

SENATE SUBSTITUTE
FOR
SENATE COMMITTEE SUBSTITUTE
FOR
HOUSE COMMITTEE SUBSTITUTE
FOR
HOUSE BILL NO. 1682

AN ACT

To repeal sections 190.092, 190.094, 190.105, 190.143, 190.196, 190.606, 190.612, 191.775, 191.1146, 192.2305, 195.070, 195.417, 196.990, 205.202, 208.909, 208.918, 208.924, 338.035, 338.210, 338.220, 338.260, 376.383, 376.387, 376.945, 376.1578, 579.060, and 610.100, RSMo, and to enact in lieu thereof thirty-eight new sections relating to health care, with penalty provisions and an emergency clause for a certain section.

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

1 Section A. Sections 190.092, 190.094, 190.105, 190.143,
2 190.196, 190.606, 190.612, 191.775, 191.1146, 192.2305, 195.070,
3 195.417, 196.990, 205.202, 208.909, 208.918, 208.924, 338.035,
4 338.210, 338.220, 338.260, 376.383, 376.387, 376.945, 376.1578,
5 579.060, and 610.100, RSMo, are repealed and thirty-eight new
6 sections enacted in lieu thereof, to be known as sections 9.152,
7 9.166, 9.182, 190.092, 190.094, 190.105, 190.143, 190.196,
8 190.606, 190.612, 190.1005, 191.775, 191.1146, 192.2305, 195.070,
9 195.417, 195.805, 195.815, 196.990, 196.1050, 205.202, 208.909,
10 208.918, 208.924, 208.935, 321.621, 338.035, 338.210, 338.215,
11 338.220, 338.260, 376.383, 376.387, 376.393, 376.945, 376.1578,

1 579.060, and 610.100, to read as follows:

2 9.152. The month of May is hereby designated as "Mental
3 Health Awareness Month". The citizens of this state are
4 encouraged to participate in appropriate awareness and
5 educational activities that emphasize the importance of good
6 mental health and the effects of mental illness on Missourians.

7 9.166. The month of July shall be known as "Minority Mental
8 Health Awareness Month". The citizens of this state are
9 encouraged to observe the month with appropriate events and
10 activities to raise awareness of the effects of mental illness on
11 minorities.

12 9.182. The month of September shall be designated as "Deaf
13 Awareness Month" and the last week of September shall be
14 designated as "Deaf Awareness Week" in Missouri. The citizens of
15 this state are encouraged to participate in appropriate
16 activities and events to commemorate the first World Congress of
17 the World Federation of the Deaf in 1951 and to increase
18 awareness of deaf issues, people, and culture.

19 190.092. 1. This section shall be known and may be cited
20 as the "Public Access to Automated External Defibrillator Act".

21 2. [A person or entity who acquires an automated external
22 defibrillator shall ensure that:

23 (1) Expected defibrillator users receive training by the
24 American Red Cross or American Heart Association in
25 cardiopulmonary resuscitation and the use of automated external
26 defibrillators, or an equivalent nationally recognized course in
27 defibrillator use and cardiopulmonary resuscitation;

28 (2) The defibrillator is maintained and tested according to

1 the manufacturer's operational guidelines;

2 (3) Any person who renders emergency care or treatment on a
3 person in cardiac arrest by using an automated external
4 defibrillator activates the emergency medical services system as
5 soon as possible; and

6 (4) Any person or entity that owns an automated external
7 defibrillator that is for use outside of a health care facility
8 shall have a physician review and approve the clinical protocol
9 for the use of the defibrillator, review and advise regarding the
10 training and skill maintenance of the intended users of the
11 defibrillator and assure proper review of all situations when the
12 defibrillator is used to render emergency care.

13 3. Any person or entity who acquires an automated external
14 defibrillator shall notify the emergency communications district
15 or the ambulance dispatch center of the primary provider of
16 emergency medical services where the automated external
17 defibrillator is to be located.

18 4.] A person or entity that acquires an automated external
19 defibrillator shall:

20 (1) Comply with all regulations governing the placement of
21 an automated external defibrillator;

22 (2) Ensure that the automated external defibrillator is
23 maintained and tested according to the operation and maintenance
24 guidelines set forth by the manufacturer;

25 (3) Ensure that the automated external defibrillator is
26 tested at least every two years and after each use; and

27 (4) Ensure that an inspection is made of all automated
28 external defibrillators on the premises at least every ninety

1 days for potential issues related to the operation of the device,
2 including a blinking light or other obvious defect that may
3 suggest tampering or that another problem has arisen with the
4 functionality of the automated external defibrillator.

5 3. Any person who gratuitously and in good faith renders
6 emergency care by use of or provision of an automated external
7 defibrillator shall not be held liable for any civil damages or
8 subject to any criminal penalty as a result of such care or
9 treatment, unless the person acts in a willful and wanton or
10 reckless manner in providing the care, advice, or assistance.
11 The person who or entity [who] that provides [appropriate]
12 training to the person using an automated external defibrillator,
13 the person or entity responsible for the site where the automated
14 external defibrillator is located, and the person or entity that
15 owns the automated external defibrillator[, the person or entity
16 that provided clinical protocol for automated external
17 defibrillator sites or programs, and the licensed physician who
18 reviews and approves the clinical protocol] shall likewise not be
19 held liable for civil damages or subject to any criminal penalty
20 resulting from the use of an automated external defibrillator.

21 [Nothing in this section shall affect any claims brought pursuant
22 to chapter 537 or 538.]

23 [5.] 4. All basic life support ambulances and stretcher
24 vans operated in the state of Missouri shall be equipped with an
25 automated external defibrillator and be staffed by at least one
26 individual trained in the use of an automated external
27 defibrillator.

28 [6.] 5. The provisions of this section shall apply in all

1 counties within the state and any city not within a county.

2 190.094. 1. Any ambulance licensed in this state, when
3 used as an ambulance and staffed with volunteer staff, shall be
4 staffed with a minimum of one emergency medical technician and
5 one other crew member who may be a licensed emergency medical
6 technician, registered nurse, physician, physician assistant, or
7 someone who has an emergency medical responder certification.

8 2. When transporting a patient, at least one licensed
9 emergency medical technician, registered nurse, physician
10 assistant, or physician shall be in attendance with the patient
11 in the patient compartment at all times.

12 3. For purposes of this section, "volunteer" shall mean an
13 individual who performs hours of service without promise,
14 expectation or receipt of compensation for services rendered.
15 Compensation such as a nominal stipend per call to compensate for
16 fuel, uniforms, and training shall not nullify the volunteer
17 status.

18 190.105. 1. No person, either as owner, agent or
19 otherwise, shall furnish, operate, conduct, maintain, advertise,
20 or otherwise be engaged in or profess to be engaged in the
21 business or service of the transportation of patients by
22 ambulance in the air, upon the streets, alleys, or any public way
23 or place of the state of Missouri unless such person holds a
24 currently valid license from the department for an ambulance
25 service issued pursuant to the provisions of sections 190.001 to
26 190.245.

27 2. No ground ambulance shall be operated for ambulance
28 purposes, and no individual shall drive, attend or permit it to

1 be operated for such purposes in the state of Missouri unless the
2 ground ambulance is under the immediate supervision and direction
3 of a person who is holding a currently valid Missouri license as
4 an emergency medical technician. Nothing in this section shall
5 be construed to mean that a duly registered nurse [or], a duly
6 licensed physician, or a duly licensed physician assistant be
7 required to hold an emergency medical technician's license. When
8 a physician assistant is in attendance with a patient on an
9 ambulance, the physician assistant shall be exempt from any
10 mileage limitations in any collaborative practice arrangement
11 prescribed under law. Each ambulance service is responsible for
12 assuring that any person driving its ambulance is competent in
13 emergency vehicle operations and has a safe driving record. Each
14 ground ambulance shall be staffed with at least two licensed
15 individuals when transporting a patient, except as provided in
16 section 190.094. In emergency situations which require
17 additional medical personnel to assist the patient during
18 transportation, an emergency medical responder, firefighter, or
19 law enforcement personnel with a valid driver's license and prior
20 experience with driving emergency vehicles may drive the ground
21 ambulance provided the ground ambulance service stipulates to
22 this practice in operational policies.

23 3. No license shall be required for an ambulance service,
24 or for the attendant of an ambulance, which:

25 (1) Is rendering assistance in the case of an emergency,
26 major catastrophe or any other unforeseen event or series of
27 events which jeopardizes the ability of the local ambulance
28 service to promptly respond to emergencies; or

1 (2) Is operated from a location or headquarters outside of
2 Missouri in order to transport patients who are picked up beyond
3 the limits of Missouri to locations within or outside of
4 Missouri, but no such outside ambulance shall be used to pick up
5 patients within Missouri for transportation to locations within
6 Missouri, except as provided in subdivision (1) of this
7 subsection.

8 4. The issuance of a license pursuant to the provisions of
9 sections 190.001 to 190.245 shall not be construed so as to
10 authorize any person to provide ambulance services or to operate
11 any ambulances without a franchise in any city not within a
12 county or in a political subdivision in any county with a
13 population of over nine hundred thousand inhabitants, or a
14 franchise, contract or mutual-aid agreement in any other
15 political subdivision which has enacted an ordinance making it
16 unlawful to do so.

17 5. Sections 190.001 to 190.245 shall not preclude the
18 adoption of any law, ordinance or regulation not in conflict with
19 such sections by any city not within a county, or at least as
20 strict as such sections by any county, municipality or political
21 subdivision except that no such regulations or ordinances shall
22 be adopted by a political subdivision in a county with a
23 population of over nine hundred thousand inhabitants except by
24 the county's governing body.

25 6. In a county with a population of over nine hundred
26 thousand inhabitants, the governing body of the county shall set
27 the standards for all ambulance services which shall comply with
28 subsection 5 of this section. All such ambulance services must

1 be licensed by the department. The governing body of such county
2 shall not prohibit a licensed ambulance service from operating in
3 the county, as long as the ambulance service meets county
4 standards.

5 7. An ambulance service or vehicle when operated for the
6 purpose of transporting persons who are sick, injured, or
7 otherwise incapacitated shall not be treated as a common or
8 contract carrier under the jurisdiction of the Missouri division
9 of motor carrier and railroad safety.

10 8. Sections 190.001 to 190.245 shall not apply to, nor be
11 construed to include, any motor vehicle used by an employer for
12 the transportation of such employer's employees whose illness or
13 injury occurs on private property, and not on a public highway or
14 property, nor to any person operating such a motor vehicle.

15 9. A political subdivision that is authorized to operate a
16 licensed ambulance service may establish, operate, maintain and
17 manage its ambulance service, and select and contract with a
18 licensed ambulance service. Any political subdivision may
19 contract with a licensed ambulance service.

20 10. Except as provided in subsections 5 and 6, nothing in
21 section 67.300, or subsection 2 of section 190.109, shall be
22 construed to authorize any municipality or county which is
23 located within an ambulance district or a fire protection
24 district that is authorized to provide ambulance service to
25 promulgate laws, ordinances or regulations related to the
26 provision of ambulance services. This provision shall not apply
27 to any municipality or county which operates an ambulance service
28 established prior to August 28, 1998.

1 11. Nothing in section 67.300 or subsection 2 of section
2 190.109 shall be construed to authorize any municipality or
3 county which is located within an ambulance district or a fire
4 protection district that is authorized to provide ambulance
5 service to operate an ambulance service without a franchise in an
6 ambulance district or a fire protection district that is
7 authorized to provide ambulance service which has enacted an
8 ordinance making it unlawful to do so. This provision shall not
9 apply to any municipality or county which operates an ambulance
10 service established prior to August 28, 1998.

11 12. No provider of ambulance service within the state of
12 Missouri which is licensed by the department to provide such
13 service shall discriminate regarding treatment or transportation
14 of emergency patients on the basis of race, sex, age, color,
15 religion, sexual preference, national origin, ancestry, handicap,
16 medical condition or ability to pay.

17 13. No provision of this section, other than subsections 5,
18 6, 10 and 11 of this section, is intended to limit or supersede
19 the powers given to ambulance districts pursuant to this chapter
20 or to fire protection districts pursuant to chapter 321, or to
21 counties, cities, towns and villages pursuant to chapter 67.

22 14. Upon the sale or transfer of any ground ambulance
23 service ownership, the owner of such service shall notify the
24 department of the change in ownership within thirty days of such
25 sale or transfer. After receipt of such notice, the department
26 shall conduct an inspection of the ambulance service to verify
27 compliance with the licensure standards of sections 190.001 to
28 190.245.

1 190.143. 1. Notwithstanding any other provisions of law,
2 the department may grant a ninety-day temporary emergency medical
3 technician license to all levels of emergency medical technicians
4 who meet the following:

5 (1) Can demonstrate that they have, or will have,
6 employment requiring an emergency medical technician license;

7 (2) Are not currently licensed as an emergency medical
8 technician in Missouri or have been licensed as an emergency
9 medical technician in Missouri and fingerprints need to be
10 submitted to the Federal Bureau of Investigation to verify the
11 existence or absence of a criminal history, or they are currently
12 licensed and the license will expire before a verification can be
13 completed of the existence or absence of a criminal history;

14 (3) Have submitted a complete application upon such forms
15 as prescribed by the department in rules adopted pursuant to
16 sections 190.001 to 190.245;

17 (4) Have not been disciplined pursuant to sections 190.001
18 to 190.245 and rules promulgated pursuant to sections 190.001 to
19 190.245;

20 (5) Meet all the requirements of rules promulgated pursuant
21 to sections 190.001 to 190.245.

