

CONFERENCE COMMITTEE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

SENATE SUBSTITUTE

FOR

SENATE BILL NO. 690

AN ACT

To repeal sections 170.047, 170.048, 173.1200, 190.100, 190.101, 190.103, 190.176, 190.200, 190.241, 190.243, 190.245, 191.500, 191.515, 191.520, 191.525, 191.743, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 195.206, 196.866, 196.868, 197.100, 197.256, 197.258, 197.400, 197.415, 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 208.030, 208.798, 210.921, 301.020, 302.171, 334.530, 334.655, 335.230, 335.257, 345.015, 345.025, 345.050, 376.427, 376.1575, 376.1800, 579.040, 579.076, and 632.305, RSMo, and to enact in lieu thereof eighty-eight new sections relating to health care, with penalty provisions and an emergency clause for a certain section.

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

Section A. Sections 170.047, 170.048, 173.1200, 190.100,
 2 190.101, 190.103, 190.176, 190.200, 190.241, 190.243, 190.245,
 3 191.500, 191.515, 191.520, 191.525, 191.743, 192.2225, 194.210,
 4 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304,
 5 195.206, 196.866, 196.868, 197.100, 197.256, 197.258, 197.400,
 6 197.415, 197.445, 198.006, 198.022, 198.026, 198.036, 198.525,
 7 198.526, 198.545, 208.030, 208.798, 210.921, 301.020, 302.171,
 8 334.530, 334.655, 335.230, 335.257, 345.015, 345.025, 345.050,
 9 376.427, 376.1575, 376.1800, 579.040, 579.076, and 632.305,
 10 RSMo, are repealed and eighty-eight new sections enacted in

11 lieu thereof, to be known as sections 9.236, 9.347, 9.364,
12 9.365, 135.690, 167.625, 170.047, 170.048, 173.1200, 190.100,
13 190.101, 190.103, 190.176, 190.200, 190.241, 190.243, 190.245,
14 190.257, 191.500, 191.515, 191.520, 191.525, 191.1400,
15 191.2290, 192.2225, 194.210, 194.255, 194.265, 194.285,
16 194.290, 194.297, 194.299, 194.304, 194.321, 195.206, 196.1170,
17 197.100, 197.256, 197.258, 197.400, 197.415, 197.445, 198.006,
18 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 198.640,
19 198.642, 198.644, 198.646, 198.648, 208.030, 208.184, 208.798,
20 210.921, 217.940, 217.941, 217.942, 217.943, 217.944, 217.945,
21 217.946, 217.947, 301.020, 302.171, 332.325, 334.530, 334.655,
22 335.230, 335.257, 338.061, 345.015, 345.022, 345.025, 345.050,
23 345.052, 345.085, 376.427, 376.1575, 376.1800, 579.040,
24 579.076, 630.202, 630.1150, and 632.305, to read as follows:

2 9.236. The third full week in September of each year
3 shall be known and designated as "Sickle Cell Awareness
4 Week". Sickle cell disease is a genetic disease in which a
5 person's body produces abnormally shaped red blood cells
6 that resemble a crescent and that do not last as long as
7 normal round red blood cells, which leads to anemia. It is
8 recommended to the people of the state that the week be
9 appropriately observed through activities that will increase
10 awareness of sickle cell disease and efforts to improve
11 treatment options for patients.

2 9.347. The month of October is hereby designated as
3 "Substance Abuse Awareness and Prevention Month" in
4 Missouri. Citizens of this state are encouraged to
5 participate in appropriate events and activities to raise
6 awareness about the dangers of substance abuse and the need
7 to expand outreach and educational efforts.

2 9.364. April 11 through April 17 of each year is
3 hereby designated as "Black Maternal Health Week". The
4 citizens of this state are encouraged to engage in

4 appropriate events and activities to commemorate black
5 maternal health.

9.365. The month of April of each year is hereby
2 designated as "Minority Health Month". The citizens of this
3 state are encouraged to engage in appropriate events and
4 activities to commemorate minority health month.

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

3 (1) "Community-based faculty preceptor", a physician
4 or physician assistant who is licensed in Missouri and
5 provides preceptorships to Missouri medical students or
6 physician assistant students without direct compensation for
7 the work of precepting;

8 (2) "Department", the Missouri department of health
9 and senior services;

10 (3) "Division", the division of professional
11 registration of the department of commerce and insurance;

12 (4) "Medical student", an individual enrolled in a
13 Missouri medical college approved and accredited as
14 reputable by the American Medical Association or the Liaison
15 Committee on Medical Education or enrolled in a Missouri
16 osteopathic college approved and accredited as reputable by
17 the Commission on Osteopathic College Accreditation;

18 (5) "Medical student core preceptorship" or "physician
19 assistant student core preceptorship", a preceptorship for a
20 medical student or physician assistant student that provides
21 a minimum of one hundred twenty hours of community-based
22 instruction in family medicine, internal medicine,
23 pediatrics, psychiatry, or obstetrics and gynecology under
24 the guidance of a community-based faculty preceptor. A
25 community-based faculty preceptor may add together the
26 amounts of preceptorship instruction time separately
27 provided to multiple students in determining whether he or

28 she has reached the minimum hours required under this
29 subdivision, but the total preceptorship instruction time
30 provided shall equal at least one hundred twenty hours in
31 order for such preceptor to be eligible for the tax credit
32 authorized under this section;

33 (6) "Physician assistant student", an individual
34 participating in a Missouri physician assistant program
35 accredited by the Accreditation Review Commission on
36 Education for the Physician Assistant or its successor
37 organization;

38 (7) "Taxpayer", any individual, firm, partner in a
39 firm, corporation, or shareholder in an S corporation doing
40 business in this state and subject to the state income tax
41 imposed under chapter 143, excluding withholding tax imposed
42 under sections 143.191 to 143.265.

43 2. (1) Beginning January 1, 2023, any community-based
44 faculty preceptor who serves as the community-based faculty
45 preceptor for a medical student core preceptorship or a
46 physician assistant student core preceptorship shall be
47 allowed a credit against the tax otherwise due under chapter
48 143, excluding withholding tax imposed under sections
49 143.191 to 143.265, in an amount equal to one thousand
50 dollars for each preceptorship, up to a maximum of three
51 thousand dollars per tax year, if he or she completes up to
52 three preceptorship rotations during the tax year and did
53 not receive any direct compensation for the preceptorships.

54 (2) To receive the credit allowed by this section, a
55 community-based faculty preceptor shall claim such credit on
56 his or her return for the tax year in which he or she
57 completes the preceptorship rotations and shall submit
58 supporting documentation as prescribed by the division and
59 the department.

60 (3) In no event shall the total amount of a tax credit
61 authorized under this section exceed a taxpayer's income tax
62 liability for the tax year for which such credit is
63 claimed. No tax credit authorized under this section shall
64 be allowed a taxpayer against his or her tax liability for
65 any prior or succeeding tax year.

66 (4) No more than two hundred preceptorship tax credits
67 shall be authorized under this section for any one calendar
68 year. The tax credits shall be awarded on a first-come,
69 first-served basis. The division and the department shall
70 jointly promulgate rules for determining the manner in which
71 taxpayers who have obtained certification under this section
72 are able to claim the tax credit. The cumulative amount of
73 tax credits awarded under this section shall not exceed two
74 hundred thousand dollars per year.

75 (5) Notwithstanding the provisions of subdivision (4)
76 of this subsection, the department is authorized to exceed
77 the two hundred thousand dollars per year tax credit program
78 cap in any amount not to exceed the amount of funds
79 remaining in the medical preceptor fund, as established
80 under subsection 3 of this section, as of the end of the
81 most recent tax year, after any required transfers to the
82 general revenue fund have taken place in accordance with the
83 provisions of subsection 3 of this section.

84 3. (1) Funding for the tax credit program authorized
85 under this section shall be generated by the division from a
86 license fee increase of seven dollars per license for
87 physicians and surgeons and from a license fee increase of
88 three dollars per license for physician assistants. The
89 license fee increases shall take effect beginning January 1,
90 2023, based on the underlying license fee rates prevailing
91 on that date. The underlying license fee rates shall be

determined under section 334.090 and all other applicable provisions of chapter 334.

(2) (a) There is hereby created in the state treasury the "Medical Preceptor Fund", which shall consist of moneys collected under this subsection. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, moneys in the fund shall be used solely by the division for the administration of the tax credit program authorized under this section. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the medical preceptor fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

(b) Notwithstanding any provision of this chapter or any other provision of law to the contrary, all revenue from the license fee increases described under subdivision (1) of this subsection shall be deposited in the medical preceptor fund. After the end of every tax year, an amount equal to the total dollar amount of all tax credits claimed under this section shall be transferred from the medical preceptor fund to the state's general revenue fund established under section 33.543. Any excess moneys in the medical preceptor fund shall remain in the fund and shall not be transferred to the general revenue fund.

4. (1) The department shall administer the tax credit program authorized under this section. Each taxpayer claiming a tax credit under this section shall file an application with the department verifying the number of

125 hours of instruction and the amount of the tax credit
126 claimed. The hours claimed on the application shall be
127 verified by the college or university department head or the
128 program director on the application. The certification by
129 the department affirming the taxpayer's eligibility for the
130 tax credit provided to the taxpayer shall be filed with the
131 taxpayer's income tax return.

132 (2) No amount of any tax credit allowed under this
133 section shall be refundable. No tax credit allowed under
134 this section shall be transferred, sold, or assigned. No
135 taxpayer shall be eligible to receive the tax credit
136 authorized under this section if such taxpayer employs
137 persons who are not authorized to work in the United States
138 under federal law.

139 5. The department of commerce and insurance and the
140 department of health and senior services shall jointly
141 promulgate rules to implement the provisions of this
142 section. Any rule or portion of a rule, as that term is
143 defined in section 536.010, that is created under the
144 authority delegated in this section shall become effective
145 only if it complies with and is subject to all of the
146 provisions of chapter 536 and, if applicable, section
147 536.028. This section and chapter 536 are nonseverable, and
148 if any of the powers vested with the general assembly
149 pursuant to chapter 536 to review, to delay the effective
150 date, or to disapprove and annul a rule are subsequently
151 held unconstitutional, then the grant of rulemaking
152 authority and any rule proposed or adopted after August 28,
153 2022, shall be invalid and void.

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

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

4 (1) "Individualized emergency health care plan", a
5 document developed by a school nurse, in consultation with a
6 student's parent and other appropriate medical
7 professionals, that is consistent with the recommendations
8 of the student's health care providers, that describes
9 procedural guidelines that provide specific directions about
10 what to do in a particular emergency situation, and that is
11 signed by the parent and the school nurse or the school
12 administrator or the administrator's designee in the absence
13 of the school nurse;

14 (2) "Individualized health care plan", a document
15 developed by a school nurse, in consultation with a
16 student's parent and other appropriate medical professionals
17 who may be providing epilepsy or seizure disorder care to
18 the student, that is consistent with the recommendations of
19 the student's health care providers, that describes the
20 health services needed by the student at school, and that is
21 signed by the parent and the school nurse or the school
22 administrator or the administrator's designee in the absence
23 of the school nurse;

24 (3) "Parent", a parent, guardian, or other person
25 having charge, control, or custody of a student;

26 (4) "School", any public elementary or secondary
27 school or charter school;

28 (5) "School employee", a person employed by a school;

29 (6) "Student", a student who has epilepsy or a seizure
30 disorder and who attends a school.

31 3. (1) The parent of a student who seeks epilepsy or
32 seizure disorder care while at school shall inform the
33 school nurse or the school administrator or the
34 administrator's designee in the absence of the school
35 nurse. The school nurse shall develop an individualized
36 health care plan and an individualized emergency health care

37 plan for the student. The parent of the student shall
38 annually provide to the school written authorization for the
39 provision of epilepsy or seizure disorder care as described
40 in the individualized plans.

41 (2) The individualized plans developed under
42 subdivision (1) of this subsection shall be updated by the
43 school nurse before the beginning of each school year and as
44 necessary if there is a change in the health status of the
45 student.

46 (3) Each individualized health care plan shall, and
47 each individualized emergency health care plan may, include
48 but not be limited to the following information:

49 (a) A notice about the student's condition for all
50 school employees who interact with the student;

51 (b) Written orders from the student's physician or
52 advanced practice nurse describing the epilepsy or seizure
53 disorder care;

54 (c) The symptoms of the epilepsy or seizure disorder
55 for that particular student and recommended care;

56 (d) Whether the student may fully participate in
57 exercise and sports, and any contraindications to exercise
58 or accommodations that shall be made for that particular
59 student;

60 (e) Accommodations for school trips, after-school
61 activities, class parties, and other school-related
62 activities;

63 (f) Information for such school employees about how to
64 recognize and provide care for epilepsy and seizure
65 disorders, epilepsy and seizure disorder first aid training,
66 when to call for assistance, emergency contact information,
67 and parent contact information;

68 (g) Medical and treatment issues that may affect the
69 educational process of the student;

70 (h) The student's ability to manage, and the student's
71 level of understanding of, the student's epilepsy or seizure
72 disorder; and

73 (i) How to maintain communication with the student,
74 the student's parent and health care team, the school nurse
75 or the school administrator or the administrator's designee
76 in the absence of the school nurse, and the school employees.

77 4. (1) The school nurse assigned to a particular
78 school or the school administrator or the administrator's
79 designee in the absence of the school nurse shall coordinate
80 the provision of epilepsy and seizure disorder care at that
81 school and ensure that all school employees are trained
82 every two years in the care of students with epilepsy and
83 seizure disorders including, but not limited to, school
84 employees working with school-sponsored programs outside of
85 the regular school day, as provided in the student's
86 individualized plans.

87 (2) The training required under subdivision (1) of
88 this subsection shall include an online or in-person course
89 of instruction approved by the department of health and
90 senior services that is provided by a reputable, local,
91 Missouri-based health care or nonprofit organization that
92 supports the welfare of individuals with epilepsy and
93 seizure disorders.

94 5. The school nurse or the school administrator or the
95 administrator's designee in the absence of the school nurse
96 shall obtain a release from a student's parent to authorize
97 the sharing of medical information between the student's
98 physician or advanced practice nurse and other health care
99 providers. The release shall also authorize the school
100 nurse or the school administrator or the administrator's
101 designee in the absence of the school nurse to share medical
102 information with other school employees in the school

103 district as necessary. No sharing of information under this
104 subsection shall be construed to be a violation of the
105 federal Health Insurance Portability and Accountability Act
106 of 1996 (HIPAA) (Pub. L. 104-191), as amended, if a
107 student's parent has provided a release under this
108 subsection.

109 6. No school employee including, but not limited to, a
110 school nurse, a school bus driver, a school bus aide, or any
111 other officer or agent of a school shall be held liable for
112 any good faith act or omission consistent with the
113 provisions of this section, nor shall an action before the
114 state board of nursing lie against a school nurse for any
115 such action taken by a school employee trained in good faith
116 by the school nurse under this section. "Good faith" shall
117 not be construed to include willful misconduct, gross
118 negligence, or recklessness.

170.047. 1. This section shall be known and may be
2 cited as the "Jason Flatt/Avery Reine Cantor Act".

3 2. (1) Beginning in the 2017-18 school year and
4 continuing until the end of the 2022-23 school year, any
5 licensed educator may annually complete up to two hours of
6 training or professional development in youth suicide
7 awareness and prevention as part of the professional
8 development hours required for state board of education
9 certification.

10 (2) Beginning in the 2023-24 school year and
11 continuing in subsequent school years, the practicing
12 teacher assistance programs established under section
13 168.400 may offer and include at least two hours of in-
14 service training provided by each local school district for
15 all practicing teachers in such district regarding suicide
16 prevention. Each school year, all teachers, principals, and
17 licensed educators in each district may attend such training

18 or complete training on suicide prevention through self-
19 review of suicide prevention materials. Attendance at the
20 training shall count as two contact hours of professional
21 development under section 168.021 and shall count as two
22 hours of any other such training required under this section.

23 [2.] 3. The department of elementary and secondary
24 education shall develop guidelines suitable for training or
25 professional development in youth suicide awareness and
26 prevention. The department [shall] may develop materials
27 that may be used for [such] the training [or professional
28 development] described under subsection 2 of this section or
29 may offer districts materials developed by a third party
30 that districts may use for the training.

31 [3.] 4. For purposes of this section, the term
32 "licensed educator" shall refer to any teacher with a
33 certificate of license to teach issued by the state board of
34 education or any other educator or administrator required to
35 maintain a professional license issued by the state board of
36 education.

37 [4.] 5. The department of elementary and secondary
38 education may promulgate rules and regulations to implement
39 this section.

40 [5.] 6. Any rule or portion of a rule, as that term is
41 defined in section 536.010, that is created under the
42 authority delegated in this section shall become effective
43 only if it complies with and is subject to all of the
44 provisions of chapter 536 and, if applicable, section
45 536.028. This section and chapter 536 are nonseverable and
46 if any of the powers vested with the general assembly
47 pursuant to chapter 536 to review, to delay the effective
48 date, or to disapprove and annul a rule are subsequently
49 held unconstitutional, then the grant of rulemaking

50 authority and any rule proposed or adopted after August 28,
51 2016, shall be invalid and void.

170.048. 1. By July 1, 2018, each district shall
2 adopt a policy for youth suicide awareness and prevention,
3 including plans for how the district will provide for the
4 training and education of its district employees.

5 2. Each district's policy shall address and include,
6 but not be limited to, the following:

7 (1) Strategies that can help identify students who are
8 at possible risk of suicide;

9 (2) Strategies and protocols for helping students at
10 possible risk of suicide; and

11 (3) Protocols for responding to a suicide death.

12 3. By July 1, 2017, the department of elementary and
13 secondary education shall develop a model policy that
14 districts may adopt. When developing the model policy, the
15 department shall cooperate, consult with, and seek input
16 from organizations that have expertise in youth suicide
17 awareness and prevention. By July 1, 2021, and at least
18 every three years thereafter, the department shall request
19 information and seek feedback from districts on their
20 experience with the policy for youth suicide awareness and
21 prevention. The department shall review this information
22 and may use it to adapt the department's model policy. The
23 department shall post any information on its website that it
24 has received from districts that it deems relevant. The
25 department shall not post any confidential information or
26 any information that personally identifies any student or
27 school employee.

28 4. (1) Beginning July 1, 2023, a public school or
29 charter school that serves any pupils in grades seven to
30 twelve and that issues pupil identification cards shall have
31 printed on either side of the cards the three-digit dialing

code that directs calls and routes text messages to the
Suicide and Crisis Lifeline, 988.

(2) If, on July 1, 2023, a public school or charter school subject to the requirements of this subsection has a supply of unissued pupil identification cards that do not comply with the requirements of subdivision (1) of this subsection, the school shall issue those cards until that supply is depleted.

(3) Subdivision (1) of this subsection shall apply to a pupil identification card issued for the first time to a pupil and to a card issued to replace a damaged or lost card.

173.1200. 1. Each public institution of higher education shall develop and implement a policy to advise students and staff on suicide prevention programs available on and off campus that includes, but is not limited to:

(1) Crisis intervention access, which includes information for national, state, and local suicide prevention hotlines;

(2) Mental health program access, which provides information on the availability of local mental health clinics, student health services, and counseling services;

(3) Multimedia application access, which includes crisis hotline contact information, suicide warning signs, resources offered, and free-of-cost applications;

(4) Student communication plans, which consist of creating outreach plans regarding educational and outreach activities on suicide prevention; and

(5) Post intervention plans, which include creating a strategic plan to communicate effectively with students, staff, and parents after the loss of a student to suicide.

2. Such policy shall also advise students, faculty, and staff, including residence hall staff, of the proper procedures for identifying and addressing the needs of

23 students exhibiting suicidal tendencies or behavior, and
24 shall provide for training, where appropriate.

25 3. Each public institution of higher education shall
26 provide all incoming students with information about
27 depression and suicide prevention resources available to
28 students. The information provided to students shall
29 include available mental health services and other support
30 services, including student-run organizations for
31 individuals at risk of or affected by suicide.

32 4. The information prescribed by subdivisions (1)
33 through (4) of subsection 1 of this section shall be posted
34 on the website of each institution of higher education in
35 this state.

36 5. Any applicable free-of-cost prevention materials or
37 programs shall be posted on the websites of the public
38 institutions of higher education and the department of
39 higher education and workforce development.

40 6. (1) Each public institution of higher education
41 shall establish and maintain methods of anonymous reporting
42 concerning unsafe, potentially harmful, dangerous, violent,
43 or criminal activities, or the threat of such activities.

44 (2) Such methods shall ensure that the identity of the
45 reporting party remains unknown to all persons and entities,
46 including law enforcement officers and employees or other
47 persons, except when criminal, civil, or administrative
48 action is initiated regarding unsafe, potentially harmful,
49 dangerous, violent, or criminal activities, or the threat of
50 such activities.

51 7. (1) Beginning July 1, 2023, a public institution
52 of higher education that issues student identification cards
53 shall have printed on either side of the cards the three-
54 digit dialing code that directs calls and routes text
55 messages to the Suicide and Crisis Lifeline, 988.

56 (2) If, on July 1, 2023, a public institution of
57 higher education subject to the requirements of this
58 subsection has a supply of unissued student identification
59 cards that do not comply with the requirements of
60 subdivision (1) of this subsection, the institution shall
61 issue those cards until that supply is depleted.

62 (3) Subdivision (1) of this subsection shall apply to
63 a student identification card issued for the first time to a
64 student and to a card issued to replace a damaged or lost
65 card.

190.100. As used in sections 190.001 to 190.245 and
2 section 190.257, the following words and terms mean:

3 (1) "Advanced emergency medical technician" or "AEMT",
4 a person who has successfully completed a course of
5 instruction in certain aspects of advanced life support care
6 as prescribed by the department and is licensed by the
7 department in accordance with sections 190.001 to 190.245
8 and rules and regulations adopted by the department pursuant
9 to sections 190.001 to 190.245;

10 (2) "Advanced life support (ALS)", an advanced level
11 of care as provided to the adult and pediatric patient such
12 as defined by national curricula, and any modifications to
13 that curricula specified in rules adopted by the department
14 pursuant to sections 190.001 to 190.245;

15 (3) "Ambulance", any privately or publicly owned
16 vehicle or craft that is specially designed, constructed or
17 modified, staffed or equipped for, and is intended or used,
18 maintained or operated for the transportation of persons who
19 are sick, injured, wounded or otherwise incapacitated or
20 helpless, or who require the presence of medical equipment
21 being used on such individuals, but the term does not
22 include any motor vehicle specially designed, constructed or
23 converted for the regular transportation of persons who are

24 disabled, handicapped, normally using a wheelchair, or
25 otherwise not acutely ill, or emergency vehicles used within
26 airports;

27 (4) "Ambulance service", a person or entity that
28 provides emergency or nonemergency ambulance transportation
29 and services, or both, in compliance with sections 190.001
30 to 190.245, and the rules promulgated by the department
31 pursuant to sections 190.001 to 190.245;

32 (5) "Ambulance service area", a specific geographic
33 area in which an ambulance service has been authorized to
34 operate;

35 (6) "Basic life support (BLS)", a basic level of care,
36 as provided to the adult and pediatric patient as defined by
37 national curricula, and any modifications to that curricula
38 specified in rules adopted by the department pursuant to
39 sections 190.001 to 190.245;

40 (7) "Council", the state advisory council on emergency
41 medical services;

42 (8) "Department", the department of health and senior
43 services, state of Missouri;

44 (9) "Director", the director of the department of
45 health and senior services or the director's duly authorized
46 representative;

47 (10) "Dispatch agency", any person or organization
48 that receives requests for emergency medical services from
49 the public, by telephone or other means, and is responsible
50 for dispatching emergency medical services;

51 (11) "Emergency", the sudden and, at the time,
52 unexpected onset of a health condition that manifests itself
53 by symptoms of sufficient severity that would lead a prudent
54 layperson, possessing an average knowledge of health and
55 medicine, to believe that the absence of immediate medical
56 care could result in:

(a) Placing the person's health, or with respect to a pregnant woman, the health of the woman or her unborn child, in significant jeopardy;

(b) Serious impairment to a bodily function;

(c) Serious dysfunction of any bodily organ or part;

(d) Inadequately controlled pain;

(12) "Emergency medical dispatcher", a person who receives emergency calls from the public and has successfully completed an emergency medical dispatcher course, meeting or exceeding the national curriculum of the United States Department of Transportation and any modifications to such curricula specified by the department through rules adopted pursuant to sections 190.001 to 190.245;

(13) "Emergency medical responder", a person who has successfully completed an emergency first response course meeting or exceeding the national curriculum of the U.S. Department of Transportation and any modifications to such curricula specified by the department through rules adopted under sections 190.001 to 190.245 and who provides emergency medical care through employment by or in association with an emergency medical response agency;

(14) "Emergency medical response agency", any person that regularly provides a level of care that includes first response, basic life support or advanced life support, exclusive of patient transportation;

(15) "Emergency medical services for children (EMS-C) system", the arrangement of personnel, facilities and equipment for effective and coordinated delivery of pediatric emergency medical services required in prevention and management of incidents which occur as a result of a medical emergency or of an injury event, natural disaster or similar situation;

(16) "Emergency medical services (EMS) system", the arrangement of personnel, facilities and equipment for the effective and coordinated delivery of emergency medical services required in prevention and management of incidents occurring as a result of an illness, injury, natural disaster or similar situation;

(17) "Emergency medical technician", a person licensed in emergency medical care in accordance with standards prescribed by sections 190.001 to 190.245, and by rules adopted by the department pursuant to sections 190.001 to 190.245;

(18) "Emergency medical technician-basic" or "EMT-B", a person who has successfully completed a course of instruction in basic life support as prescribed by the department and is licensed by the department in accordance with standards prescribed by sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;

(19) "Emergency medical technician-community paramedic", "community paramedic", or "EMT-CP", a person who is certified as an emergency medical technician-paramedic and is certified by the department in accordance with standards prescribed in section 190.098;

(20) "Emergency medical technician-paramedic" or "EMT-P", a person who has successfully completed a course of instruction in advanced life support care as prescribed by the department and is licensed by the department in accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;

(21) "Emergency services", health care items and services furnished or required to screen and stabilize an emergency which may include, but shall not be limited to,

health care services that are provided in a licensed hospital's emergency facility by an appropriate provider or by an ambulance service or emergency medical response agency;

(22) "Health care facility", a hospital, nursing home, physician's office or other fixed location at which medical and health care services are performed;

(23) "Hospital", an establishment as defined in the hospital licensing law, subsection 2 of section 197.020, or a hospital operated by the state;

(24) "Medical control", supervision provided by or under the direction of physicians, or their designated registered nurse, including both online medical control, instructions by radio, telephone, or other means of direct communications, and offline medical control through supervision by treatment protocols, case review, training, and standing orders for treatment;

(25) "Medical direction", medical guidance and supervision provided by a physician to an emergency services provider or emergency medical services system;

(26) "Medical director", a physician licensed pursuant to chapter 334 designated by the ambulance service or emergency medical response agency and who meets criteria specified by the department by rules pursuant to sections 190.001 to 190.245;

(27) "Memorandum of understanding", an agreement between an emergency medical response agency or dispatch agency and an ambulance service or services within whose territory the agency operates, in order to coordinate emergency medical services;

(28) "Patient", an individual who is sick, injured, wounded, diseased, or otherwise incapacitated or helpless, or dead, excluding deceased individuals being transported from or between private or public institutions, homes or

156 cemeteries, and individuals declared dead prior to the time
157 an ambulance is called for assistance;

158 (29) "Person", as used in these definitions and
159 elsewhere in sections 190.001 to 190.245, any individual,
160 firm, partnership, copartnership, joint venture,
161 association, cooperative organization, corporation,
162 municipal or private, and whether organized for profit or
163 not, state, county, political subdivision, state department,
164 commission, board, bureau or fraternal organization, estate,
165 public trust, business or common law trust, receiver,
166 assignee for the benefit of creditors, trustee or trustee in
167 bankruptcy, or any other service user or provider;

168 (30) "Physician", a person licensed as a physician
169 pursuant to chapter 334;

170 (31) "Political subdivision", any municipality, city,
171 county, city not within a county, ambulance district or fire
172 protection district located in this state which provides or
173 has authority to provide ambulance service;

174 (32) "Professional organization", any organized group
175 or association with an ongoing interest regarding emergency
176 medical services. Such groups and associations could
177 include those representing volunteers, labor, management,
178 firefighters, EMT-B's, nurses, EMT-P's, physicians,
179 communications specialists and instructors. Organizations
180 could also represent the interests of ground ambulance
181 services, air ambulance services, fire service
182 organizations, law enforcement, hospitals, trauma centers,
183 communication centers, pediatric services, labor unions and
184 poison control services;

185 (33) "Proof of financial responsibility", proof of
186 ability to respond to damages for liability, on account of
187 accidents occurring subsequent to the effective date of such
188 proof, arising out of the ownership, maintenance or use of a

189 motor vehicle in the financial amount set in rules
190 promulgated by the department, but in no event less than the
191 statutory minimum required for motor vehicles. Proof of
192 financial responsibility shall be used as proof of self-
193 insurance;

194 (34) "Protocol", a predetermined, written medical care
195 guideline, which may include standing orders;

196 (35) "Regional EMS advisory committee", a committee
197 formed within an emergency medical services (EMS) region to
198 advise ambulance services, the state advisory council on EMS
199 and the department;

200 (36) "Specialty care transportation", the
201 transportation of a patient requiring the services of an
202 emergency medical technician-paramedic who has received
203 additional training beyond the training prescribed by the
204 department. Specialty care transportation services shall be
205 defined in writing in the appropriate local protocols for
206 ground and air ambulance services and approved by the local
207 physician medical director. The protocols shall be
208 maintained by the local ambulance service and shall define
209 the additional training required of the emergency medical
210 technician-paramedic;

211 (37) "Stabilize", with respect to an emergency, the
212 provision of such medical treatment as may be necessary to
213 attempt to assure within reasonable medical probability that
214 no material deterioration of an individual's medical
215 condition is likely to result from or occur during ambulance
216 transportation unless the likely benefits of such
217 transportation outweigh the risks;

218 (38) "State advisory council on emergency medical
219 services", a committee formed to advise the department on
220 policy affecting emergency medical service throughout the
221 state;

222 (39) "State EMS medical directors advisory committee",
223 a subcommittee of the state advisory council on emergency
224 medical services formed to advise the state advisory council
225 on emergency medical services and the department on medical
226 issues;

227 (40) "STEMI" or "ST-elevation myocardial infarction",
228 a type of heart attack in which impaired blood flow to the
229 patient's heart muscle is evidenced by ST-segment elevation
230 in electrocardiogram analysis, and as further defined in
231 rules promulgated by the department under sections 190.001
232 to 190.250;

233 (41) "STEMI care", includes education and prevention,
234 emergency transport, triage, and acute care and
235 rehabilitative services for STEMI that requires immediate
236 medical or surgical intervention or treatment;

237 (42) "STEMI center", a hospital that is currently
238 designated as such by the department to care for patients
239 with ST-segment elevation myocardial infarctions;

240 (43) "Stroke", a condition of impaired blood flow to a
241 patient's brain as defined by the department;

242 (44) "Stroke care", includes emergency transport,
243 triage, and acute intervention and other acute care services
244 for stroke that potentially require immediate medical or
245 surgical intervention or treatment, and may include
246 education, primary prevention, acute intervention, acute and
247 subacute management, prevention of complications, secondary
248 stroke prevention, and rehabilitative services;

249 (45) "Stroke center", a hospital that is currently
250 designated as such by the department;

251 (46) "Time-critical diagnosis", trauma care, stroke
252 care, and STEMI care occurring either outside of a hospital
253 or in a center designated under section 190.241;

254 (47) "Time-critical diagnosis advisory committee", a
255 committee formed under section 190.257 to advise the
256 department on policies impacting trauma, stroke, and STEMI
257 center designations; regulations on trauma care, stroke
258 care, and STEMI care; and the transport of trauma, stroke,
259 and STEMI patients;

260 (48) "Trauma", an injury to human tissues and organs
261 resulting from the transfer of energy from the environment;

262 [(47)] (49) "Trauma care" includes injury prevention,
263 triage, acute care and rehabilitative services for major
264 single system or multisystem injuries that potentially
265 require immediate medical or surgical intervention or
266 treatment;

267 [(48)] (50) "Trauma center", a hospital that is
268 currently designated as such by the department.

