

SECOND REGULAR SESSION  
SENATE COMMITTEE SUBSTITUTE FOR  
HOUSE COMMITTEE SUBSTITUTE FOR

# HOUSE BILL NO. 1682

## 100TH GENERAL ASSEMBLY

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Reported from the Committee on Seniors, Families and Children, April 30, 2020, with recommendation that the Senate Committee Substitute do pass.

4231S.03C

ADRIANE D. CROUSE, Secretary.

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### AN ACT

To repeal sections 190.092, 190.094, 190.105, 190.143, 190.196, 191.775, 192.2000, 192.2305, 195.070, 196.990, 208.909, 208.918, 208.924, 338.220, 376.383, 376.387, 376.945, and 376.1578, RSMo, and to enact in lieu thereof twenty-nine new sections relating to health care, with penalty provisions and an emergency clause for a certain section.

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

Section A. Sections 190.092, 190.094, 190.105, 190.143, 190.196, 191.775, 192.2000, 192.2305, 195.070, 196.990, 208.909, 208.918, 208.924, 338.220, 376.383, 376.387, 376.945, and 376.1578, RSMo, are repealed and twenty-nine new sections enacted in lieu thereof, to be known as sections 9.152, 9.166, 9.182, 190.092, 190.094, 190.105, 190.143, 190.196, 190.1005, 191.116, 191.775, 192.2000, 192.2305, 195.070, 195.805, 195.830, 196.990, 196.1050, 208.909, 208.918, 208.924, 208.935, 321.621, 338.220, 376.383, 376.387, 376.393, 376.945, and 376.1578, to read as follows:

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

**9.166. The month of July shall be known as "Minority Mental Health Awareness Month". The citizens of this state are encouraged to observe the month with appropriate events and activities to raise**

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

4 awareness of the effects of mental illness on minorities.

9.182. The month of September shall be designated as "Deaf  
2 Awareness Month" and the last week of September shall be designated  
3 as "Deaf Awareness Week" in Missouri. The citizens of this state are  
4 encouraged to participate in appropriate activities and events to  
5 commemorate the first World Congress of the World Federation of the  
6 Deaf in 1951 and to increase awareness of deaf issues, people, and  
7 culture.

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

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

5 (1) Expected defibrillator users receive training by the American Red  
6 Cross or American Heart Association in cardiopulmonary resuscitation and the  
7 use of automated external defibrillators, or an equivalent nationally recognized  
8 course in defibrillator use and cardiopulmonary resuscitation;

9 (2) The defibrillator is maintained and tested according to the  
10 manufacturer's operational guidelines;

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

14 (4) Any person or entity that owns an automated external defibrillator  
15 that is for use outside of a health care facility shall have a physician review and  
16 approve the clinical protocol for the use of the defibrillator, review and advise  
17 regarding the training and skill maintenance of the intended users of the  
18 defibrillator and assure proper review of all situations when the defibrillator is  
19 used to render emergency care.

20 3. Any person or entity who acquires an automated external defibrillator  
21 shall notify the emergency communications district or the ambulance dispatch  
22 center of the primary provider of emergency medical services where the  
23 automated external defibrillator is to be located.

24 4.] A person or entity that acquires an automated external  
25 defibrillator shall:

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

28 (2) Ensure that the automated external defibrillator is

29 **maintained and tested according to the operation and maintenance**  
30 **guidelines set forth by the manufacturer;**

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

33 **(4) Ensure that an inspection is made of all automated external**  
34 **defibrillators on the premises at least every ninety days for potential**  
35 **issues related to the operation of the device, including a blinking light**  
36 **or other obvious defect that may suggest tampering or that another**  
37 **problem has arisen with the functionality of the automated external**  
38 **defibrillator.**

39 **3.** Any person who gratuitously and in good faith renders emergency care  
40 by use of or provision of an automated external defibrillator shall not be held  
41 liable for any civil damages **or subject to any criminal penalty** as a result of  
42 such care or treatment, unless the person acts in a willful and wanton or reckless  
43 manner in providing the care, advice, or assistance. The person **who** or entity  
44 **[who] that** provides **[appropriate]** training to the person using an automated  
45 external defibrillator, the person or entity responsible for the site where the  
46 automated external defibrillator is located, **and** the person or entity that owns  
47 the automated external defibrillator~~],~~ the person or entity that provided clinical  
48 protocol for automated external defibrillator sites or programs, and the licensed  
49 physician who reviews and approves the clinical protocol] shall likewise not be  
50 held liable for civil damages **or subject to any criminal penalty** resulting  
51 from the use of an automated external defibrillator. **[Nothing in this section shall**  
52 **affect any claims brought pursuant to chapter 537 or 538.]**

53 **[5.] 4.** All basic life support ambulances and stretcher vans operated in  
54 the state of Missouri shall be equipped with an automated external defibrillator  
55 and be staffed by at least one individual trained in the use of an automated  
56 external defibrillator.

57 **[6.] 5.** The provisions of this section shall apply in all counties within the  
58 state and any city not within a county.

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

6 2. When transporting a patient, at least one licensed emergency medical

7 technician, registered nurse, **physician assistant**, or physician shall be in  
8 attendance with the patient in the patient compartment at all times.

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

190.105. 1. No person, either as owner, agent or otherwise, shall furnish,  
2 operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be  
3 engaged in the business or service of the transportation of patients by ambulance  
4 in the air, upon the streets, alleys, or any public way or place of the state of  
5 Missouri unless such person holds a currently valid license from the department  
6 for an ambulance service issued pursuant to the provisions of sections 190.001 to  
7 190.245.

8 2. No ground ambulance shall be operated for ambulance purposes, and  
9 no individual shall drive, attend or permit it to be operated for such purposes in  
10 the state of Missouri unless the ground ambulance is under the immediate  
11 supervision and direction of a person who is holding a currently valid Missouri  
12 license as an emergency medical technician. Nothing in this section shall be  
13 construed to mean that a duly registered nurse [or], a duly licensed physician,  
14 **or a duly licensed physician assistant** be required to hold an emergency  
15 medical technician's license. **When a physician assistant is in attendance**  
16 **with a patient on an ambulance, the physician assistant shall be exempt**  
17 **from any mileage limitations in any collaborative practice arrangement**  
18 **prescribed under law.** Each ambulance service is responsible for assuring that  
19 any person driving its ambulance is competent in emergency vehicle operations  
20 and has a safe driving record. Each ground ambulance shall be staffed with at  
21 least two licensed individuals when transporting a patient, except as provided in  
22 section 190.094. In emergency situations which require additional medical  
23 personnel to assist the patient during transportation, an emergency medical  
24 responder, firefighter, or law enforcement personnel with a valid driver's license  
25 and prior experience with driving emergency vehicles may drive the ground  
26 ambulance provided the ground ambulance service stipulates to this practice in  
27 operational policies.

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

30 (1) Is rendering assistance in the case of an emergency, major catastrophe

31 or any other unforeseen event or series of events which jeopardizes the ability of  
32 the local ambulance service to promptly respond to emergencies; or

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

38 4. The issuance of a license pursuant to the provisions of sections 190.001  
39 to 190.245 shall not be construed so as to authorize any person to provide  
40 ambulance services or to operate any ambulances without a franchise in any city  
41 not within a county or in a political subdivision in any county with a population  
42 of over nine hundred thousand inhabitants, or a franchise, contract or mutual-aid  
43 agreement in any other political subdivision which has enacted an ordinance  
44 making it unlawful to do so.

45 5. Sections 190.001 to 190.245 shall not preclude the adoption of any law,  
46 ordinance or regulation not in conflict with such sections by any city not within  
47 a county, or at least as strict as such sections by any county, municipality or  
48 political subdivision except that no such regulations or ordinances shall be  
49 adopted by a political subdivision in a county with a population of over nine  
50 hundred thousand inhabitants except by the county's governing body.

