

CONFERENCE COMMITTEE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE NO. 2

FOR

SENATE BILL NO. 710

AN ACT

To repeal sections 167.630, 172.800, 191.116, 191.500, 191.515, 191.520, 191.525, 191.743, 192.005, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 196.866, 196.868, 197.100, 197.256, 197.258, 197.400, 197.415, 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 208.798, 208.909, 210.921, 251.070, 301.020, 302.171, 335.230, 335.257, 376.427, 376.1575, and 660.010, RSMo, and to enact in lieu thereof fifty-four new sections relating to health care, with penalty provisions and an emergency clause for a certain section.

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

Section A. Sections 167.630, 172.800, 191.116, 191.500,
 2 191.515, 191.520, 191.525, 191.743, 192.005, 192.2225, 194.210,
 3 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304,
 4 196.866, 196.868, 197.100, 197.256, 197.258, 197.400, 197.415,
 5 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526,
 6 198.545, 208.798, 208.909, 210.921, 251.070, 301.020, 302.171,
 7 335.230, 335.257, 376.427, 376.1575, and 660.010, RSMo, are
 8 repealed and fifty-four new sections enacted in lieu thereof,
 9 to be known as sections 9.236, 9.350, 167.625, 167.630, 172.800,
 10 191.116, 191.500, 191.515, 191.520, 191.525, 191.1400,
 11 191.2290, 192.005, 192.2225, 194.210, 194.255, 194.265,
 12 194.285, 194.290, 194.297, 194.299, 194.304, 194.321, 197.100,
 13 197.256, 197.258, 197.400, 197.415, 197.445, 198.006, 198.022,
 14 198.026, 198.036, 198.525, 198.526, 198.545, 198.640, 198.642,

15 198.644, 198.646, 198.648, 208.184, 208.798, 208.909, 210.921,
16 301.020, 302.171, 335.230, 335.257, 376.427, 376.1575, 630.202,
17 660.010, and 1, to read as follows:

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

2 9.350. October first each year is hereby designated as
3 "Biliary Atresia Awareness Day" in Missouri, in memory of
4 Annistyn Kate Rackley. The citizens of this state are
5 encouraged to participate in appropriate events and
6 activities to raise awareness about this rare congenital
7 liver disease that occurs when bile ducts do not develop
normally.

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

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

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

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

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

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

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

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

31 3. (1) The parent of a student who seeks epilepsy or
32 seizure disorder care while at school shall inform the
33 school nurse or the school administrator or the
34 administrator's designee in the absence of the school
35 nurse. The school nurse shall develop an individualized
36 health care plan and an individualized emergency health care
37 plan for the student. The parent of the student shall
38 annually provide to the school written authorization for the
39 provision of epilepsy or seizure disorder care as described
40 in the individualized plans.

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

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

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

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

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

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

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

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

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

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

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

77 4. (1) The school nurse assigned to a particular
78 school or the school administrator or the administrator's

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

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

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

109 6. No school employee including, but not limited to, a
110 school nurse, a school bus driver, a school bus aide, or any
111 other officer or agent of a school shall be held liable for

112 any good faith act or omission consistent with the
113 provisions of this section, nor shall an action before the
114 state board of nursing lie against a school nurse for any
115 such action taken by a school employee trained in good faith
116 by the school nurse under this section. "Good faith" shall
117 not be construed to include willful misconduct, gross
118 negligence, or recklessness.

167.630. 1. Each school board may authorize a school
2 nurse licensed under chapter 335 who is employed by the
3 school district and for whom the board is responsible for to
4 maintain an adequate supply of prefilled auto syringes of
5 epinephrine with fifteen-hundredths milligram or three-
6 tenths milligram delivery at the school. The nurse shall
7 recommend to the school board the number of prefilled
8 epinephrine auto syringes that the school should maintain.

9 2. To obtain prefilled epinephrine auto syringes for a
10 school district, a prescription written by a licensed
11 physician, a physician's assistant, or nurse practitioner is
12 required. For such prescriptions, the school district shall
13 be designated as the patient, the nurse's name shall be
14 required, and the prescription shall be filled at a licensed
15 pharmacy.

16 3. A school nurse [or], contracted agent trained by a
17 nurse, or other school employee trained by and supervised by
18 the nurse shall have the discretion to use an epinephrine
19 auto syringe on any student the school nurse [or], trained
20 employee, or trained contracted agent believes is having a
21 life-threatening anaphylactic reaction based on the training
22 in recognizing an acute episode of an anaphylactic
23 reaction. The provisions of section 167.624 concerning
24 immunity from civil liability for trained employees
25 administering lifesaving methods shall apply to trained
26 employees administering a prefilled auto syringe under this

27 section. Trained contracted agents shall have immunity from
28 civil liability for administering a prefilled auto syringe
29 under this section.