190.101. 1. There is hereby established a "State
2 Advisory Council on Emergency Medical Services" which shall
3 consist of sixteen members, one of which shall be a resident
4 of a city not within a county. The members of the council
5 shall be appointed by the governor with the advice and
6 consent of the senate and shall serve terms of four years.
7 The governor shall designate one of the members as
8 chairperson. The chairperson may appoint subcommittees that
9 include noncouncil members.

10 2. The state EMS medical directors advisory committee
11 and the regional EMS advisory committees will be recognized
12 as subcommittees of the state advisory council on emergency
13 medical services.

14 3. The council shall have geographical representation
15 and representation from appropriate areas of expertise in
16 emergency medical services including volunteers,
17 professional organizations involved in emergency medical
18 services, EMT's, paramedics, nurses, firefighters,

19 physicians, ambulance service administrators, hospital
20 administrators and other health care providers concerned
21 with emergency medical services. The regional EMS advisory
22 committees shall serve as a resource for the identification
23 of potential members of the state advisory council on
24 emergency medical services.

25 4. The state EMS medical director, as described under
26 section 190.103, shall serve as an ex officio member of the
27 council.

28 5. The members of the council and subcommittees shall
29 serve without compensation except that members of the
30 council shall, subject to appropriations, be reimbursed for
31 reasonable travel expenses and meeting expenses related to
32 the functions of the council.

33 [5.] 6. The purpose of the council is to make
34 recommendations to the governor, the general assembly, and
35 the department on policies, plans, procedures and proposed
36 regulations on how to improve the statewide emergency
37 medical services system. The council shall advise the
38 governor, the general assembly, and the department on all
39 aspects of the emergency medical services system.

40 [6.] 7. (1) There is hereby established a standing
41 subcommittee of the council to monitor the implementation of
42 the recognition of the EMS personnel licensure interstate
43 compact under sections 190.900 to 190.939, the interstate
44 commission for EMS personnel practice, and the involvement
45 of the state of Missouri. The subcommittee shall meet at
46 least biannually and receive reports from the Missouri
47 delegate to the interstate commission for EMS personnel
48 practice. The subcommittee shall consist of at least seven
49 members appointed by the chair of the council, to include at
50 least two members as recommended by the Missouri state
51 council of firefighters and one member as recommended by the

Missouri Association of Fire Chiefs. The subcommittee may submit reports and recommendations to the council, the department of health and senior services, the general assembly, and the governor regarding the participation of Missouri with the recognition of the EMS personnel licensure interstate compact.

(2) The subcommittee shall formally request a public hearing for any rule proposed by the interstate commission for EMS personnel practice in accordance with subsection 7 of section 190.930. The hearing request shall include the request that the hearing be presented live through the internet. The Missouri delegate to the interstate commission for EMS personnel practice shall be responsible for ensuring that all hearings, notices of, and related rulemaking communications as required by the compact be communicated to the council and emergency medical services personnel under the provisions of subsections 4, 5, 6, and 8 of section 190.930.

(3) The department of health and senior services shall not establish or increase fees for Missouri emergency medical services personnel licensure in accordance with this chapter for the purpose of creating the funds necessary for payment of an annual assessment under subdivision (3) of subsection 5 of section 190.924.

8. The council shall consult with the time-critical diagnosis advisory committee, as described under section 190.257, regarding time-critical diagnosis.

190.103. 1. One physician with expertise in emergency medical services from each of the EMS regions shall be elected by that region's EMS medical directors to serve as a regional EMS medical director. The regional EMS medical directors shall constitute the state EMS medical director's advisory committee and shall advise the department and their

7 region's ambulance services on matters relating to medical
8 control and medical direction in accordance with sections
9 190.001 to 190.245 and rules adopted by the department
10 pursuant to sections 190.001 to 190.245. The regional EMS
11 medical director shall serve a term of four years. The
12 southwest, northwest, and Kansas City regional EMS medical
13 directors shall be elected to an initial two-year term. The
14 central, east central, and southeast regional EMS medical
15 directors shall be elected to an initial four-year term.
16 All subsequent terms following the initial terms shall be
17 four years. The state EMS medical director shall be the
18 chair of the state EMS medical director's advisory
19 committee, and shall be elected by the members of the
20 regional EMS medical director's advisory committee, shall
21 serve a term of four years, and shall seek to coordinate EMS
22 services between the EMS regions, promote educational
23 efforts for agency medical directors, represent Missouri EMS
24 nationally in the role of the state EMS medical director,
25 and seek to incorporate the EMS system into the health care
26 system serving Missouri.

27 2. A medical director is required for all ambulance
28 services and emergency medical response agencies that
29 provide: advanced life support services; basic life support
30 services utilizing medications or providing assistance with
31 patients' medications; or basic life support services
32 performing invasive procedures including invasive airway
33 procedures. The medical director shall provide medical
34 direction to these services and agencies in these instances.

35 3. The medical director, in cooperation with the
36 ambulance service or emergency medical response agency
37 administrator, shall have the responsibility and the
38 authority to ensure that the personnel working under their
39 supervision are able to provide care meeting established

standards of care with consideration for state and national standards as well as local area needs and resources. The medical director, in cooperation with the ambulance service or emergency medical response agency administrator, shall establish and develop triage, treatment and transport protocols, which may include authorization for standing orders. Emergency medical technicians shall only perform those medical procedures as directed by treatment protocols approved by the local medical director or when authorized through direct communication with online medical control.

4. All ambulance services and emergency medical response agencies that are required to have a medical director shall establish an agreement between the service or agency and their medical director. The agreement will include the roles, responsibilities and authority of the medical director beyond what is granted in accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245. The agreement shall also include grievance procedures regarding the emergency medical response agency or ambulance service, personnel and the medical director.

5. Regional EMS medical directors and the state EMS medical director elected as provided under subsection 1 of this section shall be considered public officials for purposes of sovereign immunity, official immunity, and the Missouri public duty doctrine defenses.

6. The state EMS medical director's advisory committee shall be considered a peer review committee under section 537.035.

7. Regional EMS medical directors may act to provide online telecommunication medical direction to AEMTs, EMT-Bs, EMT-Ps, and community paramedics and provide offline medical direction per standardized treatment, triage, and transport

73 protocols when EMS personnel, including AEMTs, EMT-Bs, EMT-
74 Ps, and community paramedics, are providing care to special
75 needs patients or at the request of a local EMS agency or
76 medical director.

77 8. When developing treatment protocols for special
78 needs patients, regional EMS medical directors may
79 promulgate such protocols on a regional basis across
80 multiple political subdivisions' jurisdictional boundaries,
81 and such protocols may be used by multiple agencies
82 including, but not limited to, ambulance services, emergency
83 response agencies, and public health departments. Treatment
84 protocols shall include steps to ensure the receiving
85 hospital is informed of the pending arrival of the special
86 needs patient, the condition of the patient, and the
87 treatment instituted.

88 9. Multiple EMS agencies including, but not limited
89 to, ambulance services, emergency response agencies, and
90 public health departments shall take necessary steps to
91 follow the regional EMS protocols established as provided
92 under subsection 8 of this section in cases of mass casualty
93 or state-declared disaster incidents.

94 10. When regional EMS medical directors develop and
95 implement treatment protocols for patients or provide online
96 medical direction for patients, such activity shall not be
97 construed as having usurped local medical direction
98 authority in any manner.

99 11. The state EMS medical directors advisory committee
100 shall review and make recommendations regarding all proposed
101 community and regional time-critical diagnosis plans.

102 12. Notwithstanding any other provision of law to the
103 contrary, when regional EMS medical directors are providing
104 either online telecommunication medical direction to AEMTs,
105 EMT-Bs, EMT-Ps, and community paramedics, or offline medical

106 direction per standardized EMS treatment, triage, and
107 transport protocols for patients, those medical directions
108 or treatment protocols may include the administration of the
109 patient's own prescription medications.

190.176. 1. The department shall develop and
2 administer a uniform data collection system on all ambulance
3 runs and injured patients, pursuant to rules promulgated by
4 the department for the purpose of injury etiology, patient
5 care outcome, injury and disease prevention and research
6 purposes. The department shall not require disclosure by
7 hospitals of data elements pursuant to this section unless
8 those data elements are required by a federal agency or were
9 submitted to the department as of January 1, 1998, pursuant
10 to:

- 11 (1) Departmental regulation of trauma centers; or
- 12 (2) [The Missouri brain and spinal cord injury
13 registry established by sections 192.735 to 192.745; or
- 14 (3)] Abstracts of inpatient hospital data; or
- 15 [(4)] (3) If such data elements are requested by a
16 lawful subpoena or subpoena duces tecum.

17 2. All information and documents in any civil action,
18 otherwise discoverable, may be obtained from any person or
19 entity providing information pursuant to the provisions of
20 sections 190.001 to 190.245.

190.200. 1. The department of health and senior
2 services in cooperation with hospitals and local and
3 regional EMS systems and agencies may provide public and
4 professional information and education programs related to
5 emergency medical services systems including trauma, STEMI,
6 and stroke systems and emergency medical care and
7 treatment. The department of health and senior services may
8 also provide public information and education programs for
9 informing residents of and visitors to the state of the

10 availability and proper use of emergency medical services,
11 of the designation a hospital may receive as a trauma
12 center, STEMI center, or stroke center, of the value and
13 nature of programs to involve citizens in the administering
14 of prehospital emergency care, including cardiopulmonary
15 resuscitation, and of the availability of training programs
16 in emergency care for members of the general public.

17 2. The department shall, for trauma care, STEMI care,
18 and stroke care, respectively:

19 (1) Compile [and], assess, and make publicly available
20 peer-reviewed and evidence-based clinical research and
21 guidelines that provide or support recommended treatment
22 standards and that have been recommended by the time-
23 critical diagnosis advisory committee;

24 (2) Assess the capacity of the emergency medical
25 services system and hospitals to deliver recommended
26 treatments in a timely fashion;

27 (3) Use the research, guidelines, and assessment to
28 promulgate rules establishing protocols for transporting
29 trauma patients to a trauma center, STEMI patients to a
30 STEMI center, or stroke patients to a stroke center. Such
31 transport protocols shall direct patients to trauma centers,
32 STEMI centers, and stroke centers under section 190.243
33 based on the centers' capacities to deliver recommended
34 acute care treatments within time limits suggested by
35 clinical research;

36 (4) Define regions within the state for purposes of
37 coordinating the delivery of trauma care, STEMI care, and
38 stroke care, respectively;

39 (5) Promote the development of regional or community-
40 based plans for transporting trauma, STEMI, or stroke
41 patients via ground or air ambulance to trauma centers,

STEMI centers, or stroke centers, respectively, in accordance with section 190.243; and

(6) Establish procedures for the submission of community-based or regional plans for department approval.

3. A community-based or regional plan for the transport of trauma, STEMI, and stroke patients shall be submitted to the department for approval. Such plan shall be based on the clinical research and guidelines and assessment of capacity described in subsection ~~[1]~~ 2 of this section and shall include a mechanism for evaluating its effect on medical outcomes. Upon approval of a plan, the department shall waive the requirements of rules promulgated under sections 190.100 to 190.245 that are inconsistent with the community-based or regional plan. A community-based or regional plan shall be developed by ~~[or in consultation with]~~ the representatives of hospitals, physicians, and emergency medical services providers in the community or region.

190.241. 1. Except as provided for in subsection 4 of this section, the department shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a hospital, upon proper application submitted by the hospital and site review, has been found by the department to meet the applicable level of trauma center criteria for designation in accordance with rules adopted by the department as prescribed by section 190.185. Site review may occur on-site or by any reasonable means of communication, or by any combination thereof. Such rules shall include designation as a trauma center without site review if such hospital is verified by a national verifying or designating body at the level which corresponds to a level approved in rule. In developing trauma center designation criteria, the department shall use, as it deems

16 practicable, peer-reviewed and evidence-based clinical
17 research and guidelines including, but not limited to, the
18 most recent guidelines of the American College of Surgeons.

19 2. Except as provided for in subsection [5] 4 of this
20 section, the department shall designate a hospital as a
21 STEMI or stroke center when such hospital, upon proper
22 application and site review, has been found by the
23 department to meet the applicable level of STEMI or stroke
24 center criteria for designation in accordance with rules
25 adopted by the department as prescribed by section 190.185.
26 Site review may occur on-site or by any reasonable means of
27 communication, or by any combination thereof. In developing
28 STEMI center and stroke center designation criteria, the
29 department shall use, as it deems practicable, [appropriate]
30 peer-reviewed [or] and evidence-based clinical research [on
31 such topics] and guidelines including, but not limited to,
32 the most recent guidelines of the American College of
33 Cardiology [and], the American Heart Association [for STEMI
34 centers, or the Joint Commission's Primary Stroke Center
35 Certification program criteria for stroke centers, or
36 Primary and Comprehensive Stroke Center Recommendations as
37 published by], or the American Stroke Association. Such
38 rules shall include designation as a STEMI center or stroke
39 center without site review if such hospital is certified by
40 a national body.

41 3. The department of health and senior services shall,
42 not less than once every [five] three years, conduct [an on-
43 site] a site review of every trauma, STEMI, and stroke
44 center through appropriate department personnel or a
45 qualified contractor, with the exception of trauma centers,
46 STEMI centers, and stroke centers designated pursuant to
47 subsection [5] 4 of this section; however, this provision is
48 not intended to limit the department's ability to conduct a

complaint investigation pursuant to subdivision (3) of subsection 2 of section 197.080 of any trauma, STEMI, or stroke center. [On-site] Site reviews shall be coordinated for the different types of centers to the extent practicable with hospital licensure inspections conducted under chapter 197. No person shall be a qualified contractor for purposes of this subsection who has a substantial conflict of interest in the operation of any trauma, STEMI, or stroke center under review. The department may deny, place on probation, suspend or revoke such designation in any case in which it has [reasonable cause to believe that] determined there has been a substantial failure to comply with the provisions of this chapter or any rules or regulations promulgated pursuant to this chapter. Centers that are placed on probationary status shall be required to demonstrate compliance with the provisions of this chapter and any rules or regulations promulgated under this chapter within twelve months of the date of the receipt of the notice of probationary status, unless otherwise provided by a settlement agreement with a duration of a maximum of eighteen months between the department and the designated center. If the department of health and senior services has [reasonable cause to believe] determined that a hospital is not in compliance with such provisions or regulations, it may conduct additional announced or unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke center fails two consecutive [on-site] site reviews because of substantial noncompliance with standards prescribed by sections 190.001 to 190.245 or rules adopted by the department pursuant to sections 190.001 to 190.245, its center designation shall be revoked.

4. (1) Instead of applying for trauma, STEMI, or stroke center designation under subsection 1 or 2 of this

82 section, a hospital may apply for trauma, STEMI, or stroke
83 center designation under this subsection. Upon receipt of
84 an application [from a hospital] on a form prescribed by the
85 department, the department shall designate such hospital[:

86 (1) A level I STEMI center if such hospital has been
87 certified as a Joint Commission comprehensive cardiac center
88 or another department-approved nationally recognized
89 organization that provides comparable STEMI center
90 accreditation; or

91 (2) A level II STEMI center if such hospital has been
92 accredited as a Mission: Lifeline STEMI receiving center by
93 the American Heart Association accreditation process or
94 another department-approved nationally recognized
95 organization that provides STEMI receiving center
96 accreditation.

97 5. Instead of applying for stroke center designation
98 pursuant to the provisions of subsection 2 of this section,
99 a hospital may apply for stroke center designation pursuant
100 to this subsection. Upon receipt of an application from a
101 hospital on a form prescribed by the department, the
102 department shall designate such hospital:

103 (1) A level I stroke center if such hospital has been
104 certified as a comprehensive stroke center by the Joint
105 Commission or any other certifying organization designated
106 by the department when such certification is in accordance
107 with the American Heart Association/American Stroke
108 Association guidelines;

109 (2) A level II stroke center if such hospital has been
110 certified as a primary stroke center by the Joint Commission
111 or any other certifying organization designated by the
112 department when such certification is in accordance with the
113 American Heart Association/American Stroke Association
114 guidelines; or

115 (3) A level III stroke center if such hospital has
116 been certified as an acute stroke-ready hospital by the
117 Joint Commission or any other certifying organization
118 designated by the department when such certification is in
119 accordance with the American Heart Association/American
120 Stroke Association guidelines] at a state level that
121 corresponds to a similar national designation as set forth
122 in rules promulgated by the department. The rules shall be
123 based on standards of nationally recognized organizations
124 and the recommendations of the time-critical diagnosis
125 advisory committee.

126 (2) Except as provided by subsection [6] 5 of this
127 section, the department shall not require compliance with
128 any additional standards for establishing or renewing
129 trauma, STEMI, or stroke designations under this
130 subsection. The designation shall continue if such hospital
131 remains certified or verified. The department may remove a
132 hospital's designation as a trauma center, STEMI center, or
133 stroke center if the hospital requests removal of the
134 designation or the department determines that the
135 certificate [recognizing] or verification that qualified the
136 hospital [as a stroke center] for the designation under this
137 subsection has been suspended or revoked. Any decision made
138 by the department to withdraw its designation of a [stroke]
139 center pursuant to this subsection that is based on the
140 revocation or suspension of a certification or verification
141 by a certifying or verifying organization shall not be
142 subject to judicial review. The department shall report to
143 the certifying or verifying organization any complaint it
144 receives related to the [stroke] center [certification of a
145 stroke center] designated pursuant to this subsection. The
146 department shall also advise the complainant which
147 organization certified or verified the [stroke] center and

provide the necessary contact information should the complainant wish to pursue a complaint with the certifying or verifying organization.

[6.] 5. Any hospital receiving designation as a trauma center, STEMI center, or stroke center pursuant to subsection [5] 4 of this section shall:

(1) [Annually and] Within thirty days of any changes or receipt of a certificate or verification, submit to the department proof of [stroke] certification or verification and the names and contact information of the center's medical director and the program manager [of the stroke center]; and

(2) [Submit to the department a copy of the certifying organization's final stroke certification survey results within thirty days of receiving such results;

(3) Submit every four years an application on a form prescribed by the department for stroke center review and designation;

(4) Participate in the emergency medical services regional system of stroke care in its respective emergency medical services region as defined in rules promulgated by the department;

[5)] Participate in local and regional emergency medical services systems [by reviewing and sharing outcome data and] for purposes of providing training [and], sharing clinical educational resources, and collaborating on improving patient outcomes.

Any hospital receiving designation as a level III stroke center pursuant to subsection [5] 4 of this section shall have a formal agreement with a level I or level II stroke center for physician consultative services for evaluation of stroke patients for thrombolytic therapy and the care of the patient post-thrombolytic therapy.

181 [7.] 6. Hospitals designated as a trauma center, STEMI
182 center, or stroke center by the department[, including those
183 designated pursuant to subsection 5 of this section,] shall
184 submit data [to meet the data submission requirements
185 specified by rules promulgated by the department. Such
186 submission of data may be done] by one of the following
187 methods:

188 (1) Entering hospital data [directly] into a state
189 registry [by direct data entry]; or

190 (2) [Downloading hospital data from a nationally
191 recognized registry or data bank and importing the data
192 files into a state registry; or

193 (3) Authorizing a nationally recognized registry or
194 data bank to disclose or grant access to the department
195 facility-specific data held by the] Entering hospital data
196 into a national registry or data bank. A hospital
197 submitting data pursuant to this subdivision [(2) or (3) of
198 this subsection] shall not be required to collect and submit
199 any additional trauma, STEMI, or stroke center data
200 elements. No hospital submitting data to a national data
201 registry or data bank under this subdivision shall withhold
202 authorization for the department to access such data through
203 such national data registry or data bank. Nothing in this
204 subdivision shall be construed as requiring duplicative data
205 entry by a hospital that is otherwise complying with the
206 provisions of this subsection. Failure of the department to
207 obtain access to data submitted to a national data registry
208 or data bank shall not be construed as hospital
209 noncompliance under this subsection.

210 [8.] 7. When collecting and analyzing data pursuant to
211 the provisions of this section, the department shall comply
212 with the following requirements:

(1) Names of any health care professionals, as defined in section 376.1350, shall not be subject to disclosure;

(2) The data shall not be disclosed in a manner that permits the identification of an individual patient or encounter;

(3) The data shall be used for the evaluation and improvement of hospital and emergency medical services' trauma, stroke, and STEMI care; and

(4) [The data collection system shall be capable of accepting file transfers of data entered into any national recognized trauma, stroke, or STEMI registry or data bank to fulfill trauma, stroke, or STEMI certification reporting requirements; and

(5) Trauma, STEMI, and stroke center data elements shall conform to [nationally recognized performance measures, such as the American Heart Association's Get With the Guidelines] national registry or data bank data elements, and include published detailed measure specifications, data coding instructions, and patient population inclusion and exclusion criteria to ensure data reliability and validity.

[9. The board of registration for the healing arts shall have sole authority to establish education requirements for physicians who practice in an emergency department of a facility designated as a trauma, STEMI, or stroke center by the department under this section. The department shall deem such education requirements promulgated by the board of registration for the healing arts sufficient to meet the standards for designations under this section.

10.] 8. The department shall not have authority to establish additional education requirements for physicians who are emergency medicine board certified or board eligible

246 through the American Board of Emergency Medicine (ABEM) or
247 the American Osteopathic Board of Emergency Medicine (AOBEM)
248 and who are practicing in the emergency department of a
249 facility designated as a trauma center, STEMI center, or
250 stroke center by the department under this section. The
251 department shall deem the education requirements promulgated
252 by ABEM or AOBEM to meet the standards for designations
253 under this section. Education requirements for non-ABEM or
254 non-AOBEM certified physicians, nurses, and other providers
255 who provide care at a facility designated as a trauma
256 center, STEMI center, or stroke center by the department
257 under this section shall mirror but not exceed those
258 established by national designating or verifying bodies of
259 trauma centers, STEMI centers, or stroke centers.

260 9. The department of health and senior services may
261 establish appropriate fees to offset only the costs of
262 trauma, STEMI, and stroke center **[reviews]** surveys.

263 **[11.]** 10. No hospital shall hold itself out to the
264 public as a STEMI center, stroke center, adult trauma
265 center, pediatric trauma center, or an adult and pediatric
266 trauma center unless it is designated as such by the
267 department of health and senior services.

268 **[12.]** 11. Any person aggrieved by an action of the
269 department of health and senior services affecting the
270 trauma, STEMI, or stroke center designation pursuant to this
271 chapter, including the revocation, the suspension, or the
272 granting of, refusal to grant, or failure to renew a
273 designation, may seek a determination thereon by the
274 administrative hearing commission under chapter 621. It
275 shall not be a condition to such determination that the
276 person aggrieved seek a reconsideration, a rehearing, or
277 exhaust any other procedure within the department.

190.243. 1. Severely injured patients shall be transported to a trauma center. Patients who suffer a STEMI, as defined in section 190.100, shall be transported to a STEMI center. Patients who suffer a stroke, as defined in section 190.100, shall be transported to a stroke center.

2. A physician, physician assistant, or registered nurse authorized by a physician who has established verbal communication with ambulance personnel shall instruct the ambulance personnel to transport a severely ill or injured patient to the closest hospital or designated trauma, STEMI, or stroke center, as determined according to estimated transport time whether by ground ambulance or air ambulance, in accordance with transport protocol approved by the medical director and the department of health and senior services, even when the hospital is located outside of the ambulance service's primary service area. When initial transport from the scene of illness or injury to a trauma, STEMI, or stroke center would be prolonged, the STEMI, stroke, or severely injured patient may be transported to the nearest appropriate facility for stabilization prior to transport to a trauma, STEMI, or stroke center.

3. Transport of the STEMI, stroke, or severely injured patient shall be governed by principles of timely and medically appropriate care; consideration of reimbursement mechanisms shall not supersede those principles.

4. Patients who do not meet the criteria for direct transport to a trauma, STEMI, or stroke center shall be transported to and cared for at the hospital of their choice so long as such ambulance service is not in violation of local protocols.

190.245. [The department shall require hospitals, as defined by chapter 197, designated as trauma, STEMI, or stroke centers to provide for a peer review system, approved

4 by the department, for trauma, STEMI, and stroke cases,
5 respective to their designations, under section 537.035.
6 For purposes of sections 190.241 to 190.245, the department
7 of health and senior services shall have the same powers and
8 authority of a health care licensing board pursuant to
9 subsection 6 of section 537.035.]

1. Any person licensed
10 under sections 190.001 to 190.245 shall be considered a
11 health care professional for purposes of section 537.035,
12 and any quality improvement or quality assurance activity
13 required under sections 190.001 to 190.245 shall be
14 considered an activity of a peer review committee for
15 purposes of section 537.035.

2. Failure of a hospital to provide all medical
17 records and quality improvement documentation necessary for
18 the department to implement provisions of sections 190.241
19 to 190.245 shall result in the revocation of the hospital's
20 designation as a trauma center, STEMI center, or stroke
21 center.

3. Any medical records obtained by the department [or
23 peer review committees] shall be used only for purposes of
24 implementing the provisions of sections 190.241 to 190.245
25 and the names of hospitals, physicians and patients shall
26 not be released by the department or members of review
27 [committees] teams.

190.257. 1. There is hereby established the "Time-
2 Critical Diagnosis Advisory Committee", to be designated by
3 the director for the purpose of advising and making
4 recommendations to the department on:

(1) Improvement of public and professional education
6 related to time-critical diagnosis;

(2) Engagement in cooperative research endeavors;

8 (3) Development of standards, protocols, and policies
9 related to time-critical diagnosis, including
10 recommendations for state regulations; and

11 (4) Evaluation of community and regional time-critical
12 diagnosis plans, including recommendations for changes.

13 2. The members of the committee shall serve without
14 compensation, except that the department shall budget for
15 reasonable travel expenses and meeting expenses related to
16 the functions of the committee.

17 3. The director shall appoint sixteen members to the
18 committee from applications submitted for appointment, with
19 the membership to be composed of the following:

20 (1) Six members, one from each EMS region, who are
21 active participants providing emergency medical services,
22 with at least:

23 (a) One member who is a physician serving as a
24 regional EMS medical director;

25 (b) One member who serves on an air ambulance service;

26 (c) One member who resides in an urban area; and

27 (d) One member who resides in a rural area; and

28 (2) Ten members who represent hospitals, with at least:

29 (a) One member who is employed by a level I or level
30 II trauma center;

31 (b) One member who is employed by a level I or level
32 II STEMI center;

33 (c) One member who is employed by a level I or level
34 II stroke center;

35 (d) One member who is employed by a rural or critical
36 access hospital; and

37 (e) Three physicians, with one physician certified by
38 the American Board of Emergency Medicine (ABEM) or American
39 Osteopathic Board of Emergency Medicine (AOBEM) and two
40 physicians employed in time-critical diagnosis specialties

41 at a level I or level II trauma center, STEMI center, or
42 stroke center.

43 4. In addition to the sixteen appointees, the state
44 EMS medical director shall serve as an ex officio member of
45 the committee.

46 5. The director shall make a reasonable effort to
47 ensure that the members representing hospitals have
48 geographical representation from each district of the state
49 designated by a statewide nonprofit membership association
50 of hospitals.

51 6. Members appointed by the director shall be
52 appointed for three-year terms. Initial appointments shall
53 include extended terms in order to establish a rotation to
54 ensure that only approximately one-third of the appointees
55 will have their term expire in any given year. An appointee
56 wishing to continue in his or her role on the committee
57 shall resubmit an application as required by this section.

58 7. The committee shall consult with the state advisory
59 council on emergency medical services, as described in
60 section 190.101, regarding issues involving emergency
61 medical services.

191.500. As used in sections 191.500 to 191.550,
2 unless the context clearly indicates otherwise, the
3 following terms mean:

4 (1) "Area of defined need", a community or section of
5 an urban area of this state which is certified by the
6 department of health and senior services as being in need of
7 the services of a physician to improve the patient-doctor
8 ratio in the area, to contribute professional physician
9 services to an area of economic impact, or to contribute
10 professional physician services to an area suffering from
11 the effects of a natural disaster;

12 (2) "Department", the department of health and senior
13 services;

14 (3) "Eligible student", a full-time student accepted
15 and enrolled in a formal course of instruction leading to a
16 degree of doctor of medicine or doctor of osteopathy,
17 including psychiatry, at a participating school, or a doctor
18 of dental surgery, doctor of dental medicine, or a bachelor
19 of science degree in dental hygiene;

20 (4) "Financial assistance", an amount of money paid by
21 the state of Missouri to a qualified applicant pursuant to
22 sections 191.500 to 191.550;

23 (5) "Participating school", an institution of higher
24 learning within this state which grants the degrees of
25 doctor of medicine or doctor of osteopathy, and which is
26 accredited in the appropriate degree program by the American
27 Medical Association or the American Osteopathic Association,
28 or a degree program by the American Dental Association or
29 the American Psychiatric Association, and applicable
30 residency programs for each degree type and discipline;

31 (6) "Primary care", general or family practice,
32 internal medicine, pediatric [or], psychiatric, obstetric
33 and gynecological care as provided to the general public by
34 physicians licensed and registered pursuant to chapter 334,
35 dental practice, or a dental hygienist licensed and
36 registered pursuant to chapter 332;

37 (7) "Resident", any natural person who has lived in
38 this state for one or more years for any purpose other than
39 the attending of an educational institution located within
40 this state;

41 (8) "Rural area", a town or community within this
42 state which is not within a "standard metropolitan
43 statistical area", and has a population of six thousand or
44 fewer inhabitants as determined by the last preceding

45 federal decennial census or any unincorporated area not
46 within a standard metropolitan statistical area.

191.515. An eligible student may apply to the
2 department for a loan under sections 191.500 to 191.550 only
3 if, at the time of his application and throughout the period
4 during which he receives the loan, he has been formally
5 accepted as a student in a participating school in a course
6 of study leading to the degree of doctor of medicine or
7 doctor of osteopathy, including psychiatry, or a doctor of
8 dental surgery, a doctor of dental medicine, or a bachelor
9 of science degree in dental hygiene, and is a resident of
10 this state.

191.520. No loan to any eligible student shall exceed
2 **[seven thousand five hundred]** twenty-five thousand dollars
3 for each academic year, which shall run from August first of
4 any year through July thirty-first of the following year.
5 All loans shall be made from funds appropriated to the
6 medical school loan and loan repayment program fund created
7 by section 191.600, by the general assembly.

191.525. No more than twenty-five loans shall be made
2 to eligible students during the first academic year this
3 program is in effect. Twenty-five new loans may be made for
4 the next three academic years until a total of one hundred
5 loans are available. At least one-half of the loans shall
6 be made to students from rural areas as defined in section
7 191.500. An eligible student may receive loans for each
8 academic year he is pursuing a course of study directly
9 leading to a degree of doctor of medicine or doctor of
10 osteopathy, doctor of dental surgery, or doctor of dental
11 medicine, or a bachelor of science degree in dental hygiene.

191.1400. 1. This section shall be known and may be
2 cited as the "Compassionate Care Visitation Act".

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

5 (1) "Compassionate care visitor", a patient's or
6 resident's friend, family member, or other person requested
7 by the patient or resident for the purpose of a
8 compassionate care visit;

9 (2) "Compassionate care visit", a visit necessary to
10 meet the physical or mental needs of the patient or
11 resident, including, but not limited to:

12 (a) For end-of-life situations, including making
13 decisions regarding end-of-life care during in-person
14 contact or communication with the compassionate care visitor;

15 (b) For adjustment support or communication support,
16 including, but not limited to, assistance with hearing and
17 speaking;

18 (c) For emotional support;

19 (d) For physical support after eating or drinking
20 issues, including weight loss or dehydration; or

21 (e) For social support;

22 (3) "Health care facility", a hospital, as defined in
23 section 197.020, a long-term care facility licensed under
24 chapter 198, or a hospice facility certified under chapter
25 197.

26 3. A health care facility shall allow a patient or
27 resident, or his or her legal guardian, to permit at least
28 two compassionate care visitors simultaneously to have in-
29 person contact with the patient or resident during visiting
30 hours. Compassionate care visitation hours shall be no less
31 than six hours daily and shall include evenings, weekends,
32 and holidays. Health care facilities shall be permitted to
33 place additional restrictions on children under the age of
34 fourteen who are compassionate care visitors.

35 4. Health care facilities shall have a visitation
36 policy that allows, at a minimum:

37 (1) Twenty-four hour attendance by a compassionate
38 care visitor when reasonably appropriate;

39 (2) A compassionate care visitor to leave and return
40 within the hours of the visitation policy. A patient or
41 resident may receive multiple compassionate care visitors
42 during visitation hours, subject to the provisions of
43 subsection 3 of this section; and

44 (3) Parents with custody or unsupervised visitation
45 rights, legal guardians, and other persons standing in loco
46 parentis to be physically present with a minor child while
47 the child receives care in the facility.