51 6. In a county with a population of over nine hundred thousand  
52 inhabitants, the governing body of the county shall set the standards for all  
53 ambulance services which shall comply with subsection 5 of this section. All such  
54 ambulance services must be licensed by the department. The governing body of  
55 such county shall not prohibit a licensed ambulance service from operating in the  
56 county, as long as the ambulance service meets county standards.

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

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

66 9. A political subdivision that is authorized to operate a licensed

67 ambulance service may establish, operate, maintain and manage its ambulance  
68 service, and select and contract with a licensed ambulance service. Any political  
69 subdivision may contract with a licensed ambulance service.

70 10. Except as provided in subsections 5 and 6, nothing in section 67.300,  
71 or subsection 2 of section 190.109, shall be construed to authorize any  
72 municipality or county which is located within an ambulance district or a fire  
73 protection district that is authorized to provide ambulance service to promulgate  
74 laws, ordinances or regulations related to the provision of ambulance  
75 services. This provision shall not apply to any municipality or county which  
76 operates an ambulance service established prior to August 28, 1998.

77 11. Nothing in section 67.300 or subsection 2 of section 190.109 shall be  
78 construed to authorize any municipality or county which is located within an  
79 ambulance district or a fire protection district that is authorized to provide  
80 ambulance service to operate an ambulance service without a franchise in an  
81 ambulance district or a fire protection district that is authorized to provide  
82 ambulance service which has enacted an ordinance making it unlawful to do  
83 so. This provision shall not apply to any municipality or county which operates  
84 an ambulance service established prior to August 28, 1998.

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

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

94 14. Upon the sale or transfer of any ground ambulance service ownership,  
95 the owner of such service shall notify the department of the change in ownership  
96 within thirty days of such sale or transfer. After receipt of such notice, the  
97 department shall conduct an inspection of the ambulance service to verify  
98 compliance with the licensure standards of sections 190.001 to 190.245.

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

4 (1) Can demonstrate that they have, or will have, employment requiring



5 an emergency medical technician license;

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

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

14 (4) Have not been disciplined pursuant to sections 190.001 to 190.245 and  
15 rules promulgated pursuant to sections 190.001 to 190.245;

16 (5) Meet all the requirements of rules promulgated pursuant to sections  
17 190.001 to 190.245.

18 2. A temporary emergency medical technician license shall only authorize  
19 the license to practice while under the immediate supervision of a licensed  
20 emergency medical technician, registered nurse, **physician assistant**, or  
21 physician who is currently licensed, without restrictions, to practice in Missouri.

22 3. A temporary emergency medical technician license shall automatically  
23 expire either ninety days from the date of issuance or upon the issuance of a  
24 five-year emergency medical technician license.

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

6 2. Any person or entity that employs or supervises a person's activities as  
7 an emergency medical responder, emergency medical dispatcher, emergency  
8 medical technician, registered nurse, **physician assistant**, or physician shall  
9 cooperate with the department's efforts to monitor and enforce compliance by  
10 those individuals subject to the requirements of sections 190.001 to 190.245.

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

16 (1) Child abuse or sexual abuse of a child;

17 (2) Crimes of violence; or

18 (3) Rape or sexual abuse.

19 4. Any licensee who has charges filed against him or her for the felony  
20 offenses in subsection 3 of this section shall report such an occurrence to the  
21 department within seventy-two hours of the charges being filed.

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

**190.1005. Notwithstanding any other provision of law to the  
2 contrary, any training or course in cardiopulmonary resuscitation shall  
3 also include instruction on the proper use of automated external  
4 defibrillators. Such training or course shall follow the standards  
5 created by the American Red Cross or the American Heart Association,  
6 or equivalent evidence-based standards from a nationally recognized  
7 organization.**

**191.116. 1. There is hereby established in the department of  
2 health and senior services the "Alzheimer's State Plan Task Force". The  
3 task force shall consist of twenty-one members, as follows:**

4 (1) **The lieutenant governor, or his or her designee, who shall  
5 serve as chair of the task force;**

6 (2) **The directors of the departments of health and senior  
7 services, social services, and mental health, or their designees;**

8 (3) **One member of the house of representatives to be appointed  
9 by the speaker of the house of representatives;**

10 (4) **One member of the senate to be appointed by the president  
11 pro tempore of the senate;**

12 (5) **One member who has early-stage Alzheimer's disease or a  
13 related dementia;**

14 (6) **One member who is a family caregiver of a person with  
15 Alzheimer's disease or a related dementia;**

16 (7) **One member who is a licensed physician with experience in  
17 the diagnosis, treatment, and research of Alzheimer's disease;**

18 (8) **One member from the office of state ombudsman for long-  
19 term care facility residents;**

20 (9) **One member representing residential long-term care;**

21 (10) **One member representing the home care profession;**

22 (11) **One member representing the adult day services profession;**

23 (12) **One member representing the area agencies on aging;**



- 24           **(13) One member with expertise in minority health;**  
25           **(14) One member representing the law enforcement community;**  
26           **(15) One member from the department of higher education and**  
27 **workforce development with knowledge of workforce training;**  
28           **(16) Two members representing voluntary health organizations**  
29 **in Alzheimer's disease care, support, and research, which may include**  
30 **the Greater Missouri Chapter of the Alzheimer's Association and the**  
31 **Heart of America Chapter of the Alzheimer's Association;**  
32           **(17) One member representing licensed skilled nursing facilities;**  
33 **and**  
34           **(18) One member representing Missouri veterans' homes.**
- 35           **2. The members of the task force, other than the lieutenant**  
36 **governor, members from the general assembly, and department and**  
37 **division directors, shall be appointed by the governor with the advice**  
38 **and consent of the senate. Members shall serve on the task force**  
39 **without compensation.**
- 40           **3. The task force shall assess all state programs that address**  
41 **Alzheimer's disease and update and maintain an integrated state plan**  
42 **to overcome the challenges caused by Alzheimer's disease. The state**  
43 **plan shall include implementation steps and recommendations for**  
44 **priority actions based on this assessment. The task force's actions shall**  
45 **include, but shall not be limited to, the following:**
- 46           **(1) Assess the current and future impact of Alzheimer's disease**  
47 **on residents of the state of Missouri;**  
48           **(2) Examine the existing services and resources addressing the**  
49 **needs of persons with Alzheimer's disease and their families and**  
50 **caregivers;**  
51           **(3) Develop recommendations to respond to the escalating public**  
52 **health crisis regarding Alzheimer's disease;**  
53           **(4) Ensure the inclusion of ethnic and racial populations that**  
54 **have a higher risk for Alzheimer's disease or are least likely to receive**  
55 **care in clinical, research, and service efforts, with the purpose of**  
56 **decreasing health disparities in Alzheimer's disease treatment;**  
57           **(5) Identify opportunities for the state of Missouri to coordinate**  
58 **with federal government entities to integrate and inform the fight**  
59 **against Alzheimer's disease;**  
60           **(6) Provide information and coordination of Alzheimer's disease**

61 **research and services across all state agencies;**

62 **(7) Examine dementia-specific training requirements across**  
63 **health care, adult protective services workers, law enforcement, and all**  
64 **other areas in which staff are involved with the delivery of care to**  
65 **those with Alzheimer's disease and other dementias; and**

66 **(8) Develop strategies to increase the diagnostic rate of**  
67 **Alzheimer's disease in Missouri.**

68 **4. The task force shall deliver a report of recommendations to**  
69 **the governor and members of the general assembly no later than June**  
70 **1, 2021.**

71 **5. The task force shall continue to meet at the request of the**  
72 **chair and at a minimum of one time annually for the purpose of**  
73 **evaluating the implementation and impact of the task force**  
74 **recommendations and shall provide annual supplemental report**  
75 **updates on the findings to the governor and the general assembly.**

76 **6. The provisions of this section shall expire on December 31,**  
77 **2026.**

191.775. No person shall smoke or otherwise use tobacco [or], tobacco  
2 products, **or vapor products, as such term is defined in section 407.925,**  
3 in any indoor area of a public elementary or secondary school building or  
4 educational facility, excluding institutions of higher education, or on buses used  
5 solely to transport students to or from school or to transport students to or from  
6 any place for educational purposes. Any school board of any school district may  
7 set policy on the permissible uses of tobacco products **or vapor products** in any  
8 other nonclassroom or nonstudent occupant facility, and on the school grounds or  
9 outdoor facility areas as the school board deems proper. [Any person who violates  
10 the provisions of this section shall be guilty of an infraction.]

