The Conference Committee appointed on House Committee Substitute for Senate Substitute for Senate Bill No. 690, with House Amendment Nos. 2 and 3, House Amendment Nos. 1, 2 and 3 to House Amendment No. 4, House Amendment No. 4 as amended, House Amendment No. 1 to House Amendment No. 5, House Amendment No. 5 as amended, House Amendment Nos. 1 and 2 to House Amendment No. 6, and House Amendment No. 6 as amended begs leave to report that we, after free and fair discussion of the differences, have agreed to recommend and do recommend to the respective bodies as follows:

1. That the House recede from its position on House Committee Substitute for Senate Substitute for Senate Bill No. 690, as amended;

2. That the Senate recede from its position on Senate Substitute for Senate Bill No. 690;

3. That the attached Conference Committee Substitute for House Committee Substitute for Senate Substitute for Senate Bill No. 690 be Third Read and Finally Passed.

FOR THE SENATE:

Holly Thompson Rehder
Bill White
Lincoln Hough
Lauren Arthur
Greg Razer

FOR THE HOUSE:

Phil Christofanelli
J. Eggleson
Rusty Black (7th)
Mark Sharp (36th)
Raychel Proudie
AN ACT

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


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

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

9.364. April 11 through April 17 of each year is hereby designated as "Black Maternal Health Week". The citizens of this state are encouraged to engage in...
appropriate events and activities to commemorate black
maternal health.

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

135.690. 1. As used in this section, the following
terms mean:
(1) "Community-based faculty preceptor", a physician
or physician assistant who is licensed in Missouri and
provides preceptorships to Missouri medical students or
physician assistant students without direct compensation for
the work of precepting;
(2) "Department", the Missouri department of health
and senior services;
(3) "Division", the division of professional
registration of the department of commerce and insurance;
(4) "Medical student", an individual enrolled in a
Missouri medical college approved and accredited as
reputable by the American Medical Association or the Liaison
Committee on Medical Education or enrolled in a Missouri
osteopathic college approved and accredited as reputable by
the Commission on Osteopathic College Accreditation;
(5) "Medical student core preceptorship" or "physician
assistant student core preceptorship", a preceptorship for a
medical student or physician assistant student that provides
a minimum of one hundred twenty hours of community-based
instruction in family medicine, internal medicine,
pediatrics, psychiatry, or obstetrics and gynecology under
the guidance of a community-based faculty preceptor. A
community-based faculty preceptor may add together the
amounts of preceptorship instruction time separately
provided to multiple students in determining whether he or
she has reached the minimum hours required under this subdivision, but the total preceptorship instruction time provided shall equal at least one hundred twenty hours in order for such preceptor to be eligible for the tax credit authorized under this section;

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

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

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

(2) To receive the credit allowed by this section, a community-based faculty preceptor shall claim such credit on his or her return for the tax year in which he or she completes the preceptorship rotations and shall submit supporting documentation as prescribed by the division and the department.
(3) In no event shall the total amount of a tax credit authorized under this section exceed a taxpayer's income tax liability for the tax year for which such credit is claimed. No tax credit authorized under this section shall be allowed a taxpayer against his or her tax liability for any prior or succeeding tax year.

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

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

3. (1) Funding for the tax credit program authorized under this section shall be generated by the division from a license fee increase of seven dollars per license for physicians and surgeons and from a license fee increase of three dollars per license for physician assistants. The license fee increases shall take effect beginning January 1, 2023, based on the underlying license fee rates prevailing 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
hours of instruction and the amount of the tax credit claimed. The hours claimed on the application shall be verified by the college or university department head or the program director on the application. The certification by the department affirming the taxpayer's eligibility for the tax credit provided to the taxpayer shall be filed with the taxpayer's income tax return.

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

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

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

2. As used in this section, the following terms mean:
(1) "Individualized emergency health care plan", a document developed by a school nurse, in consultation with a student's parent and other appropriate medical professionals, that is consistent with the recommendations of the student's health care providers, that describes procedural guidelines that provide specific directions about what to do in a particular emergency situation, and that is signed by the parent and the school nurse or the school administrator or the administrator's designee in the absence of the school nurse;

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

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

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

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

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

3. (1) The parent of a student who seeks epilepsy or seizure disorder care while at school shall inform the school nurse or the school administrator or the administrator's designee in the absence of the school nurse. The school nurse shall develop an individualized health care plan and an individualized emergency health care
plan for the student. The parent of the student shall
annually provide to the school written authorization for the
provision of epilepsy or seizure disorder care as described
in the individualized plans.

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

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

(a) A notice about the student's condition for all
school employees who interact with the student;
(b) Written orders from the student's physician or
advanced practice nurse describing the epilepsy or seizure
disorder care;
(c) The symptoms of the epilepsy or seizure disorder
for that particular student and recommended care;
(d) Whether the student may fully participate in
exercise and sports, and any contraindications to exercise
or accommodations that shall be made for that particular
student;
(e) Accommodations for school trips, after-school
activities, class parties, and other school-related
activities;
(f) Information for such school employees about how to
recognize and provide care for epilepsy and seizure
disorders, epilepsy and seizure disorder first aid training,
when to call for assistance, emergency contact information,
and parent contact information;
(g) Medical and treatment issues that may affect the
educational process of the student;
(h) The student's ability to manage, and the student's level of understanding of, the student's epilepsy or seizure disorder; and

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

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

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

5. The school nurse or the school administrator or the administrator's designee in the absence of the school nurse shall obtain a release from a student's parent to authorize the sharing of medical information between the student's physician or advanced practice nurse and other health care providers. The release shall also authorize the school nurse or the school administrator or the administrator's designee in the absence of the school nurse to share medical information with other school employees in the school.
district as necessary. No sharing of information under this subsection shall be construed to be a violation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. 104-191), as amended, if a student's parent has provided a release under this subsection.

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

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

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

(2) Beginning in the 2023-24 school year and continuing in subsequent school years, the practicing teacher assistance programs established under section 168.400 may offer and include at least two hours of in-service training provided by each local school district for all practicing teachers in such district regarding suicide prevention. Each school year, all teachers, principals, and licensed educators in each district may attend such training
or complete training on suicide prevention through self-
review of suicide prevention materials. Attendance at the
training shall count as two contact hours of professional
development under section 168.021 and shall count as two
hours of any other such training required under this section.

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

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

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

[5.] 6. Any rule or portion of a rule, as that term is
defined in section 536.010, that is created under the
authority delegated in this section shall become effective
only if it complies with and is subject to all of the
provisions of chapter 536 and, if applicable, section
536.028. This section and chapter 536 are nonseverable and
if any of the powers vested with the general assembly
pursuant to chapter 536 to review, to delay the effective
date, or to disapprove and annul a rule are subsequently
held unconstitutional, then the grant of rulemaking
authority and any rule proposed or adopted after August 28, 2016, shall be invalid and void.

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

2. Each district's policy shall address and include, but not be limited to, the following:
   (1) Strategies that can help identify students who are at possible risk of suicide;
   (2) Strategies and protocols for helping students at possible risk of suicide; and
   (3) Protocols for responding to a suicide death.

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

4. (1) Beginning July 1, 2023, a public school or charter school that serves any pupils in grades seven to twelve and that issues pupil identification cards shall have 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
students exhibiting suicidal tendencies or behavior, and
shall provide for training, where appropriate.

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

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

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

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

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

7. (1) Beginning July 1, 2023, a public institution
of higher education that issues student identification cards
shall have 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.
If, on July 1, 2023, a public institution of higher education subject to the requirements of this subsection has a supply of unissued student identification cards that do not comply with the requirements of subdivision (1) of this subsection, the institution shall issue those cards until that supply is depleted.

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

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

1. "Advanced emergency medical technician" or "AEMT", a person who has successfully completed a course of instruction in certain aspects of 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 and regulations adopted by the department pursuant to sections 190.001 to 190.245;

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

3. "Ambulance", any privately or publicly owned vehicle or craft that is specially designed, constructed or modified, staffed or equipped for, and is intended or used, maintained or operated for the transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless, or who require the presence of medical equipment being used on such individuals, but the term does not include any motor vehicle specially designed, constructed or converted for the regular transportation of persons who are
disabled, handicapped, normally using a wheelchair, or otherwise not acutely ill, or emergency vehicles used within airports;

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

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

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

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

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

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

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

(11) "Emergency", the sudden and, at the time, unexpected onset of a health condition that manifests itself by symptoms of sufficient severity that would lead a prudent layperson, possessing an average knowledge of health and medicine, to believe that the absence of immediate medical 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
cemeteries, and individuals declared dead prior to the time
an ambulance is called for assistance;

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

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

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

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

(33) "Proof of financial responsibility", proof of
ability to respond to damages for liability, on account of
accidents occurring subsequent to the effective date of such
proof, arising out of the ownership, maintenance or use of a
motor vehicle in the financial amount set in rules promulgated by the department, but in no event less than the statutory minimum required for motor vehicles. Proof of financial responsibility shall be used as proof of self-insurance;

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

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

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

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

(38) "State advisory council on emergency medical services", a committee formed to advise the department on policy affecting emergency medical service throughout the state;
(39) "State EMS medical directors advisory committee", a subcommittee of the state advisory council on emergency medical services formed to advise the state advisory council on emergency medical services and the department on medical issues;

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

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

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

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

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

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

(46) "Time-critical diagnosis", trauma care, stroke care, and STEMI care occurring either outside of a hospital or in a center designated under section 190.241;
"Time-critical diagnosis advisory committee", a committee formed under section 190.257 to advise the department on policies impacting trauma, stroke, and STEMI center designations; regulations on trauma care, stroke care, and STEMI care; and the transport of trauma, stroke, and STEMI patients;

"Trauma", an injury to human tissues and organs resulting from the transfer of energy from the environment;

"Trauma care" includes injury prevention, triage, acute care and rehabilitative services for major single system or multisystem injuries that potentially require immediate medical or surgical intervention or treatment;

"Trauma center", a hospital that is currently designated as such by the department.

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

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

3. The council shall have geographical representation and representation from appropriate areas of expertise in emergency medical services including volunteers, professional organizations involved in emergency medical services, EMT's, paramedics, nurses, firefighters,
physicians, ambulance service administrators, hospital administrators and other health care providers concerned with emergency medical services. The regional EMS advisory committees shall serve as a resource for the identification of potential members of the state advisory council on emergency medical services.

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

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

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

[6.] 7. (1) There is hereby established a standing subcommittee of the council to monitor the implementation of the recognition of the EMS personnel licensure interstate compact under sections 190.900 to 190.939, the interstate commission for EMS personnel practice, and the involvement of the state of Missouri. The subcommittee shall meet at least biannually and receive reports from the Missouri delegate to the interstate commission for EMS personnel practice. The subcommittee shall consist of at least seven members appointed by the chair of the council, to include at least two members as recommended by the Missouri state 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
region's ambulance services on matters relating to medical
control and medical direction in accordance with sections
190.001 to 190.245 and rules adopted by the department
pursuant to sections 190.001 to 190.245. The regional EMS
medical director shall serve a term of four years. The
southwest, northwest, and Kansas City regional EMS medical
directors shall be elected to an initial two-year term. The
central, east central, and southeast regional EMS medical
directors shall be elected to an initial four-year term.
All subsequent terms following the initial terms shall be
four years. The state EMS medical director shall be the
chair of the state EMS medical director's advisory
committee, and shall be elected by the members of the
regional EMS medical director's advisory committee, shall
serve a term of four years, and shall seek to coordinate EMS
services between the EMS regions, promote educational
efforts for agency medical directors, represent Missouri EMS
nationally in the role of the state EMS medical director,
and seek to incorporate the EMS system into the health care
system serving Missouri.

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

3. The medical director, in cooperation with the
ambulance service or emergency medical response agency
administrator, shall have the responsibility and the
authority to ensure that the personnel working under their
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
protocols when EMS personnel, including AEMTs, EMT-Bs, EMT-Ps, and community paramedics, are providing care to special needs patients or at the request of a local EMS agency or medical director.