48 5. This section shall not affect any obligation of a
49 health care facility to:

50 (1) Provide patients or residents with effective
51 communication supports or other reasonable accommodations in
52 accordance with federal and state laws to assist in remote
53 personal contact; and

54 (2) Comply with the provisions of the Americans with
55 Disabilities Act of 1990, 42 U.S.C. Section 12101 et seq.

56 6. A health care facility may limit:

57 (1) The number of visitors per patient or resident at
58 one time based on the size of the building and physical
59 space;

60 (2) Movement of visitors within the health care
61 facility, including restricting access to operating rooms,
62 isolation rooms or units, behavioral health units, or other
63 commonly restricted areas; and

64 (3) Access of any person to a patient:

65 (a) At the request of the patient or resident, or the
66 legal guardian of such;

67 (b) At the request of a law enforcement agency for a
68 person in custody;

69 (c) Due to a court order;

70 (d) To prevent substantial disruption to the care of a
71 patient or resident or the operation of the facility;

72 (e) During the administration of emergency care in
73 critical situations;

74 (f) If the person has measurable signs and symptoms of
75 a transmissible infection; except that, the health care
76 facility shall allow access through telephone or other means
77 of telecommunication that ensure the protection of the
78 patient or resident;

79 (g) If the health care facility has reasonable cause
80 to suspect the person of being a danger or otherwise
81 contrary to the health or welfare of the patient or
82 resident, other patients or residents, or facility staff; or

83 (h) If, in the clinical judgment of the patient's or
84 resident's attending physician, the presence of visitors
85 would be medically or therapeutically contraindicated to the
86 health or life of the patient or resident, and the attending
87 physician attests to such in the patient's or resident's
88 chart.

89 7. Nothing in this section shall limit a health care
90 facility from limiting or redirecting visitors of a patient
91 or resident in a shared room to ensure the health and safety
92 of the patients or residents in the shared room. Nothing in
93 this section shall be construed to prohibit health care
94 facilities from adopting reasonable safety or security
95 restrictions or other requirements for visitors.

96 8. Nothing in this section shall be construed to waive
97 or change long-term care facility residents' rights under
98 sections 198.088 and 198.090.

99 9. No later than January 1, 2023, the department of
100 health and senior services shall develop informational
101 materials for patients, residents, and their legal
102 guardians, regarding the provisions of this section. A
103 health care facility shall make these informational
104 materials accessible upon admission or registration and on
105 the primary website of the health care facility.

106 10. A compassionate care visitor of a patient or
107 resident of a health care facility may report any violation
108 of the provisions of this section by a health care facility
109 to the department of health and senior services. The
110 department shall begin investigating any such complaint
111 filed under this subsection within thirty-six hours of
112 receipt of the complaint. The purpose of such investigation
113 shall be to ensure compliance with the provisions of this
114 section and any such investigation shall otherwise comply
115 with the complaint processes established by section 197.080
116 for a hospital, section 197.268 for a hospice facility, and
117 section 198.532 for a long-term care facility.

118 11. No health care facility shall be held liable for
119 damages in an action involving a liability claim against the
120 facility arising from the compliance with the provisions of
121 this section. The immunity described in this subsection
122 shall not apply to any act or omission by a facility, its
123 employees, or its contractors that constitutes recklessness
124 or willful misconduct and shall be provided in addition to,
125 and shall in no way limit, any other immunity protections
126 that may apply in state or federal law.

127 12. The provisions of this section shall not be
128 terminated, suspended, or waived except by a declaration of
129 emergency under chapter 44, during which time the provisions
130 of sections 191.2290 and 630.202 shall apply.

191.2290. 1. The provisions of this section and
section 630.202 shall be known and may be cited as the
"Essential Caregiver Program Act".

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

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

(2) "Essential caregiver", a family member, friend,
guardian, or other individual selected by a facility
resident or patient who has not been adjudged incapacitated
under chapter 475, or the guardian or legal representative
of the resident or patient;

(3) "Facility", a hospital licensed under chapter 197
or a facility licensed under chapter 198.

3. During a state of emergency declared pursuant to
chapter 44 relating to infectious, contagious, communicable,
or dangerous diseases, a facility shall allow a resident or
patient who has not been adjudged incapacitated under
chapter 475, a resident's or patient's guardian, or a
resident's or patient's legally authorized representative to
designate an essential caregiver for in-person contact with
the resident or patient in accordance with the standards and
guidelines developed by the department under this section.
Essential caregivers shall be considered as part of the
resident's or patient's care team, along with the resident's
or patient's health care providers and facility staff.

4. The facility shall inform, in writing, residents
and patients who have not been adjudged incapacitated under
chapter 475, or guardians or legal representatives of
residents or patients, of the "Essential Caregiver Program"
and the process for designating an essential caregiver.

5. The department shall develop standards and
guidelines concerning the essential caregiver program,
including, but not limited to, the following:

34 (1) The facility shall allow at least two individuals
35 per resident or patient to be designated as essential
36 caregivers, although the facility may limit the in-person
37 contact to one caregiver at a time. The caregiver shall not
38 be required to have previously served in a caregiver
39 capacity prior to the declared state of emergency;

40 (2) The facility shall establish a reasonable in-
41 person contact schedule to allow the essential caregiver to
42 provide care to the resident or patient for at least four
43 hours each day, including evenings, weekends, and holidays,
44 but shall allow for twenty-four-hour in-person care as
45 necessary and appropriate for the well-being of the resident
46 or patient. The essential caregiver shall be permitted to
47 leave and return during the scheduled hours or be replaced
48 by another essential caregiver;

49 (3) The facility shall establish procedures to enable
50 physical contact between the resident or patient and the
51 essential caregiver. The facility may not require the
52 essential caregiver to undergo more stringent screening,
53 testing, hygiene, personal protective equipment, and other
54 infection control and prevention protocols than required of
55 facility employees;

56 (4) The facility shall specify in its protocols the
57 criteria that the facility will use if it determines that in-
58 person contact by a particular essential caregiver is
59 inconsistent with the resident's or patient's therapeutic
60 care and treatment or is a safety risk to other residents,
61 patients, or staff at the facility. Any limitations placed
62 upon a particular essential caregiver shall be reviewed and
63 documented every seven days to determine if the limitations
64 remain appropriate; and

65 (5) The facility may restrict or revoke in-person
66 contact by an essential caregiver who fails to follow

67 required protocols and procedures established under this
68 subsection.

69 6. (1) A facility may request from the department a
70 suspension of in-person contact by essential caregivers for
71 a period not to exceed seven days. The department may deny
72 the facility's request to suspend in-person contact with
73 essential caregivers if the department determines that such
74 in-person contact does not pose a serious community health
75 risk. A facility may request from the department an
76 extension of a suspension for more than seven days;
77 provided, that the department shall not approve an extension
78 period for longer than seven days at a time. A facility
79 shall not suspend in-person caregiver contact for more than
80 fourteen consecutive days in a twelve-month period or for
81 more than forty-five total days in a twelve-month period.

82 (2) The department shall suspend in-person contact by
83 essential caregivers under this section if it determines
84 that doing so is required under federal law, including a
85 determination that federal law requires a suspension of in-
86 person contact by members of the resident's or patient's
87 care team.

88 (3) The attorney general shall institute all suits
89 necessary on behalf of the state to defend the right of the
90 state to implement the provisions of this section to ensure
91 access by residents and patients to essential caregivers as
92 part of their care team.

93 7. The provisions of this section shall not be
94 construed to require an essential caregiver to provide
95 necessary care to a resident or patient and a facility shall
96 not require an essential caregiver to provide necessary care.

97 8. The provisions of this section shall not apply to
98 those residents or patients whose particular plan of
99 therapeutic care and treatment necessitates restricted or

otherwise limited visitation for reasons unrelated to the stated reasons for the declared state emergency.

9. A facility, its employees, and its contractors shall be immune from civil liability for an injury or harm caused by or resulting from:

(1) Exposure to a contagious disease or other harmful agent that is specified during the state of emergency declared pursuant to chapter 44; or

(2) Acts or omissions by essential caregivers who are present in the facility;

as a result of the implementation of the essential caregiver program under this section. The immunity described in this subsection shall not apply to any act or omission by a facility, its employees, or its contractors that constitutes recklessness or willful misconduct.

192.2225. 1. The department shall have the right to enter the premises of an applicant for or holder of a license at any time during the hours of operation of a center to determine compliance with provisions of sections 192.2200 to 192.2260 and applicable rules promulgated pursuant thereto. Entry shall also be granted for investigative purposes involving complaints regarding the operations of an adult day care program. The department shall make at least [two inspections] one inspection per year, [at least one of] which shall be unannounced to the operator or provider. The department may make such other inspections, announced or unannounced, as it deems necessary to carry out the provisions of sections 192.2200 to 192.2260.

2. [The department may reduce the frequency of inspections to once a year if an adult day care program is found to be in substantial compliance. The basis for such determination shall include, but not be limited to, the following:

- 19 (1) Previous inspection reports;
- 20 (2) The adult day care program's history of compliance
- 21 with rules promulgated pursuant to this chapter; and
- 22 (3) The number and severity of complaints received
- 23 about the adult day care program.

24 3.] The applicant for or holder of a license shall

25 cooperate with the investigation and inspection by providing

26 access to the adult day care program, records and staff, and

27 by providing access to the adult day care program to

28 determine compliance with the rules promulgated pursuant to

29 sections 192.2200 to 192.2260.

30 [4.] 3. Failure to comply with any lawful request of

31 the department in connection with the investigation and

32 inspection is a ground for refusal to issue a license or for

33 the revocation of a license.

34 [5.] 4. The department may designate to act for it,

35 with full authority of law, any instrumentality of any

36 political subdivision of the state of Missouri deemed by the

37 department to be competent to investigate and inspect

38 applicants for or holders of licenses.

 194.210. 1. Sections 194.210 to 194.294 may be cited

2 as the "Revised Uniform Anatomical Gift Act".

3 2. As used in sections 194.210 to 194.294, the

4 following terms mean:

5 (1) "Adult", an individual who is at least eighteen

6 years of age;

7 (2) "Agent", an individual:

8 (a) Authorized to make health-care decisions on the

9 principal's behalf by a power of attorney for health care; or

10 (b) Expressly authorized to make an anatomical gift on

11 the principal's behalf by any other record signed by the

12 principal;

(3) "Anatomical gift", a donation of all or part of a human body to take effect after the donor's death for the purposes of transplantation, therapy, research, or education;

(4) ["Cadaver procurement organization", an entity lawfully established and operated for the procurement and distribution of anatomical gifts to be used as cadavers or cadaver tissue for appropriate education or research;

(5)] "Decedent", a deceased individual whose body or part is or may be the source of an anatomical gift. The term includes a stillborn infant but does not include an unborn child as defined in section 1.205 or 188.015 if the child has not died of natural causes;

[(6)] (5) "Disinterested witness", a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes, or refuses to make an anatomical gift. The term does not include a person to which an anatomical gift could pass under section 194.255;

[(7)] (6) "Document of gift", a donor card or other record used to make an anatomical gift. The term includes a statement or symbol on a driver's license, identification card, or donor registry;

[(8)] (7) "Donor", an individual whose body or part is the subject of an anatomical gift provided that donor does not include an unborn child as defined in section 1.205 or section 188.015 if the child has not died of natural causes;

[(9)] (8) "Donor registry", a database that contains records of anatomical gifts and amendments to or revocations of anatomical gifts;

[(10)] (9) "Driver's license", a license or permit issued by the department of revenue to operate a vehicle whether or not conditions are attached to the license or permit;

46 [(11)] (10) "Eye bank", a person that is licensed,
47 accredited, or regulated under federal or state law to
48 engage in the recovery, screening, testing, processing,
49 storage, or distribution of human eyes or portions of human
50 eyes;

51 [(12)] (11) "Guardian", a person appointed by a court
52 pursuant to chapter 475. The term does not include a
53 guardian ad litem;

54 [(13)] (12) "Hospital", a facility licensed as a
55 hospital under the laws of any state or a facility operated
56 as a hospital by the United States, a state, or a
57 subdivision of a state;

58 [(14)] (13) "Identification card", an identification
59 card issued by the department of revenue;

60 [(15)] (14) "Know", to have actual knowledge;

61 [(16)] (15) "Minor", an individual who is under
62 eighteen years of age;

63 [(17)] (16) "Organ procurement organization", [a
64 person] an entity designated by the United States Secretary
65 of Health and Human Services as an organ procurement
66 organization;

67 [(18)] (17) "Parent", a parent whose parental rights
68 have not been terminated;

69 [(19)] (18) "Part", an organ, an eye, or tissue of a
70 human being. The term does not include the whole body;

71 [(20)] (19) "Person", an individual, corporation,
72 business trust, estate, trust, partnership, limited
73 liability company, association, joint venture, public
74 corporation, government or governmental subdivision, agency,
75 or instrumentality, or any other legal or commercial entity;

76 [(21)] (20) "Physician", an individual authorized to
77 practice medicine or osteopathy under the laws of any state;

78 (21) "Potential donor", an individual whose body or
79 part is the subject of an anatomical gift, provided that
80 donor does not include an unborn child, as defined in
81 section 188.015, if the child has not died of natural causes;

82 (22) "Procurement organization", an eye bank, organ
83 procurement organization, [or] tissue bank, or an entity
84 lawfully established and operated for the procurement and
85 distribution of anatomical gifts to be used as donated
86 organs, donated tissues, or for appropriate scientific or
87 medical research;

88 (23) "Prospective donor", an individual who is dead or
89 near death and has been determined by a procurement
90 organization to have a part that could be medically suitable
91 for transplantation, therapy, research, or education. The
92 term does not include an individual who has made a refusal;

93 (24) "Reasonably available", able to be contacted by a
94 procurement organization with reasonable effort and willing
95 and able to act in a timely manner consistent with existing
96 medical criteria necessary for the making of an anatomical
97 gift;

98 (25) "Recipient", an individual into whose body a
99 decedent's part has been or is intended to be transplanted;

100 (26) "Record", information that is inscribed on a
101 tangible medium or that is stored in an electronic or other
102 medium and is retrievable in perceivable form;

103 (27) "Refusal", a record created under section 194.235
104 that expressly states an intent to bar other persons from
105 making an anatomical gift of an individual's body or part;

106 (28) "Sign", with the present intent to authenticate
107 or adopt a record:

108 (a) To execute or adopt a tangible symbol; or

109 (b) To attach or logically associate with the record
110 an electronic symbol, sound, or process;

111 (29) "State", a state of the United States, the
112 District of Columbia, Puerto Rico, the United States Virgin
113 Islands, or any territory or insular possession subject to
114 the United States;

115 (30) "Technician", an individual determined to be
116 qualified to remove or process parts by an appropriate
117 organization that is licensed, accredited, or regulated
118 under federal or state law. The term includes an eye
119 enucleator;

120 (31) "Tissue", a portion of the human body other than
121 an organ or an eye. The term does not include blood unless
122 the blood is donated for purposes of research or education;

123 (32) "Tissue bank", a person that is licensed,
124 accredited, or regulated under federal or state law to
125 engage in the recovery, screening, testing, processing,
126 storage, or distribution of tissue;

127 (33) "Transplant hospital", a hospital that furnishes
128 organ transplants and other medical and surgical specialty
129 services required for the care of transplant patients.

194.255. 1. An anatomical gift may be made to the
2 following persons named in the document of gift:

3 (1) A hospital, accredited medical school, dental
4 school, college, university, or [organ] procurement
5 organization, [cadaver procurement organization,] or other
6 appropriate person for appropriate scientific or medical
7 research or education;

8 (2) Subject to subsection 2 of this section, an
9 individual designated by the person making the anatomical
10 gift if the individual is the recipient of the part; or

11 (3) An eye bank or tissue bank.

12 2. If an anatomical gift to an individual under
13 subdivision (2) of subsection 1 of this section cannot be
14 transplanted into the individual, the part passes in

15 accordance with subsection 7 of this section in the absence
16 of an express, contrary indication by the person making the
17 anatomical gift.

18 3. If an anatomical gift of one or more specific parts
19 or of all parts is made in a document of gift that does not
20 name a person described in subsection 1 of this section but
21 identifies the purpose for which an anatomical gift may be
22 used, the following rules apply:

23 (1) If the part is an eye and the gift is for the
24 purpose of transplantation or therapy, the gift passes to
25 the appropriate eye bank;

26 (2) If the part is tissue and the gift is for the
27 purpose of transplantation or therapy, the gift passes to
28 the appropriate tissue bank;

29 (3) If the part is an organ and the gift is for the
30 purpose of transplantation or therapy, the gift passes to
31 the appropriate organ procurement organization as custodian
32 of the organ;

33 (4) If the part is an organ, an eye, or tissue and the
34 gift is for the purpose of research or education, the gift
35 passes to the appropriate procurement organization.

36 4. For the purpose of subsection 3 of this section, if
37 there is more than one purpose of an anatomical gift set
38 forth in the document of gift but the purposes are not set
39 forth in any priority, the gift must be used for
40 transplantation or therapy if suitable. If the gift cannot
41 be used for transplantation or therapy, the gift may be used
42 for research or education.

43 5. If an anatomical gift of one or more specific parts
44 is made in a document of gift that does not name a person
45 described in subsection 1 of this section and does not
46 identify the purpose of the gift, the gift may be used only

for transplantation or therapy, and the gift passes in accordance with subsection 7 of this section.

6. If a document of gift specifies only a general intent to make an anatomical gift by words such as "donor", "organ donor", or "body donor", or by a symbol or statement of similar import, the gift may be used only for transplantation or therapy, and the gift passes in accordance with subsection 7 of this section.

7. For purposes of subsections 2, 5, and 6 of this section, the following rules apply:

(1) If the part is an eye, the gift passes to the appropriate eye bank;

(2) If the part is tissue, the gift passes to the appropriate tissue bank;

(3) If the part is an organ, the gift passes to the appropriate organ procurement organization as custodian of the organ;

(4) If the gift is medically unsuitable for transplantation or therapy, the gift may be used for appropriate scientific or medical research or education and pass to the appropriate procurement organization [or cadaver procurement organization].

8. An anatomical gift of an organ for transplantation or therapy, other than an anatomical gift under subdivision (2) of subsection 1 of this section, passes to the organ procurement organization as custodian of the organ.

9. If an anatomical gift does not pass under subsections 1 through 8 of this section or the decedent's body or part is not used for transplantation, therapy, research, or education, custody of the body or part passes to the person under obligation to dispose of the body or part.

79 10. A person may not accept an anatomical gift if the
80 person knows that the gift was not effectively made under
81 section 194.225 or 194.250 or if the person knows that the
82 decedent made a refusal under section 194.235 that was not
83 revoked. For purposes of this subsection, if a person knows
84 that an anatomical gift was made on a document of gift, the
85 person is deemed to know of any amendment or revocation of
86 the gift or any refusal to make an anatomical gift on the
87 same document of gift.

88 11. A person may not accept an anatomical gift if the
89 person knows that the gift is from the body of an executed
90 prisoner from another country.

91 12. Except as otherwise provided in subdivision (2) of
92 subsection 1 of this section, nothing in this act affects
93 the allocation of organs for transplantation or therapy.

 194.265. 1. When a hospital refers an individual at
2 or near death to a procurement organization, the
3 organization shall make a reasonable search of any donor
4 registry and other applicable records that it knows exist
5 for the geographical area in which the individual resides to
6 ascertain whether the individual has made an anatomical gift.

7 2. A procurement organization must be allowed
8 reasonable access to information in the records of the
9 department of health and senior services and department of
10 revenue to ascertain whether an individual at or near death
11 is a donor.

12 3. When a hospital refers an individual at or near
13 death to a procurement organization, the organization may
14 conduct any reasonable examination necessary to ensure the
15 medical suitability of a part that is or could be the
16 subject of an anatomical gift for transplantation, therapy,
17 research, or education from a donor, potential donor, or a
18 prospective donor. During the examination period, measures

19 necessary to ensure the medical suitability of the part may
20 not be withdrawn unless the hospital or procurement
21 organization knows a contrary intent had or has been
22 expressed by the individual or an agent of the individual,
23 or if the individual is incapacitated and he or she has no
24 agent, knows a contrary intent has been expressed by any
25 person listed in section 194.245 having priority to make an
26 anatomical gift on behalf of the individual.

27 4. Unless prohibited by law other than sections
28 194.210 to 194.294, at any time after a donor's death, the
29 person to which a part passes under section 194.255 may
30 conduct any reasonable examination necessary to ensure the
31 medical suitability of the body or part for its intended
32 purpose.

33 5. Unless prohibited by law other than sections
34 194.210 to 194.294, an examination under subsection 3 or 4
35 of this section may include an examination of all medical
36 records of the donor, potential donor, or prospective donor.

37 6. Upon the death of a minor who was a donor or had
38 signed a refusal, unless a procurement organization knows
39 the minor is emancipated, the procurement organization shall
40 conduct a reasonable search for the parents of the minor and
41 provide the parents with an opportunity to revoke or amend
42 the anatomical gift or revoke a refusal.

43 7. Upon referral by a hospital under subsection 1 of
44 this section, a procurement organization shall make a
45 reasonable search for any person listed in section 194.245
46 having priority to make an anatomical gift on behalf of a
47 donor, potential donor, or prospective donor. If a
48 procurement organization receives information that an
49 anatomical gift to any other person was made, amended, or
50 revoked, it shall promptly advise the other person of all
51 relevant information.

52 8. Subject to subsection 9 of section 194.255 and
53 section 58.785, the rights of the person to which a part
54 passes under section 194.255 are superior to rights of all
55 others with respect to the part. The person may accept or
56 reject an anatomical gift in whole or in part. Subject to
57 the terms of the document of gift and this act, a person
58 that accepts an anatomical gift of an entire body may allow
59 embalming or cremation and use of remains in a funeral
60 service. If the gift is of a part, the person to which the
61 part passes under section 194.255, upon the death of the
62 donor and before embalming, burial, or cremation, shall
63 cause the part to be removed without unnecessary mutilation.

64 9. Neither the physician who attends the decedent
65 immediately prior to or at death nor the physician who
66 determines the time of the decedent's death may participate
67 in the procedures for removing or transplanting a part from
68 the decedent.

69 10. No physician who removes or transplants a part
70 from the decedent, or a procurement organization, shall have
71 primary responsibility for the health care treatment, or
72 health care decision-making for such individual's terminal
73 condition during the hospitalization for which the
74 individual becomes a donor.

75 11. A physician or technician may remove a donated
76 part from the body of a donor that the physician or
77 technician is qualified to remove.

 194.285. 1. A person that acts in accordance with
2 sections 194.210 to 194.294 or with the applicable
3 anatomical gift law of another state that is not
4 inconsistent with the provisions of sections 194.210 to
5 194.294 or attempts without negligence and in good faith to
6 do so is not liable for the act in any civil action,
7 criminal, or administrative proceeding.

8 2. Neither the person making an anatomical gift nor
9 the donor's estate is liable for any injury or damage that
10 results from the making or use of the gift.

11 3. In determining whether an anatomical gift has been
12 made, amended, or revoked under sections 194.210 to 194.294,
13 a person may rely upon representations of individuals listed
14 in subdivision (2), (3), (4), (5), (6), (7), or (8) of
15 subsection 1 of section 194.245 relating to the individual's
16 relationship to the donor, potential donor, or prospective
17 donor unless the person knows that representation is untrue.

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

3 (1) "Advance health-care directive", a power of
4 attorney for health care or a record signed or authorized by
5 a donor, potential donor, or prospective donor, containing
6 the [prospective] donor's direction concerning a health-care
7 decision for the [prospective] donor;

8 (2) "Declaration", a record, including but not limited
9 to a living will, or a do-not-resuscitate order, signed by a
10 donor, potential donor, or prospective donor specifying the
11 circumstances under which a life support system may be
12 withheld or withdrawn;

13 (3) "Health-care decision", any decision regarding the
14 health care of the donor, potential donor, or prospective
15 donor.

16 2. If a donor, potential donor, or prospective donor
17 has a declaration or advance health-care directive and the
18 terms of the declaration or directive and the express or
19 implied terms of a potential anatomical gift are in conflict
20 with regard to the administration of measures necessary to
21 ensure the medical suitability of a part for transplantation
22 or therapy, the [prospective] donor's attending physician
23 and [prospective] donor shall confer to resolve the

24 conflict. If the donor, potential donor, or prospective
25 donor is incapable of resolving the conflict, an agent
26 acting under the [prospective] donor's declaration or
27 directive or, if none or the agent is not reasonably
28 available, another person authorized by law to make health-
29 care decisions on behalf of the [prospective] donor shall
30 act for the donor to resolve the conflict. The conflict
31 must be resolved as expeditiously as possible. Information
32 relevant to the resolution of the conflict may be obtained
33 from the appropriate procurement organization and any other
34 person authorized to make an anatomical gift for the
35 prospective donor under section 194.245. Before the
36 resolution of the conflict, measures necessary to ensure the
37 medical suitability of an organ for transplantation or
38 therapy may not be withheld or withdrawn from the donor,
39 potential donor, or prospective donor if withholding or
40 withdrawing the measures is not contraindicated by
41 appropriate end-of-life care.

194.297. 1. There is established in the state
2 treasury the "Organ Donor Program Fund"[, which shall
3 consist of all moneys deposited by the director of revenue
4 pursuant to subsection 2 of section 302.171 and any other
5 moneys donated or appropriated to the fund]. The state
6 treasurer shall credit to and deposit in the organ donor
7 program fund all amounts received under sections 301.020,
8 301.3125, and subsection 2 of section 302.171, and any other
9 amounts which may be received from grants, gifts, bequests,
10 the federal government, or other sources granted or given.
11 Funds shall be used for implementing efforts that support or
12 provide organ, eye, and tissue donation education awareness,
13 recognition, training, and registry efforts unless
14 designated for a specific purpose as outlined in subsection
15 4 of this section. Funds may be used to support expenses

16 incurred by organ donation advisory committee members
17 pursuant to section 194.300.

18 2. The department of health and senior services may
19 pursue funding to support programmatic efforts and
20 initiatives as outlined in subsection 1 of this section.

21 3. The state treasurer shall invest any funds in
22 excess of five hundred thousand dollars in the organ donor
23 program fund not required for immediate disbursement or
24 program allocation in the same manner as surplus state funds
25 are invested under section 30.260. All earnings resulting
26 from the investment of money in the organ donor program fund
27 shall be credited to the organ donor program fund.

28 4. The organ donor program fund can accept gifts,
29 grants, appropriations, or contributions from any source,
30 public or private, including contributions from sections
31 301.020, 301.3125, and 302.171, and individuals, private
32 organizations and foundations, and bequests. Private
33 contributions, grants, and federal funds may be used and
34 expended by the department for such purposes as may be
35 specified in any requirements, terms, or conditions attached
36 thereto or, in the absence of any specific requirements,
37 terms, or conditions, as the department may determine for
38 purposes outlined in subsection 1 of this section.

39 5. The acceptance and use of federal funds shall not
40 commit any state funds, nor place any obligation upon the
41 general assembly to continue the programs or activities
42 outlined in the federal fund award for which the federal
43 funds are available.

44 6. The state treasurer shall administer the fund, and
45 the moneys in the fund shall be used solely, upon
46 appropriation, by the department [of health and senior
47 services, in consultation]. The department may consult with
48 the organ donation advisory committee[, for implementation

of organ donation awareness programs in the manner prescribed in subsection 2 of section 194.300] about the implementation of programming and related expenditures.

7. Notwithstanding the provisions of section 33.080 to the contrary, moneys in the organ donor program fund at the end of any biennium shall not be transferred to the credit of the general revenue fund. There shall be no money appropriated from general revenue to administer the fund in the event the fund cannot sustain itself.

194.299. The moneys in the organ donor program fund shall be expended as follows:

(1) [Grants by] The department of health and senior services [to] may enter into contracts with certified organ procurement organizations, other organizations, individuals, and institutions for services furthering the development and implementation of organ donation awareness programs in this state;

(2) Education and awareness initiatives, donor family recognition efforts, training, strategic planning efforts, and registry initiatives;

(3) Publication of informational pamphlets or booklets by the department of health and senior services and the advisory committee regarding organ donations and donations to the organ donor program fund when obtaining or renewing a license to operate a motor vehicle pursuant to subsection 2 of section 302.171;

[(3)] (4) Maintenance of a central registry of potential organ, eye, and tissue donors pursuant to subsection 1 of section 194.304; [and

(4)] (5) Implementation of organ donation awareness programs in the secondary schools of this state by the department of elementary and secondary education; and

24 (6) Reimbursements for reasonable and necessary
25 expenses incurred by advisory committee members pursuant to
26 subsection 2 of section 194.300.

194.304. 1. The department of revenue shall cooperate
2 with any donor registry that this state establishes,
3 contracts for, or recognizes for the purpose of transferring
4 to the donor registry all relevant information regarding a
5 donor's making, amendment to, or revocation of an anatomical
6 gift.

7 2. A first person consent organ and tissue donor
8 registry shall:

9 (1) Allow a donor, potential donor, prospective donor,
10 or other person authorized under section 194.220 to include
11 on the donor registry a statement or symbol that the donor
12 has made, amended, or revoked an anatomical gift;

13 (2) Be accessible to a procurement organization to
14 allow it to obtain relevant information on the donor
15 registry to determine, at or near death of the donor,
16 potential donor, or [a] prospective donor, whether the donor
17 [or prospective donor] has made, amended, or revoked an
18 anatomical gift; and

19 (3) Be accessible for purposes of subdivisions (1) and
20 (2) of this subsection seven days a week on a twenty-four-
21 hour basis.

22 3. Personally identifiable information on [a first
23 person consent organ and tissue] the donor registry about a
24 donor, potential donor, or prospective donor may not be used
25 or disclosed without the express consent of the donor[,
26 prospective donor,] or the person [that] who made the
27 anatomical gift for any purpose other than to determine, at
28 or near death of the donor [or a prospective donor], whether
29 the donor [or prospective donor] has made, amended, or
30 revoked an anatomical gift.

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

(1) "COVID-19 vaccination status", an indication of whether a person has received a vaccination against COVID-19;

(2) "Hospital", the same meaning given to the term in section 197.020;

(3) "Procurement organization", the same meaning given to the term in section 194.210.

2. Except if the organ being transplanted is a lung, no hospital, physician, procurement organization, or other person shall consider the COVID-19 vaccination status of a potential organ transplant recipient or potential organ donor in any part of the organ transplant process including, but not limited to:

(1) The referral of a patient to be considered for a transplant;

(2) The evaluation of a patient for a transplant;

(3) The consideration of a patient for placement on a waiting list;

(4) A patient's particular position on a waiting list; and

(5) The evaluation of a potential donor to determine his or her suitability as an organ donor.

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

(1) "Addiction mitigation medication", naltrexone hydrochloride that is administered in a manner approved by the United States Food and Drug Administration or any accepted medical practice method of administering;

(2) "Opioid antagonist", naloxone hydrochloride that blocks the effects of an opioid overdose that is administered in a manner approved by the United States Food

10 and Drug Administration or any accepted medical practice
11 method of administering;

12 [(2)] (3) "Opioid-related drug overdose", a condition
13 including, but not limited to, extreme physical illness,
14 decreased level of consciousness, respiratory depression,
15 coma, or death resulting from the consumption or use of an
16 opioid or other substance with which an opioid was combined
17 or a condition that a layperson would reasonably believe to
18 be an opioid-related drug overdose that requires medical
19 assistance.

20 2. Notwithstanding any other law or regulation to the
21 contrary:

22 (1) The director of the department of health and
23 senior services, if a licensed physician, may issue a
24 statewide standing order for an opioid antagonist or an
25 addiction mitigation medication;

26 (2) In the alternative, the department may employ or
27 contract with a licensed physician who may issue a statewide
28 standing order for an opioid antagonist or an addiction
29 mitigation medication with the express written consent of
30 the department director.

31 3. Notwithstanding any other law or regulation to the
32 contrary, any licensed pharmacist in Missouri may sell and
33 dispense an opioid antagonist or an addiction mitigation
34 medication under physician protocol or under a statewide
35 standing order issued under subsection 2 of this section.

36 4. A licensed pharmacist who, acting in good faith and
37 with reasonable care, sells or dispenses an opioid
38 antagonist or an addiction mitigation medication and an
39 appropriate device to administer the drug, and the protocol
40 physician, shall not be subject to any criminal or civil
41 liability or any professional disciplinary action for
42 prescribing or dispensing the opioid antagonist or addiction

mitigation medication or any outcome resulting from the
administration of the opioid antagonist or addiction
mitigation medication. A physician issuing a statewide
standing order under subsection 2 of this section shall not
be subject to any criminal or civil liability or any
professional disciplinary action for issuing the standing
order or for any outcome related to the order or the
administration of the opioid antagonist or addiction
mitigation medication.

