any protocols or standing orders or in the
26 delegation of the physician's authority to any assistant
27 physician, but such requirement shall not authorize a physician
28 in implementing such protocols, standing orders, or delegation to

1 violate applicable standards for safe medical practice
2 established by a hospital's medical staff.

3 10. No contract or other agreement shall require any
4 assistant physician to serve as a collaborating assistant
5 physician for any collaborating physician against the assistant
6 physician's will. An assistant physician shall have the right to
7 refuse to collaborate, without penalty, with a particular
8 physician.

9 11. All collaborating physicians and assistant physicians
10 in collaborative practice arrangements shall wear identification
11 badges while acting within the scope of their collaborative
12 practice arrangement. The identification badges shall
13 prominently display the licensure status of such collaborating
14 physicians and assistant physicians.

15 12. (1) An assistant physician with a certificate of
16 controlled substance prescriptive authority as provided in this
17 section may prescribe any controlled substance listed in schedule
18 III, IV, or V of section 195.017 when delegated the authority to
19 prescribe controlled substances in a collaborative practice
20 arrangement. Such authority shall be filed with the state board
21 of registration for the healing arts. The collaborating
22 physician shall maintain the right to limit a specific scheduled
23 drug or scheduled drug category that the assistant physician is
24 permitted to prescribe. Any limitations shall be listed in the
25 collaborative practice arrangement. Assistant physicians shall
26 not prescribe controlled substances for themselves or members of
27 their families. Schedule III controlled substances shall be
28 limited to a five-day supply without refill. Assistant

1 physicians who are authorized to prescribe controlled substances
2 under this section shall register with the federal Drug
3 Enforcement Administration and the state bureau of narcotics and
4 dangerous drugs, and shall include the Drug Enforcement
5 Administration registration number on prescriptions for
6 controlled substances.

7 (2) The collaborating physician shall be responsible to
8 determine and document the completion of at least one hundred
9 twenty hours in a four-month period by the assistant physician
10 during which the assistant physician shall practice with the
11 collaborating physician on-site prior to prescribing controlled
12 substances when the collaborating physician is not on-site. Such
13 limitation shall not apply to assistant physicians of population-
14 based public health services as defined in 20 CSR 2150-5.100 as
15 of April 30, 2009.

16 (3) An assistant physician shall receive a certificate of
17 controlled substance prescriptive authority from the state board
18 of registration for the healing arts upon verification of
19 licensure under section 334.036.

20 334.735. 1. As used in sections 334.735 to 334.749, the
21 following terms mean:

22 (1) "Applicant", any individual who seeks to become
23 licensed as a physician assistant;

24 (2) "Certification" or "registration", a process by a
25 certifying entity that grants recognition to applicants meeting
26 predetermined qualifications specified by such certifying entity;

27 (3) "Certifying entity", the nongovernmental agency or
28 association which certifies or registers individuals who have

1 completed academic and training requirements;

2 (4) "Department", the department of insurance, financial
3 institutions and professional registration or a designated agency
4 thereof;

5 (5) "License", a document issued to an applicant by the
6 board acknowledging that the applicant is entitled to practice as
7 a physician assistant;

8 (6) "Physician assistant", a person who has graduated from
9 a physician assistant program accredited by the American Medical
10 Association's Committee on Allied Health Education and
11 Accreditation or by its successor agency, who has passed the
12 certifying examination administered by the National Commission on
13 Certification of Physician Assistants and has active
14 certification by the National Commission on Certification of
15 Physician Assistants who provides health care services delegated
16 by a licensed physician. A person who has been employed as a
17 physician assistant for three years prior to August 28, 1989, who
18 has passed the National Commission on Certification of Physician
19 Assistants examination, and has active certification of the
20 National Commission on Certification of Physician Assistants;

21 (7) "Recognition", the formal process of becoming a
22 certifying entity as required by the provisions of sections
23 334.735 to 334.749;

24 (8) "Supervision", control exercised over a physician
25 assistant working with a supervising physician and oversight of
26 the activities of and accepting responsibility for the physician
27 assistant's delivery of care. The physician assistant shall only
28 practice at a location where the physician routinely provides