172.800. As used in sections 172.800 to 172.807,
2 unless the context clearly requires otherwise, the following
3 terms shall mean:

4 (1) "Alzheimer's disease and related disorders",
5 diseases resulting from significant destruction of brain
6 tissue and characterized by a decline of memory and other
7 intellectual functions. These diseases include but are not
8 limited to progressive, degenerative and dementing illnesses
9 such as presenile and senile dementias, Alzheimer's disease
10 and other related disorders;

11 (2) "Board of curators", the board of curators of the
12 University of Missouri;

13 (3) "Investigator", any person with research skills
14 who seeks state funding for a research project under
15 sections 172.800 to 172.807;

16 (4) "Research project", any original investigation for
17 the advancement of scientific knowledge in the area of
18 Alzheimer's disease and related disorders;

19 (5) ["Task force", the Alzheimer's disease and related
20 disorders task force established pursuant to sections
21 660.065 and 660.066;

22 (6)] "Advisory board", a board appointed by the board
23 of curators to advise on the administration of the program
24 established by sections 172.800 to 172.807.

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

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

- 7 (2) The directors of the departments of health and
8 senior services, social services, and mental health, or
9 their designees;
- 10 (3) One member of the house of representatives to be
11 appointed by the speaker of the house of representatives;
- 12 (4) One member of the senate to be appointed by the
13 president pro tempore of the senate;
- 14 (5) One member who has early-stage Alzheimer's disease
15 or a related dementia;
- 16 (6) One member who is a family caregiver of a person
17 with Alzheimer's disease or a related dementia;
- 18 (7) One member who is a licensed physician with
19 experience in the diagnosis, treatment, and research of
20 Alzheimer's disease;
- 21 (8) One member from the office of state ombudsman for
22 long-term care facility residents;
- 23 (9) One member representing residential long-term care;
- 24 (10) One member representing the home care profession;
- 25 (11) One member representing the adult day services
26 profession;
- 27 (12) One member representing the area agencies on
28 aging;
- 29 (13) One member with expertise in minority health;
- 30 (14) One member representing the law enforcement
31 community;
- 32 (15) One member from the department of higher
33 education and workforce development with knowledge of
34 workforce training;
- 35 (16) Two members representing voluntary health
36 organizations in Alzheimer's disease care, support, and
37 research;
- 38 (17) One member representing licensed skilled nursing
39 facilities; and

40 (18) One member representing Missouri veterans' homes.

41 2. The members of the task force, other than the
42 lieutenant governor, members from the general assembly, and
43 department and division directors, shall be appointed by the
44 governor with the advice and consent of the senate. Members
45 shall serve on the task force without compensation.

46 3. The task force shall assess all state programs that
47 address Alzheimer's disease and update and maintain an
48 integrated state plan to overcome the challenges caused by
49 Alzheimer's disease. The state plan shall include
50 implementation steps and recommendations for priority
51 actions based on this assessment. The task force's actions
52 shall include, but shall not be limited to, the following:

53 (1) Assess the current and future impact of
54 Alzheimer's disease on residents of the state of Missouri;

55 (2) Examine the existing services and resources
56 addressing the needs of persons with Alzheimer's disease and
57 their families and caregivers;

58 (3) Develop recommendations to respond to the
59 escalating public health crisis regarding Alzheimer's
60 disease;

61 (4) Ensure the inclusion of ethnic and racial
62 populations that have a higher risk for Alzheimer's disease
63 or are least likely to receive care in clinical, research,
64 and service efforts, with the purpose of decreasing health
65 disparities in Alzheimer's disease treatment;

66 (5) Identify opportunities for the state of Missouri
67 to coordinate with federal government entities to integrate
68 and inform the fight against Alzheimer's disease;

69 (6) Provide information and coordination of
70 Alzheimer's disease research and services across all state
71 agencies;

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

77 (8) Develop strategies to increase the diagnostic rate
78 of Alzheimer's disease in Missouri.

79 4. The task force shall deliver a report of
80 recommendations to the governor and members of the general
81 assembly no later than ~~June 1, 2022~~ January 1, 2023.

82 5. The task force shall continue to meet at the
83 request of the chair and at a minimum of one time annually
84 for the purpose of evaluating the implementation and impact
85 of the task force recommendations and shall provide annual
86 supplemental report updates on the findings to the governor
87 and the general assembly.

88 6. The provisions of this section shall expire on
89 December 31, ~~2026~~ 2027.