22 2. A temporary emergency medical technician license shall
23 only authorize the license to practice while under the immediate
24 supervision of a licensed emergency medical technician,
25 registered nurse, physician assistant, or physician who is
26 currently licensed, without restrictions, to practice in
27 Missouri.

28 3. A temporary emergency medical technician license shall

1 automatically expire either ninety days from the date of issuance
2 or upon the issuance of a five-year emergency medical technician
3 license.

4 190.196. 1. No employer shall knowingly employ or permit
5 any employee to perform any services for which a license,
6 certificate or other authorization is required by sections
7 190.001 to 190.245, or by rules adopted pursuant to sections
8 190.001 to 190.245, unless and until the person so employed
9 possesses all licenses, certificates or authorizations that are
10 required.

11 2. Any person or entity that employs or supervises a
12 person's activities as an emergency medical responder, emergency
13 medical dispatcher, emergency medical technician, registered
14 nurse, physician assistant, or physician shall cooperate with the
15 department's efforts to monitor and enforce compliance by those
16 individuals subject to the requirements of sections 190.001 to
17 190.245.

18 3. Any person or entity who employs individuals licensed by
19 the department pursuant to sections 190.001 to 190.245 shall
20 report to the department within seventy-two hours of their having
21 knowledge of any charges filed against a licensee in their employ
22 for possible criminal action involving the following felony
23 offenses:

- 24 (1) Child abuse or sexual abuse of a child;
- 25 (2) Crimes of violence; or
- 26 (3) Rape or sexual abuse.

27 4. Any licensee who has charges filed against him or her
28 for the felony offenses in subsection 3 of this section shall

1 report such an occurrence to the department within seventy-two
2 hours of the charges being filed.

3 5. The department will monitor these reports for possible
4 licensure action authorized pursuant to section 190.165.

5 190.606. The following persons and entities shall not be
6 subject to civil, criminal, or administrative liability and are
7 not guilty of unprofessional conduct for the following acts or
8 omissions that follow discovery of an outside the hospital
9 do-not-resuscitate identification upon a patient, or upon being
10 presented with an outside the hospital do-not-resuscitate order
11 from Missouri, another state, the District of Columbia, or a
12 territory of the United States; provided that the acts or
13 omissions are done in good faith and in accordance with the
14 provisions of sections 190.600 to 190.621 and the provisions of
15 an outside the hospital do-not-resuscitate order executed under
16 sections 190.600 to 190.621:

17 (1) Physicians, persons under the direction or
18 authorization of a physician, emergency medical services
19 personnel, or health care facilities that cause or participate in
20 the withholding or withdrawal of cardiopulmonary resuscitation
21 from such patient; and

22 (2) Physicians, persons under the direction or
23 authorization of a physician, emergency medical services
24 personnel, or health care facilities that provide cardiopulmonary
25 resuscitation to such patient under an oral or written request
26 communicated to them by the patient or the patient's
27 representative.

28 190.612. 1. Emergency medical services personnel are

1 authorized to comply with the outside the hospital
2 do-not-resuscitate protocol when presented with an outside the
3 hospital do-not-resuscitate identification or an outside the
4 hospital do-not-resuscitate order. However, emergency medical
5 services personnel shall not comply with an outside the hospital
6 do-not-resuscitate order or the outside the hospital
7 do-not-resuscitate protocol when the patient or patient's
8 representative expresses to such personnel in any manner, before
9 or after the onset of a cardiac or respiratory arrest, the desire
10 to be resuscitated.

11 2. Emergency medical services personnel are authorized to
12 comply with the outside the hospital do-not-resuscitate protocol
13 when presented with an outside the hospital do-not-resuscitate
14 order from another state, the District of Columbia, or a
15 territory of the United States if such order is on a standardized
16 written form:

17 (1) Signed by the patient or the patient's representative
18 and a physician who is licensed to practice in the other state,
19 the District of Columbia, or the territory of the United States;
20 and

21 (2) Such form has been previously reviewed and approved by
22 the department of health and senior services to authorize
23 emergency medical services personnel to withhold or withdraw
24 cardiopulmonary resuscitation from the patient in the event of a
25 cardiac or respiratory arrest.

26
27 Emergency medical services personnel shall not comply with an
28 outside the hospital do-not-resuscitate order from another state,

1 the District of Columbia, or a territory of the United States or
2 the outside the hospital do-not-resuscitate protocol when the
3 patient or patient's representative expresses to such personnel
4 in any manner, before or after the onset of a cardiac or
5 respiratory arrest, the desire to be resuscitated.

6 3. If a physician or a health care facility other than a
7 hospital admits or receives a patient with an outside the
8 hospital do-not-resuscitate identification or an outside the
9 hospital do-not-resuscitate order, and the patient or patient's
10 representative has not expressed or does not express to the
11 physician or health care facility the desire to be resuscitated,
12 and the physician or health care facility is unwilling or unable
13 to comply with the outside the hospital do-not-resuscitate order,
14 the physician or health care facility shall take all reasonable
15 steps to transfer the patient to another physician or health care
16 facility where the outside the hospital do-not-resuscitate order
17 will be complied with.

18 190.1005. Notwithstanding any other provision of law to the
19 contrary, any training or course in cardiopulmonary resuscitation
20 shall also include instruction on the proper use of automated
21 external defibrillators. Such training or course shall follow
22 the standards created by the American Red Cross or the American
23 Heart Association, or equivalent evidence-based standards from a
24 nationally recognized organization.

25 191.775. No person shall smoke or otherwise use tobacco
26 [or], tobacco products, or vapor products, as such term is
27 defined in section 407.925, in any indoor area of a public
28 elementary or secondary school building or educational facility,

1 excluding institutions of higher education, or on buses used
2 solely to transport students to or from school or to transport
3 students to or from any place for educational purposes. Any
4 school board of any school district may set policy on the
5 permissible uses of tobacco products or vapor products in any
6 other nonclassroom or nonstudent occupant facility, and on the
7 school grounds or outdoor facility areas as the school board
8 deems proper. [Any person who violates the provisions of this
9 section shall be guilty of an infraction.]

10 191.1146. 1. Physicians licensed under chapter 334 who use
11 telemedicine shall ensure that a properly established
12 physician-patient relationship exists with the person who
13 receives the telemedicine services. The physician-patient
14 relationship may be established by:

15 (1) An in-person encounter through a medical interview and
16 physical examination;

17 (2) Consultation with another physician, or that
18 physician's delegate, who has an established relationship with
19 the patient and an agreement with the physician to participate in
20 the patient's care; or

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

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

28 (1) The technology utilized shall be sufficient to

1 establish an informed diagnosis as though the medical interview
2 and physical examination has been performed in person; and

3 (2) Prior to providing treatment, including issuing
4 prescriptions or physician certifications under article XIV of
5 the Missouri Constitution, a physician who uses telemedicine
6 shall interview the patient, collect or review relevant medical
7 history, and perform an examination sufficient for the diagnosis
8 and treatment of the patient. A questionnaire completed by the
9 patient, whether via the internet or telephone, does not
10 constitute an acceptable medical interview and examination for
11 the provision of treatment by telehealth.

12 192.2305. 1. There is hereby established within the
13 department of health and senior services the "Office of State
14 Ombudsman for Long-Term Care Facility Residents", for the purpose
15 of helping to assure the adequacy of care received by residents
16 of long-term care facilities and Missouri veterans' homes, as
17 defined in section 42.002, and to improve the quality of life
18 experienced by them, in accordance with the federal Older
19 Americans Act, 42 U.S.C. Section 3001, et seq.

20 2. The office shall be administered by the state ombudsman,
21 who shall devote his or her entire time to the duties of his or
22 her position.

23 3. The office shall establish and implement procedures for
24 receiving, processing, responding to, and resolving complaints
25 made by or on behalf of residents of long-term care facilities
26 and Missouri veterans' homes relating to action, inaction, or
27 decisions of providers, or their representatives, of long-term
28 care services, of public agencies or of social service agencies,

1 which may adversely affect the health, safety, welfare or rights
2 of such residents.

3 4. The department shall establish and implement procedures
4 for resolution of complaints. The ombudsman or representatives
5 of the office shall have the authority to:

6 (1) Enter any long-term care facility or Missouri veterans'
7 homes and have access to residents of the facility at a
8 reasonable time and in a reasonable manner. The ombudsman shall
9 have access to review resident records, if given permission by
10 the resident or the resident's legal guardian. Residents of the
11 facility shall have the right to request, deny, or terminate
12 visits with an ombudsman;

13 (2) Make the necessary inquiries and review such
14 information and records as the ombudsman or representative of the
15 office deems necessary to accomplish the objective of verifying
16 these complaints.

17 5. The office shall acknowledge complaints, report its
18 findings, make recommendations, gather and disseminate
19 information and other material, and publicize its existence.

20 6. The ombudsman may recommend to the relevant governmental
21 agency changes in the rules and regulations adopted or proposed
22 by such governmental agency which do or may adversely affect the
23 health, safety, welfare, or civil or human rights of any resident
24 in a facility. The office shall analyze and monitor the
25 development and implementation of federal, state and local laws,
26 regulations and policies with respect to long-term care
27 facilities and services and Missouri veterans' homes in the state
28 and shall recommend to the department changes in such laws,

1 regulations and policies deemed by the office to be appropriate.

2 7. The office shall promote community contact and
3 involvement with residents of facilities through the use of
4 volunteers and volunteer programs directed by the regional
5 ombudsman coordinators.

6 8. The office shall develop and establish by regulation of
7 the department statewide policies and standards for implementing
8 the activities of the ombudsman program, including the
9 qualifications and the training of regional ombudsman
10 coordinators and ombudsman volunteers.

11 9. The office shall develop and propose programs for use,
12 training and coordination of volunteers in conjunction with the
13 regional ombudsman coordinators and may:

14 (1) Establish and conduct recruitment programs for
15 volunteers;

16 (2) Establish and conduct training seminars, meetings and
17 other programs for volunteers; and

18 (3) Supply personnel, written materials and such other
19 reasonable assistance, including publicizing their activities, as
20 may be deemed necessary.

21 10. The regional ombudsman coordinators and ombudsman
22 volunteers shall have the authority to report instances of abuse
23 and neglect to the ombudsman hotline operated by the department.

24 11. If the regional ombudsman coordinator or volunteer
25 finds that a nursing home administrator is not willing to work
26 with the ombudsman program to resolve complaints, the state
27 ombudsman shall be notified. The department shall establish
28 procedures by rule in accordance with chapter 536 for

1 implementation of this subsection.

2 12. The office shall prepare and distribute to each
3 facility written notices which set forth the address and
4 telephone number of the office, a brief explanation of the
5 function of the office, the procedure to follow in filing a
6 complaint and other pertinent information.

7 13. The administrator of each facility shall ensure that
8 such written notice is given to every resident or the resident's
9 guardian upon admission to the facility and to every person
10 already in residence, or to his or her guardian. The
11 administrator shall also post such written notice in a
12 conspicuous, public place in the facility in the number and
13 manner set forth in the regulations adopted by the department.

14 14. The office shall inform residents, their guardians or
15 their families of their rights and entitlements under state and
16 federal laws and rules and regulations by means of the
17 distribution of educational materials and group meetings.

18 195.070. 1. A physician, podiatrist, dentist, a registered
19 optometrist certified to administer pharmaceutical agents as
20 provided in section 336.220, or an assistant physician in
21 accordance with section 334.037 or a physician assistant in
22 accordance with section 334.747 in good faith and in the course
23 of his or her professional practice only, may prescribe,
24 administer, and dispense controlled substances or he or she may
25 cause the same to be administered or dispensed by an individual
26 as authorized by statute.

27 2. An advanced practice registered nurse, as defined in
28 section 335.016, but not a certified registered nurse anesthetist

1 as defined in subdivision (8) of section 335.016, who holds a
2 certificate of controlled substance prescriptive authority from
3 the board of nursing under section 335.019 and who is delegated
4 the authority to prescribe controlled substances under a
5 collaborative practice arrangement under section 334.104 may
6 prescribe any controlled substances listed in Schedules III, IV,
7 and V of section 195.017, and may have restricted authority in
8 Schedule II. Prescriptions for Schedule II medications
9 prescribed by an advanced practice registered nurse who has a
10 certificate of controlled substance prescriptive authority are
11 restricted to only those medications containing hydrocodone.
12 However, no such certified advanced practice registered nurse
13 shall prescribe controlled substance for his or her own self or
14 family. Schedule III narcotic controlled substance and Schedule
15 II - hydrocodone prescriptions shall be limited to a one hundred
16 twenty-hour supply without refill.

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

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

26 (1) When the controlled substance is delivered to the
27 practitioner to administer to the patient for whom the medication
28 is prescribed as authorized by federal law. Practitioners shall

1 maintain records and secure the medication as required by this
2 chapter and regulations promulgated pursuant to this chapter; or

3 (2) As provided in section 195.265.