1 patient care, except existing patients of the supervising
2 physician in the patient's home and correctional facilities. The
3 supervising physician must be immediately available in person or
4 via telecommunication during the time the physician assistant is
5 providing patient care. Prior to commencing practice, the
6 supervising physician and physician assistant shall attest on a
7 form provided by the board that the physician shall provide
8 supervision appropriate to the physician assistant's training and
9 that the physician assistant shall not practice beyond the
10 physician assistant's training and experience. Appropriate
11 supervision shall require the supervising physician to be working
12 within the same facility as the physician assistant for at least
13 four hours within one calendar day for every fourteen days on
14 which the physician assistant provides patient care as described
15 in subsection 3 of this section. Only days in which the
16 physician assistant provides patient care as described in
17 subsection 3 of this section shall be counted toward the
18 fourteen-day period. The requirement of appropriate supervision
19 shall be applied so that no more than thirteen calendar days in
20 which a physician assistant provides patient care shall pass
21 between the physician's four hours working within the same
22 facility. The board shall promulgate rules pursuant to chapter
23 536 for documentation of joint review of the physician assistant
24 activity by the supervising physician and the physician
25 assistant.

26 2. (1) A supervision agreement shall limit the physician
27 assistant to practice only at locations described in subdivision
28 (8) of subsection 1 of this section, where the supervising

1 physician is no further than fifty miles by road using the most
2 direct route available and where the location is not so situated
3 as to create an impediment to effective intervention and
4 supervision of patient care or adequate review of services.

5 (2) For a physician-physician assistant team working in a
6 rural health clinic under the federal Rural Health Clinic
7 Services Act, P.L. 95-210, as amended, no supervision
8 requirements in addition to the minimum federal law shall be
9 required.

10 3. The scope of practice of a physician assistant shall
11 consist only of the following services and procedures:

12 (1) Taking patient histories;

13 (2) Performing physical examinations of a patient;

14 (3) Performing or assisting in the performance of routine
15 office laboratory and patient screening procedures;

16 (4) Performing routine therapeutic procedures;

17 (5) Recording diagnostic impressions and evaluating
18 situations calling for attention of a physician to institute
19 treatment procedures;

20 (6) Instructing and counseling patients regarding mental
21 and physical health using procedures reviewed and approved by a
22 licensed physician;

23 (7) Assisting the supervising physician in institutional
24 settings, including reviewing of treatment plans, ordering of
25 tests and diagnostic laboratory and radiological services, and
26 ordering of therapies, using procedures reviewed and approved by
27 a licensed physician;

28 (8) Assisting in surgery;

1 (9) Performing such other tasks not prohibited by law under
2 the supervision of a licensed physician as the physician's
3 assistant has been trained and is proficient to perform; and

4 (10) Physician assistants shall not perform or prescribe
5 abortions.

6 4. Physician assistants shall not prescribe nor dispense
7 any drug, medicine, device or therapy unless pursuant to a
8 physician supervision agreement in accordance with the law, nor
9 prescribe lenses, prisms or contact lenses for the aid, relief or
10 correction of vision or the measurement of visual power or visual
11 efficiency of the human eye, nor administer or monitor general or
12 regional block anesthesia during diagnostic tests, surgery or
13 obstetric procedures. Prescribing and dispensing of drugs,
14 medications, devices or therapies by a physician assistant shall
15 be pursuant to a physician assistant supervision agreement which
16 is specific to the clinical conditions treated by the supervising
17 physician and the physician assistant shall be subject to the
18 following:

19 (1) A physician assistant shall only prescribe controlled
20 substances in accordance with section 334.747;

21 (2) The types of drugs, medications, devices or therapies
22 prescribed or dispensed by a physician assistant shall be
23 consistent with the scopes of practice of the physician assistant
24 and the supervising physician;

25 (3) All prescriptions shall conform with state and federal
26 laws and regulations and shall include the name, address and
27 telephone number of the physician assistant and the supervising
28 physician;

1 (4) A physician assistant, or advanced practice registered
2 nurse as defined in section 335.016 may request, receive and sign
3 for noncontrolled professional samples and may distribute
4 professional samples to patients;

5 (5) A physician assistant shall not prescribe any drugs,
6 medicines, devices or therapies the supervising physician is not
7 qualified or authorized to prescribe; and

8 (6) A physician assistant may only dispense starter doses
9 of medication to cover a period of time for seventy-two hours or
10 less.