192.2000. 1. The "Division of Aging" is hereby transferred from the  
2 department of social services to the department of health and senior services by  
3 a type I transfer as defined in the Omnibus State Reorganization Act of  
4 1974. The department shall aid and assist the elderly and low-income disabled  
5 adults living in the state of Missouri to secure and maintain maximum economic  
6 and personal independence and dignity. The department shall regulate adult  
7 long-term care facilities pursuant to the laws of this state and rules and  
8 regulations of federal and state agencies, to safeguard the lives and rights of  
9 residents in these facilities.

10           2. In addition to its duties and responsibilities enumerated pursuant to  
11 other provisions of law, the department shall:

12           (1) Serve as advocate for the elderly by promoting a comprehensive,  
13 coordinated service program through administration of Older Americans Act  
14 (OAA) programs (Title III) P.L. 89-73, (42 U.S.C. Section 3001, et seq.), as  
15 amended;

16           (2) Assure that an information and referral system is developed and  
17 operated for the elderly, including information on home and community based  
18 services;

19           (3) Provide technical assistance, planning and training to local area  
20 agencies on aging;

21           (4) Contract with the federal government to conduct surveys of long-term  
22 care facilities certified for participation in the Title XVIII program;

23           (5) Conduct medical review (inspections of care) activities such as  
24 utilization reviews, independent professional reviews, and periodic medical  
25 reviews to determine medical and social needs for the purpose of eligibility for  
26 Title XIX, and for level of care determination;

27           (6) Certify long-term care facilities for participation in the Title XIX  
28 program;

29           (7) Conduct a survey and review of compliance with P.L. 96-566 Sec.  
30 505(d) for Supplemental Security Income recipients in long-term care facilities  
31 and serve as the liaison between the Social Security Administration and the  
32 department of health and senior services concerning Supplemental Security  
33 Income beneficiaries;

34           (8) Review plans of proposed long-term care facilities before they are  
35 constructed to determine if they meet applicable state and federal construction  
36 standards;

37           (9) Provide consultation to long-term care facilities in all areas governed  
38 by state and federal regulations;

39           (10) Serve as the central state agency with primary responsibility for the  
40 planning, coordination, development, and evaluation of policy, programs, and  
41 services for elderly persons in Missouri consistent with the provisions of  
42 subsection 1 of this section and serve as the designated state unit on aging, as  
43 defined in the Older Americans Act of 1965;

44           (11) Develop long-range state plans for programs, services, and activities  
45 for elderly and handicapped persons. State plans should be revised annually and

46 should be based on area agency on aging plans, statewide priorities, and state  
47 and federal requirements;

48 (12) Receive and disburse all federal and state funds allocated to the  
49 division and solicit, accept, and administer grants, including federal grants, or  
50 gifts made to the division or to the state for the benefit of elderly persons in this  
51 state;

52 (13) Serve, within government and in the state at large, as an advocate  
53 for elderly persons by holding hearings and conducting studies or investigations  
54 concerning matters affecting the health, safety, and welfare of elderly persons and  
55 by assisting elderly persons to assure their rights to apply for and receive  
56 services and to be given fair hearings when such services are denied;

57 (14) Conduct research and other appropriate activities to determine the  
58 needs of elderly persons in this state, including, but not limited to, their needs  
59 for social and health services, and to determine what existing services and  
60 facilities, private and public, are available to elderly persons to meet those needs;

61 (15) Maintain and serve as a clearinghouse for up-to-date information and  
62 technical assistance related to the needs and interests of elderly persons and  
63 persons with Alzheimer's disease or related dementias, including information on  
64 the home and community based services program, dementia-specific training  
65 materials and dementia-specific trainers. Such dementia-specific information and  
66 technical assistance shall be maintained and provided in consultation with  
67 agencies, organizations and/or institutions of higher learning with expertise in  
68 dementia care;

69 (16) **Provide information and support to persons with Alzheimer's**  
70 **disease and related dementias by establishing a family support group**  
71 **in every county;**

72 (17) Provide area agencies on aging with assistance in applying for  
73 federal, state, and private grants and identifying new funding sources;

74 [(17)] (18) Determine area agencies on aging annual allocations for Title  
75 XX and Title III of the Older Americans Act expenditures;

76 [(18)] (19) Provide transportation services, home-delivered and congregate  
77 meals, in-home services, counseling and other services to the elderly and low-  
78 income handicapped adults as designated in the Social Services Block Grant  
79 Report, through contract with other agencies, and shall monitor such agencies to  
80 ensure that services contracted for are delivered and meet standards of quality  
81 set by the division;

82            [(19)] **(20)** Monitor the process pursuant to the federal Patient Self-  
83 determination Act, 42 U.S.C. Section 1396a (w), in long-term care facilities by  
84 which information is provided to patients concerning durable powers of attorney  
85 and living wills.

86            3. The department may withdraw designation of an area agency on aging  
87 only when it can be shown the federal or state laws or rules have not been  
88 complied with, state or federal funds are not being expended for the purposes for  
89 which they were intended, or the elderly are not receiving appropriate services  
90 within available resources, and after consultation with the director of the area  
91 agency on aging and the area agency board. Withdrawal of any particular  
92 program of services may be appealed to the director of the department of health  
93 and senior services and the governor. In the event that the division withdraws  
94 the area agency on aging designation in accordance with the Older Americans  
95 Act, the department shall administer the services to clients previously performed  
96 by the area agency on aging until a new area agency on aging is designated.

97            4. Any person hired by the department of health and senior services after  
98 August 13, 1988, to conduct or supervise inspections, surveys or investigations  
99 pursuant to chapter 198 shall complete at least one hundred hours of basic  
100 orientation regarding the inspection process and applicable rules and statutes  
101 during the first six months of employment. Any such person shall annually, on  
102 the anniversary date of employment, present to the department evidence of  
103 having completed at least twenty hours of continuing education in at least two of  
104 the following categories: communication techniques, skills development, resident  
105 care, or policy update. The department of health and senior services shall by rule  
106 describe the curriculum and structure of such continuing education.

107            5. The department may issue and promulgate rules to enforce, implement  
108 and effectuate the powers and duties established in this section and sections  
109 198.070 and 198.090 and sections 192.2400 and 192.2475 to 192.2500. Any rule  
110 or portion of a rule, as that term is defined in section 536.010, that is created  
111 under the authority delegated in this section shall become effective only if it  
112 complies with and is subject to all of the provisions of chapter 536 and, if  
113 applicable, section 536.028. This section and chapter 536 are nonseverable and  
114 if any of the powers vested with the general assembly pursuant to chapter 536 to  
115 review, to delay the effective date or to disapprove and annul a rule are  
116 subsequently held unconstitutional, then the grant of rulemaking authority and  
117 any rule proposed or adopted after August 28, 2001, shall be invalid and void.