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

7 195.417. 1. The limits specified in this section shall not
8 apply to any quantity of such product, mixture, or preparation
9 which must be dispensed, sold, or distributed in a pharmacy
10 pursuant to a valid prescription.

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

18 (1) The sole active ingredient; or

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

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

22
23 in any total amount greater than ~~[nine]~~ seven and two-tenths
24 grams, without regard to the number of transactions.

25 3. Within any twenty-four-hour period, no pharmacist,
26 intern pharmacist, or registered pharmacy technician shall sell,
27 dispense, or otherwise provide to the same individual, and no
28 person shall purchase, receive, or otherwise acquire more than

1 the following amount: any number of packages of any drug product
2 containing any detectable amount of ephedrine,
3 phenylpropanolamine, or pseudoephedrine, or any of their salts or
4 optical isomers, or salts of optical isomers, either as:

5 (1) The sole active ingredient; or

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

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

9
10 in any total amount greater than three and six-tenths grams
11 without regard to the number of transactions.

12 4. Within any twelve-month period, no person shall sell,
13 dispense, or otherwise provide to the same individual, and no
14 person shall purchase, receive, or otherwise acquire more than
15 the following amount: any number of packages of any drug product
16 containing any detectable amount of ephedrine,
17 phenylpropanolamine, or pseudoephedrine, or any of their salts or
18 optical isomers, or salts of optical isomers, either as:

19 (1) The sole active ingredient; or

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

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

23
24 in any total amount greater than forty-three and two-tenths
25 grams, without regard to the number of transactions.

26 5. All packages of any compound, mixture, or preparation
27 containing any detectable quantity of ephedrine,
28 phenylpropanolamine, or pseudoephedrine, or any of their salts or

1 optical isomers, or salts of optical isomers, except those that
2 are excluded from Schedule V in subsection 17 or 18 of section
3 195.017, shall be offered for sale only from behind a pharmacy
4 counter where the public is not permitted, and only by a
5 registered pharmacist or registered pharmacy technician under
6 section 195.017.

7 [5.] 6. Each pharmacy shall submit information regarding
8 sales of any compound, mixture, or preparation as specified in
9 this section in accordance with transmission methods and
10 frequency established by the department by regulation.

11 7. No prescription shall be required for the dispensation,
12 sale, or distribution of any drug product containing any
13 detectable amount of ephedrine, phenylpropanolamine, or
14 pseudoephedrine, or any of their salts or optical isomers, or
15 salts of optical isomers, in an amount within the limits
16 described in subsections 2, 3, and 4 of this section. The
17 superintendent of the Missouri state highway patrol shall report
18 to the revisor of statutes and the general assembly by February
19 first when the statewide number of methamphetamine laboratory
20 seizure incidents exceeds three hundred incidents in the previous
21 calendar year. The provisions of this subsection shall expire on
22 April first of the calendar year in which the revisor of statutes
23 receives such notification.

24 [6.] 8. This section shall supersede and preempt any local
25 ordinances or regulations, including any ordinances or
26 regulations enacted by any political subdivision of the state.
27 This section shall not apply to the sale of any animal feed
28 products containing ephedrine or any naturally occurring or

1 herbal ephedra or extract of ephedra.

2 9. Any local ordinances or regulations enacted by any
3 political subdivision of the state prior to August 28, 2020,
4 requiring a prescription for the dispensation, sale, or
5 distribution of any drug product containing any detectable amount
6 of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of
7 their salts or optical isomers, or salts of optical isomers, in
8 an amount within the limits described in subsections 2, 3, and 4
9 of this section shall be void and of no effect and no such
10 political subdivision shall maintain or enforce such ordinance or
11 regulation.

12 [7.] 10. All logs, records, documents, and electronic
13 information maintained for the dispensing of these products shall
14 be open for inspection and copying by municipal, county, and
15 state or federal law enforcement officers whose duty it is to
16 enforce the controlled substances laws of this state or the
17 United States.

18 [8.] 11. All persons who dispense or offer for sale
19 pseudoephedrine and ephedrine products, except those that are
20 excluded from Schedule V in subsection 17 or 18 of section
21 195.017, shall ensure that all such products are located only
22 behind a pharmacy counter where the public is not permitted.

23 [9.] 12. The penalty for a knowing or reckless violation of
24 this section is found in section 579.060.

25 195.805. 1. No edible marijuana-infused product,
26 packaging, or logo sold in Missouri pursuant to article XIV of
27 the Missouri Constitution shall be designed in the shape of a
28 human, animal, or fruit, including realistic, artistic,

1 caricature, or cartoon renderings. However, geometric shapes,
2 including, but not limited to, circles, squares, rectangles, and
3 triangles, shall be permitted.

4 2. Each package, or packages with a package, containing an
5 edible marijuana-infused product with ten or more milligrams of
6 tetrahydrocannabinols (THC) shall be stamped with a universal
7 symbol for such products, which shall consist of the following:

8 (1) A diamond containing the letters "THC";

9 (2) The letter "M" located under the "THC" within the
10 diamond, to signify that the product is for medical purposes; and

11 (3) The number of milligrams of THC in the package.

12
13 The universal symbol shall be placed on the front of the package
14 in red and white print and shall measure one-half inch by one-
15 half inch from point to point.

16 3. Any licensed or certified entity regulated by the
17 department of health and senior services pursuant to article XIV
18 of the Missouri Constitution found to have violated the
19 provisions of this section shall be subject to department
20 sanctions, including an administrative penalty, in accordance
21 with the regulations promulgated by the department pursuant to
22 article XIV of the Missouri Constitution.

23 4. The department shall promulgate rules and regulations
24 prohibiting edible marijuana-infused products designed to appeal
25 to persons under eighteen years of age, as well as promulgate
26 rules and regulations to establish a process by which a licensed
27 or certified entity may seek approval of an edible product
28 design, package, or label prior to such product's manufacture or

1 sale in order to determine compliance with the provisions of this
2 section and any rules promulgated pursuant to this section. Any
3 rule or portion of a rule, as that term is defined in section
4 536.010 that is created under the authority delegated in this
5 section shall become effective only if it complies with and is
6 subject to all of the provisions of chapter 536 and, if
7 applicable, section 536.028. This section and chapter 536 are
8 nonseverable and if any of the powers vested with the general
9 assembly pursuant to chapter 536 to review, to delay the
10 effective date, or to disapprove and annul a rule are
11 subsequently held unconstitutional, then the grant of rulemaking
12 authority and any rule proposed or adopted after August 28, 2020,
13 shall be invalid and void.

14 195.815. 1. The department of health and senior services
15 shall require all officers, managers, contractors, employees, and
16 other support staff of licensed or certified medical marijuana
17 facilities, and all owners of such medical marijuana facilities
18 who will have access to the facilities or to the facilities'
19 medical marijuana, to submit fingerprints to the Missouri state
20 highway patrol for the purpose of conducting a state and federal
21 fingerprint-based criminal background check.

22 2. The department may require that such fingerprint
23 submissions be made as part of a medical marijuana facility
24 application for licensure or certification, a medical marijuana
25 facility application for renewal of licensure or certification,
26 and an individual's application for an identification card
27 authorizing that individual to be an owner, officer, manager,
28 contractor, employee, or other support staff of a medical

1 marijuana facility.

2 3. Fingerprint cards and any required fees shall be sent to
3 the Missouri state highway patrol's central repository. The
4 fingerprints shall be used for searching the state criminal
5 records repository and shall also be forwarded to the Federal
6 Bureau of Investigation for a federal criminal records search
7 under section 43.540. The Missouri state highway patrol shall
8 notify the department of any criminal history record information
9 or lack of criminal history record information discovered on the
10 individual. Notwithstanding the provisions of section 610.120 to
11 the contrary, all records related to any criminal history
12 information discovered shall be accessible and available to the
13 department.

14 4. As used in this section, the following words shall mean:

15 (1) "Employee", any person performing work or service of
16 any kind or character for hire in a medical marijuana facility;

17 (2) "Medical marijuana facility", an entity licensed or
18 certified by the department of health and senior services, or its
19 successor agency, to acquire, cultivate, process, manufacture,
20 test, store, sell, transport, or deliver medical marijuana;

21 (3) "Other support staff", any person performing work or
22 service of any kind or character, other than employees, on behalf
23 of a medical marijuana facility if such a person would have
24 access to the medical marijuana facility or its medical marijuana
25 or related equipment or supplies.

26 196.990. 1. As used in this section, the following terms
27 shall mean:

28 (1) "Administer", the direct application of an epinephrine

1 auto-injector to the body of an individual;

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

9 (3) "Epinephrine auto-injector", a single-use device used
10 for the automatic injection of a premeasured dose of epinephrine
11 into the human body;

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

14 (5) "Provide", the supply of one or more epinephrine
15 auto-injectors to an individual;

16 (6) "Self-administration", a person's discretionary use of
17 an epinephrine auto-injector.

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

24 3. An authorized entity may acquire and stock a supply of
25 epinephrine auto-injectors under a prescription issued in
26 accordance with this section. Such epinephrine auto-injectors
27 shall be stored in a location readily accessible in an emergency
28 and in accordance with the epinephrine auto-injector's

1 instructions for use and any additional requirements established
2 by the department of health and senior services by rule. An
3 authorized entity shall designate employees or agents who have
4 completed the training required under this section to be
5 responsible for the storage, maintenance, and general oversight
6 of epinephrine auto-injectors acquired by the authorized entity.

7 4. An authorized entity that acquires a supply of
8 epinephrine auto-injectors under a prescription issued in
9 accordance with this section shall ensure that:

10 (1) Expected epinephrine auto-injector users receive
11 training in recognizing symptoms of severe allergic reactions
12 including anaphylaxis and the use of epinephrine auto-injectors
13 from a nationally recognized organization experienced in training
14 laypersons in emergency health treatment or another entity or
15 person approved by the department of health and senior services;

16 (2) All epinephrine auto-injectors are maintained and
17 stored according to the epinephrine auto-injector's instructions
18 for use;

19 (3) Any person who provides or administers an epinephrine
20 auto-injector to an individual who the person believes in good
21 faith is experiencing anaphylaxis activates the emergency medical
22 services system as soon as possible; and

23 (4) A proper review of all situations in which an
24 epinephrine auto-injector is used to render emergency care is
25 conducted.

26 5. Any authorized entity that acquires a supply of
27 epinephrine auto-injectors under a prescription issued in
28 accordance with this section shall notify the emergency

1 communications district or the ambulance dispatch center of the
2 primary provider of emergency medical services where the
3 epinephrine auto-injectors are to be located within the entity's
4 facility.

5 6. No person shall provide or administer an epinephrine
6 auto-injector to any individual who is under eighteen years of
7 age without the verbal consent of a parent or guardian who is
8 present at the time when provision or administration of the
9 epinephrine auto-injector is needed. Provided, however, that a
10 person may provide or administer an epinephrine auto-injector to
11 such an individual without the consent of a parent or guardian if
12 the parent or guardian is not physically present and the person
13 reasonably believes the individual shall be in imminent danger
14 without the provision or administration of the epinephrine
15 auto-injector.

16 7. The following persons and entities shall not be liable
17 for any injuries or related damages that result from the
18 administration or self-administration of an epinephrine
19 auto-injector in accordance with this section that may constitute
20 ordinary negligence:

21 (1) An authorized entity that possesses and makes available
22 epinephrine auto-injectors and its employees, agents, and other
23 trained persons;

24 (2) Any person who uses an epinephrine auto-injector made
25 available under this section;

26 (3) A physician that prescribes epinephrine auto-injectors
27 to an authorized entity; or

28 (4) Any person or entity that conducts the training

1 described in this section.

2
3 Such immunity does not apply to acts or omissions constituting a
4 reckless disregard for the safety of others or willful or wanton
5 conduct. The administration of an epinephrine auto-injector in
6 accordance with this section shall not be considered the practice
7 of medicine. The immunity from liability provided under this
8 subsection is in addition to and not in lieu of that provided
9 under section 537.037. An authorized entity located in this
10 state shall not be liable for any injuries or related damages
11 that result from the provision or administration of an
12 epinephrine auto-injector by its employees or agents outside of
13 this state if the entity or its employee or agent is not liable
14 for such injuries or related damages under the laws of the state
15 in which such provision or administration occurred. No trained
16 person who is in compliance with this section and who in good
17 faith and exercising reasonable care fails to administer an
18 epinephrine auto-injector shall be liable for such failure.

19 8. All basic life support ambulances and stretcher vans
20 operated in the state shall be equipped with epinephrine
21 auto-injectors and be staffed by at least one individual trained
22 in the use of epinephrine auto-injectors.

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

25 10. Nothing in this section shall be construed as
26 superseding the provisions of section 167.630.

27 196.1050. 1. The proceeds of any monetary settlement or
28 portion of a global settlement between the attorney general of

1 the state and any drug manufacturers, distributors, or
2 combination thereof to resolve an opioid-related cause of action
3 against such drug manufacturers, distributors, or combination
4 thereof in a state or federal court shall only be utilized to pay
5 for opioid addiction treatment and prevention services and health
6 care and law enforcement costs related to opioid addiction
7 treatment and prevention. Under no circumstances shall such
8 settlement moneys be utilized to fund other services, programs,
9 or expenses not reasonably related to opioid addiction treatment
10 and prevention.