11 5. A physician assistant shall clearly identify himself or
12 herself as a physician assistant and shall not use or permit to
13 be used in the physician assistant's behalf the terms "doctor",
14 "Dr." or "doc" nor hold himself or herself out in any way to be a
15 physician or surgeon. No physician assistant shall practice or
16 attempt to practice without physician supervision or in any
17 location where the supervising physician is not immediately
18 available for consultation, assistance and intervention, except
19 as otherwise provided in this section, and in an emergency
20 situation, nor shall any physician assistant bill a patient
21 independently or directly for any services or procedure by the
22 physician assistant; except that, nothing in this subsection
23 shall be construed to prohibit a physician assistant from
24 enrolling with the department of social services as a MO
25 HealthNet provider while acting under a supervision agreement
26 between the physician and physician assistant.

27 6. For purposes of this section, the licensing of physician
28 assistants shall take place within processes established by the

1 state board of registration for the healing arts through rule and
2 regulation. The board of healing arts is authorized to establish
3 rules pursuant to chapter 536 establishing licensing and renewal
4 procedures, supervision, supervision agreements, fees, and
5 addressing such other matters as are necessary to protect the
6 public and discipline the profession. An application for
7 licensing may be denied or the license of a physician assistant
8 may be suspended or revoked by the board in the same manner and
9 for violation of the standards as set forth by section 334.100,
10 or such other standards of conduct set by the board by rule or
11 regulation. Persons licensed pursuant to the provisions of
12 chapter 335 shall not be required to be licensed as physician
13 assistants. All applicants for physician assistant licensure who
14 complete a physician assistant training program after January 1,
15 2008, shall have a master's degree from a physician assistant
16 program.

17 7. "Physician assistant supervision agreement" means a
18 written agreement, jointly agreed-upon protocols or standing
19 order between a supervising physician and a physician assistant,
20 which provides for the delegation of health care services from a
21 supervising physician to a physician assistant and the review of
22 such services. The agreement shall contain at least the
23 following provisions:

24 (1) Complete names, home and business addresses, zip codes,
25 telephone numbers, and state license numbers of the supervising
26 physician and the physician assistant;

27 (2) A list of all offices or locations where the physician
28 routinely provides patient care, and in which of such offices or

1 locations the supervising physician has authorized the physician
2 assistant to practice;

3 (3) All specialty or board certifications of the
4 supervising physician;

5 (4) The manner of supervision between the supervising
6 physician and the physician assistant, including how the
7 supervising physician and the physician assistant shall:

8 (a) Attest on a form provided by the board that the
9 physician shall provide supervision appropriate to the physician
10 assistant's training and experience and that the physician
11 assistant shall not practice beyond the scope of the physician
12 assistant's training and experience nor the supervising
13 physician's capabilities and training; and

14 (b) Provide coverage during absence, incapacity, infirmity,
15 or emergency by the supervising physician;

16 (5) The duration of the supervision agreement between the
17 supervising physician and physician assistant; and

18 (6) A description of the time and manner of the supervising
19 physician's review of the physician assistant's delivery of
20 health care services. Such description shall include provisions
21 that the supervising physician, or a designated supervising
22 physician listed in the supervision agreement review a minimum of
23 ten percent of the charts of the physician assistant's delivery
24 of health care services every fourteen days.

25 8. When a physician assistant supervision agreement is
26 utilized to provide health care services for conditions other
27 than acute self-limited or well-defined problems, the supervising
28 physician or other physician designated in the supervision

1 agreement shall see the patient for evaluation and approve or
2 formulate the plan of treatment for new or significantly changed
3 conditions as soon as practical, but in no case more than two
4 weeks after the patient has been seen by the physician assistant.

5 9. At all times the physician is responsible for the
6 oversight of the activities of, and accepts responsibility for,
7 health care services rendered by the physician assistant.

8 10. It is the responsibility of the supervising physician
9 to determine and document the completion of at least a one-month
10 period of time during which the licensed physician assistant
11 shall practice with a supervising physician continuously present
12 before practicing in a setting where a supervising physician is
13 not continuously present.

14 11. No contract or other agreement shall require a
15 physician to act as a supervising physician for a physician
16 assistant against the physician's will. A physician shall have
17 the right to refuse to act as a supervising physician, without
18 penalty, for a particular physician assistant. No contract or
19 other agreement shall limit the supervising physician's ultimate
20 authority over any protocols or standing orders or in the
21 delegation of the physician's authority to any physician
22 assistant, but this requirement shall not authorize a physician
23 in implementing such protocols, standing orders, or delegation to
24 violate applicable standards for safe medical practice
25 established by the hospital's medical staff.

26 12. Physician assistants shall file with the board a copy
27 of their supervising physician form.