118           6. Home and community based services is a program, operated and  
119 coordinated by the department of health and senior services, which informs  
120 individuals of the variety of care options available to them when they may need  
121 long-term care.

122           7. The division shall maintain minimum dementia-specific training  
123 requirements for employees involved in the delivery of care to persons with  
124 Alzheimer's disease or related dementias who are employed by skilled nursing  
125 facilities, intermediate care facilities, residential care facilities, agencies  
126 providing in-home care services authorized by the division of aging, adult day-  
127 care programs, independent contractors providing direct care to persons with  
128 Alzheimer's disease or related dementias and the division of aging. Such training  
129 shall be incorporated into new employee orientation and ongoing in-service  
130 curricula for all employees involved in the care of persons with dementia. The  
131 department of health and senior services shall maintain minimum dementia-  
132 specific training requirements for employees involved in the delivery of care to  
133 persons with Alzheimer's disease or related dementias who are employed by home  
134 health and hospice agencies licensed by chapter 197. Such training shall be  
135 incorporated into the home health and hospice agency's new employee orientation  
136 and ongoing in-service curricula for all employees involved in the care of persons  
137 with dementia. The dementia training need not require additional hours of  
138 orientation or ongoing in-service. Training shall include at a minimum, the  
139 following:

140           (1) For employees providing direct care to persons with Alzheimer's  
141 disease or related dementias, the training shall include an overview of  
142 Alzheimer's disease and related dementias, communicating with persons with  
143 dementia, behavior management, promoting independence in activities of daily  
144 living, and understanding and dealing with family issues;

145           (2) For other employees who do not provide direct care for, but may have  
146 daily contact with, persons with Alzheimer's disease or related dementias, the  
147 training shall include an overview of dementias and communicating with persons  
148 with dementia.

149 As used in this subsection, the term "employee" includes persons hired as  
150 independent contractors. The training requirements of this subsection shall not  
151 be construed as superceding any other laws or rules regarding dementia-specific  
152 training.

192.2305. 1. There is hereby established within the department of health



2 and senior services the "Office of State Ombudsman for Long-Term Care Facility  
3 Residents", for the purpose of helping to assure the adequacy of care received by  
4 residents of long-term care facilities **and Missouri veterans' homes, as**  
5 **defined in section 42.002**, and to improve the quality of life experienced by  
6 them, in accordance with the federal Older Americans Act, 42 U.S.C. Section  
7 3001, et seq.

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

10         3. The office shall establish and implement procedures for receiving,  
11 processing, responding to, and resolving complaints made by or on behalf of  
12 residents of long-term care facilities **and Missouri veterans' homes** relating  
13 to action, inaction, or decisions of providers, or their representatives, of long-term  
14 care services, of public agencies or of social service agencies, which may adversely  
15 affect the health, safety, welfare or rights of such residents.

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

19             (1) Enter any long-term care facility **or Missouri veterans' homes** and  
20 have access to residents of the facility at a reasonable time and in a reasonable  
21 manner. The ombudsman shall have access to review resident records, if given  
22 permission by the resident or the resident's legal guardian. Residents of the  
23 facility shall have the right to request, deny, or terminate visits with an  
24 ombudsman;

25             (2) Make the necessary inquiries and review such information and records  
26 as the ombudsman or representative of the office deems necessary to accomplish  
27 the objective of verifying these complaints.

28         5. The office shall acknowledge complaints, report its findings, make  
29 recommendations, gather and disseminate information and other material, and  
30 publicize its existence.

31         6. The ombudsman may recommend to the relevant governmental agency  
32 changes in the rules and regulations adopted or proposed by such governmental  
33 agency which do or may adversely affect the health, safety, welfare, or civil or  
34 human rights of any resident in a facility. The office shall analyze and monitor  
35 the development and implementation of federal, state and local laws, regulations  
36 and policies with respect to long-term care facilities and services **and Missouri**  
37 **veterans' homes** in the state and shall recommend to the department changes

38 in such laws, regulations and policies deemed by the office to be appropriate.

39           7. The office shall promote community contact and involvement with  
40 residents of facilities through the use of volunteers and volunteer programs  
41 directed by the regional ombudsman coordinators.

42           8. The office shall develop and establish by regulation of the department  
43 statewide policies and standards for implementing the activities of the  
44 ombudsman program, including the qualifications and the training of regional  
45 ombudsman coordinators and ombudsman volunteers.

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

49           (1) Establish and conduct recruitment programs for volunteers;

50           (2) Establish and conduct training seminars, meetings and other programs  
51 for volunteers; and

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

54           10. The regional ombudsman coordinators and ombudsman volunteers  
55 shall have the authority to report instances of abuse and neglect to the  
56 ombudsman hotline operated by the department.

57           11. If the regional ombudsman coordinator or volunteer finds that a  
58 nursing home administrator is not willing to work with the ombudsman program  
59 to resolve complaints, the state ombudsman shall be notified. The department  
60 shall establish procedures by rule in accordance with chapter 536 for  
61 implementation of this subsection.

62           12. The office shall prepare and distribute to each facility written notices  
63 which set forth the address and telephone number of the office, a brief  
64 explanation of the function of the office, the procedure to follow in filing a  
65 complaint and other pertinent information.

66           13. The administrator of each facility shall ensure that such written  
67 notice is given to every resident or the resident's guardian upon admission to the  
68 facility and to every person already in residence, or to his or her guardian. The  
69 administrator shall also post such written notice in a conspicuous, public place  
70 in the facility in the number and manner set forth in the regulations adopted by  
71 the department.

72           14. The office shall inform residents, their guardians or their families of  
73 their rights and entitlements under state and federal laws and rules and

74 regulations by means of the distribution of educational materials and group  
75 meetings.

195.070. 1. A physician, podiatrist, dentist, a registered optometrist  
2 certified to administer pharmaceutical agents as provided in section 336.220, or  
3 an assistant physician in accordance with section 334.037 or a physician assistant  
4 in accordance with section 334.747 in good faith and in the course of his or her  
5 professional practice only, may prescribe, administer, and dispense controlled  
6 substances or he or she may cause the same to be administered or dispensed by  
7 an individual as authorized by statute.

8 2. An advanced practice registered nurse, as defined in section 335.016,  
9 but not a certified registered nurse anesthetist as defined in subdivision (8) of  
10 section 335.016, who holds a certificate of controlled substance prescriptive  
11 authority from the board of nursing under section 335.019 and who is delegated  
12 the authority to prescribe controlled substances under a collaborative practice  
13 arrangement under section 334.104 may prescribe any controlled substances  
14 listed in Schedules III, IV, and V of section 195.017, and may have restricted  
15 authority in Schedule II. Prescriptions for Schedule II medications prescribed by  
16 an advanced practice registered nurse who has a certificate of controlled  
17 substance prescriptive authority are restricted to only those medications  
18 containing hydrocodone. However, no such certified advanced practice registered  
19 nurse shall prescribe controlled substance for his or her own self or  
20 family. Schedule III narcotic controlled substance and Schedule II - hydrocodone  
21 prescriptions shall be limited to a one hundred twenty-hour supply without refill.

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

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

30 **(1) When the controlled substance is delivered to the practitioner**  
31 **to administer to the patient for whom the medication is prescribed as**  
32 **authorized by federal law. Practitioners shall maintain records and**  
33 **secure the medication as required by this chapter and regulations**  
34 **promulgated pursuant to this chapter; or**

35           **(2)** As provided in section 195.265.