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

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

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

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

12. Notwithstanding any other provision of law to the contrary, when regional EMS medical directors are providing either online telecommunication medical direction to AEMTs, EMT-Bs, EMT-Ps, and community paramedics, or offline medical
direction per standardized EMS treatment, triage, and
transport protocols for patients, those medical directions
or treatment protocols may include the administration of the
patient's own prescription medications.

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

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

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

190.200. 1. The department of health and senior
services in cooperation with hospitals and local and
regional EMS systems and agencies may provide public and
professional information and education programs related to
emergency medical services systems including trauma, STEMI,
and stroke systems and emergency medical care and
treatment. The department of health and senior services may
also provide public information and education programs for
informing residents of and visitors to the state of the
availability and proper use of emergency medical services, of the designation a hospital may receive as a trauma center, STEMI center, or stroke center, of the value and nature of programs to involve citizens in the administering of prehospital emergency care, including cardiopulmonary resuscitation, and of the availability of training programs in emergency care for members of the general public.

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

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

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

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

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

   (5) Promote the development of regional or community-based plans for transporting trauma, STEMI, or stroke 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
practicable, peer-reviewed and evidence-based clinical research and guidelines including, but not limited to, the most recent guidelines of the American College of Surgeons.

2. Except as provided for in subsection [5] 4 of this section, the department shall designate a hospital as a STEMI or stroke center when such hospital, upon proper application and site review, has been found by the department to meet the applicable level of STEMI or stroke 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. In developing STEMI center and stroke center designation criteria, the department shall use, as it deems practicable, [appropriate peer-reviewed [or] and evidence-based clinical research [on such topics] and guidelines including, but not limited to, the most recent guidelines of the American College of Cardiology [and], the American Heart Association [for STEMI centers, or the Joint Commission's Primary Stroke Center Certification program criteria for stroke centers, or Primary and Comprehensive Stroke Center Recommendations as published by], or the American Stroke Association. Such rules shall include designation as a STEMI center or stroke center without site review if such hospital is certified by a national body.

3. The department of health and senior services shall, not less than once every [five] three years, conduct [an on-site] a site review of every trauma, STEMI, and stroke center through appropriate department personnel or a qualified contractor, with the exception of trauma centers, STEMI centers, and stroke centers designated pursuant to subsection [5] 4 of this section; however, this provision is 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
section, a hospital may apply for trauma, STEMI, or stroke center designation under this subsection. Upon receipt of an application [from a hospital] on a form prescribed by the department, the department shall designate such hospital[:]

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

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

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

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

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

(2) Except as provided by subsection [6] 5 of this section, the department shall not require compliance with any additional standards for establishing or renewing trauma, STEMI, or stroke designations under this subsection. The designation shall continue if such hospital remains certified or verified. The department may remove a hospital's designation as a trauma center, STEMI center, or stroke center if the hospital requests removal of the designation or the department determines that the certificate [recognizing] or verification that qualified the hospital [as a stroke center] for the designation under this subsection has been suspended or revoked. Any decision made by the department to withdraw its designation of a [stroke] center pursuant to this subsection that is based on the revocation or suspension of a certification or verification by a certifying or verifying organization shall not be subject to judicial review. The department shall report to the certifying or verifying organization any complaint it receives related to the [stroke] center [certification of a stroke center] designated pursuant to this subsection. The department shall also advise the complainant which organization certified or verified the [stroke] center and
provide the necessary contact information should the complainant wish to pursue a complaint with the certifying 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.
6. Hospitals designated as a trauma center, STEMI center, or stroke center by the department[, including those designated pursuant to subsection 5 of this section,] shall submit data [to meet the data submission requirements specified by rules promulgated by the department. Such submission of data may be done] by one of the following methods:

1. Entering hospital data [directly] into a state registry [by direct data entry]; or

2. [Downloading hospital data from a nationally recognized registry or data bank and importing the data files into a state registry; or

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

7. When collecting and analyzing data pursuant to the provisions of this section, the department shall comply 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;

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

9. The department of health and senior services may
establish appropriate fees to offset only the costs of
trauma, STEMI, and stroke center reviews.

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

[12.] 11. Any person aggrieved by an action of the
department of health and senior services affecting the
trauma, STEMI, or stroke center designation pursuant to this
chapter, including the revocation, the suspension, or the
granting of, refusal to grant, or failure to renew a
designation, may seek a determination thereon by the
administrative hearing commission under chapter 621. It
shall not be a condition to such determination that the
person aggrieved seek a reconsideration, a rehearing, or
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]
by the department, for trauma, STEMI, and stroke cases, respective to their designations, under section 537.035. For purposes of sections 190.241 to 190.245, the department of health and senior services shall have the same powers and authority of a health care licensing board pursuant to subsection 6 of section 537.035.

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

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

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

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

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

(2) Engagement in cooperative research endeavors;
(3) Development of standards, protocols, and policies related to time-critical diagnosis, including recommendations for state regulations; and
(4) Evaluation of community and regional time-critical diagnosis plans, including recommendations for changes.

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

3. The director shall appoint sixteen members to the committee from applications submitted for appointment, with the membership to be composed of the following:
   (1) Six members, one from each EMS region, who are active participants providing emergency medical services, with at least:
      (a) One member who is a physician serving as a regional EMS medical director;
      (b) One member who serves on an air ambulance service;
      (c) One member who resides in an urban area; and
      (d) One member who resides in a rural area; and
   (2) Ten members who represent hospitals, with at least:
      (a) One member who is employed by a level I or level II trauma center;
      (b) One member who is employed by a level I or level II STEMI center;
      (c) One member who is employed by a level I or level II stroke center;
      (d) One member who is employed by a rural or critical access hospital; and
      (e) Three physicians, with one physician certified by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) and two physicians employed in time-critical diagnosis specialties
at a level I or level II trauma center, STEMI center, or stroke center.

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

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

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

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

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

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

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

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

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

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

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

(8) "Rural area", a town or community within this state which is not within a "standard metropolitan statistical area", and has a population of six thousand or fewer inhabitants as determined by the last preceding
federal decennial census or any unincorporated area not
within a standard metropolitan statistical area.

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

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

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

191.1400. 1. This section shall be known and may be
cited as the "Compassionate Care Visitation Act".
2. For purposes of this section, the following terms mean:

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

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

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

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

      (c) For emotional support;

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

      (e) For social support;

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

3. A health care facility shall allow a patient or resident, or his or her legal guardian, to permit at least two compassionate care visitors simultaneously to have in-person contact with the patient or resident during visiting hours. Compassionate care visitation hours shall be no less than six hours daily and shall include evenings, weekends, and holidays. Health care facilities shall be permitted to place additional restrictions on children under the age of fourteen who are compassionate care visitors.
4. Health care facilities shall have a visitation policy that allows, at a minimum:
   (1) Twenty-four hour attendance by a compassionate care visitor when reasonably appropriate;
   (2) A compassionate care visitor to leave and return within the hours of the visitation policy. A patient or resident may receive multiple compassionate care visitors during visitation hours, subject to the provisions of subsection 3 of this section; and
   (3) Parents with custody or unsupervised visitation rights, legal guardians, and other persons standing in loco parentis to be physically present with a minor child while the child receives care in the facility.

5. This section shall not affect any obligation of a health care facility to:
   (1) Provide patients or residents with effective communication supports or other reasonable accommodations in accordance with federal and state laws to assist in remote personal contact; and
   (2) Comply with the provisions of the Americans with Disabilities Act of 1990, 42 U.S.C. Section 12101 et seq.

6. A health care facility may limit:
   (1) The number of visitors per patient or resident at one time based on the size of the building and physical space;
   (2) Movement of visitors within the health care facility, including restricting access to operating rooms, isolation rooms or units, behavioral health units, or other commonly restricted areas; and
   (3) Access of any person to a patient:
      (a) At the request of the patient or resident, or the legal guardian of such;
(b) At the request of a law enforcement agency for a person in custody;
(c) Due to a court order;
(d) To prevent substantial disruption to the care of a patient or resident or the operation of the facility;
(e) During the administration of emergency care in critical situations;
(f) If the person has measurable signs and symptoms of a transmissible infection; except that, the health care facility shall allow access through telephone or other means of telecommunication that ensure the protection of the patient or resident;
(g) If the health care facility has reasonable cause to suspect the person of being a danger or otherwise contrary to the health or welfare of the patient or resident, other patients or residents, or facility staff; or
(h) If, in the clinical judgment of the patient's or resident's attending physician, the presence of visitors would be medically or therapeutically contraindicated to the health or life of the patient or resident, and the attending physician attests to such in the patient's or resident's chart.

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

8. Nothing in this section shall be construed to waive or change long-term care facility residents' rights under sections 198.088 and 198.090.
9. No later than January 1, 2023, the department of health and senior services shall develop informational materials for patients, residents, and their legal guardians, regarding the provisions of this section. A health care facility shall make these informational materials accessible upon admission or registration and on the primary website of the health care facility.

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

11. No health care facility shall be held liable for damages in an action involving a liability claim against the facility arising from the compliance with the provisions of 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 and shall be provided in addition to, and shall in no way limit, any other immunity protections that may apply in state or federal law.

12. The provisions of this section shall not be terminated, suspended, or waived except by a declaration of emergency under chapter 44, during which time the provisions 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:
(1) The facility shall allow at least two individuals per resident or patient to be designated as essential caregivers, although the facility may limit the in-person contact to one caregiver at a time. The caregiver shall not be required to have previously served in a caregiver capacity prior to the declared state of emergency;

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

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

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

(5) The facility may restrict or revoke in-person contact by an essential caregiver who fails to follow
required protocols and procedures established under this subsection.

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

(2) The department shall suspend in-person contact by essential caregivers under this section if it determines 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 patient'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 patients to essential caregivers as part of their care team.

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

8. The provisions of this section shall not apply to those residents or patients whose particular plan of 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 one inspection per year, 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:]

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Previous inspection reports; The adult day care program's history of compliance with rules promulgated pursuant to this chapter; and The number and severity of complaints received about the adult day care program.

3. The applicant for or holder of a license shall cooperate with the investigation and inspection by providing access to the adult day care program, records and staff, and by providing access to the adult day care program to determine compliance with the rules promulgated pursuant to sections 192.2200 to 192.2260.

4. Failure to comply with any lawful request of the department in connection with the investigation and inspection is a ground for refusal to issue a license or for the revocation of a license.

5. The department may designate to act for it, with full authority of law, any instrumentality of any political subdivision of the state of Missouri deemed by the department to be competent to investigate and inspect applicants for or holders of licenses.

194.210. 1. Sections 194.210 to 194.294 may be cited as the "Revised Uniform Anatomical Gift Act".

2. As used in sections 194.210 to 194.294, the following terms mean:

(1) "Adult", an individual who is at least eighteen years of age;

(2) "Agent", an individual:

(a) Authorized to make health-care decisions on the principal's behalf by a power of attorney for health care; or

(b) Expressly authorized to make an anatomical gift on the principal's behalf by any other record signed by the principal;
"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;

"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;

"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;

"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;

"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;

"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;

"Donor registry", a database that contains records of anatomical gifts and amendments to or revocations of anatomical gifts;

"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;
"Eye bank", a person that is licensed, accredited, or regulated under federal or state law to engage in the recovery, screening, testing, processing, storage, or distribution of human eyes or portions of human eyes;

"Guardian", a person appointed by a court pursuant to chapter 475. The term does not include a guardian ad litem;

"Hospital", a facility licensed as a hospital under the laws of any state or a facility operated as a hospital by the United States, a state, or a subdivision of a state;

"Identification card", an identification card issued by the department of revenue;

"Know", to have actual knowledge;

"Minor", an individual who is under eighteen years of age;

"Organ procurement organization", [a person] an entity designated by the United States Secretary of Health and Human Services as an organ procurement organization;

"Parent", a parent whose parental rights have not been terminated;

"Part", an organ, an eye, or tissue of a human being. The term does not include the whole body;

"Person", an individual, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture, public corporation, government or governmental subdivision, agency, or instrumentality, or any other legal or commercial entity;

"Physician", an individual authorized to practice medicine or osteopathy under the laws of any state;
(21) "Potential 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 188.015, if the child has not died of natural causes;

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

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

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

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

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

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

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

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

(b) To attach or logically associate with the record an electronic symbol, sound, or process;
"State", a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the United States;

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

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

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

"Transplant hospital", a hospital that furnishes organ transplants and other medical and surgical specialty services required for the care of transplant patients.