11 2. (1) There is hereby established in the state treasury
12 the "Opioid Addiction Treatment and Recovery Fund", which shall
13 consist of the proceeds of any settlement described in subsection
14 1 of this section, as well as any funds appropriated by the
15 general assembly, or gifts, grants, donations, or bequests. The
16 state treasurer shall be custodian of the fund. In accordance
17 with sections 30.170 and 30.180, the state treasurer may approve
18 disbursements. The fund shall be a dedicated fund and money in
19 the fund shall be used by the department of mental health, the
20 department of health and senior services, the department of
21 social services, and the department of public safety for the
22 purposes set forth in subsection 1 of this section.

23 (2) Notwithstanding the provisions of section 33.080 to the
24 contrary, any moneys remaining in the fund at the end of the
25 biennium shall not revert to the credit of the general revenue
26 fund.

27 (3) The state treasurer shall invest moneys in the fund in
28 the same manner as other funds are invested. Any interest and

1 moneys earned on such investments shall be credited to the fund.

2 205.202. 1. The governing body of any hospital district
3 established under sections 205.160 to 205.379 in any county of
4 the third classification without a township form of government
5 and with more than thirteen thousand five hundred but fewer than
6 thirteen thousand six hundred inhabitants may, by resolution,
7 abolish the property tax levied in such district under this
8 chapter and impose a sales tax on all retail sales made within
9 the district which are subject to sales tax under chapter 144.
10 The tax authorized in this section shall be not more than one
11 percent, and shall be imposed solely for the purpose of funding
12 the hospital district. The tax authorized in this section shall
13 be in addition to all other sales taxes imposed by law, and shall
14 be stated separately from all other charges and taxes.

15 2. No such resolution adopted under this section shall
16 become effective unless the governing body of the hospital
17 district submits to the voters residing within the district at a
18 state general, primary, or special election a proposal to
19 authorize the governing body of the district to impose a tax
20 under this section. If a majority of the votes cast on the
21 question by the qualified voters voting thereon are in favor of
22 the question, then the tax shall become effective on the first
23 day of the second calendar quarter after the director of revenue
24 receives notification of adoption of the local sales tax. If a
25 majority of the votes cast on the question by the qualified
26 voters voting thereon are opposed to the question, then the tax
27 shall not become effective unless and until the question is
28 resubmitted under this section to the qualified voters and such

1 question is approved by a majority of the qualified voters voting
2 on the question.

3 3. All revenue collected under this section by the director
4 of the department of revenue on behalf of the hospital district,
5 except for one percent for the cost of collection which shall be
6 deposited in the state's general revenue fund, shall be deposited
7 in a special trust fund, which is hereby created and shall be
8 known as the "Hospital District Sales Tax Fund", and shall be
9 used solely for the designated purposes. Moneys in the fund
10 shall not be deemed to be state funds, and shall not be
11 commingled with any funds of the state. The director may make
12 refunds from the amounts in the fund and credited to the district
13 for erroneous payments and overpayments made, and may redeem
14 dishonored checks and drafts deposited to the credit of such
15 district. Any funds in the special fund which are not needed for
16 current expenditures shall be invested in the same manner as
17 other funds are invested. Any interest and moneys earned on such
18 investments shall be credited to the fund.

19 4. The governing body of any hospital district that has
20 adopted the sales tax authorized in this section may submit the
21 question of repeal of the tax to the voters on any date available
22 for elections for the district. If a majority of the votes cast
23 on the question by the qualified voters voting thereon are in
24 favor of the repeal, that repeal shall become effective on
25 December thirty-first of the calendar year in which such repeal
26 was approved. If a majority of the votes cast on the question by
27 the qualified voters voting thereon are opposed to the repeal,
28 then the sales tax authorized in this section shall remain

1 effective until the question is resubmitted under this section to
2 the qualified voters and the repeal is approved by a majority of
3 the qualified voters voting on the question.

4 5. Whenever the governing body of any hospital district
5 that has adopted the sales tax authorized in this section
6 receives a petition, signed by a number of registered voters of
7 the district equal to at least ten percent of the number of
8 registered voters of the district voting in the last
9 gubernatorial election, calling for an election to repeal the
10 sales tax imposed under this section, the governing body shall
11 submit to the voters of the district a proposal to repeal the
12 tax. If a majority of the votes cast on the question by the
13 qualified voters voting thereon are in favor of the repeal, the
14 repeal shall become effective on December thirty-first of the
15 calendar year in which such repeal was approved. If a majority
16 of the votes cast on the question by the qualified voters voting
17 thereon are opposed to the repeal, then the sales tax authorized
18 in this section shall remain effective until the question is
19 resubmitted under this section to the qualified voters and the
20 repeal is approved by a majority of the qualified voters voting
21 on the question.

22 6. If the tax is repealed or terminated by any means other
23 than by a dissolution of a hospital district as described in
24 subsection 7 of this section, all funds remaining in the special
25 trust fund shall continue to be used solely for the designated
26 purposes, and the hospital district shall notify the director of
27 the department of revenue of the action at least ninety days
28 before the effective date of the repeal and the director may

1 order retention in the trust fund, for a period of one year, of
2 two percent of the amount collected after receipt of such notice
3 to cover possible refunds or overpayment of the tax and to redeem
4 dishonored checks and drafts deposited to the credit of such
5 accounts. After one year has elapsed after the effective date of
6 abolition of the tax in such district, the director shall remit
7 the balance in the account to the district and close the account
8 of that district. The director shall notify each district of
9 each instance of any amount refunded or any check redeemed from
10 receipts due the district.

11 7. Upon the dissolution of a hospital district levying a
12 sales tax pursuant to this section, the sales tax shall be
13 automatically repealed and all funds remaining in the special
14 trust fund shall be distributed as follows:

15 (1) Twenty-five percent shall be distributed to the county
16 public health center established pursuant to sections 205.010 to
17 205.150; and

18 (2) Seventy-five percent shall be distributed to a
19 federally qualified health center, as defined in 42 U.S.C.
20 Section 1396d(1)(1) and (2), located in the county.

21 208.909. 1. Consumers receiving personal care assistance
22 services shall be responsible for:

23 (1) Supervising their personal care attendant;

24 (2) Verifying wages to be paid to the personal care
25 attendant;

26 (3) Preparing and submitting time sheets, signed by both
27 the consumer and personal care attendant, to the vendor on a
28 biweekly basis;

1 (4) Promptly notifying the department within ten days of
2 any changes in circumstances affecting the personal care
3 assistance services plan or in the consumer's place of residence;

4 (5) Reporting any problems resulting from the quality of
5 services rendered by the personal care attendant to the vendor.
6 If the consumer is unable to resolve any problems resulting from
7 the quality of service rendered by the personal care attendant
8 with the vendor, the consumer shall report the situation to the
9 department; [and]

10 (6) Providing the vendor with all necessary information to
11 complete required paperwork for establishing the employer
12 identification number;

13 (7) Allowing the vendor to comply with its quality
14 assurance and supervision process, which shall include, but not
15 be limited to, annual face-to-face home visits and monthly case
16 management activities; and

17 (8) Report to the department significant changes in their
18 health and ability to self-direct care.

19 2. Participating vendors shall be responsible for:

20 (1) Collecting time sheets or reviewing reports of
21 delivered services and certifying the accuracy thereof;

22 (2) The Medicaid reimbursement process, including the
23 filing of claims and reporting data to the department as required
24 by rule;

25 (3) Transmitting the individual payment directly to the
26 personal care attendant on behalf of the consumer;

27 (4) Monitoring the performance of the personal care
28 assistance services plan. Such monitoring shall occur during the

1 annual face-to-face home visit under section 208.918. The vendor
2 shall document whether services are being provided to the
3 consumer as set forth in the plan of care. If the attendant was
4 not providing services as set forth in the plan of care, the
5 vendor shall notify the department and the department may suspend
6 services to the consumer; and

7 (5) Report to the department significant changes in the
8 consumer's health or ability to self-direct care.

9 3. No state or federal financial assistance shall be
10 authorized or expended to pay for services provided to a consumer
11 under sections 208.900 to 208.927, if the primary benefit of the
12 services is to the household unit, or is a household task that
13 the members of the consumer's household may reasonably be
14 expected to share or do for one another when they live in the
15 same household, unless such service is above and beyond typical
16 activities household members may reasonably provide for another
17 household member without a disability.

18 4. No state or federal financial assistance shall be
19 authorized or expended to pay for personal care assistance
20 services provided by a personal care attendant who has not
21 undergone the background screening process under section
22 192.2495. If the personal care attendant has a disqualifying
23 finding under section 192.2495, no state or federal assistance
24 shall be made, unless a good cause waiver is first obtained from
25 the department in accordance with section 192.2495.

26 5. (1) All vendors shall, by July 1, 2015, have, maintain,
27 and use a telephone tracking system for the purpose of reporting
28 and verifying the delivery of consumer-directed services as

1 authorized by the department of health and senior services or its
2 designee. [Use of such a system prior to July 1, 2015, shall be
3 voluntary.] The telephone tracking system shall be used to
4 process payroll for employees and for submitting claims for
5 reimbursement to the MO HealthNet division. At a minimum, the
6 telephone tracking system shall:

7 (a) Record the exact date services are delivered;

8 (b) Record the exact time the services begin and exact time
9 the services end;

10 (c) Verify the telephone number from which the services are
11 registered;

12 (d) Verify that the number from which the call is placed is
13 a telephone number unique to the client;

14 (e) Require a personal identification number unique to each
15 personal care attendant;

16 (f) Be capable of producing reports of services delivered,
17 tasks performed, client identity, beginning and ending times of
18 service and date of service in summary fashion that constitute
19 adequate documentation of service; and

20 (g) Be capable of producing reimbursement requests for
21 consumer approval that assures accuracy and compliance with
22 program expectations for both the consumer and vendor.

23 (2) [The department of health and senior services, in
24 collaboration with other appropriate agencies, including centers
25 for independent living, shall establish telephone tracking system
26 pilot projects, implemented in two regions of the state, with one
27 in an urban area and one in a rural area. Each pilot project
28 shall meet the requirements of this section and section 208.918.

1 The department of health and senior services shall, by December
2 31, 2013, submit a report to the governor and general assembly
3 detailing the outcomes of these pilot projects. The report shall
4 take into consideration the impact of a telephone tracking system
5 on the quality of the services delivered to the consumer and the
6 principles of self-directed care.

7 (3) As new technology becomes available, the department
8 may allow use of a more advanced tracking system, provided that
9 such system is at least as capable of meeting the requirements of
10 this subsection.

11 [(4)] (3) The department of health and senior services
12 shall promulgate by rule the minimum necessary criteria of the
13 telephone tracking system. Any rule or portion of a rule, as
14 that term is defined in section 536.010, that is created under
15 the authority delegated in this section shall become effective
16 only if it complies with and is subject to all of the provisions
17 of chapter 536 and, if applicable, section 536.028. This section
18 and chapter 536 are nonseverable and if any of the powers vested
19 with the general assembly pursuant to chapter 536 to review, to
20 delay the effective date, or to disapprove and annul a rule are
21 subsequently held unconstitutional, then the grant of rulemaking
22 authority and any rule proposed or adopted after August 28, 2010,
23 shall be invalid and void.

24 [6. In the event that a consensus between centers for
25 independent living and representatives from the executive branch
26 cannot be reached, the telephony report issued to the general
27 assembly and governor shall include a minority report which shall
28 detail those elements of substantial dissent from the main

1 report.

2 7. No interested party, including a center for independent
3 living, shall be required to contract with any particular vendor
4 or provider of telephony services nor bear the full cost of the
5 pilot program.]

6 208.918. 1. In order to qualify for an agreement with the
7 department, the vendor shall have a philosophy that promotes the
8 consumer's ability to live independently in the most integrated
9 setting or the maximum community inclusion of persons with
10 physical disabilities, and shall demonstrate the ability to
11 provide, directly or through contract, the following services:

12 (1) Orientation of consumers concerning the
13 responsibilities of being an employer[,] and supervision of
14 personal care attendants including the preparation and
15 verification of time sheets. Such orientation shall include
16 notifying customers that falsification of attendant visit
17 verification records shall be considered fraud and shall be
18 reported to the department. Such orientation shall take place in
19 the presence of the personal care attendant, to the fullest
20 extent possible;

21 (2) Training for consumers about the recruitment and
22 training of personal care attendants;

23 (3) Maintenance of a list of persons eligible to be a
24 personal care attendant;

25 (4) Processing of inquiries and problems received from
26 consumers and personal care attendants;

27 (5) Ensuring the personal care attendants are registered
28 with the family care safety registry as provided in sections

1 210.900 to ~~[210.937]~~ 210.936; and

2 (6) The capacity to provide fiscal conduit services through
3 a telephone tracking system by the date required under section
4 208.909.