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

**195.805. 1. No edible marijuana-infused product sold in Missouri**  
2 **pursuant to Article XIV of the Missouri Constitution shall be designed,**  
3 **produced, or marketed in a manner that is designed to appeal to**  
4 **persons under eighteen years of age, including, but not limited to, the**  
5 **following:**

6           **(1) Candies, including gummies, lollipops, cotton candy, or any**  
7 **product using the word "candy" or "candies" on the label; or**

8           **(2) Products in the shape of a human, animal, or fruit, including**  
9 **realistic, artistic, caricature, or cartoon renderings. However,**  
10 **geometric shapes, including, but not limited to, circles, squares,**  
11 **rectangles, and triangles, shall be permitted.**

12           **2. Any licensed or certified entity regulated by the department**  
13 **of health and senior services pursuant to Article XIV of the Missouri**  
14 **Constitution found to have violated the provisions of this section shall**  
15 **be subject to department sanctions, including an administrative**  
16 **penalty, in accordance with the regulations promulgated by the**  
17 **department pursuant to Article XIV of the Missouri Constitution.**

18           **3. Each individually wrapped edible marijuana-infused product**  
19 **containing any amount of tetrahydrocannabinols (THC) shall be**  
20 **stamped or the package or wrapping otherwise labeled with a diamond**  
21 **containing the letters "THC" and the number of milligrams of THC in**  
22 **that individually wrapped product.**

23           **4. The department shall promulgate rules and regulations**  
24 **regarding edible marijuana-infused products designed to appeal to**  
25 **persons under eighteen years of age, as well as promulgate rules and**  
26 **regulations to establish a process by which a licensed or certified**  
27 **entity may seek approval of an edible product design, package, or label**  
28 **prior to such product's manufacture or sale in order to determine**  
29 **compliance with the provisions of this section and any rules**  
30 **promulgated pursuant to this section. Any rule or portion of a rule, as**  
31 **that term is defined in section 536.010 that is created under the**  
32 **authority delegated in this section shall become effective only if it**  
33 **complies with and is subject to all of the provisions of chapter 536 and,**  
34 **if applicable, section 536.028. This section and chapter 536 are**

35 nonseverable and if any of the powers vested with the general assembly  
36 pursuant to chapter 536 to review, to delay the effective date, or to  
37 disapprove and annul a rule are subsequently held unconstitutional,  
38 then the grant of rulemaking authority and any rule proposed or  
39 adopted after August 28, 2020, shall be invalid and void.

195.830. 1. The department of health and senior services shall  
2 require all officers, managers, contractors, employees, and other  
3 support staff of licensed or certified medical marijuana facilities, and  
4 all owners of such medical marijuana facilities who will have access to  
5 the facilities or to the facilities' medical marijuana, to submit  
6 fingerprints to the Missouri state highway patrol for the purpose of  
7 conducting a state and federal fingerprint-based criminal background  
8 check.

9 2. The department may require that such fingerprint submissions  
10 be made as part of a medical marijuana facility application for  
11 licensure or certification, a medical marijuana facility application for  
12 renewal of licensure or certification, and an individual's application for  
13 an identification card authorizing that individual to be an owner,  
14 officer, manager, contractor, employee, or other support staff of a  
15 medical marijuana facility.

16 3. Fingerprint cards and any required fees shall be sent to the  
17 Missouri state highway patrol's central repository. The fingerprints  
18 shall be used for searching the state criminal records repository and  
19 shall also be forwarded to the Federal Bureau of Investigation for a  
20 federal criminal records search under section 43.540. The Missouri  
21 state highway patrol shall notify the department of any criminal  
22 history record information or lack of criminal history record  
23 information discovered on the individual. Notwithstanding the  
24 provisions of section 610.120 to the contrary, all records related to any  
25 criminal history information discovered shall be accessible and  
26 available to the department.

27 4. For purposes of this section, a "medical marijuana facility"  
28 shall include a medical marijuana cultivation facility, a medical  
29 marijuana dispensary facility, a medical marijuana-infused products  
30 manufacturing facility, and a medical marijuana testing facility, as  
31 such terms are defined in Section 1 of Article XIV of the Missouri  
32 Constitution, or any facility licensed or certified by the department

**33 under the authority of Article XIV.**

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

2 (1) "Administer", the direct application of an epinephrine auto-injector to  
3 the body of an individual;

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

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

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

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

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

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

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

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

34 (1) Expected epinephrine auto-injector users receive training in  
35 recognizing symptoms of severe allergic reactions including anaphylaxis and the



36 use of epinephrine auto-injectors from a nationally recognized organization  
37 experienced in training laypersons in emergency health treatment or another  
38 entity or person approved by the department of health and senior services;

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

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

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

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

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

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

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

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

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

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

71 Such immunity does not apply to acts or omissions constituting a reckless

72 disregard for the safety of others or willful or wanton conduct. The  
73 administration of an epinephrine auto-injector in accordance with this section  
74 shall not be considered the practice of medicine. The immunity from liability  
75 provided under this subsection is in addition to and not in lieu of that provided  
76 under section 537.037. An authorized entity located in this state shall not be  
77 liable for any injuries or related damages that result from the provision or  
78 administration of an epinephrine auto-injector by its employees or agents outside  
79 of this state if the entity or its employee or agent is not liable for such injuries  
80 or related damages under the laws of the state in which such provision or  
81 administration occurred. No trained person who is in compliance with this  
82 section and who in good faith and exercising reasonable care fails to administer  
83 an epinephrine auto-injector shall be liable for such failure.

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

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

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

**196.1050. 1. The proceeds of any monetary settlement or portion  
2 of a global settlement between the attorney general of the state and any  
3 drug manufacturers, distributors, or combination thereof to resolve an  
4 opioid-related cause of action against such drug manufacturers,  
5 distributors, or combination thereof in a state or federal court shall  
6 only be utilized to pay for opioid addiction treatment and prevention  
7 services and health care and law enforcement costs related to opioid  
8 addiction treatment and prevention. Under no circumstances shall  
9 such settlement moneys be utilized to fund other services, programs, or  
10 expenses not reasonably related to opioid addiction treatment and  
11 prevention.**

12         **2. (1) There is hereby established in the state treasury the  
13 "Opioid Addiction Treatment and Recovery Fund", which shall consist  
14 of the proceeds of any settlement described in subsection 1 of this  
15 section, as well as any funds appropriated by the general assembly, or  
16 gifts, grants, donations, or bequests. The state treasurer shall be  
17 custodian of the fund. In accordance with sections 30.170 and 30.180,**

18 the state treasurer may approve disbursements. The fund shall be a  
19 dedicated fund and money in the fund shall be used by the department  
20 of mental health, the department of health and senior services, the  
21 department of social services, and the department of public safety for  
22 the 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 biennium**  
25 **shall not revert to the credit of the general revenue fund.**

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

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

3 (1) Supervising their personal care attendant;  
4 (2) Verifying wages to be paid to the personal care attendant;  
5 (3) Preparing and submitting time sheets, signed by both the consumer  
6 and personal care attendant, to the vendor on a biweekly basis;

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

10 (5) Reporting any problems resulting from the quality of services rendered  
11 by the personal care attendant to the vendor. If the consumer is unable to resolve  
12 any problems resulting from the quality of service rendered by the personal care  
13 attendant with the vendor, the consumer shall report the situation to the  
14 department; [and]

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

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

20 **(8) Report to the department significant changes in their health**  
21 **and ability to self-direct care.**

22 2. Participating vendors shall be responsible for:

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

25 (2) The Medicaid reimbursement process, including the filing of claims

26 and reporting data to the department as required by rule;

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

29 (4) Monitoring the performance of the personal care assistance services  
30 plan. **Such monitoring shall occur during the annual face-to-face home**  
31 **visit under section 208.918. The vendor shall document whether**  
32 **services are being provided to the consumer as set forth in the plan of**  
33 **care. If the attendant was not providing services as set forth in the**  
34 **plan of care, the vendor shall notify the department and the**  
35 **department may suspend services to the consumer; and**

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

38 3. No state or federal financial assistance shall be authorized or expended  
39 to pay for services provided to a consumer under sections 208.900 to 208.927, if  
40 the primary benefit of the services is to the household unit, or is a household task  
41 that the members of the consumer's household may reasonably be expected to  
42 share or do for one another when they live in the same household, unless such  
43 service is above and beyond typical activities household members may reasonably  
44 provide for another household member without a disability.