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

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

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

(3) An eye bank or tissue bank.

2. If an anatomical gift to an individual under subdivision (2) of subsection 1 of this section cannot be transplanted into the individual, the part passes in
in accordance with subsection 7 of this section in the absence of an express, contrary indication by the person making the anatomical gift.

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

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

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

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

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

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

5. If an anatomical gift of one or more specific parts is made in a document of gift that does not name a person described in subsection 1 of this section and does not 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.
10. A person may not accept an anatomical gift if the person knows that the gift was not effectively made under section 194.225 or 194.250 or if the person knows that the decedent made a refusal under section 194.235 that was not revoked. For purposes of this subsection, if a person knows that an anatomical gift was made on a document of gift, the person is deemed to know of any amendment or revocation of the gift or any refusal to make an anatomical gift on the same document of gift.

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

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

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

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

3. When a hospital refers an individual at or near death to a procurement organization, the organization may conduct any reasonable examination necessary to ensure the medical suitability of a part that is or could be the subject of an anatomical gift for transplantation, therapy, research, or education from a donor, potential donor, or a prospective donor. During the examination period, measures
necessary to ensure the medical suitability of the part may not be withdrawn unless the hospital or procurement organization knows a contrary intent had or has been expressed by the individual or an agent of the individual, or if the individual is incapacitated and he or she has no agent, knows a contrary intent has been expressed by any person listed in section 194.245 having priority to make an anatomical gift on behalf of the individual.

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

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

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

7. Upon referral by a hospital under subsection 1 of this section, a procurement organization shall make a reasonable search for any person listed in section 194.245 having priority to make an anatomical gift on behalf of a donor, potential donor, or prospective donor. If a procurement organization receives information that an anatomical gift to any other person was made, amended, or revoked, it shall promptly advise the other person of all relevant information.
8. Subject to subsection 9 of section 194.255 and section 58.785, the rights of the person to which a part passes under section 194.255 are superior to rights of all others with respect to the part. The person may accept or reject an anatomical gift in whole or in part. Subject to the terms of the document of gift and this act, a person that accepts an anatomical gift of an entire body may allow embalming or cremation and use of remains in a funeral service. If the gift is of a part, the person to which the part passes under section 194.255, upon the death of the donor and before embalming, burial, or cremation, shall cause the part to be removed without unnecessary mutilation.

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

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

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

194.285. 1. A person that acts in accordance with sections 194.210 to 194.294 or with the applicable anatomical gift law of another state that is not inconsistent with the provisions of sections 194.210 to 194.294 or attempts without negligence and in good faith to do so is not liable for the act in any civil action, criminal, or administrative proceeding.
2. Neither the person making an anatomical gift nor the donor's estate is liable for any injury or damage that results from the making or use of the gift.

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

194.290. 1. As used in this section, the following terms mean:
   (1) "Advance health-care directive", a power of attorney for health care or a record signed or authorized by a donor, potential donor, or prospective donor, containing the prospective donor's direction concerning a health-care decision for the prospective donor;
   (2) "Declaration", a record, including but not limited to a living will, or a do-not-resuscitate order, signed by a donor, potential donor, or prospective donor specifying the circumstances under which a life support system may be withheld or withdrawn;
   (3) "Health-care decision", any decision regarding the health care of the donor, potential donor, or prospective donor.

2. If a donor, potential donor, or prospective donor has a declaration or advance health-care directive and the terms of the declaration or directive and the express or implied terms of a potential anatomical gift are in conflict with regard to the administration of measures necessary to ensure the medical suitability of a part for transplantation or therapy, the prospective donor's attending physician and prospective donor shall confer to resolve the
conflict. If the donor, potential donor, or prospective
donor is incapable of resolving the conflict, an agent
acting under the [prospective] donor's declaration or
directive or, if none or the agent is not reasonably
available, another person authorized by law to make health-
care decisions on behalf of the [prospective] donor shall
act for the donor to resolve the conflict. The conflict
must be resolved as expeditiously as possible. Information
relevant to the resolution of the conflict may be obtained
from the appropriate procurement organization and any other
person authorized to make an anatomical gift for the
prospective donor under section 194.245. Before the
resolution of the conflict, measures necessary to ensure the
medical suitability of an organ for transplantation or
therapy may not be withheld or withdrawn from the donor,
potential donor, or prospective donor if withholding or
withdrawing the measures is not contraindicated by
appropriate end-of-life care.

194.297. 1. There is established in the state
treasury the "Organ Donor Program Fund"[], which shall
consist of all moneys deposited by the director of revenue
pursuant to subsection 2 of section 302.171 and any other
moneys donated or appropriated to the fund]. The state
treasurer shall credit to and deposit in the organ donor
program fund all amounts received under sections 301.020,
301.3125, and subsection 2 of section 302.171, and any other
amounts which may be received from grants, gifts, bequests,
the federal government, or other sources granted or given.
Funds shall be used for implementing efforts that support or
provide organ, eye, and tissue donation education awareness,
recognition, training, and registry efforts unless
designated for a specific purpose as outlined in subsection
4 of this section. Funds may be used to support expenses
incurred by organ donation advisory committee members
pursuant to section 194.300.

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

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

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

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

6. The state treasurer shall administer the fund, and
the moneys in the fund shall be used solely, upon
appropriation, by the department [of health and senior
services, in consultation]. The department may consult with
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
(6) Reimbursements for reasonable and necessary expenses incurred by advisory committee members pursuant to subsection 2 of section 194.300.

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

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

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

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

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

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

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

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

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

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

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

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

4. A licensed pharmacist who, acting in good faith and with reasonable care, sells or dispenses an opioid antagonist or an addiction mitigation medication and an appropriate device to administer the drug, and the protocol physician, shall not be subject to any criminal or civil liability or any professional disciplinary action for 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;
(2) "Department", the department of health and senior services;
(3) "Director", the director of the department or the director's designee;
(4) "Food", a food, food product, food ingredient, dietary ingredient, dietary supplement, or beverage for human consumption;
(5) "Kratom product", a food product or dietary ingredient containing any part of the leaf of the plant Mitragyna speciosa.

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

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

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

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

(1) A kratom product that is adulterated with a dangerous non-kratom substance. A kratom product shall be considered to be adulterated with a dangerous non-kratom substance if the kratom product is mixed or packed with a non-kratom substance and that substance affects the quality or strength of the kratom product to such a degree as to render the kratom product injurious to a consumer;
(2) A kratom product that is contaminated with a dangerous non-kratom substance. A kratom product shall be considered to be contaminated with a dangerous non-kratom substance if the kratom product contains a poisonous or otherwise deleterious non-kratom ingredient including, but not limited to, any substance listed in section 195.017;

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

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

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

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

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

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

(3) A person aggrieved by a violation of subdivision (2) of subsection 4 of this section or subsection 5 of this section may, in addition to and distinct from any other remedy at law or in equity, bring a private cause of action in a court of competent jurisdiction for damages resulting
from that violation including, but not limited to, economic, noneconomic, and consequential damages.

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

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

197.100. 1. Any provision of chapter 198 and chapter 338 to the contrary notwithstanding, the department of health and senior services shall have sole authority, and responsibility for inspection and licensure of hospitals in this state including, but not limited to, all parts, services, functions, support functions and activities which contribute directly or indirectly to patient care of any kind whatsoever. The department of health and senior
services shall [annually] inspect each licensed hospital in accordance with Title XVIII of the Social Security Act and shall make any other inspections and investigations as it deems necessary for good cause shown. The department of health and senior services shall accept reports of hospital inspections from or on behalf of governmental agencies, the joint commission, and the American Osteopathic Association Healthcare Facilities Accreditation Program, provided the accreditation inspection was conducted within one year of the date of license renewal. Prior to granting acceptance of any other accrediting organization reports in lieu of the required licensure survey, the accrediting organization's survey process must be deemed appropriate and found to be comparable to the department's licensure survey. It shall be the accrediting organization's responsibility to provide the department any and all information necessary to determine if the accrediting organization's survey process is comparable and fully meets the intent of the licensure regulations. The department of health and senior services shall attempt to schedule inspections and evaluations required by this section so as not to cause a hospital to be subject to more than one inspection in any twelve-month period from the department of health and senior services or any agency or accreditation organization the reports of which are accepted for licensure purposes pursuant to this section, except for good cause shown.

2. Other provisions of law to the contrary notwithstanding, the department of health and senior services shall be the only state agency to determine life safety and building codes for hospitals defined or licensed pursuant to the provisions of this chapter, including but not limited to sprinkler systems, smoke detection devices
and other fire safety-related matters so long as any new
standards shall apply only to new construction.

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

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

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

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

197.258. 1. In addition to any survey pursuant to
sections 197.250 to 197.280, the department may make such
surveys as it deems necessary during normal business hours.
The department shall survey every hospice in accordance with Title XVIII of the Social
Security Act. The hospice shall permit the department's
representatives to enter upon any of its business premises
during normal business hours for the purpose of a survey.
2. As a part of its survey of a hospice, the department may visit the home of any client of such hospice with such client's consent.

3. In lieu of any survey required by sections 197.250 to 197.280, the department may accept in whole or in part 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] in accordance with Title XVIII of the Social Security Act for initial application or renewal of the hospice's certificate.

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

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

197.400. As used in sections 197.400 to 197.475, unless the context otherwise requires, the following terms mean:
   (1) "Council", the home health services advisory council created by sections 197.400 to 197.475;
   (2) "Department", the department of health and senior services;
(3) "Home health agency", a public agency or private organization or a subdivision or subunit of an agency or organization that provides two or more home health services at the residence of a patient according to a [physician's] written [and signed] plan of treatment signed by a physician, nurse practitioner, clinical nurse specialist, or physician assistant;

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

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

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

(7) "Patient's residence", the actual place of residence of the person receiving home health services, including institutional residences as well as individual dwelling units;

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

(9) "Physician assistant", a person licensed by the state board of registration for the healing arts pursuant to the provisions of chapter 334 to practice in this state as a physician assistant;
"Plan of treatment", a plan reviewed and signed as often as necessary by a physician or podiatrist, nurse practitioner, clinical nurse specialist, or a physician assistant, not to exceed sixty days in duration, and reviewed by a physician at least once every six months, prescribing items and services for an individual patient's condition;

"Podiatrist", a person licensed by the state board of podiatry pursuant to the provisions of chapter 330 to practice in this state as a podiatrist;

"Subunit" or "subdivision", any organizational unit of a larger organization which can be clearly defined as a separate entity within the larger structure, which can meet all of the requirements of sections 197.400 to 197.475 independent of the larger organization, which can be held accountable for the care of patients it is serving, and which provides to all patients care and services meeting the standards and requirements of sections 197.400 to 197.475.

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

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

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

(2) The home health agency is in compliance with the requirements established pursuant to the provisions of sections 197.400 to 197.475 as evidenced by an inspection by the department which shall occur at least 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
the federal government for home health agencies under Title XVIII of the Federal Social Security Act. The reasonable rules and standards shall be initially promulgated within one year of September 28, 1983.