5. Notwithstanding any other law or regulation to the
contrary, it shall be permissible for any person to possess
an opioid antagonist or an addiction mitigation medication.

6. Any person who administers an opioid antagonist to
another person shall, immediately after administering the
drug, contact emergency personnel. Any person who, acting
in good faith and with reasonable care, administers an
opioid antagonist to another person whom the person believes
to be suffering an opioid-related overdose shall be immune
from criminal prosecution, disciplinary actions from his or
her professional licensing board, and civil liability due to
the administration of the opioid antagonist.

196.1170. 1. This section shall be known and may be
cited as the "Kratom Consumer Protection Act".

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

(1) "Dealer", a person who sells, prepares, or
maintains kratom products or advertises, represents, or
holds oneself out as selling, preparing, or maintaining
kratom products. Such person may include, but not be
limited to, a manufacturer, wholesaler, store, restaurant,
hotel, catering facility, camp, bakery, delicatessen,
supermarket, grocery store, convenience store, nursing home,
or food or drink company;

12 (2) "Department", the department of health and senior
13 services;

14 (3) "Director", the director of the department or the
15 director's designee;

16 (4) "Food", a food, food product, food ingredient,
17 dietary ingredient, dietary supplement, or beverage for
18 human consumption;

19 (5) "Kratom product", a food product or dietary
20 ingredient containing any part of the leaf of the plant
21 Mitragyna speciosa.

22 3. The general assembly hereby occupies and preempts
23 the entire field of regulating kratom products to the
24 complete exclusion of any order, ordinance, or regulation of
25 any political subdivision of this state. Any political
26 subdivision's existing or future orders, ordinances, or
27 regulations relating to kratom products are hereby void.

28 4. (1) A dealer who prepares, distributes, sells, or
29 exposes for sale a food that is represented to be a kratom
30 product shall disclose on the product label the factual
31 basis upon which that representation is made.

32 (2) A dealer shall not prepare, distribute, sell, or
33 expose for sale a food represented to be a kratom product
34 that does not conform to the disclosure requirement under
35 subdivision (1) of this subsection.

36 5. A dealer shall not prepare, distribute, sell, or
37 expose for sale any of the following:

38 (1) A kratom product that is adulterated with a
39 dangerous non-kratom substance. A kratom product shall be
40 considered to be adulterated with a dangerous non-kratom
41 substance if the kratom product is mixed or packed with a
42 non-kratom substance and that substance affects the quality
43 or strength of the kratom product to such a degree as to
44 render the kratom product injurious to a consumer;

45 (2) A kratom product that is contaminated with a
46 dangerous non-kratom substance. A kratom product shall be
47 considered to be contaminated with a dangerous non-kratom
48 substance if the kratom product contains a poisonous or
49 otherwise deleterious non-kratom ingredient including, but
50 not limited to, any substance listed in section 195.017;

51 (3) A kratom product containing a level of 7-
52 hydroxymitragynine in the alkaloid fraction that is greater
53 than two percent of the alkaloid composition of the product;

54 (4) A kratom product containing any synthetic
55 alkaloids, including synthetic mitragynine, synthetic 7-
56 hydroxymitragynine, or any other synthetically derived
57 compounds of the plant Mitragyna speciosa; or

58 (5) A kratom product that does not include on its
59 package or label the amount of mitragynine and 7-
60 hydroxymitragynine contained in the product.

61 6. A dealer shall not distribute, sell, or expose for
62 sale a kratom product to an individual under eighteen years
63 of age.

64 7. (1) If a dealer violates subdivision (1) of
65 subsection 4 of this section, the director may, after notice
66 and hearing, impose a fine on the dealer of no more than
67 five hundred dollars for the first offense and no more than
68 one thousand dollars for the second or subsequent offense.

69 (2) A dealer who violates subdivision (2) of
70 subsection 4 of this section, subsection 5 of this section,
71 or subsection 6 of this section is guilty of a class D
72 misdemeanor.

73 (3) A person aggrieved by a violation of subdivision
74 (2) of subsection 4 of this section or subsection 5 of this
75 section may, in addition to and distinct from any other
76 remedy at law or in equity, bring a private cause of action
77 in a court of competent jurisdiction for damages resulting

78 from that violation including, but not limited to, economic,
79 noneconomic, and consequential damages.

80 (4) A dealer does not violate subdivision (2) of
81 subsection 4 of this section or subsection 5 of this section
82 if a preponderance of the evidence shows that the dealer
83 relied in good faith upon the representations of a
84 manufacturer, processor, packer, or distributor of food
85 represented to be a kratom product.

86 8. The department shall promulgate rules to implement
87 the provisions of this section including, but not limited
88 to, the requirements for the format, size, and placement of
89 the disclosure label required under subdivision (1) of
90 subsection 4 of this section and for the information to be
91 included in the disclosure label. Any rule or portion of a
92 rule, as that term is defined in section 536.010, that is
93 created under the authority delegated in this section shall
94 become effective only if it complies with and is subject to
95 all of the provisions of chapter 536 and, if applicable,
96 section 536.028. This section and chapter 536 are
97 nonseverable, and if any of the powers vested with the
98 general assembly pursuant to chapter 536 to review, to delay
99 the effective date, or to disapprove and annul a rule are
100 subsequently held unconstitutional, then the grant of
101 rulemaking authority and any rule proposed or adopted after
102 August 28, 2022, shall be invalid and void.

197.100. 1. Any provision of chapter 198 and chapter
2 338 to the contrary notwithstanding, the department of
3 health and senior services shall have sole authority, and
4 responsibility for inspection and licensure of hospitals in
5 this state including, but not limited to, all parts,
6 services, functions, support functions and activities which
7 contribute directly or indirectly to patient care of any
8 kind whatsoever. The department of health and senior

9 services shall [annually] inspect each licensed hospital in
10 accordance with Title XVIII of the Social Security Act and
11 shall make any other inspections and investigations as it
12 deems necessary for good cause shown. The department of
13 health and senior services shall accept reports of hospital
14 inspections from or on behalf of governmental agencies, the
15 joint commission, and the American Osteopathic Association
16 Healthcare Facilities Accreditation Program, provided the
17 accreditation inspection was conducted within one year of
18 the date of license renewal. Prior to granting acceptance
19 of any other accrediting organization reports in lieu of the
20 required licensure survey, the accrediting organization's
21 survey process must be deemed appropriate and found to be
22 comparable to the department's licensure survey. It shall
23 be the accrediting organization's responsibility to provide
24 the department any and all information necessary to
25 determine if the accrediting organization's survey process
26 is comparable and fully meets the intent of the licensure
27 regulations. The department of health and senior services
28 shall attempt to schedule inspections and evaluations
29 required by this section so as not to cause a hospital to be
30 subject to more than one inspection in any twelve-month
31 period from the department of health and senior services or
32 any agency or accreditation organization the reports of
33 which are accepted for licensure purposes pursuant to this
34 section, except for good cause shown.

35 2. Other provisions of law to the contrary
36 notwithstanding, the department of health and senior
37 services shall be the only state agency to determine life
38 safety and building codes for hospitals defined or licensed
39 pursuant to the provisions of this chapter, including but
40 not limited to sprinkler systems, smoke detection devices

41 and other fire safety-related matters so long as any new
42 standards shall apply only to new construction.

197.256. 1. A hospice shall apply for renewal of its
2 certificate not less than once every twelve months. In
3 addition, such hospice shall apply for renewal not less than
4 thirty days before any change in ownership or management of
5 the hospice. Such application shall be accompanied by the
6 appropriate fee as set forth in subsection 1 of section
7 197.254. Application shall be made upon a form prescribed
8 by the department.

9 2. Upon receipt of the application and fee, if a fee
10 is required, the department **[shall]** may conduct a survey to
11 evaluate the quality of services rendered by an applicant
12 for renewal. The department shall inspect each licensed
13 facility in accordance with Title XVIII of the Social
14 Security Act and approve the application and renew the
15 certificate of any applicant which is in compliance with
16 sections 197.250 to 197.280 and the rules made pursuant
17 thereto and which passes the department's survey.

18 3. The certificate of any hospice which has not been
19 renewed as required by this section shall be void.

20 4. The department shall require all certificated
21 hospices to submit statistical reports. The content,
22 format, and frequency of such reports shall be prescribed by
23 the department.

197.258. 1. In addition to any survey pursuant to
2 sections 197.250 to 197.280, the department may make such
3 surveys as it deems necessary during normal business hours.
4 The department shall survey every hospice **[not less than**
5 **once annually]** in accordance with Title XVIII of the Social
6 Security Act. The hospice shall permit the department's
7 representatives to enter upon any of its business premises
8 during normal business hours for the purpose of a survey.

9 2. As a part of its survey of a hospice, the
10 department may visit the home of any client of such hospice
11 with such client's consent.

12 3. In lieu of any survey required by sections 197.250
13 to 197.280, the department may accept in whole or in part
14 the survey of any state or federal agency, or of any
15 professional accrediting agency, if such survey:

16 (1) Is comparable in scope and method to the
17 department's surveys; and

18 (2) Is conducted [within one year of initial
19 application] in accordance with Title XVIII of the Social
20 Security Act for initial application or renewal of the
21 hospice's certificate.

22 4. The department shall not be required to survey any
23 hospice providing service to Missouri residents through an
24 office located in a state bordering Missouri if such
25 bordering state has a reciprocal agreement with Missouri on
26 hospice certification and the area served in Missouri by the
27 agency is contiguous to the area served in the bordering
28 state.

29 5. Any hospice which has its parent office in a state
30 which does not have a reciprocal agreement with Missouri on
31 hospice certification shall maintain a branch office in
32 Missouri. Such branch office shall maintain all records
33 required by the department for survey and shall be
34 certificated as a hospice.

 197.400. As used in sections 197.400 to 197.475,
2 unless the context otherwise requires, the following terms
3 mean:

4 (1) "Council", the home health services advisory
5 council created by sections 197.400 to 197.475;

6 (2) "Department", the department of health and senior
7 services;

8 (3) "Home health agency", a public agency or private
9 organization or a subdivision or subunit of an agency or
10 organization that provides two or more home health services
11 at the residence of a patient according to a [physician's]
12 written [and signed] plan of treatment signed by a
13 physician, nurse practitioner, clinical nurse specialist, or
14 physician assistant;

15 (4) "Home health services", any of the following items
16 and services provided at the residence of the patient on a
17 part-time or intermittent basis: nursing, physical therapy,
18 speech therapy, occupational therapy, home health aid, or
19 medical social service;

20 (5) "Nurse practitioner, clinical nurse specialist", a
21 person recognized by the state board of nursing pursuant to
22 the provisions of chapter 335 to practice in this state as a
23 nurse practitioner or clinical nurse specialist;

24 (6) "Part-time or intermittent basis", the providing
25 of home health services in an interrupted interval sequence
26 on the average of not to exceed three hours in any twenty-
27 four-hour period;

28 [(6)] (7) "Patient's residence", the actual place of
29 residence of the person receiving home health services,
30 including institutional residences as well as individual
31 dwelling units;

32 [(7)] (8) "Physician", a person licensed by the state
33 board of registration for the healing arts pursuant to the
34 provisions of chapter 334 to practice in this state as a
35 physician and surgeon;

36 (9) "Physician assistant", a person licensed by the
37 state board of registration for the healing arts pursuant to
38 the provisions of chapter 334 to practice in this state as a
39 physician assistant;

40 [(8)] (10) "Plan of treatment", a plan reviewed and
41 signed as often as [medically] necessary by a physician
42 [or], podiatrist, nurse practitioner, clinical nurse
43 specialist, or a physician assistant, not to exceed sixty
44 days in duration, and reviewed by a physician at least once
45 every six months, prescribing items and services for an
46 individual patient's condition;

47 [(9)] (11) "Podiatrist", a person licensed by the
48 state board of podiatry pursuant to the provisions of
49 chapter 330 to practice in this state as a podiatrist;

50 [(10)] (12) "Subunit" or "subdivision", any
51 organizational unit of a larger organization which can be
52 clearly defined as a separate entity within the larger
53 structure, which can meet all of the requirements of
54 sections 197.400 to 197.475 independent of the larger
55 organization, which can be held accountable for the care of
56 patients it is serving, and which provides to all patients
57 care and services meeting the standards and requirements of
58 sections 197.400 to 197.475.

197.415. 1. The department shall review the
2 applications and shall issue a license to applicants who
3 have complied with the requirements of sections 197.400 to
4 197.475 and have received approval of the department.

5 2. A license shall be renewed annually upon approval
6 of the department when the following conditions have been
7 met:

8 (1) The application for renewal is accompanied by a
9 six-hundred-dollar license fee;

10 (2) The home health agency is in compliance with the
11 requirements established pursuant to the provisions of
12 sections 197.400 to 197.475 as evidenced by [a survey] an
13 inspection by the department which shall occur[at least
14 every thirty-six months for agencies that have been in

operation thirty-six consecutive months from initial inspection. The frequency of inspections for agencies in operation at least thirty-six consecutive months from the initial inspection shall be determined by such factors as number of complaints received and changes in management, supervision or ownership. The frequency of each survey inspection for any agency in operation less than thirty-six consecutive months from the initial inspection shall occur and be conducted at least every twelve months] in accordance with Title XVIII of the Social Security Act;

(3) The application is accompanied by a statement of any changes in the information previously filed with the department pursuant to section 197.410.

3. Each license shall be issued only for the home health agency listed in the application. Licenses shall be posted in a conspicuous place in the main offices of the licensed home health agency.

4. In lieu of any survey required by sections 197.400 to 197.475, the department may accept in whole or in part written reports of the survey of any state or federal agency, or of any professional accrediting agency, if such survey:

(1) Is comparable in scope and method to the department's surveys; and

(2) Is conducted [within one year of initial application or within thirty-six months for the renewal of the home health license] in accordance with Title XVIII of the Social Security Act as required by subdivision (2) of subsection 2 of this section.

197.445. 1. The department may adopt reasonable rules and standards necessary to carry out the provisions of sections 197.400 to 197.477. The rules and standards adopted shall not be less than the standards established by

5 the federal government for home health agencies under Title
6 XVIII of the Federal Social Security Act. The reasonable
7 rules and standards shall be initially promulgated within
8 one year of September 28, 1983.

9 2. The rules and standards adopted by the department
10 pursuant to the provisions of sections 197.400 to 197.477
11 shall apply to all health services covered by sections
12 197.400 to 197.477 rendered to any patient being served by a
13 home health agency regardless of source of payment for the
14 service, patient's condition, or place of residence, at
15 which the home health services are ordered by the physician
16 [or], podiatrist, nurse practitioner, clinical nurse
17 specialist, or physician assistant. No rule or portion of a
18 rule promulgated pursuant to the authority of sections
19 197.400 to 197.477 shall become effective unless it has been
20 promulgated pursuant to the provisions of section 536.024.

198.006. As used in sections 198.003 to 198.186,
2 unless the context clearly indicates otherwise, the
3 following terms mean:

4 (1) "Abuse", the infliction of physical, sexual, or
5 emotional injury or harm;

6 (2) "Activities of daily living" or "ADL", one or more
7 of the following activities of daily living:

8 (a) Eating;

9 (b) Dressing;

10 (c) Bathing;

11 (d) Toileting;

12 (e) Transferring; and

13 (f) Walking;

14 (3) "Administrator", the person who is in general
15 administrative charge of a facility;

16 (4) "Affiliate":

17 (a) With respect to a partnership, each partner
18 thereof;

19 (b) With respect to a limited partnership, the general
20 partner and each limited partner with an interest of five
21 percent or more in the limited partnership;

22 (c) With respect to a corporation, each person who
23 owns, holds or has the power to vote five percent or more of
24 any class of securities issued by the corporation, and each
25 officer and director;

26 (d) With respect to a natural person, any parent,
27 child, sibling, or spouse of that person;

28 (5) "Appropriately trained and qualified individual",
29 an individual who is licensed or registered with the state
30 of Missouri in a health care-related field or an individual
31 with a degree in a health care-related field or an
32 individual with a degree in a health care, social services,
33 or human services field or an individual licensed under
34 chapter 344 and who has received facility orientation
35 training under 19 CSR [30-86042(18)] 30-86.047, and dementia
36 training under section 192.2000 and twenty-four hours of
37 additional training, approved by the department, consisting
38 of definition and assessment of activities of daily living,
39 assessment of cognitive ability, service planning, and
40 interview skills;

41 (6) "Assisted living facility", any premises, other
42 than a residential care facility, intermediate care
43 facility, or skilled nursing facility, that is utilized by
44 its owner, operator, or manager to provide twenty-four-hour
45 care and services and protective oversight to three or more
46 residents who are provided with shelter, board, and who may
47 need and are provided with the following:

48 (a) Assistance with any activities of daily living and
49 any instrumental activities of daily living;

50 (b) Storage, distribution, or administration of
51 medications; and

52 (c) Supervision of health care under the direction of
53 a licensed physician, provided that such services are
54 consistent with a social model of care;

55 Such term shall not include a facility where all of the
56 residents are related within the fourth degree of
57 consanguinity or affinity to the owner, operator, or manager
58 of the facility;

59 (7) "Community-based assessment", documented basic
60 information and analysis provided by appropriately trained
61 and qualified individuals describing an individual's
62 abilities and needs in activities of daily living,
63 instrumental activities of daily living, vision/hearing,
64 nutrition, social participation and support, and cognitive
65 functioning using an assessment tool approved by the
66 department of health and senior services that is designed
67 for community-based services and that is not the nursing
68 home minimum data set;

69 (8) "Dementia", a general term for the loss of
70 thinking, remembering, and reasoning so severe that it
71 interferes with an individual's daily functioning, and may
72 cause symptoms that include changes in personality, mood,
73 and behavior;

74 (9) "Department", the Missouri department of health
75 and senior services;

76 (10) "Emergency", a situation, physical condition or
77 one or more practices, methods or operations which presents
78 imminent danger of death or serious physical or mental harm
79 to residents of a facility;

80 (11) "Facility", any residential care facility,
81 assisted living facility, intermediate care facility, or
82 skilled nursing facility;

83 (12) "Health care provider", any person providing
84 health care services or goods to residents and who receives
85 funds in payment for such goods or services under Medicaid;

86 (13) "Instrumental activities of daily living", or
87 "IADL", one or more of the following activities:

88 (a) Preparing meals;

89 (b) Shopping for personal items;

90 (c) Medication management;

91 (d) Managing money;

92 (e) Using the telephone;

93 (f) Housework; and

94 (g) Transportation ability;

95 (14) "Intermediate care facility", any premises, other
96 than a residential care facility, assisted living facility,
97 or skilled nursing facility, which is utilized by its owner,
98 operator, or manager to provide twenty-four-hour
99 accommodation, board, personal care, and basic health and
100 nursing care services under the daily supervision of a
101 licensed nurse and under the direction of a licensed
102 physician to three or more residents dependent for care and
103 supervision and who are not related within the fourth degree
104 of consanguinity or affinity to the owner, operator or
105 manager of the facility;

106 (15) "Manager", any person other than the
107 administrator of a facility who contracts or otherwise
108 agrees with an owner or operator to supervise the general
109 operation of a facility, providing such services as hiring
110 and training personnel, purchasing supplies, keeping
111 financial records, and making reports;

112 (16) "Medicaid", medical assistance under section
113 208.151, et seq., in compliance with Title XIX, Public Law
114 89-97, 1965 amendments to the Social Security Act (42 U.S.C.
115 301, et seq.), as amended;

(17) "Neglect", the failure to provide, by those responsible for the care, custody, and control of a resident in a facility, the services which are reasonable and necessary to maintain the physical and mental health of the resident, when such failure presents either an imminent danger to the health, safety or welfare of the resident or a substantial probability that death or serious physical harm would result;

(18) "Operator", any person licensed or required to be licensed under the provisions of sections 198.003 to 198.096 in order to establish, conduct or maintain a facility;

(19) "Owner", any person who owns an interest of five percent or more in:

(a) The land on which any facility is located;

(b) The structure or structures in which any facility is located;

(c) Any mortgage, contract for deed, or other obligation secured in whole or in part by the land or structure in or on which a facility is located; or

(d) Any lease or sublease of the land or structure in or on which a facility is located.

Owner does not include a holder of a debenture or bond purchased at public issue nor does it include any regulated lender unless the entity or person directly or through a subsidiary operates a facility;

(20) "Protective oversight", an awareness twenty-four hours a day of the location of a resident, the ability to intervene on behalf of the resident, the supervision of nutrition, medication, or actual provisions of care, and the responsibility for the welfare of the resident, except where the resident is on voluntary leave;

(21) "Resident", a person who by reason of aging, illness, disease, or physical or mental infirmity receives

or requires care and services furnished by a facility and who resides or boards in or is otherwise kept, cared for, treated or accommodated in such facility for a period exceeding twenty-four consecutive hours;

(22) "Residential care facility", any premises, other than an assisted living facility, intermediate care facility, or skilled nursing facility, which is utilized by its owner, operator or manager to provide twenty-four-hour care to three or more residents, who are not related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility and who need or are provided with shelter, board, and with protective oversight, which may include storage and distribution or administration of medications and care during short-term illness or recuperation, except that, for purposes of receiving supplemental welfare assistance payments under section 208.030, only any residential care facility licensed as a residential care facility II immediately prior to August 28, 2006, and that continues to meet such licensure requirements for a residential care facility II licensed immediately prior to August 28, 2006, shall continue to receive after August 28, 2006, the payment amount allocated immediately prior to August 28, 2006, for a residential care facility II under section 208.030;

(23) "Skilled nursing facility", any premises, other than a residential care facility, an assisted living facility, or an intermediate care facility, which is utilized by its owner, operator or manager to provide for twenty-four-hour accommodation, board and skilled nursing care and treatment services to at least three residents who are not related within the fourth degree of consanguinity or affinity to the owner, operator or manager of the facility. Skilled nursing care and treatment services are those

services commonly performed by or under the supervision of a registered professional nurse for individuals requiring twenty-four-hours-a-day care by licensed nursing personnel including acts of observation, care and counsel of the aged, ill, injured or infirm, the administration of medications and treatments as prescribed by a licensed physician or dentist, and other nursing functions requiring substantial specialized judgment and skill;

(24) "Social model of care", long-term care services based on the abilities, desires, and functional needs of the individual delivered in a setting that is more home-like than institutional and promotes the dignity, individuality, privacy, independence, and autonomy of the individual. Any facility licensed as a residential care facility II prior to August 28, 2006, shall qualify as being more home-like than institutional with respect to construction and physical plant standards;

(25) "Vendor", any person selling goods or services to a health care provider;

(26) "Voluntary leave", an off-premise leave initiated by:

(a) A resident that has not been declared mentally incompetent or incapacitated by a court; or

(b) A legal guardian of a resident that has been declared mentally incompetent or incapacitated by a court.

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

(1) The statements in the application are true and correct;

9 (2) The facility and the operator are in substantial
10 compliance with the provisions of sections 198.003 to
11 198.096 and the standards established thereunder;

12 (3) The applicant has the financial capacity to
13 operate the facility;

14 (4) The administrator of an assisted living facility,
15 a skilled nursing facility, or an intermediate care facility
16 is currently licensed under the provisions of chapter 344;

17 (5) Neither the operator nor any principals in the
18 operation of the facility have ever been convicted of a
19 felony offense concerning the operation of a long-term
20 health care facility or other health care facility or ever
21 knowingly acted or knowingly failed to perform any duty
22 which materially and adversely affected the health, safety,
23 welfare or property of a resident, while acting in a
24 management capacity. The operator of the facility or any
25 principal in the operation of the facility shall not be
26 under exclusion from participation in the Title XVIII
27 (Medicare) or Title XIX (Medicaid) program of any state or
28 territory;

29 (6) Neither the operator nor any principals involved
30 in the operation of the facility have ever been convicted of
31 a felony in any state or federal court arising out of
32 conduct involving either management of a long-term care
33 facility or the provision or receipt of health care;

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

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

38 3. The department may inspect any facility and any
39 records and may make copies of records, at the facility, at
40 the department's own expense, required to be maintained by
41 sections 198.003 to 198.096 or by the rules and regulations

promulgated thereunder at any time if a license has been issued to or an application for a license has been filed by the operator of such facility. Copies of any records requested by the department shall be prepared by the staff of such facility within two business days or as determined by the department. The department shall not remove or disassemble any medical record during any inspection of the facility, but may observe the photocopying or may make its own copies if the facility does not have the technology to make the copies. In accordance with the provisions of section 198.525, the department shall make at least [two inspections] one inspection per year, [at least one of] which shall be unannounced to the operator. The department may make such other inspections, announced or unannounced, as it deems necessary to carry out the provisions of sections 198.003 to 198.136.

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

5. Whenever the department is inspecting a facility in response to an application from an operator located outside of Missouri not previously licensed by the department, the department may request from the applicant the past five

74 years compliance history of all facilities owned by the
75 applicant located outside of this state.

198.026. 1. Whenever a duly authorized representative
2 of the department finds upon an inspection of a facility
3 that it is not in compliance with the provisions of sections
4 198.003 to 198.096 and the standards established thereunder,
5 the operator or administrator shall be informed of the
6 deficiencies in an exit interview conducted with the
7 operator or administrator, or his or her designee. The
8 department shall inform the operator or administrator, in
9 writing, of any violation of a class I standard at the time
10 the determination is made. A written report shall be
11 prepared of any deficiency for which there has not been
12 prompt remedial action, and a copy of such report and a
13 written correction order shall be sent to the operator or
14 administrator by [certified mail or other] a delivery
15 service that provides a dated receipt of delivery [at the
16 facility address] within ten working days after the
17 inspection, stating separately each deficiency and the
18 specific statute or regulation violated.

19 2. The operator or administrator shall have five
20 working days following receipt of a written report and
21 correction order regarding a violation of a class I standard
22 and ten working days following receipt of the report and
23 correction order regarding violations of class II or class
24 III standards to request any conference and to submit a plan
25 of correction for the department's approval which contains
26 specific dates for achieving compliance. Within five
27 working days after receiving a plan of correction regarding
28 a violation of a class I standard and within ten working
29 days after receiving a plan of correction regarding a
30 violation of a class II or III standard, the department
31 shall give its written approval or rejection of the plan.

32 If there was a violation of any class I standard, immediate
33 corrective action shall be taken by the operator or
34 administrator and a written plan of correction shall be
35 submitted to the department. The department shall give its
36 written approval or rejection of the plan and if the plan is
37 acceptable, a reinspection shall be conducted within twenty
38 calendar days of the exit interview to determine if
39 deficiencies have been corrected. If there was a violation
40 of any class II standard and the plan of correction is
41 acceptable, an unannounced reinspection shall be conducted
42 between forty and ninety calendar days from the date of the
43 exit conference to determine the status of all previously
44 cited deficiencies. If there was a violation of class III
45 standards sufficient to establish that the facility was not
46 in substantial compliance, an unannounced reinspection shall
47 be conducted within one hundred twenty days of the exit
48 interview to determine the status of previously identified
49 deficiencies.

50 3. If, following the reinspection, the facility is
51 found not in substantial compliance with sections 198.003 to
52 198.096 and the standards established thereunder or the
53 operator is not correcting the noncompliance in accordance
54 with the approved plan of correction, the department shall
55 issue a notice of noncompliance, which shall be sent by
56 [certified mail or other] a delivery service that provides a
57 dated receipt of delivery to [each person disclosed to be an
58 owner or] the operator or administrator of the facility,
59 according to the most recent information or documents on
60 file with the department.

61 4. The notice of noncompliance shall inform the
62 operator or administrator that the department may seek the
63 imposition of any of the sanctions and remedies provided for
64 in section 198.067, or any other action authorized by law.

65 5. At any time after an inspection is conducted, the
66 operator may choose to enter into a consent agreement with
67 the department to obtain a probationary license. The
68 consent agreement shall include a provision that the
69 operator will voluntarily surrender the license if
70 substantial compliance is not reached in accordance with the
71 terms and deadlines established under the agreement. The
72 agreement shall specify the stages, actions and time span to
73 achieve substantial compliance.

74 6. Whenever a notice of noncompliance has been issued,
75 the operator shall post a copy of the notice of
76 noncompliance and a copy of the most recent inspection
77 report in a conspicuous location in the facility, and the
78 department shall send a copy of the notice of noncompliance
79 to the department of social services, the department of
80 mental health, and any other concerned federal, state or
81 local governmental agencies.

 198.036. 1. The department may revoke a license in
2 any case in which it finds that:

3 (1) The operator failed or refused to comply with
4 class I or II standards, as established by the department
5 pursuant to section 198.085; or failed or refused to comply
6 with class III standards as established by the department
7 pursuant to section 198.085, where the aggregate effect of
8 such noncompliances presents either an imminent danger to
9 the health, safety or welfare of any resident or a
10 substantial probability that death or serious physical harm
11 would result;

12 (2) The operator refused to allow representatives of
13 the department to inspect the facility for compliance with
14 standards or denied representatives of the department access
15 to residents and employees necessary to carry out the duties
16 set forth in this chapter and rules promulgated thereunder,

17 except where employees of the facility are in the process of
18 rendering immediate care to a resident of such facility;

19 (3) The operator knowingly acted or knowingly omitted
20 any duty in a manner which would materially and adversely
21 affect the health, safety, welfare or property of a resident;

22 (4) The operator demonstrated financial incapacity to
23 operate and conduct the facility in accordance with the
24 provisions of sections 198.003 to 198.096;

25 (5) The operator or any principals in the operation of
26 the facility have ever been convicted of, or pled guilty or
27 nolo contendere to a felony offense concerning the operation
28 of a long-term health care facility or other health care
29 facility, or ever knowingly acted or knowingly failed to
30 perform any duty which materially and adversely affected the
31 health, safety, welfare, or property of a resident while
32 acting in a management capacity. The operator of the
33 facility or any principal in the operation of the facility
34 shall not be under exclusion from participation in the Title
35 XVIII (Medicare) or Title XIX (Medicaid) program of any
36 state or territory; or

37 (6) The operator or any principals involved in the
38 operation of the facility have ever been convicted of or
39 pled guilty or nolo contendere to a felony in any state or
40 federal court arising out of conduct involving either
41 management of a long-term care facility or the provision or
42 receipt of health care.

43 2. Nothing in subdivision (2) of subsection 1 of this
44 section shall be construed as allowing the department access
45 to information not necessary to carry out the duties set
46 forth in sections 198.006 to 198.186.

47 3. Upon revocation of a license, the director of the
48 department shall so notify the operator in writing, setting
49 forth the reason and grounds for the revocation. Notice of

50 such revocation shall be sent [either by certified mail,
51 return receipt requested,] by a delivery service that
52 provides a dated receipt of delivery to the operator [at the
53 address of the facility] and administrator, or served
54 personally upon the operator and administrator. The
55 department shall provide the operator notice of such
56 revocation at least ten days prior to its effective date.

198.525. 1. [Except as otherwise provided pursuant to
2 section 198.526,] In order to comply with sections 198.012
3 and 198.022, the department of health and senior services
4 shall inspect residential care facilities, assisted living
5 facilities, intermediate care facilities, and skilled
6 nursing facilities, including those facilities attached to
7 acute care hospitals at least [twice] once a year.

8 2. The department shall not assign an individual to
9 inspect or survey a long-term care facility licensed under
10 this chapter, for any purpose, in which the inspector or
11 surveyor was an employee of such facility within the
12 preceding two years.

13 3. For any inspection or survey of a facility licensed
14 under this chapter, regardless of the purpose, the
15 department shall require every newly hired inspector or
16 surveyor at the time of hiring or, with respect to any
17 currently employed inspector or surveyor as of August 28,
18 2009, to disclose:

19 (1) The name of every Missouri licensed long-term care
20 facility in which he or she has been employed; and

21 (2) The name of any member of his or her immediate
22 family who has been employed or is currently employed at a
23 Missouri licensed long-term care facility.

24 The disclosures under this subsection shall be disclosed to
25 the department whenever the event giving rise to disclosure
26 first occurs.

27 4. For purposes of this section, the phrase "immediate
28 family member" shall mean husband, wife, natural or adoptive
29 parent, child, sibling, stepparent, stepchild, stepbrother,
30 stepsister, father-in-law, mother-in-law, son-in-law,
31 daughter-in-law, brother-in-law, sister-in-law, grandparent
32 or grandchild.

33 5. The information called for in this section shall be
34 a public record under the provisions of subdivision (6) of
35 section 610.010.