45 4. No state or federal financial assistance shall be authorized or expended  
46 to pay for personal care assistance services provided by a personal care attendant  
47 who has not undergone the background screening process under section 192.2495.  
48 If the personal care attendant has a disqualifying finding under section 192.2495,  
49 no state or federal assistance shall be made, unless a good cause waiver is first  
50 obtained from the department in accordance with section 192.2495.

51 5. (1) All vendors shall, by July 1, 2015, have, maintain, and use a  
52 telephone tracking system for the purpose of reporting and verifying the delivery  
53 of consumer-directed services as authorized by the department of health and  
54 senior services or its designee. [Use of such a system prior to July 1, 2015, shall  
55 be voluntary.] The telephone tracking system shall be used to process payroll for  
56 employees and for submitting claims for reimbursement to the MO HealthNet  
57 division. At a minimum, the telephone tracking system shall:

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

59 (b) Record the exact time the services begin and exact time the services  
60 end;

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

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

64 (e) Require a personal identification number unique to each personal care  
65 attendant;

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

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

72 (2) [The department of health and senior services, in collaboration with  
73 other appropriate agencies, including centers for independent living, shall  
74 establish telephone tracking system pilot projects, implemented in two regions of  
75 the state, with one in an urban area and one in a rural area. Each pilot project  
76 shall meet the requirements of this section and section 208.918. The department  
77 of health and senior services shall, by December 31, 2013, submit a report to the  
78 governor and general assembly detailing the outcomes of these pilot projects. The  
79 report shall take into consideration the impact of a telephone tracking system on  
80 the quality of the services delivered to the consumer and the principles of  
81 self-directed care.

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

85 [(4)] (3) The department of health and senior services shall promulgate  
86 by rule the minimum necessary criteria of the telephone tracking system. Any  
87 rule or portion of a rule, as that term is defined in section 536.010, that is created  
88 under the authority delegated in this section shall become effective only if it  
89 complies with and is subject to all of the provisions of chapter 536 and, if  
90 applicable, section 536.028. This section and chapter 536 are nonseverable and  
91 if any of the powers vested with the general assembly pursuant to chapter 536 to  
92 review, to delay the effective date, or to disapprove and annul a rule are  
93 subsequently held unconstitutional, then the grant of rulemaking authority and  
94 any rule proposed or adopted after August 28, 2010, shall be invalid and void.

95 [6. In the event that a consensus between centers for independent living  
96 and representatives from the executive branch cannot be reached, the telephony  
97 report issued to the general assembly and governor shall include a minority

98 report which shall detail those elements of substantial dissent from the main  
99 report.

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

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

6 (1) Orientation of consumers concerning the responsibilities of being an  
7 employer[,] **and** supervision of personal care attendants including the  
8 preparation and verification of time sheets. **Such orientation shall include**  
9 **notifying customers that falsification of attendant visit verification**  
10 **records shall be considered fraud and shall be reported to the**  
11 **department. Such orientation shall take place in the presence of the**  
12 **personal care attendant, to the fullest extent possible;**

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

15 (3) Maintenance of a list of persons eligible to be a personal care  
16 attendant;

17 (4) Processing of inquiries and problems received from consumers and  
18 personal care attendants;

19 (5) Ensuring the personal care attendants are registered with the family  
20 care safety registry as provided in sections 210.900 to [210.937] **210.936**; and

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

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

25 (1) Demonstrate sound fiscal management as evidenced on accurate  
26 quarterly financial reports and **an annual financial statement** audit [submitted  
27 to the department] **performed by a certified public accountant if the**  
28 **vendor's annual gross revenue is two hundred thousand dollars or more**  
29 **or, if the vendor's annual gross revenue is less than two hundred**  
30 **thousand dollars, an annual financial statement audit or annual**  
31 **financial statement review performed by a certified public**



32 **accountant. Such reports, audits, and reviews shall be completed and**  
33 **made available upon request to the department; [and]**

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

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

39 (a) **The department of health and senior services shall**  
40 **promulgate by rule a consumer-directed services division provider**  
41 **certification manager course; and**

42 (b) **The vendor shall perform ongoing monitoring of the**  
43 **provision of services in the plan of care and shall assess the quality of**  
44 **care being delivered. Such monitoring shall include at least one annual**  
45 **face-to-face visit and may include electronic monitoring, telephone**  
46 **checks, written case notes, or other department-approved**  
47 **methods. The ongoing monitoring shall not preclude the vendor's**  
48 **responsibility of ongoing diligence of case management activity**  
49 **oversight;**

50 (4) Comply with all provisions of sections 208.900 to 208.927, and the  
51 regulations promulgated thereunder; **and**

52 (5) **Maintain a business location which shall comply with any and**  
53 **all applicable city, county, state, and federal requirements.**

54 **3. No state or federal funds shall be authorized or expended to**  
55 **pay for personal care assistance services under sections 208.900 to**  
56 **208.927 if any direct employee of the consumer-directed services vendor**  
57 **conducts the face-to-face home visit of a consumer for whom such**  
58 **employee is also the personal care attendant, unless such person**  
59 **provides services solely on a temporary basis on no more than three**  
60 **days in a thirty-day period.**

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

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

7 (2) The consumer has falsified records; **provided false information of**

8 **his or her condition, functional capacity, or level of care needs; or**  
9 **committed fraud;**

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

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

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

18 (6) **The personal care attendant is not providing services as set forth in**  
19 **the personal care assistance services plan and attempts to remedy the situation**  
20 **have been unsuccessful.**

21 **2. The personal care attendant shall report to the department if**  
22 **he or she witnesses significant deterioration of the health of the**  
23 **consumer or if he or she has a belief that the consumer is no longer**  
24 **capable of self-directed care.**

**208.935. Subject to appropriations, the department of health and**  
2 **senior services shall develop, or contract with a state agency or third**  
3 **party to develop an interactive assessment tool, which may include**  
4 **mobile as well as centralized functionality, for utilization when**  
5 **implementing the assessment and authorization process for MO**  
6 **HealthNet home and community-based services authorized by the**  
7 **division of senior and disability services.**

**321.621. 1. For the purposes of this section, "qualified first**  
2 **responder" shall mean any state and local law enforcement agency staff,**  
3 **fire department personnel, fire district personnel, or licensed**  
4 **emergency medical technician who is acting under the directives and**  
5 **established protocols of a medical director of a local licensed ground**  
6 **ambulance service licensed under section 190.109 who comes in contact**  
7 **with a person suffering from an anaphylactic reaction and who has**  
8 **received training in recognizing and responding to anaphylactic**  
9 **reactions and the administration of epinephrine auto-injector devices**  
10 **to a person suffering from an apparent anaphylactic**  
11 **reaction. "Qualified first responder agencies" shall mean any state or**  
12 **local law enforcement agency, fire department, or ambulance service**

13 that provides documented training to its staff related to the  
14 administration of epinephrine auto-injector devices in an apparent  
15 anaphylactic reaction.