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

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

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

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

(a) Eating;
(b) Dressing;
(c) Bathing;
(d) Toileting;
(e) Transferring; and
(f) Walking;

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

(4) "Affiliate":

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

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

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

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

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

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

(a) Assistance with any activities of daily living and any instrumental activities of daily living;
(b) Storage, distribution, or administration of medications; and

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

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

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

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

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

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

(11) "Facility", any residential care facility, assisted living facility, intermediate care facility, or skilled nursing facility;
(12) "Health care provider", any person providing health care services or goods to residents and who receives funds in payment for such goods or services under Medicaid;

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

(a) Preparing meals;
(b) Shopping for personal items;
(c) Medication management;
(d) Managing money;
(e) Using the telephone;
(f) Housework; and
(g) Transportation ability;

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

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

(16) "Medicaid", medical assistance under section 208.151, et seq., in compliance with Title XIX, Public Law 89-97, 1965 amendments to the Social Security Act (42 U.S.C. 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;
(2) The facility and the operator are in substantial compliance with the provisions of sections 198.003 to 198.096 and the standards established thereunder;

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

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

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

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

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

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

3. The department may inspect any facility and any records and may make copies of records, at the facility, at the department's own expense, required to be maintained by 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 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 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
years compliance history of all facilities owned by the
applicant located outside of this state.

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

2. The operator or administrator shall have five
working days following receipt of a written report and
correction order regarding a violation of a class I standard
and ten working days following receipt of the report and
correction order regarding violations of class II or class
III standards to request any conference and to submit a plan
of correction for the department's approval which contains
specific dates for achieving compliance. Within five
working days after receiving a plan of correction regarding
a violation of a class I standard and within ten working
days after receiving a plan of correction regarding a
violation of a class II or III standard, the department
shall give its written approval or rejection of the plan.
If there was a violation of any class I standard, immediate corrective action shall be taken by the operator or administrator and a written plan of correction shall be submitted to the department. The department shall give its written approval or rejection of the plan and if the plan is acceptable, a reinspection shall be conducted within twenty calendar days of the exit interview to determine if deficiencies have been corrected. If there was a violation of any class II standard and the plan of correction is acceptable, an unannounced reinspection shall be conducted between forty and ninety calendar days from the date of the exit conference to determine the status of all previously cited deficiencies. If there was a violation of class III standards sufficient to establish that the facility was not in substantial compliance, an unannounced reinspection shall be conducted within one hundred twenty days of the exit interview to determine the status of previously identified deficiencies.

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

4. The notice of noncompliance shall inform the operator or administrator that the department may seek the imposition of any of the sanctions and remedies provided for in section 198.067, or any other action authorized by law.
5. At any time after an inspection is conducted, the operator may choose to enter into a consent agreement with the department to obtain a probationary license. The consent agreement shall include a provision that the operator will voluntarily surrender the license if substantial compliance is not reached in accordance with the terms and deadlines established under the agreement. The agreement shall specify the stages, actions and time span to achieve substantial compliance.

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

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

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

(2) The operator refused to allow representatives of the department to inspect the facility for compliance with standards or denied representatives of the department access to residents and employees necessary to carry out the duties set forth in this chapter and rules promulgated thereunder,
except where employees of the facility are in the process of rendering immediate care to a resident of such facility;

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

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

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

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

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

3. Upon revocation of a license, the director of the department shall so notify the operator in writing, setting forth the reason and grounds for the revocation. Notice of
such revocation shall be sent [either by certified mail, return receipt requested,] by a delivery service that
provides a dated receipt of delivery to the operator [at the address of the facility] and administrator, or served personally upon the operator and administrator. The department shall provide the operator notice of such revocation at least ten days prior to its effective date.

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

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

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

   (1) The name of every Missouri licensed long-term care facility in which he or she has been employed; and
   (2) The name of any member of his or her immediate family who has been employed or is currently employed at a Missouri licensed long-term care facility.

The disclosures under this subsection shall be disclosed to the department whenever the event giving rise to disclosure first occurs.
4. For purposes of this section, the phrase "immediate family member" shall mean husband, wife, natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent or grandchild.

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

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

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

(1) Without the prior notification of the facility; and
(2) At times of the day, on dates and at intervals which do not permit facilities to anticipate such 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;
(3) "Facility", a long-term care facility licensed under this chapter;

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

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

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

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

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

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

   (1) Within ten working days of the end of the survey, the department shall by [certified mail] a delivery service
that provides dated receipt of delivery transmit to the facility a statement of deficiencies committed by the facility. Notification of the availability of an IDR and IDR process shall be included in the transmittal;

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

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

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

(b) A telephonic conference; or

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

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

5. Within ten days of the IDR conference described in subsection 4 of this section, the QIO shall make a determination, based upon the facts and findings presented, and shall transmit the decision and rationale for the outcome in writing to the facility and the department.
6. If the department disagrees with such determination, the department shall transmit the department's decision and rationale for the reversal of the QIO's decision to the facility within ten calendar days of receiving the QIO's decision.

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

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

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

10. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking
authority and any rule proposed or adopted after August 28, 2009, shall be invalid and void.

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

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

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

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

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

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

(6) "Supplemental health care services agency" or "agency", a person, firm, corporation, partnership, or association engaged for hire in the business of providing or procuring temporary employment in health care facilities for health care personnel, including a temporary staffing agency as defined in section 383.130, or that operates a digital website or digital smartphone application that facilitates the provision of the engagement of health care personnel and accepts requests for health care personnel through its digital website or digital smartphone...
The term "supplemental health care services agency" or "agency" shall not include an individual who engages, only on his or her own behalf, to provide the individual's services on a temporary basis to health care facilities or a home health agency licensed under section 197.415 and shall not include a person, firm, corporation, partnership, or association engaged in the provision of contracted specialty services by a practitioner as defined under subdivision (4) of section 376.1575, to a hospital as defined under section 197.020, or to other individuals or entities providing health care that are not health care facilities.

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

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

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

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

   (3) Satisfactory proof of compliance with the provisions of sections 198.640 to 198.648;
(4) Any other relevant information that the department determines is necessary to properly evaluate an application for registration;

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

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

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

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

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

198.644. 1. Each registered supplemental health care services agency shall be required, as a condition of
registration, to meet the following minimum criteria, which may be supplemented by rules promulgated by the department:

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

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

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

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

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

(6) Refrain in any contract with any health care personnel or health care facility from requiring the payment of liquidated damages, employment fees, or other
compensation should the health care personnel be hired as a
permanent employee of a health care facility;

(7) (a) Submit a report to the department on a
quarterly basis for each health care facility participating
in Medicare or Medicaid with which the agency contracts that
includes all of the following:
    a. A detailed list of the average amount charged to
       the health care facility for each individual health care
       personnel category; and
    b. A detailed list of the average amount paid by the
       agency to health care personnel in each individual health
       care personnel category;

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

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

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

(10) Indemnify and hold harmless a health care
facility for any damages, sanctions, or civil monetary
penalties that are proximately caused by an action or
failure to act of any health care personnel the agency
provides to the health care facility; provided that the
amount for which the supplemental health care services
agency may be liable to a health care facility for civil
monetary penalties and sanctions shall not exceed one
hundred thousand dollars for civil monetary penalties and
sanctions that may be assessed against skilled nursing
facilities by the United States Department of Health and
Human Services or the Centers for Medicare and Medicaid Services. If the damages, sanctions, or civil monetary penalties are proximately caused by the negligence, action, or failure to act by the health care facility, then liability shall be determined by a percentage of fault and shall be the sole responsibility of the party against whom such determination is made. Such determinations shall be made by the agreement of the parties or a neutral third party who considers all of the relevant factors in making a determination.

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

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

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

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

5. (1) The controlling person of a supplemental health care services agency whose registration has not been
renewed or has been revoked because of noncompliance with the provisions of sections 198.640 to 198.648 shall not be eligible to apply for or receive a registration for five years following the effective date of the nonrenewal or revocation.

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

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

198.648. The department shall promulgate rules to implement the provisions of sections 198.640 to 198.648. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2022, shall be invalid and void.
208.030. 1. The family support division shall make monthly payments to each person who was a recipient of old age assistance, aid to the permanently and totally disabled, and aid to the blind and who:

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

(2) Is a resident of Missouri.

2. The amount of supplemental payment made to persons who meet the eligibility requirements for and receive federal supplemental security income payments shall be in an amount, as 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 payments, there shall be disregarded cost-of-living increases provided for in Titles II and XVI of the federal Social Security Act and any benefits or income required to be disregarded by an act of Congress of the United States or any regulation duly promulgated thereunder. As long as the recipient continues to receive a supplemental security income payment, the supplemental payment shall not be reduced. The minimum supplemental payment for those persons who continue to meet the December, 1973, eligibility standards for aid to the blind shall be in an amount which, when added to the federal supplemental security income payment, equals the amount of the blind pension grant as provided for in chapter 209.

3. The amount of supplemental payment made to persons who do not meet the eligibility requirements for federal supplemental security income benefits, but who do meet the December, 1973, eligibility standards for old age 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
licensed skilled nursing facility in Missouri and whose
total cash income is not sufficient to pay the amount
charged by the facility; and to all applicants age twenty-
one or over who are not eligible for nursing home care under
the Title XIX program who are residing in a licensed
residential care facility, a licensed assisted living
facility, a licensed intermediate care facility or a
licensed skilled nursing facility in Missouri, who make
application after December 31, 1973, provided they meet the
eligibility standards for old age assistance, permanent and
total disability assistance, general relief assistance, or
aid to the blind assistance in effect on December 31, 1973,
or less restrictive requirements as established by rule or
regulation of the family support division, who are bona fide
residents of the state of Missouri, and whose total cash
income is not sufficient to pay the amount charged by the
facility. [Until July 1, 1983, the amount of the total
state payment for home care in licensed residential care
facilities shall not exceed one hundred twenty dollars
monthly, for care in licensed intermediate care facilities
or licensed skilled nursing facilities shall not exceed
three hundred dollars monthly, and for care in licensed
assisted living facilities shall not exceed two hundred
twenty-five dollars monthly. Beginning July 1, 1983, for
fiscal year 1983-1984 and each year thereafter,] The amount
of the total state payment for home care in licensed
residential care facilities and for care in licensed
assisted living facilities shall [not exceed one hundred
fifty-six dollars monthly,] be subject to appropriation.
The amount of the total state payment for care in licensed
intermediate care facilities or licensed skilled nursing
facilities shall not exceed three hundred ninety dollars
monthly[, and for care in licensed assisted living
facilities shall not exceed two hundred ninety-two dollars and fifty cents monthly]. No intermediate care or skilled nursing payment shall be made to a person residing in a licensed intermediate care facility or in a licensed skilled nursing facility unless such person has been determined, by his or her own physician or doctor, to medically need such services subject to review and approval by the department. Residential care payments may be made to persons residing in licensed intermediate care facilities or licensed skilled nursing facilities. Any person eligible to receive a monthly payment pursuant to this subsection shall receive an additional monthly payment equal to the Medicaid vendor nursing facility personal needs allowance. The exact amount of the additional payment shall be determined by rule of the department. This additional payment shall not be used to pay for any supplies or services, or for any other items that would have been paid for by the family support division if that person would have been receiving medical assistance benefits under Title XIX of the federal Social Security Act for nursing home services pursuant to the provisions of section 208.159. Notwithstanding the previous part of this subsection, the person eligible shall not receive this additional payment if such eligible person is receiving funds for personal expenses from some other state or federal program.