36 6. Any person may notify the department if facts exist
37 that would lead a reasonable person to conclude that any
38 inspector or surveyor has any personal or business
39 affiliation that would result in a conflict of interest in
40 conducting an inspection or survey for a facility. Upon
41 receiving that notice, the department, when assigning an
42 inspector or surveyor to inspect or survey a facility, for
43 any purpose, shall take steps to verify the information and,
44 if the department has probable cause to believe that it is
45 correct, shall not assign the inspector or surveyor to the
46 facility or any facility within its organization so as to
47 avoid an appearance of prejudice or favor to the facility or
48 bias on the part of the inspector or surveyor.

198.526. 1. [Except as provided in subsection 3 of
2 this section,] The department of health and senior services
3 shall inspect all facilities licensed by the department at
4 least [twice] once each year. Such inspections shall be
5 conducted:

- 6 (1) Without the prior notification of the facility; and
- 7 (2) At times of the day, on dates and at intervals
8 which do not permit facilities to anticipate such
9 inspections.

2. The department shall annually reevaluate the inspection process to ensure the requirements of subsection 1 of this section are met.

3. [The department may reduce the frequency of inspections to once a year if a facility is found to be in substantial compliance. The basis for such determination shall include, but not be limited to, the following:

(1) Previous inspection reports;

(2) The facility's history of compliance with rules promulgated pursuant to this chapter;

(3) The number and severity of complaints received about the facility; and

(4) In the year subsequent to a finding of no class I violations or class II violations, the facility does not have a change in ownership, operator, or, if the department finds it significant, a change in director of nursing.

4.] Information regarding unannounced inspections shall be disclosed to employees of the department on a need-to-know basis only. Any employee of the department who knowingly discloses the time of an unannounced inspection in violation of this section is guilty of a class A misdemeanor and shall have his or her employment immediately terminated.

198.545. 1. This section shall be known and may be cited as the "Missouri Informal Dispute Resolution Act".

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

(1) "Deficiency", a facility's failure to meet a participation requirement or standard, whether state or federal, supported by evidence gathered from observation, interview, or record review;

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

11 (3) "Facility", a long-term care facility licensed
12 under this chapter;

13 (4) "IDR", informal dispute resolution as provided for
14 in this section;

15 (5) "Independent third party", the federally
16 designated Medicare Quality Improvement Organization in this
17 state;

18 (6) "Plan of correction", a facility's response to
19 deficiencies which explains how corrective action will be
20 accomplished, how the facility will identify other residents
21 who may be affected by the deficiency practice, what
22 measures will be used or systemic changes made to ensure
23 that the deficient practice will not reoccur, and how the
24 facility will monitor to ensure that solutions are sustained;

25 (7) "QIO", the federally designated Medicare Quality
26 Improvement Organization in this state.

27 3. The department of health and senior services shall
28 contract with an independent third party to conduct informal
29 dispute resolution (IDR) for facilities licensed under this
30 chapter. The IDR process, including conferences, shall
31 constitute an informal administrative process and shall not
32 be construed to be a formal evidentiary hearing. Use of IDR
33 under this section shall not waive the facility's right to
34 pursue further or additional legal actions.

35 4. The department shall establish an IDR process to
36 determine whether a cited deficiency as evidenced by a
37 statement of deficiencies against a facility shall be
38 upheld. The department shall promulgate rules to
39 incorporate by reference the provisions of 42 CFR 488.331
40 regarding the IDR process and to include the following
41 minimum requirements for the IDR process:

42 (1) Within ten working days of the end of the survey,
43 the department shall by [certified mail] a delivery service

44 that provides dated receipt of delivery transmit to the
45 facility a statement of deficiencies committed by the
46 facility. Notification of the availability of an IDR and
47 IDR process shall be included in the transmittal;

48 (2) Within ten **[calendar]** working days of receipt of
49 the statement of deficiencies, the facility shall return a
50 plan of correction to the department. Within such ten-day
51 period, the facility may request in writing an IDR
52 conference to refute the deficiencies cited in the statement
53 of deficiencies;

54 (3) Within ten working days of receipt of a request
55 for an IDR conference made by a facility, the QIO shall hold
56 an IDR conference unless otherwise requested by the
57 facility. The IDR conference shall provide the facility
58 with an opportunity to provide additional information or
59 clarification in support of the facility's contention that
60 the deficiencies were erroneously cited. The facility may
61 be accompanied by counsel during the IDR conference. The
62 type of IDR held shall be at the discretion of the facility,
63 but shall be limited to:

64 (a) A desk review of written information submitted by
65 the facility; or

66 (b) A telephonic conference; or

67 (c) A face-to-face conference held at the headquarters
68 of the QIO or at the facility at the request of the facility.

69 If the QIO determines the need for additional information,
70 clarification, or discussion after conclusion of the IDR
71 conference, the department and the facility shall be present.

72 5. Within ten days of the IDR conference described in
73 subsection 4 of this section, the QIO shall make a
74 determination, based upon the facts and findings presented,
75 and shall transmit the decision and rationale for the
76 outcome in writing to the facility and the department.

77 6. If the department disagrees with such
78 determination, the department shall transmit the
79 department's decision and rationale for the reversal of the
80 QIO's decision to the facility within ten calendar days of
81 receiving the QIO's decision.

82 7. If the QIO determines that the original statement
83 of deficiencies should be changed as a result of the IDR
84 conference, the department shall transmit a revised
85 statement of deficiencies to the facility with the
86 notification of the determination within ten calendar days
87 of the decision to change the statement of deficiencies.

88 8. Within ten calendar days of receipt of the
89 determination made by the QIO and the revised statement of
90 deficiencies, the facility shall submit a plan of correction
91 to the department.

92 9. The department shall not post on its website or
93 enter into the Centers for Medicare & Medicaid Services
94 Online Survey, Certification and Reporting System, or report
95 to any other agency, any information about the deficiencies
96 which are in dispute unless the dispute determination is
97 made and the facility has responded with a revised plan of
98 correction, if needed.

99 10. Any rule or portion of a rule, as that term is
100 defined in section 536.010, that is created under the
101 authority delegated in this section shall become effective
102 only if it complies with and is subject to all of the
103 provisions of chapter 536 and, if applicable, section
104 536.028. This section and chapter 536 are nonseverable and
105 if any of the powers vested with the general assembly
106 pursuant to chapter 536 to review, to delay the effective
107 date, or to disapprove and annul a rule are subsequently
108 held unconstitutional, then the grant of rulemaking

109 authority and any rule proposed or adopted after August 28,
110 2009, shall be invalid and void.

198.640. As used in sections 198.640 to 198.648, the
2 following terms shall mean:

3 (1) "Controlling person", a business entity, officer,
4 program administrator, or director whose responsibilities
5 include the direction of the management or policies of a
6 supplemental health care services agency. The term
7 "controlling person" also means an individual who, directly
8 or indirectly, beneficially owns an interest in a
9 corporation, partnership, or other business association that
10 is a controlling person;

11 (2) "Department", the department of health and senior
12 services;

13 (3) "Health care facility", a licensed hospital
14 defined under section 197.020 or a licensed entity defined
15 under subdivision (6), (14), (22), or (23) of section
16 198.006;

17 (4) "Health care personnel", any individual licensed,
18 accredited, or certified by the state of Missouri to perform
19 specified health services consistent with state law;

20 (5) "Person", an individual, firm, corporation,
21 partnership, or association;

22 (6) "Supplemental health care services agency" or
23 "agency", a person, firm, corporation, partnership, or
24 association engaged for hire in the business of providing or
25 procuring temporary employment in health care facilities for
26 health care personnel, including a temporary nursing
27 staffing agency as defined in section 383.130, or that
28 operates a digital website or digital smartphone application
29 that facilitates the provision of the engagement of health
30 care personnel and accepts requests for health care
31 personnel through its digital website or digital smartphone

32 application. The term "supplemental health care services
33 agency" or "agency" shall not include an individual who
34 engages, only on his or her own behalf, to provide the
35 individual's services on a temporary basis to health care
36 facilities or a home health agency licensed under section
37 197.415 and shall not include a person, firm, corporation,
38 partnership, or association engaged in the provision of
39 contracted specialty services by a practitioner as defined
40 under subdivision (4) of section 376.1575, to a hospital as
41 defined under section 197.020, or to other individuals or
42 entities providing health care that are not health care
43 facilities.

198.642. 1. A person who operates a supplemental
2 health care services agency shall register annually with the
3 department. Each separate business location of the agency
4 shall have a separate registration with the department.
5 Fees collected under this section shall be deposited in the
6 state treasury and credited to the state general revenue
7 fund.

8 2. The department shall establish forms and procedures
9 for processing each supplemental health care services agency
10 registration application. An application for agency
11 registration shall include at least the following:

12 (1) The names and addresses of each person having an
13 ownership interest in the agency;

14 (2) If the owner is a corporation, copies of the
15 articles of incorporation or articles of association and
16 current bylaws, together with the names and addresses of
17 officers and directors;

18 (3) Satisfactory proof of compliance with the
19 provisions of sections 198.640 to 198.648;

20 (4) Any other relevant information that the department
21 determines is necessary to properly evaluate an application
22 for registration;

23 (5) Policies and procedures that describe how the
24 agency's records will be immediately available at all times
25 to the department upon request; and

26 (6) A registration fee that may be established in rule
27 by the department as determined to be necessary to meet the
28 expenses of the department for the administration of the
29 provisions of sections 198.640 to 198.648, but in no case
30 shall such fee be more than one thousand dollars.

31 If an agency fails to provide the items required in this
32 subsection to the department, the department shall
33 immediately suspend or refuse to issue the supplemental
34 health care services agency registration. An agency may
35 appeal the department's decision to the administrative
36 hearing commission under chapter 621.

37 3. A registration issued by the department according
38 to this section shall be effective for a period of one year
39 from the date of its issuance, unless the registration has
40 been revoked or suspended under the provisions of this
41 section or unless the agency is sold or ownership or
42 management is transferred. If an agency is sold or
43 ownership or management is transferred, the registration of
44 the agency shall be void, and the new owner or operator may
45 apply for a new registration.

46 4. The department shall be responsible for the
47 oversight of supplemental health care services agencies
48 through annual unannounced surveys, complaint
49 investigations, and other actions necessary to ensure
50 compliance with sections 198.640 to 198.648.

198.644. 1. Each registered supplemental health care
2 services agency shall be required, as a condition of

3 registration, to meet the following minimum criteria, which
4 may be supplemented by rules promulgated by the department:

5 (1) Provide to the health care facility to which any
6 temporary health care personnel are supplied documentation
7 that each health care personnel meets all licensing or
8 certification requirements for the position in which the
9 health care personnel will be working and documentation that
10 each health care personnel meets all training and continuing
11 education standards for the position in which the health
12 care personnel will be working for the type of facility or
13 entity with which the health care personnel is placed in
14 compliance with any federal, state, or local requirements;

15 (2) Comply with all pertinent requirements relating to
16 the health and other qualifications of personnel employed in
17 health care facilities, including requirements related to
18 background checks in sections 192.2490 and 192.2495;

19 (3) Not restrict in any manner the employment
20 opportunities of its health care personnel;

21 (4) Carry, or require the health care personnel to
22 carry, and provide proof of medical malpractice insurance to
23 insure against loss, damages, or expenses incident to a
24 claim arising out of the death or injury of any person as
25 the result of negligence or malpractice in the provision of
26 health care services by the agency or by any health care
27 personnel of the agency;

28 (5) Maintain, and provide proof of, insurance coverage
29 for workers' compensation for all health care personnel
30 provided or procured by the agency or, if the health care
31 personnel provided or procured by the agency are independent
32 contractors, require occupational accident insurance;

33 (6) Refrain in any contract with any health care
34 personnel or health care facility from requiring the payment
35 of liquidated damages, employment fees, or other

36 compensation should the health care personnel be hired as a
37 permanent employee of a health care facility;

38 (7) (a) Submit a report to the department on a
39 quarterly basis for each health care facility participating
40 in Medicare or Medicaid with which the agency contracts that
41 includes all of the following:

42 a. A detailed list of the average amount charged to
43 the health care facility for each individual health care
44 personnel category; and

45 b. A detailed list of the average amount paid by the
46 agency to health care personnel in each individual health
47 care personnel category;

48 (b) Such reports shall be considered closed records
49 under section 610.021, provided that the department shall
50 annually prepare reports of aggregate data that does not
51 identify any data specific to any supplemental health care
52 services agency;

53 (8) Retain all records for ten calendar years in a
54 manner to allow them to be immediately available to the
55 department;

56 (9) Provide services to a health care facility during
57 the year preceding the agency's registration renewal date;

58 (10) Indemnify and hold harmless a health care
59 facility for any damages, sanctions, or civil monetary
60 penalties that are proximately caused by an action or
61 failure to act of any health care personnel the agency
62 provides to the health care facility; provided that the
63 amount for which the supplemental health care services
64 agency may be liable to a health care facility for civil
65 monetary penalties and sanctions shall not exceed one
66 hundred thousand dollars for civil monetary penalties and
67 sanctions that may be assessed against skilled nursing
68 facilities by the United States Department of Health and

69 Human Services or the Centers for Medicare and Medicaid
70 Services. If the damages, sanctions, or civil monetary
71 penalties are proximately caused by the negligence, action,
72 or failure to act by the health care facility, then
73 liability shall be determined by a percentage of fault and
74 shall be the sole responsibility of the party against whom
75 such determination is made. Such determinations shall be
76 made by the agreement of the parties or a neutral third
77 party who considers all of the relevant factors in making a
78 determination.

79 2. Failure to comply with the provisions of this
80 section shall subject the supplemental health care services
81 agency to revocation or nonrenewal of its registration.

82 3. The registration of a supplemental health care
83 services agency that knowingly supplies to a health care
84 facility a person with an illegally or fraudulently obtained
85 or issued diploma, registration, license, certificate, or
86 background study shall be revoked by the department upon
87 fifteen days' advance written notice.

88 4. (1) Any supplemental health care services agency
89 whose registration has been suspended or revoked may appeal
90 the department's decision to the administrative hearing
91 commission under the provisions of chapter 621.

92 (2) If a controlling person has been notified by the
93 department that the supplemental health care services agency
94 will not receive an initial registration or that a renewal
95 of the registration has been denied, the controlling person
96 or a legal representative on behalf of the agency may
97 request and receive a hearing on the denial before the
98 administrative hearing commission under the provisions of
99 chapter 621.

100 5. (1) The controlling person of a supplemental
101 health care services agency whose registration has not been

102 renewed or has been revoked because of noncompliance with
103 the provisions of sections 198.640 to 198.648 shall not be
104 eligible to apply for or receive a registration for five
105 years following the effective date of the nonrenewal or
106 revocation.

107 (2) The department shall not issue or renew a
108 registration to a supplemental health care services agency
109 if a controlling person includes any individual or entity
110 that was a controlling person of an agency whose
111 registration was not renewed or was revoked as described in
112 subdivision (1) of this subsection for five years following
113 the effective date of nonrenewal or revocation.

198.646. The department shall establish a system for
2 reporting complaints against a supplemental health care
3 services agency or its health care personnel. Complaints
4 may be made by any member of the public. The department
5 shall investigate any complaint received and shall report
6 the department's findings to the complaining party and the
7 agency or health care personnel involved.

198.648. The department shall promulgate rules to
2 implement the provisions of sections 198.640 to 198.648.
3 Any rule or portion of a rule, as that term is defined in
4 section 536.010, that is created under the authority
5 delegated in this section shall become effective only if it
6 complies with and is subject to all of the provisions of
7 chapter 536 and, if applicable, section 536.028. This
8 section and chapter 536 are nonseverable, and if any of the
9 powers vested with the general assembly pursuant to chapter
10 536 to review, to delay the effective date, or to disapprove
11 and annul a rule are subsequently held unconstitutional,
12 then the grant of rulemaking authority and any rule proposed
13 or adopted after August 28, 2022, shall be invalid and void.

208.030. 1. The family support division shall make
2 monthly payments to each person who was a recipient of old
3 age assistance, aid to the permanently and totally disabled,
4 and aid to the blind and who:

5 (1) Received such assistance payments from the state
6 of Missouri for the month of December, 1973, to which they
7 were legally entitled; and

8 (2) Is a resident of Missouri.

9 2. The amount of supplemental payment made to persons
10 who meet the eligibility requirements for and receive
11 federal supplemental security income payments shall be in an
12 amount, as established by rule and regulation of the family
13 support division, sufficient to, when added to all other
14 income, equal the amount of cash income received in
15 December, 1973; except, in establishing the amount of the
16 supplemental payments, there shall be disregarded cost-of-
17 living increases provided for in Titles II and XVI of the
18 federal Social Security Act and any benefits or income
19 required to be disregarded by an act of Congress of the
20 United States or any regulation duly promulgated
21 thereunder. As long as the recipient continues to receive a
22 supplemental security income payment, the supplemental
23 payment shall not be reduced. The minimum supplemental
24 payment for those persons who continue to meet the December,
25 1973, eligibility standards for aid to the blind shall be in
26 an amount which, when added to the federal supplemental
27 security income payment, equals the amount of the blind
28 pension grant as provided for in chapter 209.

29 3. The amount of supplemental payment made to persons
30 who do not meet the eligibility requirements for federal
31 supplemental security income benefits, but who do meet the
32 December, 1973, eligibility standards for old age
33 assistance, permanent and total disability and aid to the

blind or less restrictive requirements as established by rule or regulation of the family support division, shall be in an amount established by rule and regulation of the family support division sufficient to, when added to all other income, equal the amount of cash income received in December, 1973; except, in establishing the amount of the supplemental payment, there shall be disregarded cost-of-living increases provided for in Titles II and XVI of the federal Social Security Act and any other benefits or income required to be disregarded by an act of Congress of the United States or any regulation duly promulgated thereunder. The minimum supplemental payments for those persons who continue to meet the December, 1973, eligibility standards for aid to the blind shall be a blind pension payment as prescribed in chapter 209.

4. The family support division shall make monthly payments to persons meeting the eligibility standards for the aid to the blind program in effect December 31, 1973, who are bona fide residents of the state of Missouri. The payment shall be in the amount prescribed in subsection 1 of section 209.040, less any federal supplemental security income payment.

5. The family support division shall make monthly payments to persons age twenty-one or over who meet the eligibility requirements in effect on December 31, 1973, or less restrictive requirements as established by rule or regulation of the family support division, who were receiving old age assistance, permanent and total disability assistance, general relief assistance, or aid to the blind assistance lawfully, who are not eligible for nursing home care under the Title XIX program, and who reside in a licensed residential care facility, a licensed assisted living facility, a licensed intermediate care facility or a

67 licensed skilled nursing facility in Missouri and whose
68 total cash income is not sufficient to pay the amount
69 charged by the facility; and to all applicants age twenty-
70 one or over who are not eligible for nursing home care under
71 the Title XIX program who are residing in a licensed
72 residential care facility, a licensed assisted living
73 facility, a licensed intermediate care facility or a
74 licensed skilled nursing facility in Missouri, who make
75 application after December 31, 1973, provided they meet the
76 eligibility standards for old age assistance, permanent and
77 total disability assistance, general relief assistance, or
78 aid to the blind assistance in effect on December 31, 1973,
79 or less restrictive requirements as established by rule or
80 regulation of the family support division, who are bona fide
81 residents of the state of Missouri, and whose total cash
82 income is not sufficient to pay the amount charged by the
83 facility. [Until July 1, 1983, the amount of the total
84 state payment for home care in licensed residential care
85 facilities shall not exceed one hundred twenty dollars
86 monthly, for care in licensed intermediate care facilities
87 or licensed skilled nursing facilities shall not exceed
88 three hundred dollars monthly, and for care in licensed
89 assisted living facilities shall not exceed two hundred
90 twenty-five dollars monthly. Beginning July 1, 1983, for
91 fiscal year 1983-1984 and each year thereafter,] The amount
92 of the total state payment for home care in licensed
93 residential care facilities and for care in licensed
94 assisted living facilities shall [not exceed one hundred
95 fifty-six dollars monthly,] be subject to appropriation.
96 The amount of the total state payment for care in licensed
97 intermediate care facilities or licensed skilled nursing
98 facilities shall not exceed three hundred ninety dollars
99 monthly[, and for care in licensed assisted living

100 facilities shall not exceed two hundred ninety-two dollars
101 and fifty cents monthly]. No intermediate care or skilled
102 nursing payment shall be made to a person residing in a
103 licensed intermediate care facility or in a licensed skilled
104 nursing facility unless such person has been determined, by
105 his or her own physician or doctor, to medically need such
106 services subject to review and approval by the department.
107 Residential care payments may be made to persons residing in
108 licensed intermediate care facilities or licensed skilled
109 nursing facilities. Any person eligible to receive a
110 monthly payment pursuant to this subsection shall receive an
111 additional monthly payment equal to the Medicaid vendor
112 nursing facility personal needs allowance. The exact amount
113 of the additional payment shall be determined by rule of the
114 department. This additional payment shall not be used to
115 pay for any supplies or services, or for any other items
116 that would have been paid for by the family support division
117 if that person would have been receiving medical assistance
118 benefits under Title XIX of the federal Social Security Act
119 for nursing home services pursuant to the provisions of
120 section 208.159. Notwithstanding the previous part of this
121 subsection, the person eligible shall not receive this
122 additional payment if such eligible person is receiving
123 funds for personal expenses from some other state or federal
124 program.

208.184. 1. During at least one regularly scheduled
2 meeting each calendar year, the advisory council on rare
3 diseases and personalized medicine established in section
4 208.183 shall dedicate time to:

5 (1) Discuss and evaluate whether the available covered
6 medications, treatments, and services are adequate to meet
7 the needs of MO HealthNet beneficiaries with a diagnosis of
8 sickle cell disease;

9 (2) Review information on treatments for sickle cell
10 disease in late-stage studies that show promise in peer-
11 reviewed medical literature; and

12 (3) Review the importance of provider education on the
13 disproportionate impact of sickle cell disease on specific
14 minority populations.

15 2. After each annual review of the issues described
16 under subsection 1 of this section, staff members of the MO
17 HealthNet division, under the guidance of the advisory
18 council on rare diseases and personalized medicine, may
19 develop their own report on the issues described under
20 subsection 1 of this section to be made available to the
21 public or may solicit expert testimony or input on such
22 issues, which may be compiled and posted on the website of
23 the MO HealthNet division.

208.798. The provisions of sections 208.780 to 208.798
2 shall terminate on August 28, [2022] 2029.

210.921. 1. The department shall not provide any
2 registry information pursuant to this section unless the
3 department obtains the name and address of the person
4 [calling] or entity requesting the information, and
5 determines that the inquiry is for employment purposes
6 only. For purposes of sections 210.900 to 210.936,
7 "employment purposes" includes direct employer-employee
8 relationships, prospective employer-employee relationships,
9 direct or prospective independent contractor relationships
10 of health care personnel with a supplemental health care
11 services agency, as defined in section 198.640, and
12 screening and interviewing of persons or facilities by those
13 persons contemplating the placement of an individual in a
14 child-care, elder-care, mental health, or personal-care
15 setting. Disclosure of background information concerning a

given applicant recorded by the department in the registry shall be limited to:

(1) Confirming whether the individual is listed in the registry; and

(2) Indicating whether the individual has been listed or named in any of the background checks listed in subsection 2 of section 210.903. If such individual has been so listed, the department of health and senior services shall only disclose the name of the background check in which the individual has been identified. With the exception of any agency licensed or contracted by the state to provide child care, elder care, mental health services, or personal care which shall receive specific information immediately if requested, any specific information related to such background check shall only be disclosed after the department has received a signed request from the person [calling] or entity requesting the information, with the person's or entity's name, address and reason for requesting the information.

2. Any person or entity requesting registry information shall be informed that the registry information provided pursuant to this section consists only of information relative to the state of Missouri and does not include information from other states or information that may be available from other states.

3. Any person who uses the information obtained from the registry for any purpose other than that specifically provided for in sections 210.900 to 210.936 is guilty of a class B misdemeanor.

4. When any registry information is disclosed pursuant to subdivision (2) of subsection 1 of this section, the department shall notify the registrant of the name and address of the person or entity making the inquiry.

49 5. The department of health and senior services staff
50 providing information pursuant to sections 210.900 to
51 210.936 shall have immunity from any liability, civil or
52 criminal, that otherwise might result by reason of such
53 actions; provided, however, any department of health and
54 senior services staff person who releases registry
55 information in bad faith or with ill intent shall not have
56 immunity from any liability, civil or criminal. Any such
57 person shall have the same immunity with respect to
58 participation in any judicial proceeding resulting from the
59 release of registry information. The department is
60 prohibited from selling the registry or any portion of the
61 registry for any purpose including employment purposes as
62 defined in subsection 1 of this section.

217.940. 1. This act establishes the "Correctional
2 Center Nursery Program". The department of corrections
3 shall, subject to appropriations, establish a correctional
4 center nursery in one or more of the correctional centers
5 for women operated by the department, no later than July 1,
6 2025. The purpose of the correctional center nursery
7 program is for bonding and unification between the mother
8 and child. The program shall allow eligible inmates and
9 children born from them while in the custody of the
10 department to reside together in the institution for up to
11 eighteen months post-delivery. In establishing this
12 program, neither the inmate's participation in the program
13 nor any provision of sections 217.940 to 217.947 shall
14 affect, modify, or interfere with the inmate's custodial
15 rights to the child nor does it establish legal custody of
16 the child with the department.

17 2. As used in sections 217.940 to 217.947, the
18 following terms shall mean:

19 (1) "Correctional center nursery program", the program
20 authorized by sections 217.940 to 217.947;

21 (2) "Department", the department of corrections;

22 (3) "Public assistance", all forms of assistance,
23 including monetary assistance from any public source paid
24 either to the mother or child or any other person on behalf
25 of the child;

26 (4) "Support", the payment of money, including
27 interest:

28 (a) For a child or spouse ordered by a court of
29 competent jurisdiction, whether the payment is ordered in an
30 emergency, temporary, permanent, or modified order, the
31 amount of unpaid support shall bear simple interest from the
32 date it accrued, at a rate of ten dollars upon one hundred
33 dollars per annum, and proportionately for a greater or
34 lesser sum, or for a longer or shorter time;

35 (b) To third parties on behalf of a child or spouse,
36 including, but not limited to, payments to medical, dental
37 or educational providers, payments to insurers for health
38 and hospitalization insurance, payments of residential rent
39 or mortgage payments, payments on an automobile, or payments
40 for day care; or

41 (c) For a mother, ordered by a court of competent
42 jurisdiction, for the necessary expenses incurred by or for
43 the mother in connection with her confinement or of other
44 expenses in connection with the pregnancy of the mother.

217.941. 1. An inmate is eligible to participate in
2 the correctional center nursery program if:

3 (1) She delivers the child while in the custody of the
4 department;

5 (2) She is expected to give birth or gives birth on or
6 after the date the program is implemented;

7 (3) She has a presumptive release date established by
8 the parole board of eighteen months or less from the date
9 she applies to participate in the program;

10 (4) She has not pled guilty to or been convicted of a
11 dangerous felony as defined in section 556.061;

12 (5) She has not pled guilty to or been convicted of
13 any sexual offense contained in chapter 566 where the victim
14 of the crime was a minor;

15 (6) She has not pled guilty to or been convicted of an
16 offense against the family contained in chapter 568,
17 excluding criminal nonsupport; and

18 (7) She and the child meet any other criteria
19 established by the department.

20 2. Placement into the program shall be by internal
21 classification of the department. A sentencing court is
22 without jurisdiction to order a placement of an inmate into
23 the program.

24 3. Program capacity shall be determined by the
25 department.

26 4. Upon first release of the mother and child, the
27 child shall not be eligible to return to the program if the
28 mother is revoked or receives a new assignment to the
29 department of corrections.

217.942. 1. To participate in the correctional center
2 nursery program, each eligible inmate selected by the
3 department shall agree in writing to:

4 (1) Comply with all department policies, procedures
5 and other requirements related to the corrections nursery
6 program and rules that apply to all incarcerated offenders
7 generally;

8 (2) If eligible, have the child participate in the
9 state children's health insurance program under sections
10 208.631 to 208.658;

11 (3) Abide by any court decisions regarding the
12 allocation of parental rights and responsibilities with
13 respect to the child; and

14 (4) Specify with whom the child is to be placed in the
15 event the inmate's participation in the program is
16 terminated for a reason other than release from imprisonment.

17 2. The department shall be required to establish
18 policy for the operation of the program.

217.943. An inmate's participation in the correctional
2 center nursery program may be terminated by the department
3 if one of the following occurs:

4 (1) The inmate fails to comply with the agreement
5 entered into under section 217.942;

6 (2) The inmate violates an institutional rule that
7 results in alternative housing placement outside of the area
8 designated for the program;

9 (3) The inmate's child becomes seriously ill, cannot
10 receive the necessary medical care, or otherwise cannot
11 safely participate in the program;

12 (4) A court of competent jurisdiction grants custody
13 of the child to a person other than the inmate;

14 (5) A court of competent jurisdiction issues an order
15 regarding the child granting temporary, permanent, or legal
16 custody of the child to a person other than the inmate, or
17 to a public children services agency or private child
18 placing agency; or

19 (6) The inmate is released from imprisonment.

217.944. 1. The division of child support enforcement
2 shall collect support payments made pursuant to the
3 assignment and forward them to the department for deposit
4 into the inmate's inmate banking account.

5 2. The department may accept monetary and property
6 donations on behalf of the program.

7 3. All donations accepted by the department for the
8 correctional center nursery program shall be used solely for
9 any expenses relating to the operation and maintenance of
10 the program.

11 4. No donations of property shall be made on behalf of
12 one particular inmate or child to be used while incarcerated.

13 5. Financial donations, public assistance, or support
14 for a specific inmate or child shall be made through the
15 inmate banking system.

217.945. 1. There is hereby created in the state
2 treasury the "Correctional Center Nursery Program Fund",
3 which shall consist of money collected under this section
4 and section 217.944 as well as any appropriations made by
5 the general assembly. The department shall obtain
6 sufficient resources to initiate and maintain the program
7 and may accept gifts, grants, and donations of any kind.
8 The state treasurer shall be custodian of the fund. In
9 accordance with sections 30.170 and 30.180, the state
10 treasurer may approve disbursements. The fund shall be a
11 dedicated fund and money in the fund shall be used solely by
12 the department for the purposes of operating and maintaining
13 sections 217.940 to 217.947.

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

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

217.946. Notwithstanding any other provision of law to
2 contrary, neither the correctional center nursery program
3 nor the department, with respect to the program, is subject

4 to any regulation, licensing or oversight by the department
5 of health and senior services, department of social
6 services, children's division, juvenile officer of any
7 jurisdiction or the office of childhood unless the
8 department voluntarily agrees to services, regulation,
9 licensing, or oversight from any of the aforementioned
10 entities.

217.947. The operation of a correctional center
2 nursery program established under sections 217.940 to
3 217.947 and the presence of children of inmates
4 participating in the correctional center nursery program
5 shall not be considered a dangerous condition that would
6 result in a waiver of sovereign immunity under section
7 537.600. The sovereign immunity provisions under section
8 537.600 and any other statute regarding the sovereign
9 immunity of the state or public entities in existence as of
10 August 28, 2022, shall remain in effect and shall be applied
11 in the same manner as such provisions were applied prior to
12 the establishment of the correctional center nursery program
13 under sections 217.940 to 217.947.

301.020. 1. Every owner of a motor vehicle or
2 trailer, which shall be operated or driven upon the highways
3 of this state, except as herein otherwise expressly
4 provided, shall annually file, by mail or otherwise, in the
5 office of the director of revenue, an application for
6 registration on a blank to be furnished by the director of
7 revenue for that purpose containing:

(1) A brief description of the motor vehicle or
9 trailer to be registered, including the name of the
10 manufacturer, the vehicle identification number, the amount
11 of motive power of the motor vehicle, stated in figures of
12 horsepower and whether the motor vehicle is to be registered

13 as a motor vehicle primarily for business use as defined in
14 section 301.010;

15 (2) The name, the applicant's identification number
16 and address of the owner of such motor vehicle or trailer;

17 (3) The gross weight of the vehicle and the desired
18 load in pounds if the vehicle is a commercial motor vehicle
19 or trailer.

20 2. If the vehicle is a motor vehicle primarily for
21 business use as defined in section 301.010 and if such
22 vehicle is ten years of age or less and has less than one
23 hundred fifty thousand miles on the odometer, the director
24 of revenue shall retain the odometer information provided in
25 the vehicle inspection report, and provide for prompt access
26 to such information, together with the vehicle
27 identification number for the motor vehicle to which such
28 information pertains, for a period of ten years after the
29 receipt of such information. This section shall not apply
30 unless:

31 (1) The application for the vehicle's certificate of
32 ownership was submitted after July 1, 1989; and

33 (2) The certificate was issued pursuant to a
34 manufacturer's statement of origin.