28 13. No physician shall be designated to serve as

1 supervising physician for more than three full-time equivalent
2 licensed physician assistants. This limitation shall not apply
3 to physician assistant agreements of hospital employees providing
4 inpatient care service in hospitals as defined in chapter 197.

5 338.010. 1. The "practice of pharmacy" means the
6 interpretation, implementation, and evaluation of medical
7 prescription orders, including any legend drugs under 21 U.S.C.
8 Section 353; receipt, transmission, or handling of such orders or
9 facilitating the dispensing of such orders; the designing,
10 initiating, implementing, and monitoring of a medication
11 therapeutic plan as defined by the prescription order so long as
12 the prescription order is specific to each patient for care by a
13 pharmacist; the compounding, dispensing, labeling, and
14 administration of drugs and devices pursuant to medical
15 prescription orders and administration of viral influenza,
16 pneumonia, shingles, hepatitis A, hepatitis B, diphtheria,
17 tetanus, pertussis, and meningitis vaccines by written protocol
18 authorized by a physician for persons twelve years of age or
19 older as authorized by rule or the administration of pneumonia,
20 shingles, hepatitis A, hepatitis B, diphtheria, tetanus,
21 pertussis, and meningitis vaccines by written protocol authorized
22 by a physician for a specific patient as authorized by rule; the
23 participation in drug selection according to state law and
24 participation in drug utilization reviews; the proper and safe
25 storage of drugs and devices and the maintenance of proper
26 records thereof; consultation with patients and other health care
27 practitioners, and veterinarians and their clients about legend
28 drugs, about the safe and effective use of drugs and devices; and

1 the offering or performing of those acts, services, operations,
2 or transactions necessary in the conduct, operation, management
3 and control of a pharmacy. No person shall engage in the
4 practice of pharmacy unless he is licensed under the provisions
5 of this chapter. This chapter shall not be construed to prohibit
6 the use of auxiliary personnel under the direct supervision of a
7 pharmacist from assisting the pharmacist in any of his or her
8 duties. This assistance in no way is intended to relieve the
9 pharmacist from his or her responsibilities for compliance with
10 this chapter and he or she will be responsible for the actions of
11 the auxiliary personnel acting in his or her assistance. This
12 chapter shall also not be construed to prohibit or interfere with
13 any legally registered practitioner of medicine, dentistry, or
14 podiatry, or veterinary medicine only for use in animals, or the
15 practice of optometry in accordance with and as provided in
16 sections 195.070 and 336.220 in the compounding, administering,
17 prescribing, or dispensing of his or her own prescriptions.

18 2. Any pharmacist who accepts a prescription order for a
19 medication therapeutic plan shall have a written protocol from
20 the physician who refers the patient for medication therapy
21 services. The written protocol and the prescription order for a
22 medication therapeutic plan shall come from the physician only,
23 and shall not come from a nurse engaged in a collaborative
24 practice arrangement under section 334.104, or from a physician
25 assistant engaged in a supervision agreement under section
26 334.735.

27 3. Nothing in this section shall be construed as to prevent
28 any person, firm or corporation from owning a pharmacy regulated

1 by sections 338.210 to 338.315, provided that a licensed
2 pharmacist is in charge of such pharmacy.

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

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

12 6. This section shall not be construed to allow a
13 pharmacist to diagnose or independently prescribe
14 pharmaceuticals.

15 7. The state board of registration for the healing arts,
16 under section 334.125, and the state board of pharmacy, under
17 section 338.140, shall jointly promulgate rules regulating the
18 use of protocols for prescription orders for medication therapy
19 services and administration of viral influenza vaccines. Such
20 rules shall require protocols to include provisions allowing for
21 timely communication between the pharmacist and the referring
22 physician, and any other patient protection provisions deemed
23 appropriate by both boards. In order to take effect, such rules
24 shall be approved by a majority vote of a quorum of each board.
25 Neither board shall separately promulgate rules regulating the
26 use of protocols for prescription orders for medication therapy
27 services and administration of viral influenza vaccines. Any
28 rule or portion of a rule, as that term is defined in section

1 536.010, that is created under the authority delegated in this
2 section shall become effective only if it complies with and is
3 subject to all of the provisions of chapter 536 and, if
4 applicable, section 536.028. This section and chapter 536 are
5 nonseverable and if any of the powers vested with the general
6 assembly pursuant to chapter 536 to review, to delay the
7 effective date, or to disapprove and annul a rule are
8 subsequently held unconstitutional, then the grant of rulemaking
9 authority and any rule proposed or adopted after August 28, 2007,
10 shall be invalid and void.