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

(1) Discuss and evaluate whether the available covered medications, treatments, and services are adequate to meet the needs of MO HealthNet beneficiaries with a diagnosis of sickle cell disease;
(2) Review information on treatments for sickle cell disease in late-stage studies that show promise in peer-reviewed medical literature; and

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

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

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

210.921. 1. The department shall not provide any registry information pursuant to this section unless the department obtains the name and address of the person [calling] or entity requesting the information, and determines that the inquiry is for employment purposes only. For purposes of sections 210.900 to 210.936, "employment purposes" includes direct employer-employee relationships, prospective employer-employee relationships, direct or prospective independent contractor relationships of health care personnel with a supplemental health care services agency, as defined in section 198.640, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child-care, elder-care, mental health, or personal-care 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.
5. The department of health and senior services staff providing information pursuant to sections 210.900 to 210.936 shall have immunity from any liability, civil or criminal, that otherwise might result by reason of such actions; provided, however, any department of health and senior services staff person who releases registry information in bad faith or with ill intent shall not have immunity from any liability, civil or criminal. Any such person shall have the same immunity with respect to participation in any judicial proceeding resulting from the release of registry information. The department is prohibited from selling the registry or any portion of the registry for any purpose including employment purposes as defined in subsection 1 of this section.

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

2. As used in sections 217.940 to 217.947, the following terms shall mean:
"Correctional center nursery program", the program authorized by sections 217.940 to 217.947;
"Department", the department of corrections;
"Public assistance", all forms of assistance, including monetary assistance from any public source paid either to the mother or child or any other person on behalf of the child;
"Support", the payment of money, including interest:
(a) For a child or spouse ordered by a court of competent jurisdiction, whether the payment is ordered in an emergency, temporary, permanent, or modified order, the amount of unpaid support shall bear simple interest from the date it accrued, at a rate of ten dollars upon one hundred dollars per annum, and proportionately for a greater or lesser sum, or for a longer or shorter time;
(b) To third parties on behalf of a child or spouse, including, but not limited to, payments to medical, dental or educational providers, payments to insurers for health and hospitalization insurance, payments of residential rent or mortgage payments, payments on an automobile, or payments for day care; or
(c) For a mother, ordered by a court of competent jurisdiction, for the necessary expenses incurred by or for the mother in connection with her confinement or of other expenses in connection with the pregnancy of the mother.

217.941. 1. An inmate is eligible to participate in the correctional center nursery program if:
(1) She delivers the child while in the custody of the department;
(2) She is expected to give birth or gives birth on or after the date the program is implemented;
1. To participate in the correctional center nursery program, each eligible inmate selected by the department shall agree in writing to:

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

   (2) If eligible, have the child participate in the state children's health insurance program under sections 208.631 to 208.658;
(3) Abide by any court decisions regarding the allocation of parental rights and responsibilities with respect to the child; and

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

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

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

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

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

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

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

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

(6) The inmate is released from imprisonment.

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

2. The department may accept monetary and property donations on behalf of the program.
3. All donations accepted by the department for the correctional center nursery program shall be used solely for any expenses relating to the operation and maintenance of the program.

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

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

217.945. 1. There is hereby created in the state treasury the "Correctional Center Nursery Program Fund", which shall consist of money collected under this section and section 217.944 as well as any appropriations made by the general assembly. The department shall obtain sufficient resources to initiate and maintain the program and may accept gifts, grants, and donations of any kind. 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 money in the fund shall be used solely by the department for the purposes of operating and maintaining sections 217.940 to 217.947.

2. 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.

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

217.946. Notwithstanding any other provision of law to contrary, neither the correctional center nursery program nor the department, with respect to the program, is subject
to any regulation, licensing or oversight by the department of health and senior services, department of social services, children's division, juvenile officer of any jurisdiction or the office of childhood unless the department voluntarily agrees to services, regulation, licensing, or oversight from any of the aforementioned entities.

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

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

(1) A brief description of the motor vehicle or trailer to be registered, including the name of the manufacturer, the vehicle identification number, the amount of motive power of the motor vehicle, stated in figures of horsepower and whether the motor vehicle is to be registered
as a motor vehicle primarily for business use as defined in section 301.010;

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

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

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

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

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

3. If the vehicle is any motor vehicle other than a motor vehicle primarily for business use, a recreational motor vehicle, motorcycle, motortricycle, autocycle, bus, or any commercial motor vehicle licensed for over twelve thousand pounds and if such motor vehicle is ten years of age or less and has less than one hundred fifty thousand miles on the odometer, the director of revenue shall retain the odometer information provided in the vehicle inspection report, and provide for prompt access to such information, together with the vehicle identification number for the motor vehicle to which such information pertains, for a
period of ten years after the receipt of such information. This subsection shall not apply unless:

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

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

4. If the vehicle qualifies as a reconstructed motor vehicle, motor change vehicle, specially constructed motor vehicle, non-USA-std motor vehicle, as defined in section 301.010, or prior salvage as referenced in section 301.573, the owner or lienholder shall surrender the certificate of ownership. The owner shall make an application for a new certificate of ownership, pay the required title fee, and obtain the vehicle examination certificate required pursuant to subsection 9 of section 301.190. If an insurance company pays a claim on a salvage vehicle as defined in section 301.010 and the owner retains the vehicle, as prior salvage, the vehicle shall only be required to meet the examination requirements under subsection 10 of section 301.190. Notarized bills of sale along with a copy of the front and back of the certificate of ownership for all major component parts installed on the vehicle and invoices for all essential parts which are not defined as major component parts shall accompany the application for a new certificate of ownership. If the vehicle is a specially constructed motor vehicle, as defined in section 301.010, two pictures of the vehicle shall be submitted with the application. If the vehicle is a kit vehicle, the applicant shall submit the invoice and the manufacturer's statement of origin on the kit. If the vehicle requires the issuance of a special number by the director of revenue or a replacement vehicle identification number, the applicant shall submit the required application and application fee. All applications
required under this subsection shall be submitted with any applicable taxes which may be due on the purchase of the vehicle or parts. The director of revenue shall appropriately designate "Reconstructed Motor Vehicle", "Motor Change Vehicle", "Non-USA-Std Motor Vehicle", or "Specially Constructed Motor Vehicle" on the current and all subsequent issues of the certificate of ownership of such vehicle.

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

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

7. An applicant for registration may make a donation of one dollar to promote a blindness education, screening and treatment program. The director of revenue shall collect the donations and deposit all such donations in the 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 contribution not less than one dollar 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
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.

302.171. 1. The director shall verify that an
applicant for a driver's license is a Missouri resident or
national of the United States or a noncitizen with a lawful
immigration status, and a Missouri resident before accepting
the application. The director shall not issue a driver's
license for a period that exceeds the duration of an
applicant's lawful immigration status in the United States.
The director may establish procedures to verify the Missouri
residency or United States naturalization or lawful
immigration status and Missouri residency of the applicant
and establish the duration of any driver's license issued
under this section. An application for a license shall be
made upon an approved form furnished by the director. Every
application shall state the full name, Social Security
number, age, height, weight, color of eyes, sex, residence,
mailing address of the applicant, and the classification for
which the applicant has been licensed, and, if so, when and
by what state, and whether or not such license has ever been
suspended, revoked, or disqualified, and, if revoked,
suspended or disqualified, the date and reason for such
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
Armed Forces, an application under this subsection shall be considered satisfactory by the department of revenue if it is signed by a person who holds general power of attorney executed by the person deployed, provided the applicant meets all other requirements set by the director.

2. An applicant for a license 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 established in sections 194.297 to 194.304. Moneys in the organ donor program 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 the license at the time of issuance or renewal of the license. The director shall make available an informational booklet or other informational sources on the importance of organ and tissue donations to applicants for licensure as designed by the organ donation advisory committee established in sections 194.297 to 194.304. 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 or more dollar donation prescribed in this subsection and whether the applicant is interested in inclusion in the organ donor registry and shall also specifically inform the licensee of the ability to consent to organ donation by placing a donor symbol sticker authorized and issued by the department of health and senior services on the back of his or her driver's license or identification card as prescribed by subdivision (1) of...
subsection 1 of section 194.225. A symbol may be placed on
the front of the license or identification card indicating
the applicant's desire to be listed in the registry at the
applicant's request at the time of his or her application
for a driver's license or identification card, or the
applicant may instead request an organ donor sticker from
the department of health and senior services by application
on the department of health and senior services' website.
Upon receipt of an organ donor sticker sent by the
department of health and senior services, the applicant
shall place the sticker on the back of his or her driver's
license or identification card to indicate that he or she
has made an anatomical gift. The director shall notify the
department of health and senior services of information
obtained from applicants who indicate to the director that
they are interested in registry participation, and the
department of health and senior services shall enter the
complete name, address, date of birth, race, gender and a
unique personal identifier in the registry established in
subsection 1 of section 194.304.

3. An applicant for a license may make a donation of
one dollar to promote a blindness education, screening and
treatment program. The director of revenue shall collect
the donations and deposit all such donations in the 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 the license at the time of issuance or renewal of the
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.
The notice shall be deemed received three days after mailing unless returned by the postal authorities. No such individual shall reapply for a driver's examination, instruction permit, driver's license, or nondriver's license until the period of denial is completed. No individual who is denied the driving privilege under this section shall be eligible for a limited driving privilege issued under section 302.309.

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

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

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

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

10. Notwithstanding any provision of this chapter, for the renewal of a noncommercial driver's license, noncommercial instruction permit, or nondriver's license, a photocopy of an applicant's United States birth certificate along with another form of identification approved by the department of revenue, including, but not limited to, United States military identification or United States military
discharge papers, shall constitute sufficient proof of Missouri citizenship.

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

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

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

(2) The pilot project has a finite start date and termination date;
(3) The pilot project clearly defines the new techniques or approaches the project intends to examine to determine whether such techniques or approaches improve access to or quality of care;

(4) The project plan identifies specific and limited locations and populations to participate in the pilot project;

(5) The project plan clearly establishes minimum guidelines and standards for the pilot project including, but not limited to, provisions for protecting the safety of participating patients;

(6) The project plan clearly defines the measurement criteria the pilot project will use to evaluate the outcomes of the project on access to and quality of care; and

(7) The project plan identifies reporting intervals to communicate interim and final outcomes to the board.

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

3. The provisions of this section shall expire on August 28, 2026. The board shall provide a final report on approved pilot projects and related data or findings to the general assembly on or before December 31, 2025. The name,
location, approval dates, and general description of an approved pilot project shall be deemed a public record under chapter 610.

334.530. 1. A candidate for license to practice as a physical therapist shall furnish evidence of such person's educational qualifications by submitting satisfactory evidence of completion of a program of physical therapy education approved as reputable by the board or eligibility to graduate from such a program within ninety days. A candidate who presents satisfactory evidence of the person's graduation from a school of physical therapy approved as reputable by the American Medical Association or, if graduated before 1936, by the American Physical Therapy Association, or if graduated after 1988, the Commission on Accreditation for Physical Therapy Education or its successor, is deemed to have complied with the educational qualifications of this subsection.

2. Persons desiring to practice as physical therapists in this state shall appear before the board at such time and place as the board may direct and be examined as to their fitness to engage in such practice. Applicants shall meet the qualifying standards for such examinations, including any requirements established by any entity contracted by the board to administer the board-approved examination. Applications for examination shall be in writing, on a form furnished by the board and shall include evidence satisfactory to the board that the applicant possesses the qualifications set forth in subsection 1 of this section and meets the requirements established to qualify for examination. Each application shall contain a statement that it is made under oath or affirmation and that its 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
therapy education or eligibility to graduate from such a program within ninety days.

2. Persons desiring to practice as a physical therapist assistant in this state shall appear before the board at such time and place as the board may direct and be examined as to the person's fitness to engage in such practice. Applicants shall meet the qualifying standards for such examinations, including any requirements established by any entity contracted by the board to administer the board-approved examination. Applications for examination shall be on a form furnished by the board and shall include evidence satisfactory to the board that the applicant possesses the qualifications provided in subsection 1 of this section and meets the requirements established to qualify for examination. Each application shall contain a statement that the statement is made under oath of affirmation and that its representations are true and correct to the best knowledge and belief of the person signing the statement, subject to the penalties of making a false affidavit or declaration.