16 2. The department of health and senior services shall issue  
17 epinephrine auto-injector devices for adult patients to fire protection  
18 districts in nonmetropolitan areas in Missouri as such areas are  
19 determined according to the United States Census Bureau's American  
20 Community Survey, based on the most recent of five-year period  
21 estimate data in which the final year of the estimate ends in either zero  
22 or five.

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

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

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

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

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

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

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

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

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

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

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

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

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

- 10           (1) Class A: Community/ambulatory;
- 11           (2) Class B: Hospital pharmacy;
- 12           (3) Class C: Long-term care;
- 13           (4) Class D: Nonsterile compounding;
- 14           (5) Class E: Radio pharmaceutical;
- 15           (6) Class F: Renal dialysis;
- 16           (7) Class G: Medical gas;
- 17           (8) Class H: Sterile product compounding;
- 18           (9) Class I: Consultant services;
- 19           (10) Class J: Shared service;

- 20 (11) Class K: Internet;  
21 (12) Class L: Veterinary;  
22 (13) Class M: Specialty (bleeding disorder);  
23 (14) Class N: Automated dispensing system (health care facility);  
24 (15) Class O: Automated dispensing system (ambulatory care);  
25 (16) Class P: Practitioner office/clinic;  
26 **(17) Class Q: Charitable pharmacy.**

27 2. Application for such permit or license shall be made upon a form  
28 furnished to the applicant; shall contain a statement that it is made under oath  
29 or affirmation and that its representations are true and correct to the best  
30 knowledge and belief of the person signing same, subject to the penalties of  
31 making a false affidavit or declaration; and shall be accompanied by a permit or  
32 license fee. The permit or license issued shall be renewable upon payment of a  
33 renewal fee. Separate applications shall be made and separate permits or  
34 licenses required for each pharmacy opened, established, operated, or maintained  
35 by the same owner.

36 3. All permits, licenses or renewal fees collected pursuant to the  
37 provisions of sections 338.210 to 338.370 shall be deposited in the state treasury  
38 to the credit of the Missouri board of pharmacy fund, to be used by the Missouri  
39 board of pharmacy in the enforcement of the provisions of sections 338.210 to  
40 338.370, when appropriated for that purpose by the general assembly.

41 4. Class L: veterinary permit shall not be construed to prohibit or  
42 interfere with any legally registered practitioner of veterinary medicine in the  
43 compounding, administering, prescribing, or dispensing of their own  
44 prescriptions, or medicine, drug, or pharmaceutical product to be used for  
45 animals.

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

49 6. A "class B hospital pharmacy" shall be defined as a pharmacy owned,  
50 managed, or operated by a hospital as defined by section 197.020 or a clinic or  
51 facility under common control, management or ownership of the same hospital or  
52 hospital system. This section shall not be construed to require a class B hospital  
53 pharmacy permit or license for hospitals solely providing services within the  
54 practice of pharmacy under the jurisdiction of, and the licensure granted by, the  
55 department of health and senior services under and pursuant to chapter 197.

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

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

3           (1) "Claimant", any individual, corporation, association, partnership or  
4 other legal entity asserting a right to payment arising out of a contract or a  
5 contingency or loss covered under a health benefit plan as defined in section  
6 376.1350;

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

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

12          (4) "Health care provider", health care provider as defined in section  
13 376.1350;

14          (5) "Health care services", health care services as defined in section  
15 376.1350;

16          (6) "Health carrier", health carrier as defined in section 376.1350 and any  
17 self-insured health plan, to the extent allowed by federal law; except that health  
18 carrier shall not include a workers' compensation carrier providing benefits to an  
19 employee pursuant to chapter 287. For the purposes of this section and section  
20 376.384, third-party contractors are health carriers;

21          (7) "Processing days", number of days the health carrier or any of its  
22 agents, subsidiaries, contractors, subcontractors, or third-party contractors has  
23 the claim in its possession. Processing days shall not include days in which the  
24 health carrier is waiting for a response to a request for additional information  
25 from the claimant;

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

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

32           2. Within forty-eight hours after receipt of an electronically filed claim by



33 a health carrier or a third-party contractor, a health carrier shall send an  
34 electronic acknowledgment of the date of receipt.

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

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

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

40 If the claim is a clean claim, then the health carrier shall pay or deny the claim.

41 If the claim requires additional information, the health carrier shall include in  
42 the notice a request for additional information. If a health carrier pays the claim,  
43 this subsection shall not apply.

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

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

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

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

55 6. **(1)** If the health carrier has not paid the claimant on or before the  
56 forty-fifth processing day from the date of receipt of the claim, the health carrier  
57 shall pay the claimant one percent interest per month and a penalty in an  
58 amount equal to one percent of the claim per day. The interest and penalty shall  
59 be calculated based upon the unpaid balance of the claim as of the forty-fifth  
60 processing day. The interest and penalty paid pursuant to this subsection shall  
61 be included in any late reimbursement without the necessity for the person that  
62 filed the original claim to make an additional claim for that interest and penalty.  
63 A health carrier may combine interest payments and make payment once the  
64 aggregate amount reaches one hundred dollars. **Any claim or portion of a**  
65 **claim subject to interest and penalties under this section where the**  
66 **amount owed by a health carrier to a claimant exceeds ten thousand**  
67 **dollars for such claim, interest and penalties shall accrue for no more**  
68 **than one hundred days, unless the claimant makes a separate demand**

69 for payment of the claim after the interest and penalties begin to  
70 accrue and prior to the ninetieth day interest and penalties have  
71 accrued.

72 (2) Any claim or portion of a claim which has been properly denied  
73 before the forty-fifth processing day under this section and section 376.384 shall  
74 not be subject to interest or penalties. For a claim or any portion of such  
75 claim that was denied before the forty-fifth processing day, interest and  
76 penalties shall begin to accrue beginning on the date the first appeal  
77 is filed by the claimant with the health carrier until such claim is paid,  
78 if the claim or portion of the claim is approved. If any appeal filed  
79 with the health carrier does not result in the disputed claim or portion  
80 of such claim being approved for payment to the claimant, and a  
81 petition is filed in a court of competent jurisdiction to recover payment  
82 of all or part of such claim, interest and penalties shall continue to  
83 accrue for no more than one hundred days from the day the first appeal  
84 was filed by the claimant with the health carrier, and such interest and  
85 penalties shall [cease] continue to accrue [on the day] ten days after [a petition  
86 is filed in] a court of competent jurisdiction [to recover payment of such claim]  
87 finds that the claim or portion of the claim shall be paid to the  
88 claimant. Upon a finding by a court of competent jurisdiction that the health  
89 carrier failed to pay a claim, interest, or penalty without good cause, the court  
90 shall enter judgment for reasonable attorney fees for services necessary for  
91 recovery. Upon a finding that a health care provider filed suit without reasonable  
92 grounds to recover a claim, the court shall award the health carrier reasonable  
93 attorney fees necessary to the defense.

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

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

100 9. Denial of a claim shall be communicated to the claimant and shall  
101 include the specific reason why the claim was denied. Any claim for which the  
102 health carrier has not communicated a specific reason for the denial shall not be  
103 considered denied under this section or section 376.384.

104 10. Requests for additional information shall specify all of the

105 documentation and additional information that is necessary to process all of the  
106 claim, or all of the claims on a multi-claim form, as a clean claim for  
107 payment. Information requested shall be reasonable and pertain solely to the  
108 health carrier's liability. The health carrier shall acknowledge receipt of the  
109 requested additional information to the claimant within five calendar days or pay  
110 the claim.