35 3. If the vehicle is any motor vehicle other than a
36 motor vehicle primarily for business use, a recreational
37 motor vehicle, motorcycle, motortricycle, autocycle, bus, or
38 any commercial motor vehicle licensed for over twelve
39 thousand pounds and if such motor vehicle is ten years of
40 age or less and has less than one hundred fifty thousand
41 miles on the odometer, the director of revenue shall retain
42 the odometer information provided in the vehicle inspection
43 report, and provide for prompt access to such information,
44 together with the vehicle identification number for the
45 motor vehicle to which such information pertains, for a

46 period of ten years after the receipt of such information.

47 This subsection shall not apply unless:

48 (1) The application for the vehicle's certificate of
49 ownership was submitted after July 1, 1990; and

50 (2) The certificate was issued pursuant to a
51 manufacturer's statement of origin.

52 4. If the vehicle qualifies as a reconstructed motor
53 vehicle, motor change vehicle, specially constructed motor
54 vehicle, non-USA-std motor vehicle, as defined in section
55 301.010, or prior salvage as referenced in section 301.573,
56 the owner or lienholder shall surrender the certificate of
57 ownership. The owner shall make an application for a new
58 certificate of ownership, pay the required title fee, and
59 obtain the vehicle examination certificate required pursuant
60 to subsection 9 of section 301.190. If an insurance company
61 pays a claim on a salvage vehicle as defined in section
62 301.010 and the owner retains the vehicle, as prior salvage,
63 the vehicle shall only be required to meet the examination
64 requirements under subsection 10 of section 301.190.

65 Notarized bills of sale along with a copy of the front and
66 back of the certificate of ownership for all major component
67 parts installed on the vehicle and invoices for all
68 essential parts which are not defined as major component
69 parts shall accompany the application for a new certificate
70 of ownership. If the vehicle is a specially constructed
71 motor vehicle, as defined in section 301.010, two pictures
72 of the vehicle shall be submitted with the application. If
73 the vehicle is a kit vehicle, the applicant shall submit the
74 invoice and the manufacturer's statement of origin on the
75 kit. If the vehicle requires the issuance of a special
76 number by the director of revenue or a replacement vehicle
77 identification number, the applicant shall submit the
78 required application and application fee. All applications

79 required under this subsection shall be submitted with any
80 applicable taxes which may be due on the purchase of the
81 vehicle or parts. The director of revenue shall
82 appropriately designate "Reconstructed Motor Vehicle",
83 "Motor Change Vehicle", "Non-USA-Std Motor Vehicle", or
84 "Specially Constructed Motor Vehicle" on the current and all
85 subsequent issues of the certificate of ownership of such
86 vehicle.

87 5. Every insurance company that pays a claim for
88 repair of a motor vehicle which as the result of such
89 repairs becomes a reconstructed motor vehicle as defined in
90 section 301.010 or that pays a claim on a salvage vehicle as
91 defined in section 301.010 and the owner is retaining the
92 vehicle shall in writing notify the owner of the vehicle,
93 and in a first party claim, the lienholder if a lien is in
94 effect, that he is required to surrender the certificate of
95 ownership, and the documents and fees required pursuant to
96 subsection 4 of this section to obtain a prior salvage motor
97 vehicle certificate of ownership or documents and fees as
98 otherwise required by law to obtain a salvage certificate of
99 ownership, from the director of revenue. The insurance
100 company shall within thirty days of the payment of such
101 claims report to the director of revenue the name and
102 address of such owner, the year, make, model, vehicle
103 identification number, and license plate number of the
104 vehicle, and the date of loss and payment.

105 6. Anyone who fails to comply with the requirements of
106 this section shall be guilty of a class B misdemeanor.

107 7. An applicant for registration may make a donation
108 of one dollar to promote a blindness education, screening
109 and treatment program. The director of revenue shall
110 collect the donations and deposit all such donations in the
111 state treasury to the credit of the blindness education,

screening and treatment program fund established in section 209.015. Moneys in the blindness education, screening and treatment program fund shall be used solely for the purposes established in section 209.015; except that the department of revenue shall retain no more than one percent for its administrative costs. The donation prescribed in this subsection is voluntary and may be refused by the applicant for registration at the time of issuance or renewal. The director shall inquire of each applicant at the time the applicant presents the completed application to the director whether the applicant is interested in making the one dollar donation prescribed in this subsection.

8. An applicant for registration may make a donation of an amount not less than one dollar to promote an organ donor program. The director of revenue shall collect the donations and deposit all such donations in the state treasury to the credit of the organ donor program fund as established in sections 194.297 to 194.304. Moneys in the organ donor fund shall be used solely for the purposes established in sections 194.297 to 194.304, except that the department of revenue shall retain no more than one percent for its administrative costs. The donation prescribed in this subsection is voluntary and may be refused by the applicant for registration at the time of issuance or renewal. The director shall inquire of each applicant at the time the applicant presents the completed application to the director whether the applicant is interested in making [the] a contribution not less than one dollar [donation] as prescribed in this subsection.

9. An applicant for registration may make a donation of one dollar to the Missouri medal of honor recipients fund. The director of revenue shall collect the donations and deposit all such donations in the state treasury to the

145 credit of the Missouri medal of honor recipients fund as
146 established in section 226.925. Moneys in the medal of
147 honor recipients fund shall be used solely for the purposes
148 established in section 226.925, except that the department
149 of revenue shall retain no more than one percent for its
150 administrative costs. The donation prescribed in this
151 subsection is voluntary and may be refused by the applicant
152 for registration at the time of issuance or renewal. The
153 director shall inquire of each applicant at the time the
154 applicant presents the completed application to the director
155 whether the applicant is interested in making the one dollar
156 donation prescribed in this subsection.

302.171. 1. The director shall verify that an
2 applicant for a driver's license is a Missouri resident or
3 national of the United States or a noncitizen with a lawful
4 immigration status, and a Missouri resident before accepting
5 the application. The director shall not issue a driver's
6 license for a period that exceeds the duration of an
7 applicant's lawful immigration status in the United States.
8 The director may establish procedures to verify the Missouri
9 residency or United States naturalization or lawful
10 immigration status and Missouri residency of the applicant
11 and establish the duration of any driver's license issued
12 under this section. An application for a license shall be
13 made upon an approved form furnished by the director. Every
14 application shall state the full name, Social Security
15 number, age, height, weight, color of eyes, sex, residence,
16 mailing address of the applicant, and the classification for
17 which the applicant has been licensed, and, if so, when and
18 by what state, and whether or not such license has ever been
19 suspended, revoked, or disqualified, and, if revoked,
20 suspended or disqualified, the date and reason for such
21 suspension, revocation or disqualification and whether the

applicant is making a one or more dollar donation to promote an organ donation program as prescribed in subsection 2 of this section, to promote a blindness education, screening and treatment program as prescribed in subsection 3 of this section, or the Missouri medal of honor recipients fund prescribed in subsection 4 of this section. A driver's license, nondriver's license, or instruction permit issued under this chapter shall contain the applicant's legal name as it appears on a birth certificate or as legally changed through marriage or court order. No name change by common usage based on common law shall be permitted. The application shall also contain such information as the director may require to enable the director to determine the applicant's qualification for driving a motor vehicle; and shall state whether or not the applicant has been convicted in this or any other state for violating the laws of this or any other state or any ordinance of any municipality, relating to driving without a license, careless driving, or driving while intoxicated, or failing to stop after an accident and disclosing the applicant's identity, or driving a motor vehicle without the owner's consent. The application shall contain a certification by the applicant as to the truth of the facts stated therein. Every person who applies for a license to operate a motor vehicle who is less than twenty-one years of age shall be provided with educational materials relating to the hazards of driving while intoxicated, including information on penalties imposed by law for violation of the intoxication-related offenses of the state. Beginning January 1, 2001, if the applicant is less than eighteen years of age, the applicant must comply with all requirements for the issuance of an intermediate driver's license pursuant to section 302.178. For persons mobilized and deployed with the United States

55 Armed Forces, an application under this subsection shall be
56 considered satisfactory by the department of revenue if it
57 is signed by a person who holds general power of attorney
58 executed by the person deployed, provided the applicant
59 meets all other requirements set by the director.

60 2. An applicant for a license may make a donation of
61 an amount not less than one dollar to promote an organ donor
62 program. The director of revenue shall collect the
63 donations and deposit all such donations in the state
64 treasury to the credit of the organ donor program fund
65 established in sections 194.297 to 194.304. Moneys in the
66 organ donor program fund shall be used solely for the
67 purposes established in sections 194.297 to 194.304 except
68 that the department of revenue shall retain no more than one
69 percent for its administrative costs. The donation
70 prescribed in this subsection is voluntary and may be
71 refused by the applicant for the license at the time of
72 issuance or renewal of the license. The director shall make
73 available an informational booklet or other informational
74 sources on the importance of organ and tissue donations to
75 applicants for licensure as designed by the organ donation
76 advisory committee established in sections 194.297 to
77 194.304. The director shall inquire of each applicant at
78 the time the licensee presents the completed application to
79 the director whether the applicant is interested in making
80 the one or more dollar donation prescribed in this
81 subsection and whether the applicant is interested in
82 inclusion in the organ donor registry and shall also
83 specifically inform the licensee of the ability to consent
84 to organ donation by placing a donor symbol sticker
85 authorized and issued by the department of health and senior
86 services on the back of his or her driver's license or
87 identification card as prescribed by subdivision (1) of

88 subsection 1 of section 194.225. A symbol may be placed on
89 the front of the license or identification card indicating
90 the applicant's desire to be listed in the registry at the
91 applicant's request at the time of his or her application
92 for a driver's license or identification card, or the
93 applicant may instead request an organ donor sticker from
94 the department of health and senior services by application
95 on the department of health and senior services' website.
96 Upon receipt of an organ donor sticker sent by the
97 department of health and senior services, the applicant
98 shall place the sticker on the back of his or her driver's
99 license or identification card to indicate that he or she
100 has made an anatomical gift. The director shall notify the
101 department of health and senior services of information
102 obtained from applicants who indicate to the director that
103 they are interested in registry participation, and the
104 department of health and senior services shall enter the
105 complete name, address, date of birth, race, gender and a
106 unique personal identifier in the registry established in
107 subsection 1 of section 194.304.

108 3. An applicant for a license may make a donation of
109 one dollar to promote a blindness education, screening and
110 treatment program. The director of revenue shall collect
111 the donations and deposit all such donations in the state
112 treasury to the credit of the blindness education, screening
113 and treatment program fund established in section 209.015.
114 Moneys in the blindness education, screening and treatment
115 program fund shall be used solely for the purposes
116 established in section 209.015; except that the department
117 of revenue shall retain no more than one percent for its
118 administrative costs. The donation prescribed in this
119 subsection is voluntary and may be refused by the applicant
120 for the license at the time of issuance or renewal of the

license. The director shall inquire of each applicant at the time the licensee presents the completed application to the director whether the applicant is interested in making the one dollar donation prescribed in this subsection.

4. An applicant for registration may make a donation of one dollar to the Missouri medal of honor recipients fund. The director of revenue shall collect the donations and deposit all such donations in the state treasury to the credit of the Missouri medal of honor recipients fund as established in section 226.925. Moneys in the medal of honor recipients fund shall be used solely for the purposes established in section 226.925, except that the department of revenue shall retain no more than one percent for its administrative costs. The donation prescribed in this subsection is voluntary and may be refused by the applicant for registration at the time of issuance or renewal. The director shall inquire of each applicant at the time the applicant presents the completed application to the director whether the applicant is interested in making the one dollar donation prescribed in this subsection.

5. Beginning July 1, 2005, the director shall deny the driving privilege of any person who commits fraud or deception during the examination process or who makes application for an instruction permit, driver's license, or nondriver's license which contains or is substantiated with false or fraudulent information or documentation, or who knowingly conceals a material fact or otherwise commits a fraud in any such application. The period of denial shall be one year from the effective date of the denial notice sent by the director. The denial shall become effective ten days after the date the denial notice is mailed to the person. The notice shall be mailed to the person at the last known address shown on the person's driving record.

154 The notice shall be deemed received three days after mailing
155 unless returned by the postal authorities. No such
156 individual shall reapply for a driver's examination,
157 instruction permit, driver's license, or nondriver's license
158 until the period of denial is completed. No individual who
159 is denied the driving privilege under this section shall be
160 eligible for a limited driving privilege issued under
161 section 302.309.

162 6. All appeals of denials under this section shall be
163 made as required by section 302.311.

164 7. The period of limitation for criminal prosecution
165 under this section shall be extended under subdivision (1)
166 of subsection 3 of section 556.036.

167 8. The director may promulgate rules and regulations
168 necessary to administer and enforce this section. No rule
169 or portion of a rule promulgated pursuant to the authority
170 of this section shall become effective unless it has been
171 promulgated pursuant to chapter 536.

172 9. Notwithstanding any provision of this chapter that
173 requires an applicant to provide proof of Missouri residency
174 for renewal of a noncommercial driver's license,
175 noncommercial instruction permit, or nondriver's license, an
176 applicant who is sixty-five years and older and who was
177 previously issued a Missouri noncommercial driver's license,
178 noncommercial instruction permit, or Missouri nondriver's
179 license is exempt from showing proof of Missouri residency.

180 10. Notwithstanding any provision of this chapter, for
181 the renewal of a noncommercial driver's license,
182 noncommercial instruction permit, or nondriver's license, a
183 photocopy of an applicant's United States birth certificate
184 along with another form of identification approved by the
185 department of revenue, including, but not limited to, United
186 States military identification or United States military

187 discharge papers, shall constitute sufficient proof of
188 Missouri citizenship.

189 11. Notwithstanding any other provision of this
190 chapter, if an applicant does not meet the requirements of
191 subsection 9 of this section and does not have the required
192 documents to prove Missouri residency, United States
193 naturalization, or lawful immigration status, the department
194 may issue a one-year driver's license renewal. This one-
195 time renewal shall only be issued to an applicant who
196 previously has held a Missouri noncommercial driver's
197 license, noncommercial instruction permit, or nondriver's
198 license for a period of fifteen years or more and who does
199 not have the required documents to prove Missouri residency,
200 United States naturalization, or lawful immigration status.
201 After the expiration of the one-year period, no further
202 renewal shall be provided without the applicant producing
203 proof of Missouri residency, United States naturalization,
204 or lawful immigration status.

332.325. 1. The Missouri dental board may collaborate
2 with the department of health and senior services and the
3 office of dental health within the department of health and
4 senior services to approve pilot projects designed to
5 examine new methods of extending care to underserved
6 populations. Such pilot projects may employ techniques or
7 approaches to care that may necessitate a waiver of the
8 requirements of this chapter and regulations promulgated
9 thereunder, provided that:

10 (1) The project plan has a clearly stated objective of
11 serving a specific underserved population that warrants, in
12 the opinion of a majority of the board, granting approval
13 for a pilot project;

14 (2) The pilot project has a finite start date and
15 termination date;

16 (3) The pilot project clearly defines the new
17 techniques or approaches the project intends to examine to
18 determine whether such techniques or approaches improve
19 access to or quality of care;

20 (4) The project plan identifies specific and limited
21 locations and populations to participate in the pilot
22 project;

23 (5) The project plan clearly establishes minimum
24 guidelines and standards for the pilot project including,
25 but not limited to, provisions for protecting the safety of
26 participating patients;

27 (6) The project plan clearly defines the measurement
28 criteria the pilot project will use to evaluate the outcomes
29 of the project on access to and quality of care; and

30 (7) The project plan identifies reporting intervals to
31 communicate interim and final outcomes to the board.

32 2. The board may promulgate rules and regulations to
33 implement the provisions of this section. Any rule or
34 portion of a rule, as that term is defined in section
35 536.010, that is created under the authority delegated in
36 this section shall become effective only if it complies with
37 and is subject to all of the provisions of chapter 536 and,
38 if applicable, section 536.028. This section and chapter
39 536 are nonseverable, and if any of the powers vested with
40 the general assembly pursuant to chapter 536 to review, to
41 delay the effective date, or to disapprove and annul a rule
42 are subsequently held unconstitutional, then the grant of
43 rulemaking authority and any rule proposed or adopted after
44 August 28, 2022, shall be invalid and void.

45 3. The provisions of this section shall expire on
46 August 28, 2026. The board shall provide a final report on
47 approved pilot projects and related data or findings to the
48 general assembly on or before December 31, 2025. The name,

49 location, approval dates, and general description of an
50 approved pilot project shall be deemed a public record under
51 chapter 610.

334.530. 1. A candidate for license to practice as a
2 physical therapist shall furnish evidence of such person's
3 educational qualifications by submitting satisfactory
4 evidence of completion of a program of physical therapy
5 education approved as reputable by the board or eligibility
6 to graduate from such a program within ninety days. A
7 candidate who presents satisfactory evidence of the person's
8 graduation from a school of physical therapy approved as
9 reputable by the American Medical Association or, if
10 graduated before 1936, by the American Physical Therapy
11 Association, or if graduated after 1988, the Commission on
12 Accreditation for Physical Therapy Education or its
13 successor, is deemed to have complied with the educational
14 qualifications of this subsection.

15 2. Persons desiring to practice as physical therapists
16 in this state shall appear before the board at such time and
17 place as the board may direct and be examined as to their
18 fitness to engage in such practice. Applicants shall meet
19 the qualifying standards for such examinations, including
20 any requirements established by any entity contracted by the
21 board to administer the board-approved examination.
22 Applications for examination shall be in writing, on a form
23 furnished by the board and shall include evidence
24 satisfactory to the board that the applicant possesses the
25 qualifications set forth in subsection 1 of this section and
26 meets the requirements established to qualify for
27 examination. Each application shall contain a statement
28 that it is made under oath or affirmation and that its
29 representations are true and correct to the best knowledge

and belief of the applicant, subject to the penalties of making a false affidavit or declaration.

3. The examination of qualified candidates for licenses to practice physical therapy shall test entry-level competence as related to physical therapy theory, examination and evaluation, physical therapy diagnosis, prognosis, treatment, intervention, prevention, and consultation.

4. The examination shall embrace, in relation to the human being, the subjects of anatomy, chemistry, kinesiology, pathology, physics, physiology, psychology, physical therapy theory and procedures as related to medicine, surgery and psychiatry, and such other subjects, including medical ethics, as the board deems useful to test the fitness of the candidate to practice physical therapy.

5. No person who has failed on six or more occasions to achieve a passing score on the examination required by this section shall be eligible for licensure by examination under this section.

6. The applicant shall pass a test administered by the board on the laws and rules related to the practice of physical therapy in Missouri.

334.655. 1. A candidate for licensure to practice as a physical therapist assistant shall furnish evidence of the person's educational qualifications. The educational requirements for licensure as a physical therapist assistant are:

(1) A certificate of graduation from an accredited high school or its equivalent; and

(2) Satisfactory evidence of completion of an associate degree program of physical therapy education accredited by the commission on accreditation of physical

11 therapy education or eligibility to graduate from such a
12 program within ninety days.

13 2. Persons desiring to practice as a physical
14 therapist assistant in this state shall appear before the
15 board at such time and place as the board may direct and be
16 examined as to the person's fitness to engage in such
17 practice. Applicants shall meet the qualifying standards
18 for such examinations, including any requirements
19 established by any entity contracted by the board to
20 administer the board-approved examination. Applications for
21 examination shall be on a form furnished by the board and
22 shall include evidence satisfactory to the board that the
23 applicant possesses the qualifications provided in
24 subsection 1 of this section and meets the requirements
25 established to qualify for examination. Each application
26 shall contain a statement that the statement is made under
27 oath of affirmation and that its representations are true
28 and correct to the best knowledge and belief of the person
29 signing the statement, subject to the penalties of making a
30 false affidavit or declaration.

31 3. The examination of qualified candidates for
32 licensure to practice as physical therapist assistants shall
33 embrace an examination which shall cover the curriculum
34 taught in accredited associate degree programs of physical
35 therapy assistant education. Such examination shall be
36 sufficient to test the qualification of the candidates as
37 practitioners.

38 4. The examination shall include, as related to the
39 human body, the subjects of anatomy, kinesiology, pathology,
40 physiology, psychology, physical therapy theory and
41 procedures as related to medicine and such other subjects,
42 including medical ethics, as the board deems useful to test

the fitness of the candidate to practice as a physical therapist assistant.

5. No person who has failed on six or more occasions to achieve a passing score on the examination required by this section shall be eligible for licensure by examination under this section.

6. The applicant shall pass a test administered by the board on the laws and rules related to the practice as a physical therapist assistant in this state.

[6.] 7. The board shall license without examination any legally qualified person who is a resident of this state and who was actively engaged in practice as a physical therapist assistant on August 28, 1993. The board may license such person pursuant to this subsection until ninety days after the effective date of this section.

[7.] 8. A candidate to practice as a physical therapist assistant who does not meet the educational qualifications may submit to the board an application for examination if such person can furnish written evidence to the board that the person has been employed in this state for at least three of the last five years under the supervision of a licensed physical therapist and such person possesses the knowledge and training equivalent to that obtained in an accredited school. The board may license such persons pursuant to this subsection until ninety days after rules developed by the state board of healing arts regarding physical therapist assistant licensing become effective.

335.230. Financial assistance to any qualified applicant shall not exceed [five] ten thousand dollars for each academic year for a professional nursing program and shall not exceed [two thousand five hundred] five thousand dollars for each academic year for a practical nursing

6 program. All financial assistance shall be made from funds
7 credited to the professional and practical nursing student
8 loan and nurse loan repayment fund. A qualified applicant
9 may receive financial assistance for each academic year he
10 remains a student in good standing at a participating school.

335.257. Successful applicants for whom loan payments
2 are made under the provisions of sections 335.245 to 335.259
3 shall verify to the department twice each year, [in June and
4 in December,] in the manner prescribed by the department
5 that qualified employment in this state is being maintained.

338.061. 1. This section shall be known and may be
2 cited as the "Tricia Leann Tharp Act".

3 2. The board of pharmacy shall recommend that all
4 licensed pharmacists who are employed at a licensed retail
5 pharmacy obtain two hours of continuing education in suicide
6 awareness and prevention. Any such board-approved
7 continuing education shall count toward the total hours of
8 continuing education hours required by the board for the
9 renewal of a license under subsection 3 of section 338.060.

10 3. The board of pharmacy shall develop guidelines
11 suitable for training materials that may be used by
12 accredited schools of pharmacy and other organizations and
13 courses approved by the Accreditation Council for Pharmacy
14 Education; except that, schools of pharmacy may approve
15 materials to be used in providing training for faculty and
16 other employees.

17 4. The board of pharmacy may promulgate rules to
18 implement the provisions of this section. Any rule or
19 portion of a rule, as that term is defined in section
20 536.010, that is created under the authority delegated in
21 this section shall become effective only if it complies with
22 and is subject to all of the provisions of chapter 536 and,
23 if applicable, section 536.028. This section and chapter

24 536 are nonseverable, and if any of the powers vested with
25 the general assembly pursuant to chapter 536 to review, to
26 delay the effective date, or to disapprove and annul a rule
27 are subsequently held unconstitutional, then the grant of
28 rulemaking authority and any rule proposed or adopted after
29 August 28, 2022, shall be invalid and void.

345.015. As used in sections 345.010 to 345.080, the
2 following terms mean:

3 (1) "Audiologist", a person who is licensed as an
4 audiologist pursuant to sections 345.010 to 345.080 to
5 practice audiology;

6 (2) "Audiology aide", a person who is registered as an
7 audiology aide by the board, who does not act independently
8 but works under the direction and supervision of a licensed
9 audiologist. Such person assists the audiologist with
10 activities which require an understanding of audiology but
11 do not require formal training in the relevant academics.
12 To be eligible for registration by the board, each applicant
13 shall submit a registration fee and:

14 (a) Be at least eighteen years of age;

15 (b) Furnish evidence of the person's educational
16 qualifications which shall be at a minimum:

17 a. Certification of graduation from an accredited high
18 school or its equivalent; and

19 b. On-the-job training;

20 (c) Be employed in a setting in which direct and
21 indirect supervision are provided on a regular and
22 systematic basis by a licensed audiologist.

23 However, the aide shall not administer or interpret hearing
24 screening or diagnostic tests, fit or dispense hearing
25 instruments, make ear impressions, make diagnostic
26 statements, determine case selection, present written
27 reports to anyone other than the supervisor without the

28 signature of the supervisor, make referrals to other
29 professionals or agencies, use a title other than audiology
30 aide, develop or modify treatment plans, discharge clients
31 from treatment or terminate treatment, disclose clinical
32 information, either orally or in writing, to anyone other
33 than the supervising audiologist, or perform any procedure
34 for which he or she is not qualified, has not been
35 adequately trained or both;

36 (3) "Board", the state board of registration for the
37 healing arts;

38 (4) "Clinical fellowship", the supervised professional
39 employment period following completion of the academic and
40 practicum requirements of an accredited training program
41 under this chapter;

42 (5) "Commission", the advisory commission for speech-
43 language pathologists and audiologists;

44 [(5)] (6) "Hearing instrument" or "hearing aid", any
45 wearable device or instrument designed for or offered for
46 the purpose of aiding or compensating for impaired human
47 hearing and any parts, attachments or accessories, including
48 ear molds, but excluding batteries, cords, receivers and
49 repairs;

50 [(6)] (7) "Person", any individual, organization, or
51 corporate body, except that only individuals may be licensed
52 pursuant to sections 345.010 to 345.080;

53 [(7)] (8) "Practice of audiology":

54 (a) The application of accepted audiologic principles,
55 methods and procedures for the measurement, testing,
56 interpretation, appraisal and prediction related to
57 disorders of the auditory system, balance system or related
58 structures and systems;

59 (b) Provides consultation or counseling to the
60 patient, client, student, their family or interested parties;

61 (c) Provides academic, social and medical referrals
62 when appropriate;

63 (d) Provides for establishing goals, implementing
64 strategies, methods and techniques, for habilitation,
65 rehabilitation or aural rehabilitation, related to disorders
66 of the auditory system, balance system or related structures
67 and systems;

68 (e) Provides for involvement in related research,
69 teaching or public education;

70 (f) Provides for rendering of services or participates
71 in the planning, directing or conducting of programs which
72 are designed to modify audition, communicative, balance or
73 cognitive disorder, which may involve speech and language or
74 education issues;

75 (g) Provides and interprets behavioral and
76 neurophysiologic measurements of auditory balance, cognitive
77 processing and related functions, including intraoperative
78 monitoring;

79 (h) Provides involvement in any tasks, procedures,
80 acts or practices that are necessary for evaluation of
81 audition, hearing, training in the use of amplification or
82 assistive listening devices;

83 (i) Provides selection, assessment, fitting,
84 programming, and dispensing of hearing instruments,
85 assistive listening devices, and other amplification systems;

86 (j) Provides for taking impressions of the ear, making
87 custom ear molds, ear plugs, swim molds and industrial noise
88 protectors;

89 (k) Provides assessment of external ear and cerumen
90 management;

91 (l) Provides advising, fitting, mapping assessment of
92 implantable devices such as cochlear or auditory brain stem
93 devices;

(m) Provides information in noise control and hearing conservation including education, equipment selection, equipment calibration, site evaluation and employee evaluation;

(n) Provides performing basic speech-language screening test;

(o) Provides involvement in social aspects of communication, including challenging behavior and ineffective social skills, lack of communication opportunities;

(p) Provides support and training of family members and other communication partners for the individual with auditory balance, cognitive and communication disorders;

(q) Provides aural rehabilitation and related services to individuals with hearing loss and their families;

(r) Evaluates, collaborates and manages audition problems in the assessment of the central auditory processing disorders and providing intervention for individuals with central auditory processing disorders;

(s) Develops and manages academic and clinical problems in communication sciences and disorders;

(t) Conducts, disseminates and applies research in communication sciences and disorders;

[(8)] (9) "Practice of speech-language pathology":

(a) Provides screening, identification, assessment, diagnosis, treatment, intervention, including but not limited to prevention, restoration, amelioration and compensation, and follow-up services for disorders of:

a. Speech: articulation, fluency, voice, including respiration, phonation and resonance;

b. Language, involving the parameters of phonology, morphology, syntax, semantics and pragmatic; and including

126 disorders of receptive and expressive communication in oral,
127 written, graphic and manual modalities;

128 c. Oral, pharyngeal, cervical esophageal and related
129 functions, such as dysphagia, including disorders of
130 swallowing and oral functions for feeding; orofacial
131 myofunctional disorders;

132 d. Cognitive aspects of communication, including
133 communication disability and other functional disabilities
134 associated with cognitive impairment;

135 e. Social aspects of communication, including
136 challenging behavior, ineffective social skills, lack of
137 communication opportunities;

138 (b) Provides consultation and counseling and makes
139 referrals when appropriate;

140 (c) Trains and supports family members and other
141 communication partners of individuals with speech, voice,
142 language, communication and swallowing disabilities;

143 (d) Develops and establishes effective augmentative
144 and alternative communication techniques and strategies,
145 including selecting, prescribing and dispensing of
146 augmentative aids and devices; and the training of
147 individuals, their families and other communication partners
148 in their use;

149 (e) Selects, fits and establishes effective use of
150 appropriate prosthetic/adaptive devices for speaking and
151 swallowing, such as tracheoesophageal valves,
152 electrolarynges, or speaking valves;

153 (f) Uses instrumental technology to diagnose and treat
154 disorders of communication and swallowing, such as
155 videofluoroscopy, nasendoscopy, ultrasonography and
156 stroboscopy;

157 (g) Provides aural rehabilitative and related
158 counseling services to individuals with hearing loss and to
159 their families;

160 (h) Collaborates in the assessment of central auditory
161 processing disorders in cases in which there is evidence of
162 speech, language or other cognitive communication disorders;
163 provides intervention for individuals with central auditory
164 processing disorders;

165 (i) Conducts pure-tone air conduction hearing
166 screening and screening tympanometry for the purpose of the
167 initial identification or referral;

168 (j) Enhances speech and language proficiency and
169 communication effectiveness, including but not limited to
170 accent reduction, collaboration with teachers of English as
171 a second language and improvement of voice, performance and
172 singing;

173 (k) Trains and supervises support personnel;

174 (l) Develops and manages academic and clinical
175 programs in communication sciences and disorders;

176 (m) Conducts, disseminates and applies research in
177 communication sciences and disorders;

178 (n) Measures outcomes of treatment and conducts
179 continuous evaluation of the effectiveness of practices and
180 programs to improve and maintain quality of services;

181 [(9)] (10) "Speech-language pathologist", a person who
182 is licensed as a speech-language pathologist pursuant to
183 sections 345.010 to 345.080; who engages in the practice of
184 speech-language pathology as defined in sections 345.010 to
185 345.080;

186 [(10)] (11) "Speech-language pathology aide", a person
187 who is registered as a speech-language aide by the board,
188 who does not act independently but works under the direction
189 and supervision of a licensed speech-language pathologist.

Such person assists the speech-language pathologist with activities which require an understanding of speech-language pathology but do not require formal training in the relevant academics. To be eligible for registration by the board, each applicant shall submit a registration fee and:

- (a) Be at least eighteen years of age;
- (b) Furnish evidence of the person's educational qualifications which shall be at a minimum:
 - a. Certification of graduation from an accredited high school or its equivalent; and
 - b. On-the-job training;
- (c) Be employed in a setting in which direct and indirect supervision is provided on a regular and systematic basis by a licensed speech-language pathologist.

However, the aide shall not administer or interpret hearing screening or diagnostic tests, fit or dispense hearing instruments, make ear impressions, make diagnostic statements, determine case selection, present written reports to anyone other than the supervisor without the signature of the supervisor, make referrals to other professionals or agencies, use a title other than speech-language pathology aide, develop or modify treatment plans, discharge clients from treatment or terminate treatment, disclose clinical information, either orally or in writing, to anyone other than the supervising speech-language pathologist, or perform any procedure for which he or she is not qualified, has not been adequately trained or both;

[(11)] (12) "Speech-language pathology assistant", a person who is registered as a speech-language pathology assistant by the board, who does not act independently but works under the direction and supervision of a licensed speech-language pathologist practicing for at least one year or speech-language pathologist practicing under subdivision

(1) or (6) of subsection 1 of section 345.025 for at least one year and whose activities require both academic and practical training in the field of speech-language pathology although less training than those established by sections 345.010 to 345.080 as necessary for licensing as a speech-language pathologist. To be eligible for registration by the board, each applicant shall submit the registration fee, supervising speech-language pathologist information if employment is confirmed, if not such information shall be provided after registration, and furnish evidence of the person's educational qualifications which meet the following:

(a) Hold a bachelor's level degree from an institution accredited or approved by a regional accrediting body recognized by the United States Department of Education or its equivalent; and

(b) Submit official transcripts from one or more accredited colleges or universities presenting evidence of the completion of bachelor's level course work and requirements in the field of speech-language pathology as established by the board through rules and regulations;

(c) Submit proof of completion of the number and type of clinical hours as established by the board through rules and regulations.