11 8. The state board of pharmacy may grant a certificate of
12 medication therapeutic plan authority to a licensed pharmacist
13 who submits proof of successful completion of a board-approved
14 course of academic clinical study beyond a bachelor of science in
15 pharmacy, including but not limited to clinical assessment
16 skills, from a nationally accredited college or university, or a
17 certification of equivalence issued by a nationally recognized
18 professional organization and approved by the board of pharmacy.

19 9. Any pharmacist who has received a certificate of
20 medication therapeutic plan authority may engage in the
21 designing, initiating, implementing, and monitoring of a
22 medication therapeutic plan as defined by a prescription order
23 from a physician that is specific to each patient for care by a
24 pharmacist.

25 10. Nothing in this section shall be construed to allow a
26 pharmacist to make a therapeutic substitution of a pharmaceutical
27 prescribed by a physician unless authorized by the written
28 protocol or the physician's prescription order.

1 11. "Veterinarian", "doctor of veterinary medicine",
2 "practitioner of veterinary medicine", "DVM", "VMD", "BVSe",
3 "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or an equivalent
4 title means a person who has received a doctor's degree in
5 veterinary medicine from an accredited school of veterinary
6 medicine or holds an Educational Commission for Foreign
7 Veterinary Graduates (EDFVG) certificate issued by the American
8 Veterinary Medical Association (AVMA).

9 12. In addition to other requirements established by the
10 joint promulgation of rules by the board of pharmacy and the
11 state board of registration for the healing arts:

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

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

19 (3) In addition to other requirements by the board, a
20 pharmacist shall receive additional training as required by the
21 board and evidenced by receiving a certificate from the board
22 upon completion, and shall display the certification in his or
23 her pharmacy where vaccines are delivered.

24 13. A pharmacist shall provide a written report within
25 fourteen days of administration of a vaccine to the patient's
26 primary health care provider, if provided by the patient,
27 containing:

28 (1) The identity of the patient;

- 1 (2) The identity of the vaccine or vaccines administered;
- 2 (3) The route of administration;
- 3 (4) The anatomic site of the administration;
- 4 (5) The dose administered; and
- 5 (6) The date of administration.

6 338.059. 1. It shall be the duty of a licensed pharmacist
7 or a physician to affix or have affixed by someone under the
8 pharmacist's or physician's supervision a label to each and every
9 container provided to a consumer in which is placed any
10 prescription drug upon which is typed or written the following
11 information:

- 12 (1) The date the prescription is filled;
- 13 (2) The sequential number or other unique identifier;
- 14 (3) The patient's name;
- 15 (4) The prescriber's directions for usage;
- 16 (5) The prescriber's name;
- 17 (6) The name and address of the pharmacy;
- 18 (7) The exact name and dosage of the drug dispensed;
- 19 (8) There may be one line under the information provided in
20 subdivisions (1) to (7) of this subsection stating "Refill" with
21 a blank line or squares following or the words "No Refill";
- 22 (9) When a generic substitution is dispensed, the name of
23 the manufacturer or an abbreviation thereof shall appear on the
24 label or in the pharmacist's records as required in section
25 338.100.

26 2. The label of any drug which is sold at wholesale in this
27 state and which requires a prescription to be dispensed at retail
28 shall contain the name of the manufacturer, expiration date, if

1 applicable, batch or lot number and national drug code.

2 338.165. 1. As used in this section, the following terms
3 mean:

4 (1) "Board", the Missouri board of pharmacy;

5 (2) "Hospital", a hospital as defined in section 197.020;

6 (3) "Hospital clinic or facility", a clinic or facility
7 under the common control, management, or ownership of the same
8 hospital or hospital system;

9 (4) "Medical staff committee", the committee or other body
10 of a hospital or hospital system responsible for formulating
11 policies regarding pharmacy services and medication management;

12 (5) "Medication order", an order for a legend drug or
13 device that is:

14 (a) Authorized or issued by an authorized prescriber acting
15 within the scope of his or her professional practice or pursuant
16 to a protocol or standing order approved by the medical staff
17 committee; and

18 (b) To be distributed or administered to the patient by a
19 health care practitioner or lawfully authorized designee at a
20 hospital or a hospital clinic or facility;

21 (6) "Patient", an individual receiving medical diagnosis,
22 treatment or care at a hospital or a hospital clinic or facility.