3. The examination of qualified candidates for licensure to practice as physical therapist assistants shall embrace an examination which shall cover the curriculum taught in accredited associate degree programs of physical therapy assistant education. Such examination shall be sufficient to test the qualification of the candidates as practitioners.

4. The examination shall include, as related to the human body, the subjects of anatomy, kinesiology, pathology, physiology, psychology, physical therapy theory and procedures as related to medicine and such other subjects, 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
program. All financial assistance shall be made from funds credited to the professional and practical nursing student loan and nurse loan repayment fund. A qualified applicant may receive financial assistance for each academic year he remains a student in good standing at a participating school.

335.257. Successful applicants for whom loan payments are made under the provisions of sections 335.245 to 335.259 shall verify to the department twice each year, [in June and in December,] in the manner prescribed by the department that qualified employment in this state is being maintained.

338.061. 1. This section shall be known and may be cited as the "Tricia Leann Tharp Act".

2. The board of pharmacy shall recommend that all licensed pharmacists who are employed at a licensed retail pharmacy obtain two hours of continuing education in suicide awareness and prevention. Any such board-approved continuing education shall count toward the total hours of continuing education hours required by the board for the renewal of a license under subsection 3 of section 338.060.

3. The board of pharmacy shall develop guidelines suitable for training materials that may be used by accredited schools of pharmacy and other organizations and courses approved by the Accreditation Council for Pharmacy Education; except that, schools of pharmacy may approve materials to be used in providing training for faculty and other employees.

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

345.015. As used in sections 345.010 to 345.080, the
following terms mean:

(1) "Audiologist", a person who is licensed as an
audiologist pursuant to sections 345.010 to 345.080 to
practice audiology;

(2) "Audiology aide", a person who is registered as an
audiology aide by the board, who does not act independently
but works under the direction and supervision of a licensed
audiologist. Such person assists the audiologist with
activities which require an understanding of audiology 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 are provided on a regular and
systematic basis by a licensed audiologist.

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 audiology 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 audiologist, or perform any procedure for which he or she is not qualified, has not been adequately trained or both;

(3) "Board", the state board of registration for the healing arts;

(4) "Clinical fellowship", the supervised professional employment period following completion of the academic and practicum requirements of an accredited training program under this chapter;

(5) "Commission", the advisory commission for speech-language pathologists and audiologists;

[(5)] (6) "Hearing instrument" or "hearing aid", any wearable device or instrument designed for or offered for the purpose of aiding or compensating for impaired human hearing and any parts, attachments or accessories, including ear molds, but excluding batteries, cords, receivers and repairs;

[(6)] (7) "Person", any individual, organization, or corporate body, except that only individuals may be licensed pursuant to sections 345.010 to 345.080;

[(7)] (8) "Practice of audiology":

(a) The application of accepted audiologic principles, methods and procedures for the measurement, testing, interpretation, appraisal and prediction related to disorders of the auditory system, balance system or related structures and systems;

(b) Provides consultation or counseling to the patient, client, student, their family or interested parties;
(c) Provides academic, social and medical referrals when appropriate;
(d) Provides for establishing goals, implementing strategies, methods and techniques, for habilitation, rehabilitation or aural rehabilitation, related to disorders of the auditory system, balance system or related structures and systems;
(e) Provides for involvement in related research, teaching or public education;
(f) Provides for rendering of services or participates in the planning, directing or conducting of programs which are designed to modify audition, communicative, balance or cognitive disorder, which may involve speech and language or education issues;
(g) Provides and interprets behavioral and neurophysiologic measurements of auditory balance, cognitive processing and related functions, including intraoperative monitoring;
(h) Provides involvement in any tasks, procedures, acts or practices that are necessary for evaluation of audition, hearing, training in the use of amplification or assistive listening devices;
(i) Provides selection, assessment, fitting, programming, and dispensing of hearing instruments, assistive listening devices, and other amplification systems;
(j) Provides for taking impressions of the ear, making custom ear molds, ear plugs, swim molds and industrial noise protectors;
(k) Provides assessment of external ear and cerumen management;
(l) Provides advising, fitting, mapping assessment of implantable devices such as cochlear or auditory brain stem 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
disorders of receptive and expressive communication in oral, written, graphic and manual modalities;

c. Oral, pharyngeal, cervical esophageal and related functions, such as dysphagia, including disorders of swallowing and oral functions for feeding; orofacial myofunctional disorders;

  d. Cognitive aspects of communication, including communication disability and other functional disabilities associated with cognitive impairment;

  e. Social aspects of communication, including challenging behavior, ineffective social skills, lack of communication opportunities;

(b) Provides consultation and counseling and makes referrals when appropriate;

(c) Trains and supports family members and other communication partners of individuals with speech, voice, language, communication and swallowing disabilities;

(d) Develops and establishes effective augmentative and alternative communication techniques and strategies, including selecting, prescribing and dispensing of augmentative aids and devices; and the training of individuals, their families and other communication partners in their use;

(e) Selects, fits and establishes effective use of appropriate prosthetic/adaptive devices for speaking and swallowing, such as tracheoesophageal valves, electrolarynges, or speaking valves;

(f) Uses instrumental technology to diagnose and treat disorders of communication and swallowing, such as videofluoroscopy, nasendoscopy, ultrasonography and stroboscopy;
(g) Provides aural rehabilitative and related counseling services to individuals with hearing loss and to their families;

(h) Collaborates in the assessment of central auditory processing disorders in cases in which there is evidence of speech, language or other cognitive communication disorders; provides intervention for individuals with central auditory processing disorders;

(i) Conducts pure-tone air conduction hearing screening and screening tympanometry for the purpose of the initial identification or referral;

(j) Enhances speech and language proficiency and communication effectiveness, including but not limited to accent reduction, collaboration with teachers of English as a second language and improvement of voice, performance and singing;

(k) Trains and supervises support personnel;

(l) Develops and manages academic and clinical programs in communication sciences and disorders;

(m) Conducts, disseminates and applies research in communication sciences and disorders;

(n) Measures outcomes of treatment and conducts continuous evaluation of the effectiveness of practices and programs to improve and maintain quality of services;

[(9)] (10) "Speech-language pathologist", a person who is licensed as a speech-language pathologist pursuant to sections 345.010 to 345.080; who engages in the practice of speech-language pathology as defined in sections 345.010 to 345.080;

[(10)] (11) "Speech-language pathology aide", a person who is registered as a speech-language aide by the board, who does not act independently but works under the direction 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
the content and supervision of the clinical fellowship, as
well as evidence of good moral and ethical character; and

(3) Submits to the board an application fee, as set by
the board, for the provisional license.

2. A provisional license is effective for one year and
may be extended for an additional twelve months only for
purposes of completing the postgraduate clinical experience
portion of the clinical fellowship; provided, that the
applicant has passed the national examination and shall hold
a master's degree from an approved training program in his
or her area of application.

3. Within twelve months of issuance of the provisional
license, the applicant shall pass an examination promulgated
or approved by the board.

4. Within twelve months of issuance of a provisional
license, the applicant shall complete the requirements for
the master's or doctoral degree from a program accredited by
the Council on Academic Accreditation of the American Speech-
Language-Hearing Association or other accrediting agency
approved by the board in the area in which licensure is
sought.

345.025. 1. The provisions of sections 345.010 to
345.080 do not apply to:

(1) The activities, services, and the use of an
official title on the part of a person in the employ of a
federal agency insofar as such services are part of the
duties of the person's office or position with such agency;

(2) The activities and services of certified teachers
of the deaf;

(3) The activities and services of a student in speech-
language pathology or audiology pursuing a course of study
at a university or college that has been approved by its
regional accrediting association, or working in a recognized
training center, if these activities and services constitute a part of the person's course of study supervised by a licensed speech-language pathologist or audiologist as provided in section 345.050;

(4) The activities and services of physicians and surgeons licensed pursuant to chapter 334;

(5) Audiometric technicians who are certified by the council for accreditation of occupational hearing conservationists when conducting pure tone air conduction audiometric tests for purposes of industrial hearing conservation and comply with requirements of the federal Occupational Safety and Health Administration;

(6) A person who holds a current valid certificate as a speech-language pathologist issued before January 1, 2016, by the Missouri department of elementary and secondary education and who is an employee of a public school while providing speech-language pathology services in such school system;

(7) Any person completing the required number and type of clinical hours required by paragraph (c) of subdivision [(11)] [(12)] of section 345.015 as long as such person is under the direct supervision of a licensed speech-language pathologist and has not completed more than the number of clinical hours required by rule.

2. No one shall be exempt pursuant to subdivision (1) or (6) of subsection 1 of this section if the person does any work as a speech-language pathologist or audiologist outside of the exempted areas outlined in this section for which a fee or compensation may be paid by the recipient of the service. When college or university clinics charge a fee, supervisors of student clinicians shall be licensed. 345.050. [1.] To be eligible for licensure by the board by examination, each applicant shall submit the
application fee and shall furnish evidence of such person's current competence and shall:

(1) Hold a master's or a doctoral degree from a program that was awarded "accreditation candidate" status or is accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or other accrediting agency approved by the board in the area in which licensure is sought;

(2) Submit official transcripts from one or more accredited colleges or universities presenting evidence of the completion of course work and clinical practicum requirements equivalent to that required by the Council on Academic Accreditation of the American Speech-Language-Hearing Association or other accrediting agency approved by the board; [and]

(3) Present written evidence of completion of a clinical fellowship from supervisors. The experience required by this subdivision shall follow the completion of the requirements of subdivisions (1) and (2) of this subsection. This period of employment shall be under the direct supervision of a person who is licensed by the state of Missouri in the profession in which the applicant seeks to be licensed. Persons applying with an audiology clinical doctoral degree are exempt from this provision; and

(4) Pass an examination promulgated or approved by the board. The board shall determine the subject and scope of the examinations.

[2. To be eligible for licensure by the board without examination, each applicant shall make application on forms prescribed by the board, submit the application fee, submit an activity statement and meet one of the following requirements:]
(1) The board shall issue a license to any speech-language pathologist or audiologist who is licensed in another country and who has had no violations, suspension or revocations of a license to practice speech-language pathology or audiology in any jurisdiction; provided that, such person is licensed in a country whose requirements are substantially equal to, or greater than, Missouri at the time the applicant applies for licensure; or

(2) Hold the certificate of clinical competence issued by the American Speech-Language-Hearing Association in the area in which licensure is sought.

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

(1) "Board", the Missouri board of registration for the healing arts;

(2) "Commission", the advisory commission for speech-language pathologists and audiologists;

(3) "License", a license, certificate, registration, permit, accreditation, or military occupational specialty that enables a person to legally practice an occupation or profession in a particular jurisdiction;

(4) "Military", the Armed Forces of the United States including the Air Force, Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard, and any other military branch that is designated by Congress as part of the Armed Forces of the United States, and all reserve components and auxiliaries. Such term also includes the military reserves and militia of the United States territory or state;

(5) "Nonresident military spouse", a nonresident 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 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
licensure in this state for the applicant and issue such applicant a license under this section if such applicant otherwise meets the requirements of this section.

4. (1) The board shall not waive any examination, educational, or experience requirements for any applicant who has had his or her license revoked by a board outside the state; who is currently under investigation, who has a complaint pending, or who is currently under disciplinary action, except as provided in subdivision (2) of this subsection, with a board outside the state; who does not hold a license in good standing with a board outside the state; who has a criminal record that would disqualify him or her for licensure in Missouri; or who does not hold a valid current license in the other jurisdiction on the date the board receives his or her application under this section.

(2) If another jurisdiction has taken disciplinary action against an applicant, the board shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the board may deny a license until the matter is resolved.

5. Nothing in this section shall prohibit the board from denying a license to an applicant under this section for any reason described in section 345.065.

6. Any person who is licensed under the provisions of this section shall be subject to the board's jurisdiction and all rules and regulations pertaining to the practice as a speech-language pathologist or audiologist in this state.