5 2. In order to maintain its agreement with the department,
6 a vendor shall comply with the provisions of subsection 1 of this
7 section and shall:

8 (1) Demonstrate sound fiscal management as evidenced on
9 accurate quarterly financial reports and an annual financial
10 statement audit [submitted to the department] performed by a
11 certified public accountant if the vendor's annual gross revenue
12 is two hundred thousand dollars or more or, if the vendor's
13 annual gross revenue is less than two hundred thousand dollars,
14 an annual financial statement audit or annual financial statement
15 review performed by a certified public accountant. Such reports,
16 audits, and reviews shall be completed and made available upon
17 request to the department; [and]

18 (2) Demonstrate a positive impact on consumer outcomes
19 regarding the provision of personal care assistance services as
20 evidenced on accurate quarterly and annual service reports
21 submitted to the department;

22 (3) Implement a quality assurance and supervision process
23 that ensures program compliance and accuracy of records,
24 including, but not limited to:

25 (a) The department of health and senior services shall
26 promulgate by rule a consumer-directed services division provider
27 certification manager course; and

28 (b) The vendor shall perform ongoing monitoring of the

1 provision of services in the plan of care and shall assess the
2 quality of care being delivered. Such monitoring shall include
3 at least one annual face-to-face visit and may include electronic
4 monitoring, telephone checks, written case notes, or other
5 department-approved methods. The ongoing monitoring shall not
6 preclude the vendor's responsibility of ongoing diligence of case
7 management activity oversight;

8 (4) Comply with all provisions of sections 208.900 to
9 208.927, and the regulations promulgated thereunder; and

10 (5) Beginning July 1, 2022, maintain a business location
11 which shall comply with any and all applicable city, county,
12 state, and federal requirements.

13 3. No state or federal funds shall be authorized or
14 expended to pay for personal care assistance services under
15 sections 208.900 to 208.927 if any direct employee of the
16 consumer-directed services vendor conducts the face-to-face home
17 visit of a consumer for whom such employee is also the personal
18 care attendant, unless such person provides services solely on a
19 temporary basis on no more than three days in a thirty-day
20 period.

21 208.924. 1. A consumer's personal care assistance services
22 may be discontinued under circumstances such as the following:

23 (1) The department learns of circumstances that require
24 closure of a consumer's case, including one or more of the
25 following: death, admission into a long-term care facility, no
26 longer needing service, or inability of the consumer to
27 consumer-direct personal care assistance service;

28 (2) The consumer has falsified records; provided false

1 information of his or her condition, functional capacity, or
2 level of care needs; or committed fraud;

3 (3) The consumer is noncompliant with the plan of care.
4 Noncompliance requires persistent actions by the consumer which
5 negate the services provided in the plan of care;

6 (4) The consumer or member of the consumer's household
7 threatens or abuses the personal care attendant or vendor to the
8 point where their welfare is in jeopardy and corrective action
9 has failed;

10 (5) The maintenance needs of a consumer are unable to
11 continue to be met because the plan of care hours exceed
12 availability; and

13 (6) The personal care attendant is not providing services
14 as set forth in the personal care assistance services plan and
15 attempts to remedy the situation have been unsuccessful.

16 2. The personal care attendant shall report to the
17 department if he or she witnesses significant deterioration of
18 the health of the consumer or if he or she has a belief that the
19 consumer is no longer capable of self-directed care.

20 208.935. Subject to appropriations, the department of
21 health and senior services shall develop, or contract with a
22 state agency or third party to develop an interactive assessment
23 tool, which may include mobile as well as centralized
24 functionality, for utilization when implementing the assessment
25 and authorization process for MO HealthNet home and community-
26 based services authorized by the division of senior and
27 disability services.

28 321.621. 1. For the purposes of this section, "qualified

1 first responder" shall mean any state and local law enforcement
2 agency staff, fire department personnel, fire district personnel,
3 or licensed emergency medical technician who is acting under the
4 directives and established protocols of a medical director who
5 comes in contact with a person suffering from an anaphylactic
6 reaction and who has received training in recognizing and
7 responding to anaphylactic reactions and the administration of
8 epinephrine auto-injector devices to a person suffering from an
9 apparent anaphylactic reaction. "Qualified first responder
10 agencies" shall mean any state or local law enforcement agency,
11 fire department, or ambulance service that provides documented
12 training to its staff related to the administration of
13 epinephrine auto-injector devices in an apparent anaphylactic
14 reaction.

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

27 3. Possession and use of epinephrine auto-injector devices
28 for adult patients shall be limited as follows:

1 (1) No person shall use an epinephrine auto-injector device
2 pursuant to this section unless such person has successfully
3 completed a training course in the use of epinephrine auto-
4 injector devices for adult patients approved by the director of
5 the department of health and senior services. Nothing in this
6 section shall prohibit the use of an epinephrine auto-injector
7 device:

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

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

12 (2) Every person, firm, organization and entity authorized
13 to possess and use epinephrine auto-injector devices for adult
14 patients pursuant to this section shall use, maintain and dispose
15 of such devices for adult patients in accordance with the rules
16 of the department;

17 (3) Every use of an epinephrine auto-injector device
18 pursuant to this section shall immediately be reported to the
19 emergency health care provider as defined in section 190.246.

20 4. (1) Use of an epinephrine auto-injector device pursuant
21 to this section shall be considered first aid or emergency
22 treatment for the purpose of any law relating to liability.

23 (2) Purchase, acquisition, possession or use of an
24 epinephrine auto-injector device pursuant to this section shall
25 not constitute the unlawful practice of medicine or the unlawful
26 practice of a profession.

27 (3) Any person otherwise authorized to sell or provide an
28 epinephrine auto-injector device may sell or provide it to a

1 person authorized to possess it pursuant to this section.

2 5. (1) There is hereby created in the state treasury the
3 "Epinephrine Auto-injector Devices for Fire Personnel Fund",
4 which shall consist of money collected under this section. The
5 state treasurer shall be custodian of the fund. In accordance
6 with sections 30.170 and 30.180, the state treasurer may approve
7 disbursements. The moneys in the fund as set forth in this
8 section shall be subject to appropriation by the general assembly
9 for the particular purpose for which collected. The fund shall
10 be a dedicated fund and money in the fund shall be used solely by
11 the department of health and senior services for the purposes of
12 providing epinephrine auto-injector devices for adult patients to
13 qualified first responder agencies as used in this section.

14 (2) Notwithstanding the provisions of section 33.080 to the
15 contrary, any moneys remaining in the fund at the end of the
16 biennium shall not revert to the credit of the general revenue
17 fund.

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

21 338.035. 1. Every person who desires to be licensed as an
22 intern pharmacist shall file with the board of pharmacy an
23 application, on a form to be provided by the board of pharmacy.

24 2. If an applicant for an intern pharmacist license has
25 complied with the requirements of this section and with the rules
26 and regulations of the board of pharmacy and is not denied a
27 license on any of the grounds listed in section 338.055, the
28 board of pharmacy may issue to him a license to practice as an

1 intern pharmacist.

2 3. Any intern pharmacist who wishes to renew his license
3 shall within thirty days before the license expiration date file
4 an application for a renewal.

5 4. A licensed intern pharmacist may practice pharmacy only
6 under the direct supervision of a pharmacist licensed by the
7 board; provided, however, that an intern pharmacist working at a
8 remote dispensing site pharmacy may be remotely supervised by a
9 pharmacist working at a supervising pharmacy as provided for in
10 section 338.215.

11 5. The board of pharmacy shall promulgate rules and
12 regulations which shall further regulate the duties of intern
13 pharmacists and shall set the amount of the fees which shall
14 accompany the license and renewal applications for intern
15 pharmacists.

16 6. No rule or portion of a rule promulgated under the
17 authority of this chapter shall become effective unless it has
18 been promulgated pursuant to the provisions of section 536.024.

19 338.210. 1. Pharmacy refers to any location where the
20 practice of pharmacy occurs or such activities are offered or
21 provided by a pharmacist or another acting under the supervision
22 and authority of a pharmacist, including every premises or other
23 place:

24 (1) Where the practice of pharmacy is offered or conducted;

25 (2) Where drugs, chemicals, medicines, any legend drugs
26 under 21 U.S.C. Section 353, prescriptions, or poisons are
27 compounded, prepared, dispensed or sold or offered for sale at
28 retail;

1 (3) Where the words "pharmacist", "apothecary",
2 "drugstore", "drugs", and any other symbols, words or phrases of
3 similar meaning or understanding are used in any form to
4 advertise retail products or services;

5 (4) Where patient records or other information is
6 maintained for the purpose of engaging or offering to engage in
7 the practice of pharmacy or to comply with any relevant laws
8 regulating the acquisition, possession, handling, transfer, sale
9 or destruction of drugs, chemicals, medicines, prescriptions or
10 poisons;

11 (5) Where the practice of pharmacy occurs or is offered at
12 a remote dispensing pharmacy site.

13 2. All activity or conduct involving the practice of
14 pharmacy as it relates to an identifiable prescription or drug
15 order shall occur at the pharmacy location where such
16 identifiable prescription or drug order is first presented by the
17 patient or the patient's authorized agent for preparation or
18 dispensing, unless otherwise expressly authorized by the board.

19 3. The requirements set forth in subsection 2 of this
20 section shall not be construed to bar the complete transfer of an
21 identifiable prescription or drug order pursuant to a verbal
22 request by or the written consent of the patient or the patient's
23 authorized agent.

24 4. The board is hereby authorized to enact rules waiving
25 the requirements of subsection 2 of this section and establishing
26 such terms and conditions as it deems necessary, whereby any
27 activities related to the preparation, dispensing or recording of
28 an identifiable prescription or drug order may be shared between

1 separately licensed facilities.

2 5. If a violation of this chapter or other relevant law
3 occurs in connection with or adjunct to the preparation or
4 dispensing of a prescription or drug order, any permit holder or
5 pharmacist-in-charge at any facility participating in the
6 preparation, dispensing, or distribution of a prescription or
7 drug order may be deemed liable for such violation.

8 6. Nothing in this section shall be construed to supersede
9 the provisions of section 197.100.

10 338.215. 1. For purposes of this section, the following
11 terms mean:

12 (1) "Remote dispensing site pharmacy", any location in this
13 state where the practice of pharmacy occurs and that is licensed
14 as a pharmacy to dispense prescription drugs and is staffed by
15 one or more qualified pharmacy technicians, as defined by the
16 board, or intern pharmacists, whose activities are supervised by
17 a pharmacist at a supervising pharmacy through a continuous real-
18 time audio and video link. "Remote dispensing site pharmacy"
19 does not include the office of a dispensing prescriber or an
20 automated device;

21 (2) "Supervising pharmacy", a pharmacy licensed in this
22 state under the provisions of chapter 338 that oversees the
23 dispensation activities of a remote dispensing site pharmacy.

24 2. A supervising pharmacy that operates a remote dispensing
25 site pharmacy, and the remote dispensing site pharmacy, shall be
26 licensed as a pharmacy by the board of pharmacy. The board shall
27 issue a license to a remote dispensing site pharmacy that meets
28 the requirements of this subsection. The remote dispensing site

1 pharmacy shall:

2 (1) Submit an application and pay the licensing fee
3 established by the board;

4 (2) Be jointly owned by a supervising pharmacy; and

5 (3) Maintain a policy and procedures manual that includes
6 the following:

7 (a) A description of how the supervising pharmacy and
8 remote dispensing site pharmacy will comply with federal and
9 state laws, rules, and regulations;

10 (b) The procedure for the supervising pharmacy to supervise
11 the remote dispensing site pharmacy and counsel patients in
12 accordance with the laws of this state prior to the dispensing of
13 a prescription drug under this section;

14 (c) The procedure for reviewing the prescription drug
15 inventory and drug records maintained by the remote dispensing
16 site pharmacy;

17 (d) The policy and procedure for providing appropriate
18 security to protect the confidentiality and integrity of patient
19 information;

20 (e) The written plan for recovery from an event that
21 interrupts or prevents a pharmacist from supervising the
22 operation of the remote dispensing site pharmacy;

23 (f) The specific duties, tasks, and functions that a
24 registered pharmacy technician or intern pharmacist is authorized
25 to perform at the remote dispensing site pharmacy under the
26 remote supervision of a licensed pharmacist at the supervising
27 pharmacy; and

28 (g) The procedure for maintaining an up-to-date inventory

1 of all controlled substances.

2 3. A remote dispensing site pharmacy shall be under the
3 supervision and control of a supervising pharmacist employed by
4 the supervising pharmacy. The supervising pharmacist shall not
5 be required to be immediately physically present to supervise
6 activities at the remote dispensing site pharmacy, but shall make
7 monthly visits to the remote dispensing site pharmacy in order to
8 ensure compliance with this section.

9 4. A supervising pharmacist and a remote dispensing site
10 pharmacy shall share common ownership. A pharmacist shall
11 neither be designated nor act as a supervising pharmacist for
12 more than two remote dispensing site pharmacies at one time.

13 5. A pharmacist at the supervising pharmacy shall verify
14 each prescription before it leaves the remote dispensing site
15 pharmacy. Verification shall occur through the use of technology
16 that includes bar coding and visual review via remote video. As
17 applicable, a pharmacist, intern pharmacist, and pharmacy
18 technician's initials or unique identifier shall appear in the
19 prescription record to identify the name and specific activities
20 of each pharmacist, intern pharmacist, or pharmacy technician
21 involved in the dispensing process.