23 2. The department of health and senior services shall have
24 sole authority and responsibility for the inspection and
25 licensure of hospitals as provided by chapter 197 including, but
26 not limited to all parts, services, functions, support functions
27 and activities which contribute directly or indirectly to patient
28 care of any kind whatsoever. However, the board may inspect a

1 class B pharmacy or any portion thereof that is not under the
2 inspection authority vested in the department of health and
3 senior services by chapter 197 to determine compliance with this
4 chapter or the rules of the board. This section shall not be
5 construed to bar the board from conducting an investigation
6 pursuant to a public or governmental complaint to determine
7 compliance by an individual licensee or registrant of the board
8 with any applicable provisions of this chapter or the rules of
9 the board.

10 3. The department of health and senior services shall have
11 authority to promulgate rules in conjunction with the board
12 governing medication distribution and the provision of medication
13 therapy services by a pharmacist at or within a hospital. Rules
14 may include, but are not limited to, medication management,
15 preparation, compounding, administration, storage, distribution,
16 packaging and labeling. Until such rules are jointly
17 promulgated, hospitals shall comply with all applicable state law
18 and department of health and senior services rules governing
19 pharmacy services and medication management in hospitals. The
20 rulemaking authority granted herein to the department of health
21 and senior services shall not include the dispensing of
22 medication by prescription.

23 4. All pharmacists providing medication therapy services
24 shall obtain a certificate of medication therapeutic plan
25 authority as provided by rule of the board. Medication therapy
26 services may be provided by a pharmacist for patients of a
27 hospital pursuant to a protocol with a physician as required by
28 section 338.010 or pursuant to a protocol approved by the medical

1 staff committee. However, the medical staff protocol shall
2 include a process whereby an exemption to the protocol for a
3 patient may be granted for clinical efficacy should the patient's
4 physician make such request. The medical staff protocol shall
5 also include an appeals process to request a change in a specific
6 protocol based on medical evidence presented by a physician on
7 staff.

8 5. Medication may be dispensed by a class B hospital
9 pharmacy pursuant to a prescription or a medication order.

10 6. A drug distributor license shall not be required to
11 transfer medication from a class B hospital pharmacy to a
12 hospital clinic or facility for patient care or treatment.

13 7. Medication dispensed by a class A pharmacy located in a
14 hospital to a hospital patient for use or administration outside
15 of the hospital under a medical staff-approved protocol for
16 medication therapy shall be dispensed only by a prescription
17 order for medication therapy from an individual physician for a
18 specific patient.

19 8. Medication dispensed by a hospital to a hospital patient
20 for use or administration outside of the hospital shall be
21 labeled as provided by rules jointly promulgated by the
22 department of health and senior services and the board including,
23 medication distributed for administration by or under the
24 supervision of a health care practitioner at a hospital clinic or
25 facility.

26 9. This section shall not be construed to preempt any law
27 or rule governing controlled substances.

28 10. Any rule, as that term is defined in section 536.010,

1 that is created under the authority delegated in this section
2 shall only become effective if it complies with and is subject to
3 all of the provisions of chapter 536 and, if applicable, section
4 536.028. This section and chapter 536 are nonseverable and if
5 any of the powers vested with the general assembly under chapter
6 536 to review, to delay the effective date, or to disapprove and
7 annul a rule are subsequently held unconstitutional, then the
8 grant of rulemaking authority and any rule proposed or adopted
9 after August 28, 2014, shall be invalid and void.

10 11. The board shall appoint an advisory committee to review
11 and make recommendations to the board on the merit of all rules
12 and regulations to be jointly promulgated by the board and the
13 department of health and senior services pursuant to the joint
14 rulemaking authority granted by this section. The advisory
15 committee shall consist of:

16 (1) Two representatives designated by the Missouri Hospital
17 Association, one of whom shall be a pharmacist;

18 (2) One pharmacist designated by the Missouri Society of
19 Health System Pharmacists;

20 (3) One pharmacist designated by the Missouri Pharmacy
21 Association;

22 (4) One pharmacist designated by the department of health
23 and senior services from a hospital with a licensed bed count
24 that does not exceed fifty beds or from a critical access
25 hospital as defined by the department of social services for
26 purposes of MO HealthNet reimbursement;

27 (5) One pharmacist designated by the department of health
28 and senior services from a hospital with a licensed bed count

1 that exceeds two hundred beds; and

2 (6) One pharmacist designated by the Board with experience
3 in the provision of hospital pharmacy services.

4 12. Nothing in this section shall be construed to limit the
5 authority of a licensed health care provider to prescribe,
6 administer, or dispense medications and treatments within the
7 scope of their professional practice.