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

2 (1) "Covered person", the same meaning as such term is defined in section  
3 376.1257;

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

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

8 (4) **"Pharmacy", the same meaning as such term is defined in  
9 chapter 338;**

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

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

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

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

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

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

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

35           6. **A pharmacy benefits manager shall notify in writing any**  
36 **health carrier or pharmacy with which it contracts if the pharmacy**  
37 **benefits manager has a potential conflict of interest, including, but not**  
38 **limited to, any commonality of ownership, or any other relationship,**  
39 **financial or otherwise, between the pharmacy benefits manager and**  
40 **any other health carrier or pharmacy with which the pharmacy**  
41 **benefits manager contracts.**

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

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

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

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

7           2. No entity subject to the jurisdiction of this state shall act as  
8 a pharmacy benefits manager without a license issued by the  
9 department. The department shall establish by rule the application  
10 process and license fee for pharmacy benefits managers.

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

14           (1) Violation of the laws or regulations of any state or of the  
15 United States, where the offense is reasonably related to the  
16 qualifications, functions, or duties of a pharmacy benefit manager,  
17 including, but not limited to, where an essential element of the offense  
18 is fraud, dishonesty, or an act of violence, or where the offense involves  
19 moral turpitude, or where the offense involves failure to comply with  
20 a requirement of this chapter, whether or not sentence or penalty is  
21 imposed;

22           (2) Use of fraud, deception, misrepresentation, or bribery for any  
23 reason;

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

26           **(4) Incompetence, misconduct, gross negligence, or dishonesty in**  
27 **the performance of the functions or duties of a pharmacy benefits**  
28 **manager or other regulated profession or activity; or**

29           **(5) Disciplinary action taken against the holder of a license or**  
30 **other right to practice as a pharmacy benefits manager or other**  
31 **regulated profession.**

32 **After the filing of such complaint, the proceedings shall be conducted**  
33 **in accordance with the provisions of chapter 621. Upon a finding by**  
34 **the administrative hearing commission that grounds provided in this**  
35 **subsection for disciplinary action are met, the department may, singly**  
36 **or in combination, censure or place the person named in the complaint**  
37 **on probation with such terms and conditions as the department deems**  
38 **appropriate for a period not to exceed five years, or may suspend, for**  
39 **a period not to exceed three years, or revoke the license, certificate, or**  
40 **permit. An individual whose license has been revoked shall wait at**  
41 **least one year from the date of revocation to apply for**  
42 **relicensure. Relicensure shall be at the discretion of the department.**

376.945. 1. The department shall, as a condition of the issuance of a  
2 certificate of authority pursuant to section 376.935, require that the provider  
3 establish a reserve of an amount equal to at least fifty percent of any entrance fee  
4 paid by the first occupant of a living unit under a life care contract. The reserve  
5 shall be maintained by the provider on a current basis, in escrow with a bank,  
6 trust company, or other escrow agent approved by the department. [Such] **The**  
7 **entire amount of such** reserve shall be amortized and earned by **and**  
8 **available for release to** the provider at the rate of one percent per month on  
9 the balance of the reserve, provided, however, that at no time shall the entrance  
10 fee reserve together with all interest earned thereon total less than an amount  
11 equal to one [and one-half times the percentage] **hundred percent** of the annual  
12 long-term debt principal and interest payments of the provider applicable only to  
13 living units occupied under life care contracts. Such portion of each entrance fee  
14 as is necessary to maintain the entrance fee reserve as set forth herein shall be  
15 paid to the reserve fund for the second and all subsequent occupancies of a living  
16 unit occupied under a life care contract. **The requirements of this subsection**  
17 **may be met in whole or in part by other reserve funds held for the**  
18 **purpose of meeting loan obligations, provided that the total amount**  
19 **equals or exceeds the amount required under this subsection.**

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

24           **3. All reserve funds held under subsections 1 or 2 of this section**  
25 shall be held in liquid assets consisting of federal government or other  
26 marketable securities, deposits, or accounts insured by the federal government.

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

376.1578. 1. Within two working days after receipt of a [faxed or mailed  
2 completed] **credentialing** application, the health carrier shall send a notice of  
3 receipt to the practitioner. A health carrier shall provide access to a provider web  
4 portal that allows the practitioner to receive notice of the status of an  
5 electronically submitted application.

6           **2. If a health carrier determines the application is not a**  
7 **completed application, the health carrier shall have ten days from the**  
8 **date the notice of receipt was sent as required in subsection 1 of this**  
9 **section to request any additional information from the**  
10 **practitioner. The application shall be considered a completed**  
11 **application upon receipt of the requested additional information from**  
12 **the practitioner. Within two working days of receipt of the requested**  
13 **additional information, the health carrier shall send a notice to the**  
14 **practitioner informing him or her that he or she has submitted a**  
15 **completed application. If the health carrier does not request additional**  
16 **information, the application shall be deemed completed as of the date**  
17 **the notice of receipt was sent as required under subsection 1 of this**  
18 **section.**

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

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



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

30           (3) Had the practitioner's hospital admitting or surgical privileges or other  
31 organizational credentials or authority to practice revoked, restricted, or  
32 suspended based on the practitioner's clinical performance; or

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

35           **4. If a practitioner's application is approved, the health carrier**  
36 **shall provide payments for covered patient care services delivered by**  
37 **the practitioner during the credentialing period if the provision of**  
38 **services were on behalf of an entity that had a contract with such**  
39 **health carrier during the credentialing period. The contracted entity**  
40 **for which the practitioner is providing services shall submit to the**  
41 **health carrier all claims for services provided by such practitioner**  
42 **during the credentialing period within six months after the health**  
43 **carrier has approved that practitioner's credentialing**  
44 **application. Claims submitted for reimbursement under this section**  
45 **shall be sent to the carrier by the provider in a single request or as few**  
46 **requests as practical subject to any technical constraints or other**  
47 **issues out of the contracted provider's control. "Credentialing period"**  
48 **shall mean the time between the date the practitioner submits a**  
49 **completed application to the health carrier to be credentialed and the**  
50 **date the practitioner's credentialing is approved by the health carrier.**

51           **5. A health carrier shall not require a practitioner to be**  
52 **credentialed in order to receive payments for covered patient care**  
53 **services if the practitioner is providing patient care services on behalf**  
54 **of an absent credentialed practitioner during a temporary period of**  
55 **time not to exceed sixty days. Any practitioner authorized to receive**  
56 **payments for covered services under this section shall provide notice**  
57 **to the health carrier, including, but not limited to, name, medical**  
58 **license information, estimated duration of absence, and practitioner's**  
59 **name and medical license information providing coverage for such**  
60 **absent credentialed practitioner. A health carrier may deny payments**  
61 **if the practitioner providing services in lieu of the credentialed**  
62 **provider meets one of the conditions in subdivisions (1) to (4) of**  
63 **subsection 3 of this section.**

64           **6. All claims eligible for payment under subsection 4 or 5 of this**

65 section shall be subject to section 376.383.

66           7. For the purposes of this section, "covered health services" shall  
67 mean any services provided by a practitioner that would otherwise be  
68 covered if provided by a credentialed provider.

69           [3.] 8. The department of commerce and insurance shall establish a  
70 mechanism for reporting alleged violations of this section to the department.

          Section B. Because immediate action is necessary to ensure that all  
2 owners, officers, managers, contractors, employees, and other support staff of  
3 medical marijuana facilities be subjected to state and federal fingerprint-based  
4 criminal background checks to insure the integrity of the Missouri medical  
5 marijuana industry, the enactment of section 195.830 of this act is deemed  
6 necessary for the immediate preservation of the public health, welfare, peace, and  
7 safety, and is hereby declared to be an emergency act within the meaning of the  
8 constitution, and the enactment of section 195.830 of this act shall be in full force  
9 and effect on July 1, 2020, or upon its passage and approval, whichever occurs  
10 later.

Bill ✓

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