345.022. 1. Any person in the person's clinical fellowship shall hold a provisional license to practice speech-language pathology or audiology. The board may issue a provisional license to an applicant who:

(1) Has met the requirements for practicum and academic requirements from an accredited training program under this chapter;

(2) Submits an application to the board on a form prescribed by the board. Such form shall include a plan for

10 the content and supervision of the clinical fellowship, as
11 well as evidence of good moral and ethical character; and

12 (3) Submits to the board an application fee, as set by
13 the board, for the provisional license.

14 2. A provisional license is effective for one year and
15 may be extended for an additional twelve months only for
16 purposes of completing the postgraduate clinical experience
17 portion of the clinical fellowship; provided, that the
18 applicant has passed the national examination and shall hold
19 a master's degree from an approved training program in his
20 or her area of application.

21 3. Within twelve months of issuance of the provisional
22 license, the applicant shall pass an examination promulgated
23 or approved by the board.

24 4. Within twelve months of issuance of a provisional
25 license, the applicant shall complete the requirements for
26 the master's or doctoral degree from a program accredited by
27 the Council on Academic Accreditation of the American Speech-
28 Language-Hearing Association or other accrediting agency
29 approved by the board in the area in which licensure is
30 sought.

345.025. 1. The provisions of sections 345.010 to
2 345.080 do not apply to:

3 (1) The activities, services, and the use of an
4 official title on the part of a person in the employ of a
5 federal agency insofar as such services are part of the
6 duties of the person's office or position with such agency;

7 (2) The activities and services of certified teachers
8 of the deaf;

9 (3) The activities and services of a student in speech-
10 language pathology or audiology pursuing a course of study
11 at a university or college that has been approved by its
12 regional accrediting association, or working in a recognized

13 training center, if these activities and services constitute
14 a part of the person's course of study supervised by a
15 licensed speech-language pathologist or audiologist as
16 provided in section 345.050;

17 (4) The activities and services of physicians and
18 surgeons licensed pursuant to chapter 334;

19 (5) Audiometric technicians who are certified by the
20 council for accreditation of occupational hearing
21 conservationists when conducting pure tone air conduction
22 audiometric tests for purposes of industrial hearing
23 conservation and comply with requirements of the federal
24 Occupational Safety and Health Administration;

25 (6) A person who holds a current valid certificate as
26 a speech-language pathologist issued before January 1, 2016,
27 by the Missouri department of elementary and secondary
28 education and who is an employee of a public school while
29 providing speech-language pathology services in such school
30 system;

31 (7) Any person completing the required number and type
32 of clinical hours required by paragraph (c) of subdivision
33 [(11)] (12) of section 345.015 as long as such person is
34 under the direct supervision of a licensed speech-language
35 pathologist and has not completed more than the number of
36 clinical hours required by rule.

37 2. No one shall be exempt pursuant to subdivision (1)
38 or (6) of subsection 1 of this section if the person does
39 any work as a speech-language pathologist or audiologist
40 outside of the exempted areas outlined in this section for
41 which a fee or compensation may be paid by the recipient of
42 the service. When college or university clinics charge a
43 fee, supervisors of student clinicians shall be licensed.

345.050. [1.] To be eligible for licensure by the
2 board by examination, each applicant shall submit the

3 application fee and shall furnish evidence of such person's
4 current competence and shall:

5 (1) Hold a master's or a doctoral degree from a
6 program that was awarded "accreditation candidate" status or
7 is accredited by the Council on Academic Accreditation of
8 the American Speech-Language-Hearing Association or other
9 accrediting agency approved by the board in the area in
10 which licensure is sought;

11 (2) Submit official transcripts from one or more
12 accredited colleges or universities presenting evidence of
13 the completion of course work and clinical practicum
14 requirements equivalent to that required by the Council on
15 Academic Accreditation of the American Speech-Language-
16 Hearing Association or other accrediting agency approved by
17 the board; [and]

18 (3) Present written evidence of completion of a
19 clinical fellowship from supervisors. The experience
20 required by this subdivision shall follow the completion of
21 the requirements of subdivisions (1) and (2) of this
22 subsection. This period of employment shall be under the
23 direct supervision of a person who is licensed by the state
24 of Missouri in the profession in which the applicant seeks
25 to be licensed. Persons applying with an audiology clinical
26 doctoral degree are exempt from this provision; and

27 (4) Pass an examination promulgated or approved by the
28 board. The board shall determine the subject and scope of
29 the examinations.

30 [2. To be eligible for licensure by the board without
31 examination, each applicant shall make application on forms
32 prescribed by the board, submit the application fee, submit
33 an activity statement and meet one of the following
34 requirements:

35 (1) The board shall issue a license to any speech-
36 language pathologist or audiologist who is licensed in
37 another country and who has had no violations, suspension or
38 revocations of a license to practice speech-language
39 pathology or audiology in any jurisdiction; provided that,
40 such person is licensed in a country whose requirements are
41 substantially equal to, or greater than, Missouri at the
42 time the applicant applies for licensure; or

43 (2) Hold the certificate of clinical competence issued
44 by the American Speech-Language-Hearing Association in the
45 area in which licensure is sought.]

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

3 (1) "Board", the Missouri board of registration for
4 the healing arts;

5 (2) "Commission", the advisory commission for speech-
6 language pathologists and audiologists;

7 (3) "License", a license, certificate, registration,
8 permit, accreditation, or military occupational specialty
9 that enables a person to legally practice an occupation or
10 profession in a particular jurisdiction;

11 (4) "Military", the Armed Forces of the United States
12 including the Air Force, Army, Coast Guard, Marine Corps,
13 Navy, Space Force, National Guard, and any other military
14 branch that is designated by Congress as part of the Armed
15 Forces of the United States, and all reserve components and
16 auxiliaries. Such term also includes the military reserves
17 and militia of the United States territory or state;

18 (5) "Nonresident military spouse", a nonresident
19 spouse of an active duty member of the Armed Forces of the
20 United States who has been transferred or is scheduled to be
21 transferred to an adjacent state and is or will be domiciled

in the state of Missouri, or has moved to the state of Missouri on a permanent change-of-station basis;

(6) "Resident military spouse", a spouse of an active duty member of the Armed Forces of the United States who has been transferred or is scheduled to be transferred to the state of Missouri, who is domiciled in the state of Missouri, or who has Missouri as his or her home of record.

2. Any person who holds a valid current speech-language pathologist or audiologist license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in the other jurisdiction, may submit an application for a speech-language pathologist or audiologist license in Missouri along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction, to the board.

3. The board shall:

(1) Within six months of receiving an application described in subsection 2 of this section, waive any examination, educational, or experience requirements for licensure in this state for the applicant if it determines that there were minimum education requirements and, if applicable, work experience and clinical supervision requirements in effect and the other state verifies that the person met those requirements in order to be licensed or certified in that state. The board may require an applicant to take and pass an examination specific to the laws of this state; or

(2) Within thirty days of receiving an application described in subsection 2 of this section from a nonresident military spouse or a resident military spouse, waive any examination, educational, or experience requirements for

55 licensure in this state for the applicant and issue such
56 applicant a license under this section if such applicant
57 otherwise meets the requirements of this section.

58 4. (1) The board shall not waive any examination,
59 educational, or experience requirements for any applicant
60 who has had his or her license revoked by a board outside
61 the state; who is currently under investigation, who has a
62 complaint pending, or who is currently under disciplinary
63 action, except as provided in subdivision (2) of this
64 subsection, with a board outside the state; who does not
65 hold a license in good standing with a board outside the
66 state; who has a criminal record that would disqualify him
67 or her for licensure in Missouri; or who does not hold a
68 valid current license in the other jurisdiction on the date
69 the board receives his or her application under this section.

70 (2) If another jurisdiction has taken disciplinary
71 action against an applicant, the board shall determine if
72 the cause for the action was corrected and the matter
73 resolved. If the matter has not been resolved by that
74 jurisdiction, the board may deny a license until the matter
75 is resolved.

76 5. Nothing in this section shall prohibit the board
77 from denying a license to an applicant under this section
78 for any reason described in section 345.065.

79 6. Any person who is licensed under the provisions of
80 this section shall be subject to the board's jurisdiction
81 and all rules and regulations pertaining to the practice as
82 a speech-language pathologist or audiologist in this state.

83 7. This section shall not be construed to waive any
84 requirement for an applicant to pay any fees.

345.085. SECTION 1. PURPOSE

2 The purpose of this Compact is to facilitate interstate
3 practice of audiology and speech-language pathology with the

4 goal of improving public access to audiology and speech-
5 language pathology services. The practice of audiology and
6 speech-language pathology occurs in the state where the
7 patient/client/student is located at the time of the
8 patient/client/student encounter. The Compact preserves the
9 regulatory authority of states to protect public health and
10 safety through the current system of state licensure.

11 This Compact is designed to achieve the following
12 objectives:

13 1. Increase public access to audiology and speech-
14 language pathology services by providing for the mutual
15 recognition of other member state licenses;

16 2. Enhance the states' ability to protect the public's
17 health and safety;

18 3. Encourage the cooperation of member states in
19 regulating multistate audiology and speech-language
20 pathology practice;

21 4. Support spouses of relocating active duty military
22 personnel;

23 5. Enhance the exchange of licensure, investigative
24 and disciplinary information between member states;

25 6. Allow a remote state to hold a provider of services
26 with a compact privilege in that state accountable to that
27 state's practice standards; and

28 7. Allow for the use of telehealth technology to
29 facilitate increased access to audiology and speech-language
30 pathology services.

31 SECTION 2. DEFINITIONS

32 As used in this Compact, and except as otherwise
33 provided, the following definitions shall apply:

34 A. "Active duty military" means full-time duty status
35 in the active uniformed service of the United States,
36 including members of the National Guard and Reserve on

active duty orders pursuant to 10 U.S.C. Chapter 1209 and 1211.

B. "Adverse action" means any administrative, civil, equitable or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against an audiologist or speech-language pathologist, including actions against an individual's license or privilege to practice such as revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice.

C. "Alternative program" means a non-disciplinary monitoring process approved by an audiology or speech-language pathology licensing board to address impaired practitioners.

D. "Audiologist" means an individual who is licensed by a state to practice audiology.

E. "Audiology" means the care and services provided by a licensed audiologist as set forth in the member state's statutes and rules.

F. "Audiology and Speech-Language Pathology Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact.

G. "Audiology and speech-language pathology licensing board," "audiology licensing board," "speech-language pathology licensing board," or "licensing board" means the agency of a state that is responsible for the licensing and regulation of audiologists and/or speech-language pathologists.

H. "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as an audiologist or speech-language pathologist in the remote state under its laws and rules.

The practice of audiology or speech-language pathology occurs in the member state where the patient/client/student is located at the time of the patient/client/student encounter.

I. "Current significant investigative information" means investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the audiologist or speech-language pathologist to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction.

J. "Data system" means a repository of information about licensees, including, but not limited to, continuing education, examination, licensure, investigative, compact privilege and adverse action.

K. "Encumbered license" means a license in which an adverse action restricts the practice of audiology or speech-language pathology by the licensee and said adverse action has been reported to the National Practitioners Data Bank (NPDB).

L. "Executive Committee" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

M. "Home state" means the member state that is the licensee's primary state of residence.

N. "Impaired practitioner" means individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions.

O. "Licensee" means an individual who currently holds an authorization from the state licensing board to practice as an audiologist or speech-language pathologist.

P. "Member state" means a state that has enacted the Compact.

103 Q. "Privilege to practice" means a legal authorization
104 permitting the practice of audiology or speech-language
105 pathology in a remote state.

106 R. "Remote state" means a member state other than the
107 home state where a licensee is exercising or seeking to
108 exercise the compact privilege.

109 S. "Rule" means a regulation, principle or directive
110 promulgated by the Commission that has the force of law.

111 T. "Single-state license" means an audiology or speech-
112 language pathology license issued by a member state that
113 authorizes practice only within the issuing state and does
114 not include a privilege to practice in any other member
115 state.

116 U. "Speech-language pathologist" means an individual
117 who is licensed by a state to practice speech-language
118 pathology.

119 V. "Speech-language pathology" means the care and
120 services provided by a licensed speech-language pathologist
121 as set forth in the member state's statutes and rules.

122 W. "State" means any state, commonwealth, district or
123 territory of the United States of America that regulates the
124 practice of audiology and speech-language pathology.

125 X. "State practice laws" means a member state's laws,
126 rules and regulations that govern the practice of audiology
127 or speech-language pathology, define the scope of audiology
128 or speech-language pathology practice, and create the
129 methods and grounds for imposing discipline.

130 Y. "Telehealth" means the application of
131 telecommunication technology to deliver audiology or speech-
132 language pathology services at a distance for assessment,
133 intervention and/or consultation.

134 SECTION 3. STATE PARTICIPATION IN THE COMPACT

135 A. A license issued to an audiologist or speech-
136 language pathologist by a home state to a resident in that
137 state shall be recognized by each member state as
138 authorizing an audiologist or speech-language pathologist to
139 practice audiology or speech-language pathology, under a
140 privilege to practice, in each member state.

141 B. A state must implement or utilize procedures for
142 considering the criminal history records of applicants for
143 initial privilege to practice. These procedures shall
144 include the submission of fingerprints or other biometric-
145 based information by applicants for the purpose of obtaining
146 an applicant's criminal history record information from the
147 Federal Bureau of Investigation and the agency responsible
148 for retaining that state's criminal records.

149 1. A member state must fully implement a criminal
150 background check requirement, within a time frame
151 established by rule, by receiving the results of the Federal
152 Bureau of Investigation record search on criminal background
153 checks and use the results in making licensure decisions.

154 2. Communication between a member state, the
155 Commission and among member states regarding the
156 verification of eligibility for licensure through the
157 Compact shall not include any information received from the
158 Federal Bureau of Investigation relating to a federal
159 criminal records check performed by a member state under
160 Public Law 92-544.

161 C. Upon application for a privilege to practice, the
162 licensing board in the issuing remote state shall ascertain,
163 through the data system, whether the applicant has ever
164 held, or is the holder of, a license issued by any other
165 state, whether there are any encumbrances on any license or
166 privilege to practice held by the applicant, whether any

adverse action has been taken against any license or privilege to practice held by the applicant.

D. Each member state shall require an applicant to obtain or retain a license in the home state and meet the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable state laws.

E. For an audiologist:

1. Must meet one of the following educational requirements:

a. On or before, Dec. 31, 2007, has graduated with a master's degree or doctorate in audiology, or equivalent degree regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

b. On or after, Jan. 1, 2008, has graduated with a Doctoral degree in audiology, or equivalent degree, regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

c. Has graduated from an audiology program that is housed in an institution of higher education outside of the United States (a) for which the program and institution have been approved by the authorized accrediting body in the applicable country and (b) the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.

200 2. Has completed a supervised clinical practicum
201 experience from an accredited educational institution or its
202 cooperating programs as required by the Commission;

203 3. Has successfully passed a national examination
204 approved by the Commission;

205 4. Holds an active, unencumbered license;

206 5. Has not been convicted or found guilty, and has not
207 entered into an agreed disposition, of a felony related to
208 the practice of audiology, under applicable state or federal
209 criminal law;

210 6. Has a valid United States Social Security or
211 National Practitioner Identification number.

212 F. For a speech-language pathologist:

213 1. Must meet one of the following educational
214 requirements:

215 a. Has graduated with a master's degree from a speech-
216 language pathology program that is accredited by an
217 organization recognized by the United States Department of
218 Education and operated by a college or university accredited
219 by a regional or national accrediting organization
220 recognized by the board; or

221 b. Has graduated from a speech-language pathology
222 program that is housed in an institution of higher education
223 outside of the United States (a) for which the program and
224 institution have been approved by the authorized accrediting
225 body in the applicable country and (b) the degree program
226 has been verified by an independent credentials review
227 agency to be comparable to a state licensing board-approved
228 program.

229 2. Has completed a supervised clinical practicum
230 experience from an educational institution or its
231 cooperating programs as required by the Commission;

232 3. Has completed a supervised postgraduate
233 professional experience as required by the Commission;
234 4. Has successfully passed a national examination
235 approved by the Commission;
236 5. Holds an active, unencumbered license;
237 6. Has not been convicted or found guilty, and has not
238 entered into an agreed disposition, of a felony related to
239 the practice of speech-language pathology, under applicable
240 state or federal criminal law;
241 7. Has a valid United States Social Security or
242 National Practitioner Identification number.

243 G. The privilege to practice is derived from the home
244 state license.

245 H. An audiologist or speech-language pathologist
246 practicing in a member state must comply with the state
247 practice laws of the state in which the client is located at
248 the time service is provided. The practice of audiology and
249 speech-language pathology shall include all audiology and
250 speech-language pathology practice as defined by the state
251 practice laws of the member state in which the client is
252 located. The practice of audiology and speech-language
253 pathology in a member state under a privilege to practice
254 shall subject an audiologist or speech-language pathologist
255 to the jurisdiction of the licensing board, the courts and
256 the laws of the member state in which the client is located
257 at the time service is provided.

258 I. Individuals not residing in a member state shall
259 continue to be able to apply for a member state's single-
260 state license as provided under the laws of each member
261 state. However, the single-state license granted to these
262 individuals shall not be recognized as granting the
263 privilege to practice audiology or speech-language pathology
264 in any other member state. Nothing in this Compact shall

affect the requirements established by a member state for the issuance of a single-state license.

J. Member states may charge a fee for granting a compact privilege.

K. Member states must comply with the bylaws and rules and regulations of the Commission.

SECTION 4. COMPACT PRIVILEGE

A. To exercise the compact privilege under the terms and provisions of the Compact, the audiologist or speech-language pathologist shall:

1. Hold an active license in the home state;

2. Have no encumbrance on any state license;

3. Be eligible for a compact privilege in any member state in accordance with Section 3;

4. Have not had any adverse action against any license or compact privilege within the previous 2 years from date of application;

5. Notify the Commission that the licensee is seeking the compact privilege within a remote state(s);

6. Pay any applicable fees, including any state fee, for the compact privilege;

7. Report to the Commission adverse action taken by any non-member state within 30 days from the date the adverse action is taken.

B. For the purposes of the compact privilege, an audiologist or speech-language pathologist shall only hold one home state license at a time.

C. Except as provided in Section 6, if an audiologist or speech-language pathologist changes primary state of residence by moving between two-member states, the audiologist or speech-language pathologist must apply for licensure in the new home state, and the license issued by

the prior home state shall be deactivated in accordance with applicable rules adopted by the Commission.

D. The audiologist or speech-language pathologist may apply for licensure in advance of a change in primary state of residence.

E. A license shall not be issued by the new home state until the audiologist or speech-language pathologist provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a license from the new home state.

F. If an audiologist or speech-language pathologist changes primary state of residence by moving from a member state to a non-member state, the license issued by the prior home state shall convert to a single-state license, valid only in the former home state.

G. The compact privilege is valid until the expiration date of the home state license. The licensee must comply with the requirements of Section 4A to maintain the compact privilege in the remote state.

H. A licensee providing audiology or speech-language pathology services in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

I. A licensee providing audiology or speech-language pathology services in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens.

329 J. If a home state license is encumbered, the licensee
330 shall lose the compact privilege in any remote state until
331 the following occur:

332 1. The home state license is no longer encumbered; and
333 2. Two years have elapsed from the date of the adverse
334 action.

335 K. Once an encumbered license in the home state is
336 restored to good standing, the licensee must meet the
337 requirements of Section 4A to obtain a compact privilege in
338 any remote state.

339 L. Once the requirements of Section 4J have been met,
340 the licensee must meet the requirements in Section 4A to
341 obtain a compact privilege in a remote state.

342 SECTION 5. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH
343 Member states shall recognize the right of an
344 audiologist or speech-language pathologist, licensed by a
345 home state in accordance with Section 3 and under rules
346 promulgated by the Commission, to practice audiology or
347 speech-language pathology in any member state via telehealth
348 under a privilege to practice as provided in the Compact and
349 rules promulgated by the Commission.

350 SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR
351 SPOUSES

352 Active duty military personnel, or their spouse, shall
353 designate a home state where the individual has a current
354 license in good standing. The individual may retain the
355 home state designation during the period the service member
356 is on active duty. Subsequent to designating a home state,
357 the individual shall only change their home state through
358 application for licensure in the new state.

359 SECTION 7. ADVERSE ACTIONS

360 A. In addition to the other powers conferred by state
361 law, a remote state shall have the authority, in accordance
362 with existing state due process law, to:

363 1. Take adverse action against an audiologist's or
364 speech-language pathologist's privilege to practice within
365 that member state.

366 2. Issue subpoenas for both hearings and
367 investigations that require the attendance and testimony of
368 witnesses as well as the production of evidence. Subpoenas
369 issued by a licensing board in a member state for the
370 attendance and testimony of witnesses or the production of
371 evidence from another member state shall be enforced in the
372 latter state by any court of competent jurisdiction,
373 according to the practice and procedure of that court
374 applicable to subpoenas issued in proceedings pending before
375 it. The issuing authority shall pay any witness fees,
376 travel expenses, mileage and other fees required by the
377 service statutes of the state in which the witnesses or
378 evidence are located.

379 3. Only the home state shall have the power to take
380 adverse action against a audiologist's or speech-language
381 pathologist's license issued by the home state.

382 B. For purposes of taking adverse action, the home
383 state shall give the same priority and effect to reported
384 conduct received from a member state as it would if the
385 conduct had occurred within the home state. In so doing,
386 the home state shall apply its own state laws to determine
387 appropriate action.

388 C. The home state shall complete any pending
389 investigations of an audiologist or speech-language
390 pathologist who changes primary state of residence during
391 the course of the investigations. The home state shall also
392 have the authority to take appropriate action(s) and shall

393 promptly report the conclusions of the investigations to the
394 administrator of the data system. The administrator of the
395 coordinated licensure information system shall promptly
396 notify the new home state of any adverse actions.

397 D. If otherwise permitted by state law, the member
398 state may recover from the affected audiologist or speech-
399 language pathologist the costs of investigations and
400 disposition of cases resulting from any adverse action taken
401 against that audiologist or speech-language pathologist.

402 E. The member state may take adverse action based on
403 the factual findings of the remote state, provided that the
404 member state follows the member state's own procedures for
405 taking the adverse action.

406 F. Joint Investigations:

407 1. In addition to the authority granted to a member
408 state by its respective audiology or speech-language
409 pathology practice act or other applicable state law, any
410 member state may participate with other member states in
411 joint investigations of licensees.

412 2. Member states shall share any investigative,
413 litigation, or compliance materials in furtherance of any
414 joint or individual investigation initiated under the
415 Compact.

416 G. If adverse action is taken by the home state
417 against an audiologist's or speech-language pathologist's
418 license, the audiologist's or speech-language pathologist's
419 privilege to practice in all other member states shall be
420 deactivated until all encumbrances have been removed from
421 the state license. All home state disciplinary orders that
422 impose adverse action against an audiologist's or speech-
423 language pathologist's license shall include a statement
424 that the audiologist's or speech-language pathologist's

privilege to practice is deactivated in all member states
during the pendency of the order.

H. If a member state takes adverse action, it shall
promptly notify the administrator of the data system. The
administrator of the data system shall promptly notify the
home state of any adverse actions by remote states.

I. Nothing in this Compact shall override a member
state's decision that participation in an alternative
program may be used in lieu of adverse action.

SECTION 8. ESTABLISHMENT OF THE AUDIOLOGY AND SPEECH-
LANGUAGE PATHOLOGY COMPACT COMMISSION

A. The Compact member states hereby create and
establish a joint public agency known as the Audiology and
Speech-Language Pathology Compact Commission:

1. The Commission is an instrumentality of the Compact
states.

2. Venue is proper and judicial proceedings by or
against the Commission shall be brought solely and
exclusively in a court of competent jurisdiction where the
principal office of the Commission is located. The
Commission may waive venue and jurisdictional defenses to
the extent it adopts or consents to participate in
alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a
waiver of sovereign immunity.

B. Membership, Voting and Meetings:

1. Each member state shall have two (2) delegates
selected by that member state's licensing board. The
delegates shall be current members of the licensing board.
One shall be an audiologist and one shall be a speech-
language pathologist.

2. An additional five (5) delegates, who are either a
public member or board administrator from a state licensing

board, shall be chosen by the Executive Committee from a pool of nominees provided by the Commission at Large.

3. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

4. The member state board shall fill any vacancy occurring on the Commission, within 90 days.

5. Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.

6. A delegate shall vote in person or by other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

7. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

C. The Commission shall have the following powers and duties:

1. Establish the fiscal year of the Commission;
2. Establish bylaws;
3. Establish a Code of Ethics;
4. Maintain its financial records in accordance with the bylaws;

5. Meet and take actions as are consistent with the provisions of this Compact and the bylaws;

6. Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;

7. Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of

491 any state audiology or speech-language pathology licensing
492 board to sue or be sued under applicable law shall not be
493 affected;

494 8. Purchase and maintain insurance and bonds;

495 9. Borrow, accept, or contract for services of
496 personnel, including, but not limited to, employees of a
497 member state;

498 10. Hire employees, elect or appoint officers, fix
499 compensation, define duties, grant individuals appropriate
500 authority to carry out the purposes of the Compact, and to
501 establish the Commission's personnel policies and programs
502 relating to conflicts of interest, qualifications of
503 personnel, and other related personnel matters;

504 11. Accept any and all appropriate donations and
505 grants of money, equipment, supplies, materials and
506 services, and to receive, utilize and dispose of the same;
507 provided that at all times the Commission shall avoid any
508 appearance of impropriety and/or conflict of interest;

509 12. Lease, purchase, accept appropriate gifts or
510 donations of, or otherwise to own, hold, improve or use, any
511 property, real, personal or mixed; provided that at all
512 times the Commission shall avoid any appearance of
513 impropriety;

514 13. Sell, convey, mortgage, pledge, lease, exchange,
515 abandon, or otherwise dispose of any property real,
516 personal, or mixed;

517 14. Establish a budget and make expenditures;

518 15. Borrow money;

519 16. Appoint committees, including standing committees
520 composed of members, and other interested persons as may be
521 designated in this Compact and the bylaws;

522 17. Provide and receive information from, and
523 cooperate with, law enforcement agencies;

524 18. Establish and elect an Executive Committee; and
525 19. Perform other functions as may be necessary or
526 appropriate to achieve the purposes of this Compact
527 consistent with the state regulation of audiology and speech-
528 language pathology licensure and practice.

529 D. The Executive Committee
530 The Executive Committee shall have the power to act on
531 behalf of the Commission according to the terms of this
532 Compact:

533 1. The Executive Committee shall be composed of ten
534 (10) members:

535 a. Seven (7) voting members who are elected by the
536 Commission from the current membership of the Commission;
537 b. Two (2) ex-officios, consisting of one nonvoting
538 member from a recognized national audiology professional
539 association and one nonvoting member from a recognized
540 national speech-language pathology association; and
541 c. One (1) ex-officio, nonvoting member from the
542 recognized membership organization of the audiology and
543 speech-language pathology licensing boards.

544 E. The ex-officio members shall be selected by their
545 respective organizations.

546 1. The Commission may remove any member of the
547 Executive Committee as provided in bylaws.

548 2. The Executive Committee shall meet at least
549 annually.

550 3. The Executive Committee shall have the following
551 duties and responsibilities:

552 a. Recommend to the entire Commission changes to the
553 rules or bylaws, changes to this Compact legislation, fees
554 paid by Compact member states such as annual dues, and any
555 commission Compact fee charged to licensees for the compact
556 privilege;

b. Ensure Compact administration services are
appropriately provided, contractual or otherwise;

c. Prepare and recommend the budget;

d. Maintain financial records on behalf of the
Commission;

e. Monitor Compact compliance of member states and
provide compliance reports to the Commission;

f. Establish additional committees as necessary; and

g. Other duties as provided in rules or bylaws.

4. Meetings of the Commission

All meetings shall be open to the public, and public
notice of meetings shall be given in the same manner as
required under the rulemaking provisions in Section 10.

5. The Commission or the Executive Committee or other
committees of the Commission may convene in a closed, non-
public meeting if the Commission or Executive Committee or
other committees of the Commission must discuss:

a. Non-compliance of a member state with its
obligations under the Compact;

b. The employment, compensation, discipline or other
matters, practices or procedures related to specific
employees or other matters related to the Commission's
internal personnel practices and procedures;

c. Current, threatened, or reasonably anticipated
litigation;

d. Negotiation of contracts for the purchase, lease,
or sale of goods, services, or real estate;

e. Accusing any person of a crime or formally
censuring any person;

f. Disclosure of trade secrets or commercial or
financial information that is privileged or confidential;

588 g. Disclosure of information of a personal nature
589 where disclosure would constitute a clearly unwarranted
590 invasion of personal privacy;

591 h. Disclosure of investigative records compiled for
592 law enforcement purposes;

593 i. Disclosure of information related to any
594 investigative reports prepared by or on behalf of or for use
595 of the Commission or other committee charged with
596 responsibility of investigation or determination of
597 compliance issues pursuant to the Compact; or

598 j. Matters specifically exempted from disclosure by
599 federal or member state statute.

600 6. If a meeting, or portion of a meeting, is closed
601 pursuant to this provision, the Commission's legal counsel
602 or designee shall certify that the meeting may be closed and
603 shall reference each relevant exempting provision.

604 7. The Commission shall keep minutes that fully and
605 clearly describe all matters discussed in a meeting and
606 shall provide a full and accurate summary of actions taken,
607 and the reasons therefore, including a description of the
608 views expressed. All documents considered in connection
609 with an action shall be identified in minutes. All minutes
610 and documents of a closed meeting shall remain under seal,
611 subject to release by a majority vote of the Commission or
612 order of a court of competent jurisdiction.

613 8. Financing of the Commission:

614 a. The Commission shall pay, or provide for the
615 payment of, the reasonable expenses of its establishment,
616 organization, and ongoing activities.

617 b. The Commission may accept any and all appropriate
618 revenue sources, donations, and grants of money, equipment,
619 supplies, materials, and services.

620 c. The Commission may levy on and collect an annual
621 assessment from each member state or impose fees on other
622 parties to cover the cost of the operations and activities
623 of the Commission and its staff, which must be in a total
624 amount sufficient to cover its annual budget as approved
625 each year for which revenue is not provided by other
626 sources. The aggregate annual assessment amount shall be
627 allocated based upon a formula to be determined by the
628 Commission, which shall promulgate a rule binding upon all
629 member states.

630 9. The Commission shall not incur obligations of any
631 kind prior to securing the funds adequate to meet the same;
632 nor shall the Commission pledge the credit of any of the
633 member states, except by and with the authority of the
634 member state.

635 10. The Commission shall keep accurate accounts of all
636 receipts and disbursements. The receipts and disbursements
637 of the Commission shall be subject to the audit and
638 accounting procedures established under its bylaws.
639 However, all receipts and disbursements of funds handled by
640 the Commission shall be audited yearly by a certified or
641 licensed public accountant, and the report of the audit
642 shall be included in and become part of the annual report of
643 the Commission.

644 F. Qualified Immunity, Defense, and Indemnification:

645 1. The members, officers, executive director,
646 employees and representatives of the Commission shall be
647 immune from suit and liability, either personally or in
648 their official capacity, for any claim for damage to or loss
649 of property or personal injury or other civil liability
650 caused by or arising out of any actual or alleged act, error
651 or omission that occurred, or that the person against whom
652 the claim is made had a reasonable basis for believing

653 occurred within the scope of Commission employment, duties
654 or responsibilities; provided that nothing in this paragraph
655 shall be construed to protect any person from suit and/or
656 liability for any damage, loss, injury, or liability caused
657 by the intentional or willful or wanton misconduct of that
658 person.

659 2. The Commission shall defend any member, officer,
660 executive director, employee or representative of the
661 Commission in any civil action seeking to impose liability
662 arising out of any actual or alleged act, error, or omission
663 that occurred within the scope of Commission employment,
664 duties, or responsibilities, or that the person against whom
665 the claim is made had a reasonable basis for believing
666 occurred within the scope of Commission employment, duties,
667 or responsibilities; provided that nothing herein shall be
668 construed to prohibit that person from retaining his or her
669 own counsel; and provided further, that the actual or
670 alleged act, error, or omission did not result from that
671 person's intentional or willful or wanton misconduct.