22 6. Unless a pharmacist is onsite at the remote dispensing
23 site pharmacy, counseling shall be done by a supervising
24 pharmacist at the supervising pharmacy via a HIPAA-compliant
25 continuous real-time video and audio link before a drug or
26 medical device is released to the patient. The system being used
27 to perform the consultation shall retain the initials or unique
28 identifier of the pharmacist who performs the consultation. The

1 pharmacist providing counseling under this subsection shall be
2 employed by and located at the supervising pharmacy and have
3 access to all relevant patient information maintained by the
4 remote dispensing site pharmacy.

5 7. A remote dispensing site pharmacy shall be located at
6 least ten miles from an existing retail pharmacy unless:

7 (1) The remote dispensing site pharmacy is part of a
8 community mental health center, federally qualified health
9 center, hospital, rural health clinic, or outpatient clinic
10 setting; or

11 (2) An applicant of a proposed remote dispensing site
12 pharmacy demonstrates to the board how the proposed remote
13 dispensing site pharmacy will promote public health.

14 8. The remote dispensing pharmacy shall be staffed by a
15 pharmacist at least eight hours a month and shall reconcile the
16 up-to-date controlled substance inventory twice a month. The
17 supervising pharmacist may provide services as allowed in section
18 338.010 and as provided by policies and procedures.

19 9. If the average number of prescriptions dispensed per day
20 by the remote dispensing site pharmacy exceeds one hundred fifty
21 prescriptions, the remote dispensing site pharmacy shall, within
22 ten days, apply to the board for licensure as a class A, B, or C
23 pharmacy, as applicable. The average number of prescriptions
24 dispensed per day shall be determined by averaging the number of
25 prescriptions dispensed per day over the previous ninety-day
26 period.

27 10. Unless otherwise approved by the board, the supervising
28 pharmacy shall be located in this state and within fifty road

1 miles of a remote dispensing site pharmacy to ensure that the
2 remote dispensing site pharmacy is sufficiently supported by the
3 supervising pharmacy and that necessary personnel or supplies may
4 be delivered to the remote dispensing site pharmacy within a
5 reasonable period of time of an identified need.

6 11. The board of pharmacy may promulgate all necessary
7 rules and regulations for the implementation of this section,
8 provided that no such rules and regulations shall restrict the
9 practice of pharmacy at a remote dispensing site pharmacy. Any
10 rule or portion of a rule, as that term is defined in section
11 536.010, that is created under the authority delegated in this
12 section shall become effective only if it complies with and is
13 subject to all of the provisions of chapter 536 and, if
14 applicable, section 536.028. This section and chapter 536 are
15 nonseverable, and if any of the powers vested with the general
16 assembly pursuant to chapter 536 to review, to delay the
17 effective date, or to disapprove and annul a rule are
18 subsequently held unconstitutional, then the grant of rulemaking
19 authority and any rule proposed or adopted after August 28, 2020,
20 shall be invalid and void.

21 338.220. 1. It shall be unlawful for any person,
22 copartnership, association, corporation or any other business
23 entity to open, establish, operate, or maintain any pharmacy as
24 defined by statute without first obtaining a permit or license to
25 do so from the Missouri board of pharmacy. A permit shall not be
26 required for an individual licensed pharmacist to perform
27 nondispensing activities outside of a pharmacy, as provided by
28 the rules of the board. A permit shall not be required for an

1 individual licensed pharmacist to administer drugs, vaccines, and
2 biologicals by protocol, as permitted by law, outside of a
3 pharmacy. The following classes of pharmacy permits or licenses
4 are hereby established:

- 5 (1) Class A: Community/ambulatory;
- 6 (2) Class B: Hospital pharmacy;
- 7 (3) Class C: Long-term care;
- 8 (4) Class D: Nonsterile compounding;
- 9 (5) Class E: Radio pharmaceutical;
- 10 (6) Class F: Renal dialysis;
- 11 (7) Class G: Medical gas;
- 12 (8) Class H: Sterile product compounding;
- 13 (9) Class I: Consultant services;
- 14 (10) Class J: Shared service;
- 15 (11) Class K: Internet;
- 16 (12) Class L: Veterinary;
- 17 (13) Class M: Specialty (bleeding disorder);
- 18 (14) Class N: Automated dispensing system (health care
19 facility);
- 20 (15) Class O: Automated dispensing system (ambulatory
21 care);
- 22 (16) Class P: Practitioner office/clinic;
- 23 (17) Class Q: Charitable pharmacy; and
- 24 (18) Class R: Remote dispensing site pharmacy.

25 2. Application for such permit or license shall be made
26 upon a form furnished to the applicant; shall contain a statement
27 that it is made under oath or affirmation and that its
28 representations are true and correct to the best knowledge and

1 belief of the person signing same, subject to the penalties of
2 making a false affidavit or declaration; and shall be accompanied
3 by a permit or license fee. The permit or license issued shall
4 be renewable upon payment of a renewal fee. Separate
5 applications shall be made and separate permits or licenses
6 required for each pharmacy opened, established, operated, or
7 maintained by the same owner.

8 3. All permits, licenses or renewal fees collected pursuant
9 to the provisions of sections 338.210 to 338.370 shall be
10 deposited in the state treasury to the credit of the Missouri
11 board of pharmacy fund, to be used by the Missouri board of
12 pharmacy in the enforcement of the provisions of sections 338.210
13 to 338.370, when appropriated for that purpose by the general
14 assembly.

15 4. Class L: veterinary permit shall not be construed to
16 prohibit or interfere with any legally registered practitioner of
17 veterinary medicine in the compounding, administering,
18 prescribing, or dispensing of their own prescriptions, or
19 medicine, drug, or pharmaceutical product to be used for animals.

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

24 6. A "class B hospital pharmacy" shall be defined as a
25 pharmacy owned, managed, or operated by a hospital as defined by
26 section 197.020 or a clinic or facility under common control,
27 management or ownership of the same hospital or hospital system.
28 This section shall not be construed to require a class B hospital

1 pharmacy permit or license for hospitals solely providing
2 services within the practice of pharmacy under the jurisdiction
3 of, and the licensure granted by, the department of health and
4 senior services under and pursuant to chapter 197.

5 7. Upon application to the board, any hospital that holds a
6 pharmacy permit or license on August 28, 2014, shall be entitled
7 to obtain a class B pharmacy permit or license without fee,
8 provided such application shall be submitted to the board on or
9 before January 1, 2015.

10 338.260. 1. No person shall carry on, conduct or transact
11 a business under a name which contains as part of the name the
12 words "pharmacist", "pharmacy", "apothecary", "apothecary shop",
13 "chemist shop", "drug store", "druggist", "drugs", "consultant
14 pharmacist", or any word of similar or like import, unless the
15 place of business is supervised by a licensed pharmacist.

16 2. Nothing in this chapter shall be construed to prevent
17 any person from using a historical name in reference to any
18 building, structure, or business so long as the person is not
19 engaged in the practice of pharmacy as defined in section
20 338.010.

21 3. Notwithstanding the provisions of subsection 2 of this
22 section, the board of pharmacy shall retain authority to enforce
23 the provisions of subsection 1 of this section against any person
24 offering for sale any naturopathic or homeopathic service or any
25 herbal, nutritional, vitamin, dietary, mineral, or other
26 supplement intended for human application, absorption, or
27 consumption.

28 4. Supervision of a licensed remote dispensing site

1 pharmacy shall not require a pharmacist to be physically present
2 at the remote dispensing site pharmacy location, provided that
3 dispensing activities are supervised by a supervising pharmacist
4 located at a Missouri-licensed supervising pharmacy through the
5 use of a continuous real-time audio and video link.

6 376.383. 1. For purposes of this section and section
7 376.384, the following terms shall mean:

8 (1) "Claimant", any individual, corporation, association,
9 partnership or other legal entity asserting a right to payment
10 arising out of a contract or a contingency or loss covered under
11 a health benefit plan as defined in section 376.1350;

12 (2) "Clean claim", a claim that has no defect, impropriety,
13 lack of any required substantiating documentation, or particular
14 circumstance requiring special treatment that prevents timely
15 payment;

16 (3) "Deny" or "denial", when the health carrier refuses to
17 reimburse all or part of the claim;

18 (4) "Health care provider", health care provider as defined
19 in section 376.1350;

20 (5) "Health care services", health care services as defined
21 in section 376.1350;

22 (6) "Health carrier", health carrier as defined in section
23 376.1350 and any self-insured health plan, to the extent allowed
24 by federal law; except that health carrier shall not include a
25 workers' compensation carrier providing benefits to an employee
26 pursuant to chapter 287. For the purposes of this section and
27 section 376.384, third-party contractors are health carriers;

28 (7) "Processing days", number of days the health carrier or

1 any of its agents, subsidiaries, contractors, subcontractors, or
2 third-party contractors has the claim in its possession.

3 Processing days shall not include days in which the health
4 carrier is waiting for a response to a request for additional
5 information from the claimant;

6 (8) "Request for additional information", a health
7 carrier's electronic or facsimile request for additional
8 information from the claimant specifying all of the documentation
9 or information necessary to process all of the claim, or all of
10 the claim on a multi-claim form, as a clean claim for payment;

11 (9) "Third-party contractor", a third party contracted with
12 the health carrier to receive or process claims for reimbursement
13 of health care services.

14 2. Within forty-eight hours after receipt of an
15 electronically filed claim by a health carrier or a third-party
16 contractor, a health carrier shall send an electronic
17 acknowledgment of the date of receipt.

18 3. Within thirty processing days after receipt of a filed
19 claim by a health carrier or a third-party contractor, a health
20 carrier shall send an electronic or facsimile notice of the
21 status of the claim that notifies the claimant:

22 (1) Whether the claim is a clean claim as defined under
23 this section; or

24 (2) The claim requires additional information from the
25 claimant.

26
27 If the claim is a clean claim, then the health carrier shall pay
28 or deny the claim. If the claim requires additional information,

1 the health carrier shall include in the notice a request for
2 additional information. If a health carrier pays the claim, this
3 subsection shall not apply.

4 4. Within ten processing days after receipt of additional
5 information by a health carrier or a third-party contractor, a
6 health carrier shall pay the claim or any undisputed part of the
7 claim in accordance with this section or send an electronic or
8 facsimile notice of receipt and status of the claim:

9 (1) That denies all or part of the claim and specifies each
10 reason for denial; or

11 (2) That makes a final request for additional information.

12 5. Within five processing days after the day on which the
13 health carrier or a third-party contractor receives the
14 additional requested information in response to a final request
15 for information, it shall pay the claim or any undisputed part of
16 the claim or deny the claim.

17 6. (1) If the health carrier has not paid the claimant on
18 or before the forty-fifth processing day from the date of receipt
19 of the claim, the health carrier shall pay the claimant one
20 percent interest per month and a penalty in an amount equal to
21 one percent of the claim per day. On claims where the amount
22 owed by a health carrier exceeds thirty-five thousand dollars on
23 the unpaid balance of a claim, the health carrier shall pay the
24 claimant one percent interest per month and a penalty in an
25 amount equal to one percent of the claim per day for a maximum of
26 one hundred days, and thereafter shall pay the claimant two
27 percent interest per month. The interest and penalty shall be
28 calculated based upon the unpaid balance of the claim as of the

1 forty-fifth processing day. The interest and penalty paid
2 pursuant to this subsection shall be included in any late
3 reimbursement without the necessity for the person that filed the
4 original claim to make an additional claim for that interest and
5 penalty. A health carrier may combine interest payments and make
6 payment once the aggregate amount reaches one hundred dollars.

7 (2) Any claim or portion of a claim which has been properly
8 denied before the forty-fifth processing day under this section
9 and section 376.384 shall not be subject to interest or
10 penalties. For a claim or any portion of such claim that was
11 denied before the forty-fifth processing day, interest and
12 penalties shall begin to accrue beginning on the date the first
13 appeal is filed by the claimant with the health carrier until
14 such claim is paid, if the claim or portion of the claim is
15 approved. If any appeal filed with the health carrier does not
16 result in the disputed claim or portion of such claim being
17 approved for payment to the claimant, and a petition is filed in
18 a court of competent jurisdiction to recover payment of all or
19 part of such claim, interest and penalties shall continue to
20 accrue for no more than one hundred days from the day the first
21 appeal was filed by the claimant with the health carrier, and
22 such interest and penalties shall [cease] continue to accrue [on
23 the day] ten days after [a petition is filed in] a court of
24 competent jurisdiction [to recover payment of such claim] finds
25 that the claim or portion of the claim shall be paid to the
26 claimant. Upon a finding by a court of competent jurisdiction
27 that the health carrier failed to pay a claim, interest, or
28 penalty without good cause, the court shall enter judgment for

1 reasonable attorney fees for services necessary for recovery.
2 Upon a finding that a health care provider filed suit without
3 reasonable grounds to recover a claim, the court shall award the
4 health carrier reasonable attorney fees necessary to the defense.

5 7. The department of commerce and insurance shall monitor
6 denials and determine whether the health carrier acted
7 reasonably.

8 8. If a health carrier or third-party contractor has
9 reasonable grounds to believe that a fraudulent claim is being
10 made, the health carrier or third-party contractor shall notify
11 the department of commerce and insurance of the fraudulent claim
12 pursuant to sections 375.991 to 375.994.