8 338.220. 1. It shall be unlawful for any person,
9 copartnership, association, corporation or any other business
10 entity to open, establish, operate, or maintain any pharmacy as
11 defined by statute without first obtaining a permit or license to
12 do so from the Missouri board of pharmacy. A permit shall not be
13 required for an individual licensed pharmacist to perform
14 nondispensing activities outside of a pharmacy, as provided by
15 the rules of the board. A permit shall not be required for an
16 individual licensed pharmacist to administer drugs, vaccines, and
17 biologicals by protocol, as permitted by law, outside of a
18 pharmacy. The following classes of pharmacy permits or licenses
19 are hereby established:

- 20 (1) Class A: Community/ambulatory;
21 (2) Class B: Hospital [outpatient] pharmacy;
22 (3) Class C: Long-term care;
23 (4) Class D: Nonsterile compounding;
24 (5) Class E: Radio pharmaceutical;
25 (6) Class F: Renal dialysis;
26 (7) Class G: Medical gas;
27 (8) Class H: Sterile product compounding;
28 (9) Class I: Consultant services;

- 1 (10) Class J: Shared service;
- 2 (11) Class K: Internet;
- 3 (12) Class L: Veterinary;
- 4 (13) Class M: Specialty (bleeding disorder);
- 5 (14) Class N: Automated dispensing system (health care
- 6 facility);
- 7 (15) Class O: Automated dispensing system (ambulatory
- 8 care);
- 9 (16) Class P: Practitioner office/clinic.

10 2. Application for such permit or license shall be made
11 upon a form furnished to the applicant; shall contain a statement
12 that it is made under oath or affirmation and that its
13 representations are true and correct to the best knowledge and
14 belief of the person signing same, subject to the penalties of
15 making a false affidavit or declaration; and shall be accompanied
16 by a permit or license fee. The permit or license issued shall
17 be renewable upon payment of a renewal fee. Separate
18 applications shall be made and separate permits or licenses
19 required for each pharmacy opened, established, operated, or
20 maintained by the same owner.

21 3. All permits, licenses or renewal fees collected pursuant
22 to the provisions of sections 338.210 to 338.370 shall be
23 deposited in the state treasury to the credit of the Missouri
24 board of pharmacy fund, to be used by the Missouri board of
25 pharmacy in the enforcement of the provisions of sections 338.210
26 to 338.370, when appropriated for that purpose by the general
27 assembly.

28 4. Class L: veterinary permit shall not be construed to

1 prohibit or interfere with any legally registered practitioner of
2 veterinary medicine in the compounding, administering,
3 prescribing, or dispensing of their own prescriptions, or
4 medicine, drug, or pharmaceutical product to be used for animals.

5 5. Except for any legend drugs under 21 U.S.C. Section 353,
6 the provisions of this section shall not apply to the sale,
7 dispensing, or filling of a pharmaceutical product or drug used
8 for treating animals.

9 6. A "Class B Hospital Pharmacy" shall be defined as a
10 pharmacy owned, managed, or operated by a hospital as defined by
11 section 197.020 or a clinic or facility under common control,
12 management or ownership of the same hospital or hospital system.
13 This section shall not be construed to require a class B hospital
14 pharmacy permit or license for hospitals solely providing
15 services within the practice of pharmacy under the jurisdiction
16 of, and the licensure granted by, the department of health and
17 senior services pursuant to chapter 197.

18 7. Upon application to the board, any hospital that holds a
19 pharmacy permit or license on the effective date of this section
20 shall be entitled to obtain a class B pharmacy permit or license
21 without fee, provided such application shall be submitted to the
22 board on or before January 1, 2015.

23 Section 1. 1. As used in this section, the following terms
24 shall mean:

25 (1) "Assistant physician", a person licensed to practice
26 under section 334.036 in a collaborative practice arrangement
27 under section 334.037;

28 (2) "Department", the department of health and senior

1 services;

2 (3) "Medically underserved area":

3 (a) An area in this state with a medically underserved
4 population;

5 (b) An area in this state designated by the United States
6 secretary of health and human services as an area with a shortage
7 of personal health services;

8 (c) A population group designated by the United States
9 secretary of health and human services as having a shortage of
10 personal health services;

11 (d) An area designated under state or federal law as a
12 medically underserved community; or

13 (e) An area that the department considers to be medically
14 underserved based on relevant demographic, geographic, and
15 environmental factors;

16 (4) "Primary care", physician services in family practice,
17 general practice, internal medicine, pediatrics, obstetrics, or
18 gynecology;

19 (5) "Start-up money", a payment made by a county or
20 municipality in this state which includes a medically underserved
21 area for reasonable costs incurred for the establishment of a
22 medical clinic, ancillary facilities for diagnosing and treating
23 patients, and payment of physicians, assistant physicians, and
24 any support staff.