672 3. The Commission shall indemnify and hold harmless
673 any member, officer, executive director, employee, or
674 representative of the Commission for the amount of any
675 settlement or judgment obtained against that person arising
676 out of any actual or alleged act, error or omission that
677 occurred within the scope of Commission employment, duties,
678 or responsibilities, or that person had a reasonable basis
679 for believing occurred within the scope of Commission
680 employment, duties, or responsibilities, provided that the
681 actual or alleged act, error, or omission did not result
682 from the intentional or willful or wanton misconduct of that
683 person.

684 SECTION 9. DATA SYSTEM

685 A. The Commission shall provide for the development,
686 maintenance, and utilization of a coordinated database and
687 reporting system containing licensure, adverse action, and
688 investigative information on all licensed individuals in
689 member states.

690 B. Notwithstanding any other provision of state law to
691 the contrary, a member state shall submit a uniform data set
692 to the data system on all individuals to whom this Compact
693 is applicable as required by the rules of the Commission,
694 including:

- 695 1. Identifying information;
- 696 2. Licensure data;
- 697 3. Adverse actions against a license or compact
698 privilege;
- 699 4. Non-confidential information related to alternative
700 program participation;
- 701 5. Any denial of application for licensure, and the
702 reason(s) for denial; and
- 703 6. Other information that may facilitate the
704 administration of this Compact, as determined by the rules
705 of the Commission.

706 C. Investigative information pertaining to a licensee
707 in any member state shall only be available to other member
708 states.

709 D. The Commission shall promptly notify all member
710 states of any adverse action taken against a licensee or an
711 individual applying for a license. Adverse action
712 information pertaining to a licensee in any member state
713 shall be available to any other member state.

714 E. Member states contributing information to the data
715 system may designate information that may not be shared with
716 the public without the express permission of the
717 contributing state.

F. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

SECTION 10. RULEMAKING

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within 4 years of the date of adoption of the rule, the rule shall have no further force and effect in any member state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least thirty (30) days in advance of the meeting at which the rule shall be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission or other publicly accessible platform; and

2. On the website of each member state audiology or speech-language pathology licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule shall be considered and voted upon;

2. The text of the proposed rule or amendment and the reason for the proposed rule;

750 3. A request for comments on the proposed rule from
751 any interested person; and

752 4. The manner in which interested persons may submit
753 notice to the Commission of their intention to attend the
754 public hearing and any written comments.

755 F. Prior to the adoption of a proposed rule, the
756 Commission shall allow persons to submit written data,
757 facts, opinions and arguments, which shall be made available
758 to the public.

759 G. The Commission shall grant an opportunity for a
760 public hearing before it adopts a rule or amendment if a
761 hearing is requested by:

762 1. At least twenty-five (25) persons;

763 2. A state or federal governmental subdivision or
764 agency; or

765 3. An association having at least twenty-five (25)
766 members.

767 H. If a hearing is held on the proposed rule or
768 amendment, the Commission shall publish the place, time, and
769 date of the scheduled public hearing. If the hearing is
770 held via electronic means, the Commission shall publish the
771 mechanism for access to the electronic hearing.

772 1. All persons wishing to be heard at the hearing
773 shall notify the executive director of the Commission or
774 other designated member in writing of their desire to appear
775 and testify at the hearing not less than five (5) business
776 days before the scheduled date of the hearing.

777 2. Hearings shall be conducted in a manner providing
778 each person who wishes to comment a fair and reasonable
779 opportunity to comment orally or in writing.

780 3. All hearings shall be recorded. A copy of the
781 recording shall be made available on request.

782 4. Nothing in this section shall be construed as
783 requiring a separate hearing on each rule. Rules may be
784 grouped for the convenience of the Commission at hearings
785 required by this section.

786 I. Following the scheduled hearing date, or by the
787 close of business on the scheduled hearing date if the
788 hearing was not held, the Commission shall consider all
789 written and oral comments received.

790 J. If no written notice of intent to attend the public
791 hearing by interested parties is received, the Commission
792 may proceed with promulgation of the proposed rule without a
793 public hearing.

794 K. The Commission shall, by majority vote of all
795 members, take final action on the proposed rule and shall
796 determine the effective date of the rule, if any, based on
797 the rulemaking record and the full text of the rule.

798 L. Upon determination that an emergency exists, the
799 Commission may consider and adopt an emergency rule without
800 prior notice, opportunity for comment, or hearing, provided
801 that the usual rulemaking procedures provided in the Compact
802 and in this section shall be retroactively applied to the
803 rule as soon as reasonably possible, in no event later than
804 ninety (90) days after the effective date of the rule. For
805 the purposes of this provision, an emergency rule is one
806 that must be adopted immediately in order to:

807 1. Meet an imminent threat to public health, safety,
808 or welfare;

809 2. Prevent a loss of Commission or member state funds;
810 or

811 3. Meet a deadline for the promulgation of an
812 administrative rule that is established by federal law or
813 rule.

814 M. The Commission or an authorized committee of the
815 Commission may direct revisions to a previously adopted rule
816 or amendment for purposes of correcting typographical
817 errors, errors in format, errors in consistency, or
818 grammatical errors. Public notice of any revisions shall be
819 posted on the website of the Commission. The revision shall
820 be subject to challenge by any person for a period of thirty
821 (30) days after posting. The revision may be challenged
822 only on grounds that the revision results in a material
823 change to a rule. A challenge shall be made in writing and
824 delivered to the chair of the Commission prior to the end of
825 the notice period. If no challenge is made, the revision
826 shall take effect without further action. If the revision
827 is challenged, the revision may not take effect without the
828 approval of the Commission.

829 SECTION 11. OVERSIGHT, DISPUTE RESOLUTION, AND
830 ENFORCEMENT

831 A. Dispute Resolution

832 1. Upon request by a member state, the Commission
833 shall attempt to resolve disputes related to the Compact
834 that arise among member states and between member and non-
835 member states.

836 2. The Commission shall promulgate a rule providing
837 for both mediation and binding dispute resolution for
838 disputes as appropriate.

839 B. Enforcement

840 1. The Commission, in the reasonable exercise of its
841 discretion, shall enforce the provisions and rules of this
842 Compact.

843 2. By majority vote, the Commission may initiate legal
844 action in the United States District Court for the District
845 of Columbia or the federal district where the Commission has
846 its principal offices against a member state in default to

847 enforce compliance with the provisions of the Compact and
848 its promulgated rules and bylaws. The relief sought may
849 include both injunctive relief and damages. In the event
850 judicial enforcement is necessary, the prevailing member
851 shall be awarded all costs of litigation, including
852 reasonable attorney's fees.

853 3. The remedies herein shall not be the exclusive
854 remedies of the Commission. The Commission may pursue any
855 other remedies available under federal or state law.

856 SECTION 12. DATE OF IMPLEMENTATION OF THE INTERSTATE
857 COMMISSION FOR AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY
858 PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

859 A. The Compact shall come into effect on the date on
860 which the Compact statute is enacted into law in the 10th
861 member state. The provisions, which become effective at
862 that time, shall be limited to the powers granted to the
863 Commission relating to assembly and the promulgation of
864 rules. Thereafter, the Commission shall meet and exercise
865 rulemaking powers necessary to the implementation and
866 administration of the Compact.

867 B. Any state that joins the Compact subsequent to the
868 Commission's initial adoption of the rules shall be subject
869 to the rules as they exist on the date on which the Compact
870 becomes law in that state. Any rule that has been
871 previously adopted by the Commission shall have the full
872 force and effect of law on the day the Compact becomes law
873 in that state.

874 C. Any member state may withdraw from this Compact by
875 enacting a statute repealing the same.

876 1. A member state's withdrawal shall not take effect
877 until six (6) months after enactment of the repealing
878 statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's audiology or speech-language pathology licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any audiology or speech-language pathology licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

SECTION 13. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any member state, the Compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

SECTION 14. BINDING EFFECT OF COMPACT AND OTHER LAWS

A. Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

912 B. All laws in a member state in conflict with the
913 Compact are superseded to the extent of the conflict.

914 C. All lawful actions of the Commission, including all
915 rules and bylaws promulgated by the Commission, are binding
916 upon the member states.

917 D. All agreements between the Commission and the
918 member states are binding in accordance with their terms.

919 E. In the event any provision of the Compact exceeds
920 the constitutional limits imposed on the legislature of any
921 member state, the provision shall be ineffective to the
922 extent of the conflict with the constitutional provision in
923 question in that member state.

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

3 (1) "Health benefit plan", as such term is defined in
4 section 376.1350. The term "health benefit plan" shall also
5 include a prepaid dental plan, as defined in section 354.700;

6 (2) "Health care services", medical, surgical, dental,
7 podiatric, pharmaceutical, chiropractic, licensed ambulance
8 service, and optometric services;

9 (3) "Health carrier" or "carrier", as such term is
10 defined in section 376.1350. The term "health carrier" or
11 "carrier" shall also include a prepaid dental plan
12 corporation, as defined in section 354.700;

13 (4) "Insured", any person entitled to benefits under a
14 contract of accident and sickness insurance, or medical-
15 payment insurance issued as a supplement to liability
16 insurance but not including any other coverages contained in
17 a liability or a workers' compensation policy, issued by an
18 insurer;

19 (5) "Insurer", any person, reciprocal exchange,
20 interinsurer, fraternal benefit society, health services
21 corporation, self-insured group arrangement to the extent

not prohibited by federal law, prepaid dental plan corporation as defined in section 354.700, or any other legal entity engaged in the business of insurance;

(6) "Provider", a physician, hospital, dentist, podiatrist, chiropractor, pharmacy, licensed ambulance service, or optometrist, licensed by this state.

2. Upon receipt of an assignment of benefits made by the insured to a provider, the insurer shall issue the instrument of payment for a claim for payment for health care services in the name of the provider. All claims shall be paid within thirty days of the receipt by the insurer of all documents reasonably needed to determine the claim.

3. Nothing in this section shall preclude an insurer from voluntarily issuing an instrument of payment in the single name of the provider.

4. Except as provided in subsection 5 of this section, this section shall not require any insurer, health services corporation, prepaid dental plan as defined in section 354.700, health maintenance corporation or preferred provider organization which directly contracts with certain members of a class of providers for the delivery of health care services to issue payment as provided pursuant to this section to those members of the class which do not have a contract with the insurer.

5. When a patient's health benefit plan does not include or require payment to out-of-network providers for all or most covered services, which would otherwise be covered if the patient received such services from a provider in the [carrier's] health benefit plan's network, including but not limited to health maintenance organization plans, as such term is defined in section 354.400, or a health benefit plan offered by a carrier consistent with subdivision (19) of section 376.426, payment for all

55 services shall be made directly to the providers when the
56 health carrier has authorized such services to be received
57 from a provider outside the [carrier's] health benefit
58 plan's network.

376.1575. As used in sections 376.1575 to 376.1580,
2 the following terms shall mean:

3 (1) "Completed application", a practitioner's
4 application to a health carrier that seeks the health
5 carrier's authorization for the practitioner to provide
6 patient care services as a member of the health carrier's
7 network and does not omit any information which is clearly
8 required by the application form and the accompanying
9 instructions;

10 (2) "Credentialing", a health carrier's process of
11 assessing and validating the qualifications of a
12 practitioner to provide patient care services and act as a
13 member of the health carrier's provider network;

14 (3) "Health carrier", the same meaning as such term is
15 defined in section 376.1350. The term "health carrier"
16 shall also include any entity described in subdivision (4)
17 of section 354.700;

18 (4) "Practitioner":

19 (a) A physician or physician assistant eligible to
20 provide treatment services under chapter 334;

21 (b) A pharmacist eligible to provide services under
22 chapter 338;

23 (c) A dentist eligible to provide services under
24 chapter 332;

25 (d) A chiropractor eligible to provide services under
26 chapter 331;

27 (e) An optometrist eligible to provide services under
28 chapter 336;

(f) A podiatrist eligible to provide services under chapter 330;

(g) A psychologist or licensed clinical social worker eligible to provide services under chapter 337; or

(h) An advanced practice nurse eligible to provide services under chapter 335.

376.1800. 1. As used in this section, the following terms shall mean:

(1) "Dentist", a dentist licensed under chapter 332. The term "dentist" includes an individual dentist or a group of dentists;

(2) "Medical retainer agreement", a contract between a physician or a dentist and an individual patient or such individual patient's legal representative in which the physician or dentist agrees to provide certain health care services described in the agreement to the individual patient for an agreed-upon fee and period of time;

[(2)] (3) "Physician", a physician licensed under chapter 331 or 334. Physician includes an individual physician or a group of physicians.

2. A medical retainer agreement is not insurance and is not subject to this chapter. Entering into a medical retainer agreement is not the business of insurance and is not subject to this chapter.

3. A physician, a dentist, or an agent of a physician or dentist is not required to obtain a certificate of authority or license under this section to market, sell, or offer to sell a medical retainer agreement.

4. To be considered a medical retainer agreement for the purposes of this section, the agreement shall meet all of the following requirements:

(1) Be in writing;

27 (2) Be signed by the physician, the dentist, or the
28 agent of the physician or dentist and the individual patient
29 or such individual patient's legal representative;

30 (3) Allow either party to terminate the agreement on
31 written notice to the other party;

32 (4) Describe the specific health care services that
33 are included in the agreement;

34 (5) Specify the fee for the agreement;

35 (6) Specify the period of time under the agreement; and

36 (7) Prominently state in writing that the agreement is
37 not health insurance.

38 5. (1) For any patient who enters into a medical
39 retainer agreement under this section and who has
40 established a health savings account (HSA) in compliance
41 with 26 U.S.C. Section 223, or who has a flexible spending
42 arrangement (FSA) or health reimbursement arrangement (HRA),
43 fees under the patient's medical retainer agreement may be
44 paid from such health savings account or reimbursed through
45 such flexible spending arrangement or health reimbursement
46 arrangement, subject to any federal or state laws regarding
47 qualified expenditures from a health savings account, or
48 reimbursement through a flexible spending arrangement or a
49 health reimbursement arrangement.

50 (2) The employer of any patient described in
51 subdivision (1) of this subsection may:

52 (a) Make contributions to such patient's health
53 savings account, flexible spending arrangement, or health
54 reimbursement arrangement to cover all or any portion of the
55 agreed-upon fees under the patient's medical retainer
56 agreement, subject to any federal or state restrictions on
57 contributions made by an employer to a health savings
58 account, or reimbursement through a flexible spending
59 arrangement, or health reimbursement arrangement; or

(b) Pay the agreed-upon fees directly to the physician or dentist under the medical retainer agreement.

6. Nothing in this section shall be construed as prohibiting, limiting, or otherwise restricting a physician in a collaborative practice arrangement from entering into a medical retainer agreement under this section.

579.040. 1. A person commits the offense of unlawful distribution, delivery, or sale of drug paraphernalia if he or she unlawfully distributes, delivers, or sells, or possesses with intent to distribute, deliver, or sell drug paraphernalia knowing, or under circumstances in which one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance or an imitation controlled substance in violation of this chapter. Any entity registered with the department of health and senior services that possesses, distributes, or delivers hypodermic needles or syringes for the purpose of operating a syringe access program or otherwise mitigating health risks associated with unsterile injection drug use shall be exempt from the provisions of this section.

2. No entity shall be present within one-quarter of a mile of any school building, unless such entity is in operation prior to the date the school building commenced operations.

3. The offense of unlawful delivery of drug paraphernalia is a class A misdemeanor, unless done for commercial purposes, in which case it is a class E felony.

579.076. 1. A person commits the offense of unlawful manufacture of drug paraphernalia if he or she unlawfully manufactures with intent to deliver drug paraphernalia,

4 knowing, or under circumstances where one reasonably should
5 know, that it will be used to plant, propagate, cultivate,
6 grow, harvest, manufacture, compound, convert, produce,
7 process, prepare, test, analyze, pack, repack, store,
8 contain, conceal, inject, ingest, inhale, or otherwise
9 introduce into the human body a controlled substance or an
10 imitation controlled substance in violation of this chapter
11 or chapter 195. Any entity registered with the department
12 of health and senior services that delivers or manufactures
13 hypodermic needles or syringes for the purpose of operating
14 a syringe access program or otherwise mitigating health
15 risks associated with unsterile injection drug use shall be
16 exempt from the provisions of this section.

17 2. The offense of unlawful manufacture of drug
18 paraphernalia is a class A misdemeanor, unless done for
19 commercial purposes, in which case it is a class E felony.

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

- 3 (1) "Department", the department of mental health;
4 (2) "Essential caregiver", a family member, friend,
5 guardian, or other individual selected by a facility
6 resident or client who has not been adjudged incapacitated
7 under chapter 475, or the guardian or legal representative
8 of the resident or client;
9 (3) "Facility", a facility operated, licensed, or
10 certified by the department.

11 2. During a state of emergency declared pursuant to
12 chapter 44 relating to infectious, contagious, communicable,
13 or dangerous diseases, a facility shall allow a resident or
14 client who has not been adjudged incapacitated under chapter
15 475, a resident's or client's guardian, or a resident's or
16 client's legally authorized representative to designate an
17 essential caregiver for in-person contact with the resident

18 or client in accordance with the standards and guidelines
19 developed by the department under this section. Essential
20 caregivers shall be considered a part of the resident's or
21 client's care team, along with the resident's or client's
22 health care providers and facility staff.

23 3. The facility shall inform, in writing, residents
24 and clients who have not been adjudged incapacitated under
25 chapter 475, or guardians or legal representatives of
26 residents or clients, of the "Essential Caregiver Program"
27 and the process for designating an essential caregiver.

28 4. The department shall develop standards and
29 guidelines concerning the essential caregiver program,
30 including, but not limited to, the following:

31 (1) The facility shall allow at least two individuals
32 per resident or client to be designated as essential
33 caregivers, although the facility may limit the in-person
34 contact to one caregiver at a time. The caregiver shall not
35 be required to have previously served in a caregiver
36 capacity prior to the declared state of emergency;

37 (2) The facility shall establish a reasonable in-
38 person contact schedule to allow the essential caregiver to
39 provide care to the resident or client for at least four
40 hours each day, including evenings, weekends, and holidays,
41 but shall allow for twenty-four-hour in-person care as
42 necessary and appropriate for the well-being of the resident
43 or client and consistent with the safety and security of the
44 facility's staff and other residents or clients. The
45 essential caregiver shall be permitted to leave and return
46 during the scheduled hours or be replaced by another
47 essential caregiver;

48 (3) The facility shall establish procedures to enable
49 physical contact between the resident or client and the
50 essential caregiver. The facility may not require the

51 essential caregiver to undergo more stringent screening,
52 testing, hygiene, personal protective equipment, and other
53 infection control and prevention protocols than required of
54 facility employees;

55 (4) The facility shall specify in its protocols the
56 criteria that the facility will use if it determines that in-
57 person contact by a particular essential caregiver is
58 inconsistent with the resident's or client's therapeutic
59 care and treatment or is a safety risk to other residents,
60 clients, or staff at the facility. Any limitations placed
61 upon a particular essential caregiver shall be reviewed and
62 documented every seven days to determine if the limitations
63 remain appropriate; and

64 (5) The facility may restrict or revoke in-person
65 contact by an essential caregiver who fails to follow
66 required protocols and procedures established under this
67 subsection.

68 5. (1) A facility may request from the department a
69 suspension of in-person contact by essential caregivers for
70 a period not to exceed seven days. The department may deny
71 the facility's request to suspend in-person contact with
72 essential caregivers if the department determines that such
73 in-person contact does not pose a serious community health
74 risk. A facility may request from the department an
75 extension of a suspension for more than seven days;
76 provided, that the department shall not approve an extension
77 period for longer than seven days at a time. A facility
78 shall not suspend in-person caregiver visitation for more
79 than fourteen consecutive days in a twelve-month period or
80 for more than forty-five total days in a twelve-month period.

81 (2) The department shall suspend in-person contact by
82 essential caregivers under this section if it determines
83 that doing so is required under federal law, including a

determination that federal law requires a suspension of in-person contact by members of the resident's or client's care team.

(3) The attorney general shall institute all suits necessary on behalf of the state to defend the right of the state to implement the provisions of this section to ensure access by residents and clients to essential caregivers as part of their care team.

6. The provisions of this section shall not be construed to require an essential caregiver to provide necessary care to a resident or client and a facility shall not require an essential caregiver to provide necessary care.

7. The provisions of this section shall not apply to those residents or clients whose particular plan of therapeutic care and treatment necessitates restricted or otherwise limited visitation for reasons unrelated to the stated reason for the declared state of emergency.

8. A facility, its employees, and its contractors shall be immune from civil liability for an injury or harm caused by or resulting from:

(1) Exposure to a contagious disease or other harmful agent that is specified during the state of emergency declared pursuant to chapter 44; or

(2) Acts or omissions by essential caregivers who are present in the facility;

as a result of the implementation of the essential caregiver program under this section. The immunity described in this subsection shall not apply to any act or omission by a facility, its employees, or its contractors that constitutes recklessness or willful misconduct.

630.1150. 1. The department of mental health and the department of social services shall oversee and implement a collaborative project to:

4 (1) Assess the incidence and implications of continued
5 hospitalization of foster children and clients of the
6 department of mental health that occurs without medical
7 justification because appropriate post-discharge placement
8 options are unavailable;

9 (2) Assess the incidence and implications of continued
10 hospitalization of foster children with mental illnesses,
11 mental disorders, intellectual disabilities, and
12 developmental disabilities that occurs without medical
13 justification because they are awaiting screening for
14 appropriateness of residential services; and

15 (3) Develop recommendations to ensure that patients
16 described in this subsection receive treatment in the most
17 cost-effective and efficacious settings, consistent with
18 federal and state standards for treatment in the least
19 restrictive environment.

20 2. The departments shall also solicit and consider
21 data and recommendations from foster children, clients of
22 the department of mental health, and other stakeholders who
23 may provide or coordinate treatment for, or have
24 responsibility for, such children or patients, including:

25 (1) Hospital social workers and discharge planners;
26 (2) Health insurers;
27 (3) Psychiatrists and psychologists;
28 (4) Hospitals, as defined in section 197.020;
29 (5) Skilled nursing facilities and intermediate care
30 facilities licensed under chapter 198;

31 (6) Vendors, as defined in section 630.005;
32 (7) Vulnerable persons or persons under the care and
33 custody of the children's division of the department of
34 social services;

35 (8) Consumers;
36 (9) Public elementary and secondary schools;

37 (10) Family support teams and case workers; and

38 (11) The courts.

39 3. The departments shall issue interim reports before
40 December 31, 2022, and before July 1, 2023, and a final
41 report before December 1, 2023. Copies of each report shall
42 be submitted concurrently to the general assembly.

43 4. The provisions of this section shall expire on
44 January 1, 2024.

 632.305. 1. An application for detention for
2 evaluation and treatment may be executed by any adult
3 person, who need not be an attorney or represented by an
4 attorney, including the mental health coordinator, on a form
5 provided by the court for such purpose, and [must] shall
6 allege under oath, without a notarization requirement, that
7 the applicant has reason to believe that the respondent is
8 suffering from a mental disorder and presents a likelihood
9 of serious harm to himself or herself or to others. The
10 application [must] shall specify the factual information on
11 which such belief is based and should contain the names and
12 addresses of all persons known to the applicant who have
13 knowledge of such facts through personal observation.

14 2. The filing of a written application in court by any
15 adult person, who need not be an attorney or represented by
16 an attorney, including the mental health coordinator, shall
17 authorize the applicant to bring the matter before the court
18 on an ex parte basis to determine whether the respondent
19 should be taken into custody and transported to a mental
20 health facility. The application may be filed in the court
21 having probate jurisdiction in any county where the
22 respondent may be found. If the court finds that there is
23 probable cause, either upon testimony under oath or upon a
24 review of affidavits, to believe that the respondent may be
25 suffering from a mental disorder and presents a likelihood

26 of serious harm to himself or herself or others, it shall
27 direct a peace officer to take the respondent into custody
28 and transport him or her to a mental health facility for
29 detention for evaluation and treatment for a period not to
30 exceed ninety-six hours unless further detention and
31 treatment is authorized pursuant to this chapter. Nothing
32 herein shall be construed to prohibit the court, in the
33 exercise of its discretion, from giving the respondent an
34 opportunity to be heard.

35 3. A mental health coordinator may request a peace
36 officer to take or a peace officer may take a person into
37 custody for detention for evaluation and treatment for a
38 period not to exceed ninety-six hours only when such mental
39 health coordinator or peace officer has reasonable cause to
40 believe that such person is suffering from a mental disorder
41 and that the likelihood of serious harm by such person to
42 himself or herself or others is imminent unless such person
43 is immediately taken into custody. Upon arrival at the
44 mental health facility, the peace officer or mental health
45 coordinator who conveyed such person or caused him or her to
46 be conveyed shall either present the application for
47 detention for evaluation and treatment upon which the court
48 has issued a finding of probable cause and the respondent
49 was taken into custody or complete an application for
50 initial detention for evaluation and treatment for a period
51 not to exceed ninety-six hours which shall be based upon his
52 or her own personal observations or investigations and shall
53 contain the information required in subsection 1 of this
54 section.

55 4. If a person presents himself or herself or is
56 presented by others to a mental health facility and a
57 licensed physician, a registered professional nurse or a
58 mental health professional designated by the head of the

59 facility and approved by the department for such purpose has
60 reasonable cause to believe that the person is mentally
61 disordered and presents an imminent likelihood of serious
62 harm to himself or herself or others unless he or she is
63 accepted for detention, the licensed physician, the mental
64 health professional or the registered professional nurse
65 designated by the facility and approved by the department
66 may complete an application for detention for evaluation and
67 treatment for a period not to exceed ninety-six hours. The
68 application shall be based on his or her own personal
69 observations or investigation and shall contain the
70 information required in subsection 1 of this section.

71 5. Any oath required by the provisions of this section
72 shall be subject to the provisions of section 492.060.

2 [191.743. 1. Any physician or health care
3 provider who provides services to pregnant women
4 shall identify all such women who are high risk
5 pregnancies by use of protocols developed by the
6 department of health and senior services
7 pursuant to section 191.741. The physician or
8 health care provider shall upon identification
9 inform such woman of the availability of
10 services and the option of referral to the
11 department of health and senior services.

12 2. Upon consent by the woman identified as
13 having a high risk pregnancy, the physician or
14 health care provider shall make a report, within
15 seventy-two hours, to the department of health
16 and senior services on forms approved by the
17 department of health and senior services.

18 3. Any physician or health care provider
19 complying with the provisions of this section,
20 in good faith, shall have immunity from any
21 civil liability that might otherwise result by
22 reason of such actions.

23 4. Referral and associated documentation
24 provided for in this section shall be
25 confidential and shall not be used in any
26 criminal prosecution.

27 5. The consent required by subsection 2 of
28 this section shall be deemed a waiver of the
29 physician-patient privilege solely for the
30 purpose of making the report pursuant to
subsection 2 of this section.]

2 [196.866. 1. Every person, firm,
3 association or corporation, before engaging in
4 the business of manufacturing or freezing ice
cream, mellorine, frozen dessert products or any

5 other product defined in sections 196.851 to
6 196.895, shall first obtain a license from the
7 director of the department of health and senior
8 services of the state of Missouri. A license
9 shall be obtained for each plant or place of
10 business where ice cream, ice cream mix, ice
11 milk, sherbet, frozen malt, ice milk mix,
12 mellorine, edible fat frozen dessert or ices are
13 manufactured or frozen. Hotels, motels,
14 restaurants, boardinghouses, or other concerns
15 or agents which shall manufacture or freeze ice
16 cream, or related frozen food products defined
17 in sections 196.851 to 196.895 for the use of
18 their patrons, guests, or servants, shall be
19 required to take out the license herein provided
20 for; provided, that nothing in this section
21 shall apply to private homes, hospitals,
22 churches, or fraternal organizations
23 manufacturing such products for their own use or
24 to retailers dealing in ice cream or frozen
25 dessert products received in the final frozen
26 form from a licensed manufacturer.

27 2. Applications for such licenses, both
28 frozen dessert and mellorine, shall be
29 accompanied by a statutory fee as follows: For
30 each plant producing annually not in excess of
31 five thousand gallons, ten dollars; in excess of
32 five thousand gallons and not in excess of
33 fifteen thousand gallons, fifteen dollars; in
34 excess of fifteen thousand gallons and not in
35 excess of twenty-five thousand gallons, twenty-
36 five dollars; in excess of twenty-five thousand
37 gallons and not in excess of fifty thousand
38 gallons, fifty dollars; in excess of fifty
39 thousand gallons and not in excess of one
40 hundred thousand gallons, seventy-five dollars;
41 in excess of one hundred thousand gallons and
42 not in excess of two hundred thousand gallons,
43 one hundred dollars; in excess of two hundred
44 thousand gallons and not in excess of four
45 hundred thousand gallons, one hundred twenty-
46 five dollars; over four hundred thousand
47 gallons, one hundred fifty dollars, and shall be
48 made to the director of the department of health
49 and senior services, upon such forms and shall
50 show such information as may be demanded by the
51 department of health and senior services, and
52 the said director of the department of health
53 and senior services, upon receipt of application
54 for such license, shall cause to be investigated
55 the equipment and the sanitary conditions of the
56 plant or place of business for which the license
57 is applied. If the condition of the plant or
58 place of business is found to be satisfactory, a
59 license shall be issued by the director of the
60 department of health and senior services to such
61 applicant.

62 3. Each license so issued shall expire one
63 year following the date of issuance. All

64 licenses for plants or places of business, when
65 the manufacture of ice cream, ice cream mix, ice
66 milk, sherbets, or ices is continued after the
67 expiration of such licenses, shall be renewed
68 annually.

69 4. The director of the department of
70 health and senior services may withhold and
71 refuse to issue a license for any plant or place
72 of business that has not been conducted or is
73 not prepared to be conducted in accordance with
74 the requirements of sections 196.851 to 196.895
75 or any rules issued hereunder. The director of
76 the department of health and senior services
77 shall have the power to revoke any license
78 issued under sections 196.851 to 196.895
79 whenever it is determined by him that any of the
80 provisions of sections 196.851 to 196.895 have
81 been violated. Any person, firm, association or
82 corporation, whose license has been so revoked,
83 shall discontinue operation of the business for
84 which the license was issued until such time as
85 the provisions of sections 196.851 to 196.895
86 have been complied with and a new license
87 granted by the director of the department of
88 health and senior services. Before revoking any
89 such license, the director of the department of
90 health and senior services shall give written
91 notice to the licensee affected, stating that he
92 contemplates revocation of the same and giving
93 his reasons therefor. Said notice shall appoint
94 a time and place for hearing and shall be mailed
95 by registered mail to the licensee at least ten
96 days before the date set for the hearing or
97 personal service rendered. The licensee may
98 present to the director of the department of
99 health and senior services such evidence as may
100 have a bearing on the case, and, after hearing
101 of the testimony, the director of the department
102 of health and senior services shall decide the
103 question in such manner as to him appears just
104 and right.

105 5. Any licensee who feels aggrieved at the
106 decision of the director of the department of
107 health and senior services may appeal from said
108 decision within sixty days by writ of certiorari
109 to the circuit court of the county in which such
110 person resides or in case of a firm, association
111 or corporation, the county in which is located
112 its principal place of business.

113 6. All fees collected under this section
114 shall be deposited in the state treasury,
115 subject to appropriation by the general
116 assembly.]

2 [196.868. Any person who operates a plant
3 manufacturing or freezing ice cream, mellorine,
4 frozen dessert products or any other product
5 defined in sections 196.851 to 196.895, located
6 outside of this state and sells, offers for sale
or distributes the products in this state shall

7 obtain a broker's license from the director and
8 pay a broker's license fee, equivalent to the
9 license fee provided in section 196.866, on all
10 sales in this state, and shall be subject to the
11 other provisions of sections 196.851 to 196.895.]

Section B. Because immediate action is necessary to
2 provide individualized care plans for students with epilepsy
3 or seizure disorders who attend public schools, the
4 enactment of section 167.625 of this act is deemed necessary
5 for the immediate preservation of the public health,
6 welfare, peace, and safety, and is hereby declared to be an
7 emergency act within the meaning of the constitution, and
8 the enactment of section 167.625 of this act shall be in
9 full force and effect upon its passage and approval.

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Holly Thompson Rehder

Phil Christofanelli