7. This section shall not be construed to waive any requirement for an applicant to pay any fees.

345.085. SECTION 1. PURPOSE

The purpose of this Compact is to facilitate interstate practice of audiology and speech-language pathology with the
goal of improving public access to audiology and speech-language pathology services. The practice of audiology and speech-language pathology occurs in the state where the patient/client/student is located at the time of the patient/client/student encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

This Compact is designed to achieve the following objectives:

1. Increase public access to audiology and speech-language pathology services by providing for the mutual recognition of other member state licenses;
2. Enhance the states' ability to protect the public's health and safety;
3. Encourage the cooperation of member states in regulating multistate audiology and speech-language pathology practice;
4. Support spouses of relocating active duty military personnel;
5. Enhance the exchange of licensure, investigative and disciplinary information between member states;
6. Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards; and
7. Allow for the use of telehealth technology to facilitate increased access to audiology and speech-language pathology services.

SECTION 2. DEFINITIONS

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

A. "Active duty military" means full-time duty status in the active uniformed service of the United States, 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.
Q. "Privilege to practice" means a legal authorization permitting the practice of audiology or speech-language pathology in a remote state.

R. "Remote state" means a member state other than the home state where a licensee is exercising or seeking to exercise the compact privilege.

S. "Rule" means a regulation, principle or directive promulgated by the Commission that has the force of law.

T. "Single-state license" means an audiology or speech-language pathology license issued by a member state that authorizes practice only within the issuing state and does not include a privilege to practice in any other member state.

U. "Speech-language pathologist" means an individual who is licensed by a state to practice speech-language pathology.

V. "Speech-language pathology" means the care and services provided by a licensed speech-language pathologist as set forth in the member state's statutes and rules.

W. "State" means any state, commonwealth, district or territory of the United States of America that regulates the practice of audiology and speech-language pathology.

X. "State practice laws" means a member state's laws, rules and regulations that govern the practice of audiology or speech-language pathology, define the scope of audiology or speech-language pathology practice, and create the methods and grounds for imposing discipline.

Y. "Telehealth" means the application of telecommunication technology to deliver audiology or speech-language pathology services at a distance for assessment, intervention and/or consultation.

SECTION 3. STATE PARTICIPATION IN THE COMPACT
A. A license issued to an audiologist or speech-language pathologist by a home state to a resident in that state shall be recognized by each member state as authorizing an audiologist or speech-language pathologist to practice audiology or speech-language pathology, under a privilege to practice, in each member state.

B. A state must implement or utilize procedures for considering the criminal history records of applicants for initial privilege to practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

1. A member state must fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions.

2. Communication between a member state, the Commission and among member states regarding the verification of eligibility for licensure through the Compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member state under Public Law 92-544.

C. Upon application for a privilege to practice, the licensing board in the issuing remote state shall ascertain, through the data system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or 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.
2. Has completed a supervised clinical practicum experience from an accredited educational institution or its cooperating programs as required by the Commission;

3. Has successfully passed a national examination approved by the Commission;

4. Holds an active, unencumbered license;

5. Has not been convicted or found guilty, and has not entered into an agreed disposition, of a felony related to the practice of audiology, under applicable state or federal criminal law;

6. Has a valid United States Social Security or National Practitioner Identification number.

F. For a speech-language pathologist:

1. Must meet one of the following educational requirements:

   a. Has graduated with a master's degree from a speech-language pathology program that is accredited by an organization recognized 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. Has graduated from a speech-language pathology 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.

2. Has completed a supervised clinical practicum experience from an educational institution or its cooperating programs as required by the Commission;
3. Has completed a supervised postgraduate professional experience as required by the Commission;

4. Has successfully passed a national examination approved by the Commission;

5. Holds an active, unencumbered license;

6. Has not been convicted or found guilty, and has not entered into an agreed disposition, of a felony related to the practice of speech-language pathology, under applicable state or federal criminal law;

7. Has a valid United States Social Security or National Practitioner Identification number.

G. The privilege to practice is derived from the home state license.

H. An audiologist or speech-language pathologist practicing in a member state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of audiology and speech-language pathology shall include all audiology and speech-language pathology practice as defined by the state practice laws of the member state in which the client is located. The practice of audiology and speech-language pathology in a member state under a privilege to practice shall subject an audiologist or speech-language pathologist to the jurisdiction of the licensing board, the courts and the laws of the member state in which the client is located at the time service is provided.

I. Individuals not residing in a member state shall continue to be able to apply for a member state's single-state license as provided under the laws of each member state. However, the single-state license granted to these individuals shall not be recognized as granting the privilege to practice audiology or speech-language pathology 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.
J. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

1. The home state license is no longer encumbered; and
2. Two years have elapsed from the date of the adverse action.

K. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of Section 4A to obtain a compact privilege in any remote state.

L. Once the requirements of Section 4J have been met, the licensee must meet the requirements in Section 4A to obtain a compact privilege in a remote state.

SECTION 5. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

Member states shall recognize the right of an audiologist or speech-language pathologist, licensed by a home state in accordance with Section 3 and under rules promulgated by the Commission, to practice audiology or speech-language pathology in any member state via telehealth under a privilege to practice as provided in the Compact and rules promulgated by the Commission.

SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

Active duty military personnel, or their spouse, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty. Subsequent to designating a home state, the individual shall only change their home state through application for licensure in the new state.

SECTION 7. ADVERSE ACTIONS
A. In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:

1. Take adverse action against an audiologist's or speech-language pathologist's privilege to practice within that member state.

2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a member state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.

3. Only the home state shall have the power to take adverse action against a audiologist's or speech-language pathologist's license issued by the home state.

B. For purposes of taking adverse action, the home state shall give the same priority and effect to reported conduct received from a member state as it would if the conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

C. The home state shall complete any pending investigations of an audiologist or speech-language pathologist who changes primary state of residence during the course of the investigations. The home state shall also have the authority to take appropriate action(s) and shall...
promptly report the conclusions of the investigations to the administrator of the data system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any adverse actions.

D. If otherwise permitted by state law, the member state may recover from the affected audiologist or speech-language pathologist the costs of investigations and disposition of cases resulting from any adverse action taken against that audiologist or speech-language pathologist.

E. The member state may take adverse action based on the factual findings of the remote state, provided that the member state follows the member state's own procedures for taking the adverse action.

F. Joint Investigations:
   1. In addition to the authority granted to a member state by its respective audiology or speech-language pathology practice act or other applicable state law, any member state may participate with other member states in joint investigations of licensees.
   2. Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

G. If adverse action is taken by the home state against an audiologist's or speech-language pathologist's license, the audiologist's or speech-language pathologist's privilege to practice in all other member states shall be deactivated until all encumbrances have been removed from the state license. All home state disciplinary orders that impose adverse action against an audiologist's or speech-language pathologist's license shall include a statement 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
any state audiology or speech-language pathology licensing board to sue or be sued under applicable law shall not be affected;

8. Purchase and maintain insurance and bonds;

9. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;

10. Hire employees, elect or appoint officers, fix compensation, define duties, grant individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

11. Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;

12. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;

13. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

14. Establish a budget and make expenditures;

15. Borrow money;

16. Appoint committees, including standing committees composed of members, and other interested persons as may be designated in this Compact and the bylaws;

17. Provide and receive information from, and cooperate with, law enforcement agencies;
18. Establish and elect an Executive Committee; and
19. Perform other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of audiology and speech-language pathology licensure and practice.

D. The Executive Committee

The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact:

1. The Executive Committee shall be composed of ten (10) members:
   a. Seven (7) voting members who are elected by the Commission from the current membership of the Commission;
   b. Two (2) ex-officios, consisting of one nonvoting member from a recognized national audiology professional association and one nonvoting member from a recognized national speech-language pathology association; and
   c. One (1) ex-officio, nonvoting member from the recognized membership organization of the audiology and speech-language pathology licensing boards.

E. The ex-officio members shall be selected by their respective organizations.

1. The Commission may remove any member of the Executive Committee as provided in bylaws.

2. The Executive Committee shall meet at least annually.

3. The Executive Committee shall have the following duties and responsibilities:
   a. Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any commission Compact fee charged to licensees for the compact 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;
g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigative records compiled for law enforcement purposes;

i. Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal or member state statute.

6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

7. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

8. Financing of the Commission:

a. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

b. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
c. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

9. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

10. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

F. Qualified Immunity, Defense, and Indemnification:

1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing
occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

SECTION 9. DATA SYSTEM
A. The Commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Adverse actions against a license or compact privilege;
4. Non-confidential information related to alternative program participation;
5. Any denial of application for licensure, and the reason(s) for denial; and
6. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

C. Investigative information pertaining to a licensee in any member state shall only be available to other member states.

D. The Commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state shall be available to any other member state.

E. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the 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;
3. A request for comments on the proposed rule from any interested person; and

4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to the adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least twenty-five (25) persons;

2. A state or federal governmental subdivision or agency; or

3. An association having at least twenty-five (25) members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings shall be recorded. A copy of the recording shall be made available on request.
4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

   I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

   J. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

   K. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

   L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

       1. Meet an imminent threat to public health, safety, or welfare;

       2. Prevent a loss of Commission or member state funds;

       3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.
M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

SECTION 11. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Dispute Resolution
1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and non-member states.
2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

B. Enforcement
1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.
2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to
enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

SECTION 12. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the 10th member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

B. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any member state may withdraw from this Compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing 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.
B. All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

C. All lawful actions of the Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

D. All agreements between the Commission and the member states are binding in accordance with their terms.

E. In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

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

(1) "Health benefit plan", as such term is defined in section 376.1350. The term "health benefit plan" shall also include a prepaid dental plan, as defined in section 354.700;

(2) "Health care services", medical, surgical, dental, podiatric, pharmaceutical, chiropractic, licensed ambulance service, and optometric services;

(3) "Health carrier" or "carrier", as such term is defined in section 376.1350. The term "health carrier" or "carrier" shall also include a prepaid dental plan corporation, as defined in section 354.700;

(4) "Insured", any person entitled to benefits under a contract of accident and sickness insurance, or medical-payment insurance issued as a supplement to liability insurance but not including any other coverages contained in a liability or a workers' compensation policy, issued by an insurer;

(5) "Insurer", any person, reciprocal exchange, interinsurer, fraternal benefit society, health services 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
services shall be made directly to the providers when the
health carrier has authorized such services to be received
from a provider outside the [carrier's] health benefit
plan's network.

376.1575. As used in sections 376.1575 to 376.1580,
the following terms shall mean:

(1) "Completed application", a practitioner's
application to a health carrier that seeks the health
carrier's authorization for the practitioner to provide
patient care services as a member of the health carrier's
network and does not omit any information which is clearly
required by the application form and the accompanying
instructions;

(2) "Credentialing", a health carrier's process of
assessing and validating the qualifications of a
practitioner to provide patient care services and act as a
member of the health carrier's provider network;

(3) "Health carrier", the same meaning as such term is
defined in section 376.1350. The term "health carrier"
shall also include any entity described in subdivision (4)
of section 354.700;

(4) "Practitioner":

(a) A physician or physician assistant eligible to
provide treatment services under chapter 334;

(b) A pharmacist eligible to provide services under
chapter 338;

(c) A dentist eligible to provide services under
chapter 332;

(d) A chiropractor eligible to provide services under
chapter 331;

(e) An optometrist eligible to provide services under
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;

(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;
(2) Be signed by the physician, the dentist, or the
agent of the physician or dentist and the individual patient
or such individual patient's legal representative;
(3) Allow either party to terminate the agreement on
written notice to the other party;
(4) Describe the specific health care services that
are included in the agreement;
(5) Specify the fee for the agreement;
(6) Specify the period of time under the agreement; and
(7) Prominently state in writing that the agreement is
not health insurance.