25 2. (1) The department shall establish and administer a
26 program under this section to increase the number of medical
27 clinics in medically underserved areas. A county or municipality
28 in this state that includes a medically underserved area may

1 establish a medical clinic in the medically underserved area by
2 contributing start-up money for the medical clinic and having
3 such contribution matched wholly or partly by grant moneys from
4 the medical clinics in medically underserved areas fund
5 established in subsection 3 of this section. The department
6 shall seek all available moneys from any source whatsoever,
7 including, but not limited to, moneys from health care
8 foundations to assist in funding the program.

9 (2) A participating county or municipality that includes a
10 medically underserved area may provide start-up money for a
11 medical clinic over a two-year period. The department shall not
12 provide more than one hundred thousand dollars to such county or
13 municipality in a fiscal year unless the department makes a
14 specific finding of need in the medically underserved area.

15 (3) The department shall establish priorities so that the
16 counties or municipalities which include the neediest medically
17 underserved areas eligible for assistance under this section are
18 assured the receipt of a grant.

19 3. (1) There is hereby created in the state treasury the
20 "Medical Clinics in Medically Underserved Areas Fund", which
21 shall consist of any state moneys appropriated, gifts, grants,
22 donations, or any other contribution from any source for such
23 purpose. The state treasurer shall be custodian of the fund. In
24 accordance with sections 30.170 and 30.180, the state treasurer
25 may approve disbursements. The fund shall be a dedicated fund
26 and, upon appropriation, money in the fund shall be used solely
27 for the administration of this section.

28 (2) Notwithstanding the provisions of section 33.080 to the

1 contrary, any moneys remaining in the fund at the end of the
2 biennium shall not revert to the credit of the general revenue
3 fund.

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

7 4. To be eligible to receive a matching grant from the
8 department, a county or municipality that includes a medically
9 underserved area shall:

10 (1) Apply for the matching grant; and

11 (2) Provide evidence satisfactory to the department that it
12 has entered into an agreement or combination of agreements with a
13 collaborating physician or physicians for the collaborating
14 physician or physicians and assistant physician or assistant
15 physicians in accordance with a collaborative practice
16 arrangement under section 334.037 to provide primary care in the
17 medically underserved area for at least two years.

18 5. The department shall promulgate rules necessary for the
19 implementation of this section, including rules addressing:

20 (1) Eligibility criteria for a medically underserved area;

21 (2) A requirement that a medical clinic utilize an
22 assistant physician in a collaborative practice arrangement under
23 section 334.037;

24 (3) Minimum and maximum county or municipality
25 contributions to the start-up money for a medical clinic to be
26 matched with grant moneys from the state;

27 (4) Conditions under which grant moneys shall be repaid by
28 a county or municipality for failure to comply with the

1 requirements for receipt of such grant moneys;

2 (5) Procedures for disbursement of grant moneys by the
3 department;

4 (6) The form and manner in which a county or municipality
5 shall make its contribution to the start-up money; and

6 (7) Requirements for the county or municipality to retain
7 interest in any property, equipment, or durable goods for seven
8 years including, but not limited to, the criteria for a county or
9 municipality to be excused from such retention requirement.

10 Section 2. 1. There is hereby established a joint
11 committee of the general assembly, which shall be known as the
12 "Joint Committee on Eating Disorders", which shall be composed of
13 three members of the senate, three members of the house of
14 representatives, and three members appointed by the governor.
15 The senate members of the committee shall be appointed by the
16 president pro tempore of the senate and the house members by the
17 speaker of the house of representatives. There shall be at least
18 one member from the minority party of the senate and at least one
19 member from the minority party of the house of representatives.
20 The governor shall appoint three members, with at least one
21 member representing the insurance industry and at least one
22 member representing an eating disorder advocacy group.

23 2. The committee shall select a chairperson and a vice-
24 chairperson, one of whom shall be a member of the senate and one
25 a member of the house of representatives. A majority of the
26 members shall constitute a quorum. Meetings of the committee may
27 be called at such time and place as the chairperson or
28 chairperson designate.