13 9. Denial of a claim shall be communicated to the claimant
14 and shall include the specific reason why the claim was denied.
15 Any claim for which the health carrier has not communicated a
16 specific reason for the denial shall not be considered denied
17 under this section or section 376.384.

18 10. Requests for additional information shall specify all
19 of the documentation and additional information that is necessary
20 to process all of the claim, or all of the claims on a
21 multi-claim form, as a clean claim for payment. Information
22 requested shall be reasonable and pertain solely to the health
23 carrier's liability. The health carrier shall acknowledge
24 receipt of the requested additional information to the claimant
25 within five calendar days or pay the claim.

26 376.387. 1. For purposes of this section, the following
27 terms shall mean:

28 (1) "Covered person", the same meaning as such term is

1 defined in section 376.1257;

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

4 (3) "Health carrier" or "carrier", the same meaning as such
5 term is defined in section 376.1350;

6 (4) "Pharmacy", the same meaning as such term is defined in
7 chapter 338;

8 (5) "Pharmacy benefits manager", the same meaning as such
9 term is defined in section 376.388.

10 2. No pharmacy benefits manager shall include a provision
11 in a contract entered into or modified on or after August 28,
12 2018, with a pharmacy or pharmacist that requires a covered
13 person to make a payment for a prescription drug at the point of
14 sale in an amount that exceeds the lesser of:

15 (1) The copayment amount as required under the health
16 benefit plan; or

17 (2) The amount an individual would pay for a prescription
18 if that individual paid with cash.

19 3. A pharmacy or pharmacist shall have the right to provide
20 to a covered person information regarding the amount of the
21 covered person's cost share for a prescription drug, the covered
22 person's cost of an alternative drug, and the covered person's
23 cost of the drug without adjudicating the claim through the
24 pharmacy benefits manager. Neither a pharmacy nor a pharmacist
25 shall be proscribed by a pharmacy benefits manager from
26 discussing any such information or from selling a more affordable
27 alternative to the covered person.

28 4. No pharmacy benefits manager shall, directly or

1 indirectly, charge or hold a pharmacist or pharmacy responsible
2 for any fee amount related to a claim that is not known at the
3 time of the claim's adjudication, unless the amount is a result
4 of improperly paid claims or charges for administering a health
5 benefit plan.

6 5. This section shall not apply with respect to claims
7 under Medicare Part D, or any other plan administered or
8 regulated solely under federal law, and to the extent this
9 section may be preempted under the Employee Retirement Income
10 Security Act of 1974 for self-funded employer-sponsored health
11 benefit plans.

12 6. A pharmacy benefits manager shall notify in writing any
13 health carrier with which it contracts if the pharmacy benefits
14 manager has a conflict of interest, any commonality of ownership,
15 or any other relationship, financial or otherwise, between the
16 pharmacy benefits manager and any other health carrier with which
17 the pharmacy benefits manager contracts.

18 7. The department of commerce and insurance shall enforce
19 this section.

20 376.393. 1. As used in this section, the following terms
21 shall mean:

22 (1) "Health carrier" or "carrier", the same meaning as is
23 ascribed to such term in section 376.1350;

24 (2) "Pharmacy benefits manager", the same meaning as is
25 ascribed to such term in section 376.388.

26 2. No entity subject to the jurisdiction of this state
27 shall act as a pharmacy benefits manager without a license issued
28 by the department. The department shall establish by rule the

1 application process and license fee for pharmacy benefits
2 managers.

3 3. The department may cause a complaint to be filed with
4 the administrative hearing commission as provided in chapter 621
5 against any holder of a license issued under this section for:

6 (1) Violation of the laws or regulations of any state or of
7 the United States, where the offense is reasonably related to the
8 qualifications, functions, or duties of a pharmacy benefit
9 manager, including, but not limited to, where an essential
10 element of the offense is fraud, dishonesty, or an act of
11 violence, or where the offense involves moral turpitude, or where
12 the offense involves failure to comply with a requirement of this
13 chapter, whether or not sentence or penalty is imposed;

14 (2) Use of fraud, deception, misrepresentation, or bribery
15 for any reason;

16 (3) Obtaining or attempting to obtain any fee, charge,
17 tuition, or other compensation by fraud, deception, or
18 misrepresentation;

19 (4) Incompetence, misconduct, gross negligence, or
20 dishonesty in the performance of the functions or duties of a
21 pharmacy benefits manager or other regulated profession or
22 activity; or

23 (5) Disciplinary action taken against the holder of a
24 license or other right to practice as a pharmacy benefits manager
25 or other regulated profession.

26
27 After the filing of such complaint, the proceedings shall be
28 conducted in accordance with the provisions of chapter 621. Upon

1 a finding by the administrative hearing commission that grounds
2 provided in this subsection for disciplinary action are met, the
3 department may, singly or in combination, censure or place the
4 person named in the complaint on probation with such terms and
5 conditions as the department deems appropriate for a period not
6 to exceed five years, or may suspend, for a period not to exceed
7 three years, or revoke the license, certificate, or permit. An
8 individual whose license has been revoked shall wait at least one
9 year from the date of revocation to apply for relicensure.
10 Relicensure shall be at the discretion of the department.

11 376.945. 1. The department shall, as a condition of the
12 issuance of a certificate of authority pursuant to section
13 376.935, require that the provider establish a reserve of an
14 amount equal to at least fifty percent of any entrance fee paid
15 by the first occupant of a living unit under a life care
16 contract. The reserve shall be maintained by the provider on a
17 current basis, in escrow with a bank, trust company, or other
18 escrow agent approved by the department. ~~Such~~ The entire
19 amount of such reserve shall be amortized and earned by and
20 available for release to the provider at the rate of one percent
21 per month on the balance of the reserve, provided, however, that
22 at no time shall the entrance fee reserve together with all
23 interest earned thereon total less than an amount equal to one
24 ~~and one-half times the percentage~~ hundred percent of the annual
25 long-term debt principal and interest payments of the provider
26 applicable only to living units occupied under life care
27 contracts. Such portion of each entrance fee as is necessary to
28 maintain the entrance fee reserve as set forth herein shall be

1 paid to the reserve fund for the second and all subsequent
2 occupancies of a living unit occupied under a life care contract.
3 The requirements of this subsection may be met in whole or in
4 part by other reserve funds held for the purpose of meeting loan
5 obligations, provided that the total amount equals or exceeds the
6 amount required under this subsection.

7 2. In addition, each provider shall establish and maintain
8 separately for each facility, a reserve equal to not less than
9 five percent of the facility's total outstanding balance of
10 contractually obligated move-out refunds at the close of each
11 fiscal year. [All reserves required hereunder for move-out
12 refunds]

13 3. All reserve funds held under subsections 1 or 2 of this
14 section shall be held in liquid assets consisting of federal
15 government or other marketable securities, deposits, or accounts
16 insured by the federal government.

17 4. This section shall be applicable only to life care
18 contracts executed for occupancy of living units constructed
19 after September 28, 1981.

20 376.1578. 1. Within two working days after receipt of a
21 [faxed or mailed completed] credentialing application, the health
22 carrier shall send a notice of receipt to the practitioner. A
23 health carrier shall provide access to a provider web portal that
24 allows the practitioner to receive notice of the status of an
25 electronically submitted application.

26 2. If a health carrier determines the application is not a
27 completed application, the health carrier shall have ten days
28 from the date the notice of receipt was sent as required in

1 subsection 1 of this section to request any additional
2 information from the practitioner. The application shall be
3 considered a completed application upon receipt of the requested
4 additional information from the practitioner. Within two working
5 days of receipt of the requested additional information, the
6 health carrier shall send a notice to the practitioner informing
7 him or her that he or she has submitted a completed application.
8 If the health carrier does not request additional information,
9 the application shall be deemed completed as of the date the
10 notice of receipt was sent as required under subsection 1 of this
11 section.

12 3. A health carrier shall assess a health care
13 practitioner's completed credentialing **[information]** application
14 and make a decision as to whether to approve or deny the
15 practitioner's credentialing application and notify the
16 practitioner of such decision within sixty **[business]** days of the
17 date of receipt of the completed application. The sixty-day
18 deadline established in this section shall not apply if the
19 application or subsequent verification of information indicates
20 that the practitioner has:

21 (1) A history of behavioral disorders or other impairments
22 affecting the practitioner's ability to practice, including but
23 not limited to substance abuse;

24 (2) Licensure disciplinary actions against the
25 practitioner's license to practice imposed by any state or
26 territory or foreign jurisdiction;

27 (3) Had the practitioner's hospital admitting or surgical
28 privileges or other organizational credentials or authority to

1 practice revoked, restricted, or suspended based on the
2 practitioner's clinical performance; or

3 (4) A judgment or judicial award against the practitioner
4 arising from a medical malpractice liability lawsuit.

5 4. If a practitioner's application is approved, the health
6 carrier shall provide payments for covered health services
7 performed by the practitioner during the credentialing period if
8 the provision of services was on behalf of an entity that had a
9 contract with such health carrier during the credentialing
10 period. The contracted entity for which the practitioner is
11 providing services shall submit to the health carrier all claims
12 for services provided by such practitioner during the
13 credentialing period within six months after the health carrier
14 has approved that practitioner's credentialing application.
15 Claims submitted for reimbursement under this section shall be
16 sent to the carrier by the provider in a single request or as few
17 requests as practical subject to any technical constraints or
18 other issues out of the contracted provider's control.
19 "Credentialing period" shall mean the time between the date the
20 practitioner submits a completed application to the health
21 carrier to be credentialed and the date the practitioner's
22 credentialing is approved by the health carrier.

23 5. A health carrier shall not require a practitioner to be
24 credentialed in order to receive payments for covered patient
25 care services if the practitioner is providing coverage for an
26 absent credentialed practitioner during a temporary period of
27 time not to exceed sixty days. Any practitioner authorized to
28 receive payments for covered services under this section shall

1 provide notice to the health carrier, including, but not limited
2 to, the absent practitioner's name, medical license information,
3 and estimated duration of absence and the name and medical
4 license information of the practitioner providing coverage for
5 such absent credentialed practitioner. A health carrier may deny
6 payments if the practitioner providing services in lieu of the
7 credentialed provider meets one of the conditions in subdivisions
8 (1) to (4) of subsection 3 of this section.

9 6. All claims eligible for payment under subsection 4 or 5
10 of this section shall be subject to section 376.383.

11 7. For the purposes of this section, "covered health
12 services" shall mean any services provided by a practitioner that
13 would otherwise be covered if provided by a credentialed
14 provider.

15 [3.] 8. The department of commerce and insurance shall
16 establish a mechanism for reporting alleged violations of this
17 section to the department.

18 579.060. 1. A person commits the offense of unlawful sale,
19 distribution, or purchase of over-the-counter methamphetamine
20 precursor drugs if he or she knowingly:

21 (1) Sells, distributes, dispenses, or otherwise provides
22 any number of packages of any drug product containing detectable
23 amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or
24 any of their salts, optical isomers, or salts of optical isomers,
25 in a total amount greater than [nine] seven and two-tenths grams
26 to the same individual within a thirty-day period, unless the
27 amount is dispensed, sold, or distributed pursuant to a valid
28 prescription; or

1 (2) Purchases, receives, or otherwise acquires within a
2 thirty-day period any number of packages of any drug product
3 containing any detectable amount of ephedrine,
4 phenylpropanolamine, or pseudoephedrine, or any of their salts or
5 optical isomers, or salts of optical isomers in a total amount
6 greater than [nine] seven and two-tenths grams, without regard to
7 the number of transactions, unless the amount is purchased,
8 received, or acquired pursuant to a valid prescription; or

9 (3) Purchases, receives, or otherwise acquires within a
10 twenty-four-hour period any number of packages of any drug
11 product containing any detectable amount of ephedrine,
12 phenylpropanolamine, or pseudoephedrine, or any of their salts or
13 optical isomers, or salts of optical isomers in a total amount
14 greater than three and six-tenths grams, without regard to the
15 number of transactions, unless the amount is purchased, received,
16 or acquired pursuant to a valid prescription; or

17 (4) Sells, distributes, dispenses, or otherwise provides
18 any number of packages of any drug product containing detectable
19 amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or
20 any of their salts, optical isomers, or salts of optical isomers,
21 in a total amount greater than forty-three and two-tenths grams
22 to the same individual within a twelve-month period, unless the
23 amount is dispensed, sold, or distributed pursuant to a valid
24 prescription; or

25 (5) Purchases, receives, or otherwise acquires within a
26 twelve-month period any number of packages of any drug product
27 containing any detectable amount of ephedrine,
28 phenylpropanolamine, or pseudoephedrine, or any of their salts or

1 optical isomers, or salts of optical isomers in a total amount
2 greater than forty-three and two-tenths grams, without regard to
3 the number of transactions, unless the amount is purchased,
4 received, or acquired pursuant to a valid prescription; or

5 (6) Dispenses or offers drug products that are not excluded
6 from Schedule V in subsection 17 or 18 of section 195.017 and
7 that contain detectable amounts of ephedrine,
8 phenylpropanolamine, or pseudoephedrine, or any of their salts,
9 optical isomers, or salts of optical isomers, without ensuring
10 that such products are located behind a pharmacy counter where
11 the public is not permitted and that such products are dispensed
12 by a registered pharmacist or pharmacy technician under
13 subsection 11 of section 195.017; or

14 [(5)] (7) Holds a retail sales license issued under chapter
15 144 and knowingly sells or dispenses packages that do not conform
16 to the packaging requirements of section 195.418.