5. (1) For any patient who enters into a medical
retainer agreement under this section and who has
established a health savings account (HSA) in compliance
with 26 U.S.C. Section 223, or who has a flexible spending
arrangement (FSA) or health reimbursement arrangement (HRA),
fees under the patient's medical retainer agreement may be
paid from such health savings account or reimbursed through
such flexible spending arrangement or health reimbursement
arrangement, subject to any federal or state laws regarding
qualified expenditures from a health savings account, or
reimbursement through a flexible spending arrangement or a
health reimbursement arrangement.
(2) The employer of any patient described in
subdivision (1) of this subsection may:
(a) Make contributions to such patient's health
savings account, flexible spending arrangement, or health
reimbursement arrangement to cover all or any portion of the
agreed-upon fees under the patient's medical retainer
agreement, subject to any federal or state restrictions on
contributions made by an employer to a health savings
account, or reimbursement through a flexible spending
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,
knowing, or under circumstances where 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 or chapter 195. Any entity registered with the department of health and senior services that delivers or manufactures 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. The offense of unlawful manufacture of drug paraphernalia is a class A misdemeanor, unless done for commercial purposes, in which case it is a class E felony. 630.202. 1. As used in this section, the following terms mean:

(1) "Department", the department of mental health;

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

(3) "Facility", a facility operated, licensed, or certified by the department.

2. 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 client who has not been adjudged incapacitated under chapter 475, a resident's or client's guardian, or a resident's or client's legally authorized representative to designate an essential caregiver for in-person contact with the resident.
or client in accordance with the standards and guidelines
developed by the department under this section. Essential
caregivers shall be considered a part of the resident's or
client's care team, along with the resident's or client's
health care providers and facility staff.

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

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

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

   (2) The facility shall establish a reasonable in-
   person contact schedule to allow the essential caregiver to
   provide care to the resident or client for at least four
   hours each day, including evenings, weekends, and holidays,
   but shall allow for twenty-four-hour in-person care as
   necessary and appropriate for the well-being of the resident
   or client and consistent with the safety and security of the
   facility's staff and other residents or clients. The
   essential caregiver shall be permitted to leave and return
   during the scheduled hours or be replaced by another
   essential caregiver;

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

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

(5) The facility may restrict or revoke in-person contact by an essential caregiver who fails to follow required protocols and procedures established under this subsection.

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

(2) The department shall suspend in-person contact by essential caregivers under this section if it determines 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
generated 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:
(1) Assess the incidence and implications of continued hospitalization of foster children and clients of the department of mental health that occurs without medical justification because appropriate post-discharge placement options are unavailable;

(2) Assess the incidence and implications of continued hospitalization of foster children with mental illnesses, mental disorders, intellectual disabilities, and developmental disabilities that occurs without medical justification because they are awaiting screening for appropriateness of residential services; and

(3) Develop recommendations to ensure that patients described in this subsection receive treatment in the most cost-effective and efficacious settings, consistent with federal and state standards for treatment in the least restrictive environment.

2. The departments shall also solicit and consider data and recommendations from foster children, clients of the department of mental health, and other stakeholders who may provide or coordinate treatment for, or have responsibility for, such children or patients, including:

(1) Hospital social workers and discharge planners;
(2) Health insurers;
(3) Psychiatrists and psychologists;
(4) Hospitals, as defined in section 197.020;
(5) Skilled nursing facilities and intermediate care facilities licensed under chapter 198;
(6) Vendors, as defined in section 630.005;
(7) Vulnerable persons or persons under the care and custody of the children's division of the department of social services;
(8) Consumers;
(9) Public elementary and secondary schools;
Family support teams and case workers; and

The courts.

3. The departments shall issue interim reports before December 31, 2022, and before July 1, 2023, and a final report before December 1, 2023. Copies of each report shall be submitted concurrently to the general assembly.

4. The provisions of this section shall expire on January 1, 2024.

632.305. 1. An application for detention for evaluation and treatment may be executed by any adult person, who need not be an attorney or represented by an attorney, including the mental health coordinator, on a form provided by the court for such purpose, and must shall allege under oath, without a notarization requirement, that the applicant has reason to believe that the respondent is suffering from a mental disorder and presents a likelihood of serious harm to himself or herself or to others. The application must shall specify the factual information on which such belief is based and should contain the names and addresses of all persons known to the applicant who have knowledge of such facts through personal observation.

2. The filing of a written application in court by any adult person, who need not be an attorney or represented by an attorney, including the mental health coordinator, shall authorize the applicant to bring the matter before the court on an ex parte basis to determine whether the respondent should be taken into custody and transported to a mental health facility. The application may be filed in the court having probate jurisdiction in any county where the respondent may be found. If the court finds that there is probable cause, either upon testimony under oath or upon a review of affidavits, to believe that the respondent may be suffering from a mental disorder and presents a likelihood
of serious harm to himself or herself or others, it shall direct a peace officer to take the respondent into custody and transport him or her to a mental health facility for detention for evaluation and treatment for a period not to exceed ninety-six hours unless further detention and treatment is authorized pursuant to this chapter. Nothing herein shall be construed to prohibit the court, in the exercise of its discretion, from giving the respondent an opportunity to be heard.

3. A mental health coordinator may request a peace officer to take or a peace officer may take a person into custody for detention for evaluation and treatment for a period not to exceed ninety-six hours only when such mental health coordinator or peace officer has reasonable cause to believe that such person is suffering from a mental disorder and that the likelihood of serious harm by such person to himself or herself or others is imminent unless such person is immediately taken into custody. Upon arrival at the mental health facility, the peace officer or mental health coordinator who conveyed such person or caused him or her to be conveyed shall either present the application for detention for evaluation and treatment upon which the court has issued a finding of probable cause and the respondent was taken into custody or complete an application for initial detention for evaluation and treatment for a period not to exceed ninety-six hours which shall be based upon his or her own personal observations or investigations and shall contain the information required in subsection 1 of this section.

4. If a person presents himself or herself or is presented by others to a mental health facility and a licensed physician, a registered professional nurse or a mental health professional designated by the head of the
facility and approved by the department for such purpose has reasonable cause to believe that the person is mentally disordered and presents an imminent likelihood of serious harm to himself or herself or others unless he or she is accepted for detention, the licensed physician, the mental health professional or the registered professional nurse designated by the facility and approved by the department may complete an application for detention for evaluation and treatment for a period not to exceed ninety-six hours. The application shall be based on his or her own personal observations or investigation and shall contain the information required in subsection 1 of this section.

5. Any oath required by the provisions of this section shall be subject to the provisions of section 492.060.

[191.743. 1. Any physician or health care provider who provides services to pregnant women shall identify all such women who are high risk pregnancies by use of protocols developed by the department of health and senior services pursuant to section 191.741. The physician or health care provider shall upon identification inform such woman of the availability of services and the option of referral to the department of health and senior services.

2. Upon consent by the woman identified as having a high risk pregnancy, the physician or health care provider shall make a report, within seventy-two hours, to the department of health and senior services on forms approved by the department of health and senior services.

3. Any physician or health care provider complying with the provisions of this section, in good faith, shall have immunity from any civil liability that might otherwise result by reason of such actions.

4. Referral and associated documentation provided for in this section shall be confidential and shall not be used in any criminal prosecution.

5. The consent required by subsection 2 of this section shall be deemed a waiver of the physician-patient privilege solely for the purpose of making the report pursuant to subsection 2 of this section.]

[196.866. 1. Every person, firm, association or corporation, before engaging in the business of manufacturing or freezing ice cream, mellorine, frozen dessert products or any
other product defined in sections 196.851 to
196.895, shall first obtain a license from the
director of the department of health and senior
services of the state of Missouri. A license
shall be obtained for each plant or place of
business where ice cream, ice cream mix, ice
milk, sherbet, frozen malt, ice milk mix,
mellorine, edible fat frozen dessert or ices are
manufactured or frozen. Hotels, motels,
restaurants, boardinghouses, or other concerns
or agents which shall manufacture or freeze ice
cream, or related frozen food products defined
in sections 196.851 to 196.895 for the use of
their patrons, guests, or servants, shall be
required to take out the license herein provided
for; provided, that nothing in this section
shall apply to private homes, hospitals,
churches, or fraternal organizations
manufacturing such products for their own use or
to retailers dealing in ice cream or frozen
dessert products received in the final frozen
form from a licensed manufacturer.

2. Applications for such licenses, both
frozen dessert and mellorine, shall be
accompanied by a statutory fee as follows: For
each plant producing annually not in excess of
five thousand gallons, ten dollars; in excess of
five thousand gallons and not in excess of
fifteen thousand gallons, fifteen dollars; in
excess of fifteen thousand gallons and not in
excess of twenty-five thousand gallons, twenty-
five dollars; in excess of twenty-five thousand
gallons and not in excess of fifty thousand
gallons, fifty dollars; in excess of fifty
thousand gallons and not in excess of one
hundred thousand gallons, seventy-five dollars;
in excess of one hundred thousand gallons and
not in excess of two hundred thousand gallons,
one hundred dollars; in excess of two hundred
day thousand gallons and not in excess of four
hundred thousand gallons, one hundred twenty-
five dollars; over four hundred thousand
gallons, one hundred fifty dollars, and shall be
made to the director of the department of health
and senior services, upon such forms and shall
show such information as may be demanded by the
department of health and senior services, and
the said director of the department of health
and senior services, upon receipt of application
for such license, shall cause to be investigated
the equipment and the sanitary conditions of the
plant or place of business for which the license
is applied. If the condition of the plant or
place of business is found to be satisfactory, a
license shall be issued by the director of the
department of health and senior services to such
applicant.

3. Each license so issued shall expire one
year following the date of issuance. All
licenses for plants or places of business, when
the manufacture of ice cream, ice cream mix, ice
milk, sherbets, or ices is continued after the
expiration of such licenses, shall be renewed
annually.

4. The director of the department of
health and senior services may withhold and
refuse to issue a license for any plant or place
of business that has not been conducted or is
not prepared to be conducted in accordance with
the requirements of sections 196.851 to 196.895
or any rules issued hereunder. The director of
the department of health and senior services
shall have the power to revoke any license
issued under sections 196.851 to 196.895
whenever it is determined by him that any of the
provisions of sections 196.851 to 196.895 have
been violated. Any person, firm, association or
corporation, whose license has been so revoked,
shall discontinue operation of the business for
which the license was issued until such time as
the provisions of sections 196.851 to 196.895
have been complied with and a new license
granted by the director of the department of
health and senior services. Before revoking any
such license, the director of the department of
health and senior services shall give written
notice to the licensee affected, stating that he
contemplates revocation of the same and giving
his reasons therefor. Said notice shall appoint
a time and place for hearing and shall be mailed
by registered mail to the licensee at least ten
days before the date set for the hearing or
personal service rendered. The licensee may
present to the director of the department of
health and senior services such evidence as may
have a bearing on the case, and, after hearing
of the testimony, the director of the department
of health and senior services shall decide the
question in such manner as to him appears just
and right.

5. Any licensee who feels aggrieved at the
decision of the director of the department of
health and senior services may appeal from said
decision within sixty days by writ of certiorari
to the circuit court of the county in which such
person resides or in case of a firm, association
or corporation, the county in which is located
its principal place of business.

6. All fees collected under this section
shall be deposited in the state treasury,
subject to appropriation by the general
assembly.[196.868. Any person who operates a plant
manufacturing or freezing ice cream, mellorine,
frozen dessert products or any other product
defined in sections 196.851 to 196.895, located
outside of this state and sells, offers for sale
or distributes the products in this state shall
obtain a broker's license from the director and pay a broker's license fee, equivalent to the license fee provided in section 196.866, on all sales in this state, and shall be subject to the other provisions of sections 196.851 to 196.895.

Section B. Because immediate action is necessary to provide individualized care plans for students with epilepsy or seizure disorders who attend public schools, the enactment of section 167.625 of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the enactment of section 167.625 of this act shall be in full force and effect upon its passage and approval.

Holly Thompson Rehder
Phil Christofanelli