17 2. A pharmacist, intern pharmacist, or registered pharmacy
18 technician commits the offense of unlawful sale, distribution, or
19 purchase of over-the-counter methamphetamine precursor drugs if
20 he or she knowingly:

21 (1) Sells, distributes, dispenses, or otherwise provides
22 any number of packages of any drug product containing detectable
23 amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or
24 any of their salts or optical isomers, or salts of optical
25 isomers, in a total amount greater than three and six-tenth grams
26 to the same individual within a twenty-four hour period, unless
27 the amount is dispensed, sold, or distributed pursuant to a valid
28 prescription; or

1 (2) Fails to submit information under subsection 13 of
2 section 195.017 and subsection [5] 6 of section 195.417 about the
3 sales of any compound, mixture, or preparation of products
4 containing detectable amounts of ephedrine, phenylpropanolamine,
5 or pseudoephedrine, or any of their salts, optical isomers, or
6 salts of optical isomers, in accordance with transmission methods
7 and frequency established by the department of health and senior
8 services; or

9 (3) Fails to implement and maintain an electronic log, as
10 required by subsection 12 of section 195.017, of each transaction
11 involving any detectable quantity of pseudoephedrine, its salts,
12 isomers, or salts of optical isomers or ephedrine, its salts,
13 optical isomers, or salts of optical isomers; or

14 (4) Sells, distributes, dispenses or otherwise provides to
15 an individual under eighteen years of age without a valid
16 prescription any number of packages of any drug product
17 containing any detectable quantity of pseudoephedrine, its salts,
18 isomers, or salts of optical isomers, or ephedrine, its salts or
19 optical isomers, or salts of optical isomers.

20 3. Any person who violates the packaging requirements of
21 section 195.418 and is considered the general owner or operator
22 of the outlet where ephedrine, pseudoephedrine, or
23 phenylpropanolamine products are available for sale shall not be
24 penalized if he or she documents that an employee training
25 program was in place to provide the employee who made the
26 unlawful retail sale with information on the state and federal
27 regulations regarding ephedrine, pseudoephedrine, or
28 phenylpropanolamine.

1 4. The offense of unlawful sale, distribution, or purchase
2 of over-the-counter methamphetamine precursor drugs is a class A
3 misdemeanor.

4 610.100. 1. As used in sections 610.100 to 610.150, the
5 following words and phrases shall mean:

6 (1) "Arrest", an actual restraint of the person of the
7 defendant, or by his or her submission to the custody of the
8 officer, under authority of a warrant or otherwise for a criminal
9 violation which results in the issuance of a summons or the
10 person being booked;

11 (2) "Arrest report", a record of a law enforcement agency
12 of an arrest and of any detention or confinement incident thereto
13 together with the charge therefor;

14 (3) "Inactive", an investigation in which no further action
15 will be taken by a law enforcement agency or officer for any of
16 the following reasons:

17 (a) A decision by the law enforcement agency not to pursue
18 the case;

19 (b) Expiration of the time to file criminal charges
20 pursuant to the applicable statute of limitations, or ten years
21 after the commission of the offense; whichever date earliest
22 occurs;

23 (c) Finality of the convictions of all persons convicted on
24 the basis of the information contained in the investigative
25 report, by exhaustion of or expiration of all rights of appeal of
26 such persons;

27 (4) "Incident report", a record of a law enforcement agency
28 consisting of the date, time, specific location, name of the

1 victim and immediate facts and circumstances surrounding the
2 initial report of a crime or incident, including any logs of
3 reported crimes, accidents and complaints maintained by that
4 agency;

5 (5) "Investigative report", a record, other than an arrest
6 or incident report, prepared by personnel of a law enforcement
7 agency, inquiring into a crime or suspected crime, either in
8 response to an incident report or in response to evidence
9 developed by law enforcement officers in the course of their
10 duties;

11 (6) "Mobile video recorder", any system or device that
12 captures visual signals that is capable of installation and being
13 installed in a vehicle or being worn or carried by personnel of a
14 law enforcement agency and that includes, at minimum, a camera
15 and recording capabilities;

16 (7) "Mobile video recording", any data captured by a mobile
17 video recorder, including audio, video, and any metadata;

18 (8) "Nonpublic location", a place where one would have a
19 reasonable expectation of privacy, including, but not limited to
20 a dwelling, school, or medical facility.

21 2. (1) Each law enforcement agency of this state, of any
22 county, and of any municipality shall maintain records of all
23 incidents reported to the agency, investigations and arrests made
24 by such law enforcement agency. All incident reports and arrest
25 reports shall be open records.

26 (2) Notwithstanding any other provision of law other than
27 the provisions of subsections 4, 5 and 6 of this section or
28 section 320.083, mobile video recordings and investigative

1 reports of all law enforcement agencies and any reports or
2 records in the possession of the department of health and senior
3 services' Missouri state public health laboratory, which were the
4 result of testing performed at the request of any municipal,
5 county, state, or federal law enforcement agency, are closed
6 records until the investigation becomes inactive.

7 (3) If any person is arrested and not charged with an
8 offense against the law within thirty days of the person's
9 arrest, the arrest report shall thereafter be a closed record
10 except that the disposition portion of the record may be accessed
11 and except as provided in section 610.120.

12 (4) Except as provided in subsections 3 and 5 of this
13 section, a mobile video recording that is recorded in a nonpublic
14 location is authorized to be closed, except that any person who
15 is depicted in the recording or whose voice is in the recording,
16 a legal guardian or parent of such person if he or she is a
17 minor, a family member of such person within the first degree of
18 consanguinity if he or she is deceased or incompetent, an
19 attorney for such person, or insurer of such person, upon written
20 request, may obtain a complete, unaltered, and unedited copy of a
21 recording under and pursuant to this section.

22 3. Except as provided in subsections 4, 5, 6 and 7 of this
23 section, if any portion of a record or document of a law
24 enforcement officer or agency, other than an arrest report, which
25 would otherwise be open, contains information that is reasonably
26 likely to pose a clear and present danger to the safety of any
27 victim, witness, undercover officer, or other person; or
28 jeopardize a criminal investigation, including records which

1 would disclose the identity of a source wishing to remain
2 confidential or a suspect not in custody; or which would disclose
3 techniques, procedures or guidelines for law enforcement
4 investigations or prosecutions, that portion of the record shall
5 be closed and shall be redacted from any record made available
6 pursuant to this chapter.

7 4. Any person, including a legal guardian or a parent of
8 such person if he or she is a minor, family member of such person
9 within the first degree of consanguinity if such person is
10 deceased or incompetent, attorney for a person, or insurer of a
11 person involved in any incident or whose property is involved in
12 an incident, may obtain any records closed pursuant to this
13 section or section 610.150 for purposes of investigation of any
14 civil claim or defense, as provided by this subsection. Any
15 individual, legal guardian or parent of such person if he or she
16 is a minor, his or her family member within the first degree of
17 consanguinity if such individual is deceased or incompetent, his
18 or her attorney or insurer, involved in an incident or whose
19 property is involved in an incident, upon written request, may
20 obtain a complete unaltered and unedited incident report
21 concerning the incident, and may obtain access to other records
22 closed by a law enforcement agency pursuant to this section.
23 Within thirty days of such request, the agency shall provide the
24 requested material or file a motion pursuant to this subsection
25 with the circuit court having jurisdiction over the law
26 enforcement agency stating that the safety of the victim, witness
27 or other individual cannot be reasonably ensured, or that a
28 criminal investigation is likely to be jeopardized. If, based on

1 such motion, the court finds for the law enforcement agency, the
2 court shall either order the record closed or order such portion
3 of the record that should be closed to be redacted from any
4 record made available pursuant to this subsection.

5 5. (1) Any person may bring an action pursuant to this
6 section in the circuit court having jurisdiction to authorize
7 disclosure of a mobile video recording or the information
8 contained in an investigative report of any law enforcement
9 agency, which would otherwise be closed pursuant to this section.
10 The court may order that all or part of a mobile video recording
11 or the information contained in an investigative report be
12 released to the person bringing the action.

13 (2) In making the determination as to whether information
14 contained in an investigative report shall be disclosed, the
15 court shall consider whether the benefit to the person bringing
16 the action or to the public outweighs any harm to the public, to
17 the law enforcement agency or any of its officers, or to any
18 person identified in the investigative report in regard to the
19 need for law enforcement agencies to effectively investigate and
20 prosecute criminal activity.

21 (3) In making the determination as to whether a mobile
22 video recording shall be disclosed, the court shall consider:

23 (a) Whether the benefit to the person bringing the action
24 or the benefit to the public outweighs any harm to the public, to
25 the law enforcement agency or any of its officers, or to any
26 person identified in the mobile video recording in regard and
27 with respect to the need for law enforcement agencies to
28 effectively investigate and prosecute criminal activity;

1 (b) Whether the mobile video recording contains information
2 that is reasonably likely to disclose private matters in which
3 the public has no legitimate concern;

4 (c) Whether the mobile video recording is reasonably likely
5 to bring shame or humiliation to a person of ordinary
6 sensibilities; and

7 (d) Whether the mobile video recording was taken in a place
8 where a person recorded or depicted has a reasonable expectation
9 of privacy.

10 (4) The mobile video recording or investigative report in
11 question may be examined by the court in camera.

12 (5) If the disclosure is authorized in whole or in part,
13 the court may make any order that justice requires, including one
14 or more of the following:

15 (a) That the mobile video recording or investigative report
16 may be disclosed only on specified terms and conditions,
17 including a designation of the time or place;

18 (b) That the mobile video recording or investigative report
19 may be had only by a method of disclosure other than that
20 selected by the party seeking such disclosure and may be
21 disclosed to the person making the request in a different manner
22 or form as requested;

23 (c) That the scope of the request be limited to certain
24 matters;

25 (d) That the disclosure occur with no one present except
26 persons designated by the court;

27 (e) That the mobile video recording or investigative report
28 be redacted to exclude, for example, personally identifiable

1 features or other sensitive information;

2 (f) That a trade secret or other confidential research,
3 development, or commercial information not be disclosed or be
4 disclosed only in a designated way.

5 (6) The court may find that the party seeking disclosure of
6 the mobile video recording or the investigative report shall bear
7 the reasonable and necessary costs and attorneys' fees of both
8 parties, unless the court finds that the decision of the law
9 enforcement agency not to open the mobile video recording or
10 investigative report was substantially unjustified under all
11 relevant circumstances, and in that event, the court may assess
12 such reasonable and necessary costs and attorneys' fees to the
13 law enforcement agency.

14 6. Any person may apply pursuant to this subsection to the
15 circuit court having jurisdiction for an order requiring a law
16 enforcement agency to open incident reports and arrest reports
17 being unlawfully closed pursuant to this section. If the court
18 finds by a preponderance of the evidence that the law enforcement
19 officer or agency has knowingly violated this section, the
20 officer or agency shall be subject to a civil penalty in an
21 amount up to one thousand dollars. If the court finds that there
22 is a knowing violation of this section, the court may order
23 payment by such officer or agency of all costs and attorneys'
24 fees, as provided by section 610.027. If the court finds by a
25 preponderance of the evidence that the law enforcement officer or
26 agency has purposely violated this section, the officer or agency
27 shall be subject to a civil penalty in an amount up to five
28 thousand dollars and the court shall order payment by such

1 officer or agency of all costs and attorney fees, as provided in
2 section 610.027. The court shall determine the amount of the
3 penalty by taking into account the size of the jurisdiction, the
4 seriousness of the offense, and whether the law enforcement
5 officer or agency has violated this section previously.

6 7. The victim of an offense as provided in chapter 566 may
7 request that his or her identity be kept confidential until a
8 charge relating to such incident is filed.

9 8. Any person who requests and receives a mobile video
10 recording that was recorded in a nonpublic location under and
11 pursuant to this section is prohibited from displaying or
12 disclosing the mobile video recording, including any description
13 or account of any or all of the mobile video recording, without
14 first providing direct third-party notice to each person not
15 affiliated with a law enforcement agency or each non-law
16 enforcement agency individual whose image or sound is contained
17 in the recording, and affording, upon receiving such notice, each
18 person appearing and whose image or sound is contained in the
19 mobile video recording no less than ten days to file and serve an
20 action seeking an order from a court of competent jurisdiction to
21 enjoin all or some of the intended display, disclosure,
22 description, or account of the recording. Any person who fails
23 to comply with the provisions of this subsection is subject to
24 damages in a civil action proceeding.

25 Section B. Because immediate action is necessary to ensure
26 that all owners, officers, managers, contractors, employees, and
27 other support staff of medical marijuana facilities be subjected
28 to state and federal fingerprint-based criminal background checks

1 to insure the integrity of the Missouri medical marijuana
2 industry, the enactment of section 195.815 of this act is deemed
3 necessary for the immediate preservation of the public health,
4 welfare, peace, and safety, and is hereby declared to be an
5 emergency act within the meaning of the constitution, and the
6 enactment of section 195.815 of this act shall be in full force
7 and effect on July 1, 2020, or upon its passage and approval,
8 whichever occurs later.