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

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

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

14 (3) "Eligible student", a full-time student accepted
15 and enrolled in a formal course of instruction leading to a

16 degree of doctor of medicine or doctor of osteopathy,
17 including psychiatry, at a participating school, or a doctor
18 of dental surgery, doctor of dental medicine, or a bachelor
19 of science degree in dental hygiene;

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

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

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

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

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

191.515. An eligible student may apply to the
2 department for a loan under sections 191.500 to 191.550 only

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

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

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

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

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

5 (1) "Compassionate care visitor", a patient's or
6 resident's friend, family member, or other person requested

7 by the patient or resident for the purpose of a
8 compassionate care visit;

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

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

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

18 (c) For emotional support;

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

21 (e) For social support;

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

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

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

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

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

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

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

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

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

56 6. A health care facility may limit:

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

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

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

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

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

69 (c) Due to a court order;

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

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

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

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

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

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

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

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

104 materials accessible upon admission or registration and on
105 the primary website of the health care facility.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

69 6. (1) A facility may request from the department a
70 suspension of in-person contact by essential caregivers for
71 a period not to exceed seven days. The department may deny
72 the facility's request to suspend in-person contact with

73 essential caregivers if the department determines that such
74 in-person contact does not pose a serious community health
75 risk. A facility may request from the department an
76 extension of a suspension for more than seven days;
77 provided, that the department shall not approve an extension
78 period for longer than seven days at a time. A facility
79 shall not suspend in-person caregiver contact for more than
80 fourteen consecutive days in a twelve-month period or for
81 more than forty-five total days in a twelve-month period.

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

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

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

97 8. The provisions of this section shall not apply to
98 those residents or patients whose particular plan of
99 therapeutic care and treatment necessitates restricted or
100 otherwise limited visitation for reasons unrelated to the
101 stated reasons for the declared state emergency.

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

105 (1) Exposure to a contagious disease or other harmful
106 agent that is specified during the state of emergency
107 declared pursuant to chapter 44; or
108 (2) Acts or omissions by essential caregivers who are
109 present in the facility;
110 as a result of the implementation of the essential caregiver
111 program under this section. The immunity described in this
112 subsection shall not apply to any act or omission by a
113 facility, its employees, or its contractors that constitutes
114 recklessness or willful misconduct.

192.005. 1. There is hereby created and established
2 as a department of state government the "Department of
3 Health and Senior Services". The department of health and
4 senior services shall supervise and manage all public health
5 functions and programs. The department shall be governed by
6 the provisions of the Omnibus State Reorganization Act of
7 1974, Appendix B, RSMo, unless otherwise provided in
8 sections 192.005 to 192.014. The division of health of the
9 department of social services, chapter 191, this chapter,
10 and others, including, but not limited to, such agencies and
11 functions as the state health planning and development
12 agency, the crippled children's service, chapter 201, the
13 bureau and the program for the prevention of developmental
14 disability, the hospital subsidy program, chapter 189, the
15 state board of health and senior services, section 191.400,
16 the student loan program, sections 191.500 to 191.550, the
17 family practice residency program, the licensure and
18 certification of hospitals, chapter 197, the Missouri chest
19 hospital, sections 199.010 to 199.070, are hereby
20 transferred to the department of health and senior services
21 by a type I transfer, and the state cancer center and cancer
22 commission, chapter 200, is hereby transferred to the
23 department of health and senior services by a type III

24 transfer as such transfers are defined in section 1 of the
25 Omnibus State Reorganization Act of 1974, Appendix B, RSMo
26 Supp. 1984. The provisions of section 1 of the Omnibus
27 State Reorganization Act of 1974, Appendix B, RSMo Supp.
28 1984, relating to the manner and procedures for transfers of
29 state agencies shall apply to the transfers provided in this
30 section. The division of health of the department of social
31 services is abolished.

32 2. The state's responsibility under public law 73,
33 Older Americans Act of 1965, of the eighty-ninth Congress is
34 transferred by type I transfer to the department of health
35 and senior services. The department shall be responsible
36 for the implementation of the Older Americans Act in
37 Missouri. The department shall develop a state plan
38 describing a program for carrying out the Older Americans
39 Act and shall be the sole agency responsible for
40 coordinating all state programs related to the
41 implementation of such plan.

192.2225. 1. The department shall have the right to
2 enter the premises of an applicant for or holder of a
3 license at any time during the hours of operation of a
4 center to determine compliance with provisions of sections
5 192.2200 to 192.2260 and applicable rules promulgated
6 pursuant thereto. Entry shall also be granted for
7 investigative purposes involving complaints regarding the
8 operations of an adult day care program. The department
9 shall make at least [two inspections] one inspection per
10 year, [at least one of] which shall be unannounced to the
11 operator or provider. The department may make such other
12 inspections, announced or unannounced, as it deems necessary
13 to carry out the provisions of sections 192.2200 to 192.2260.

14 2. [The department may reduce the frequency of
15 inspections to once a year if an adult day care program is

16 found to be in substantial compliance. The basis for such
17 determination shall include, but not be limited to, the
18 following:

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

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

30 **[4.] 3.** Failure to comply with any lawful request of
31 the department in connection with the investigation and
32 inspection is a ground for refusal to issue a license or for
33 the revocation of a license.

34 **[5.] 4.** The department may designate to act for it,
35 with full authority of law, any instrumentality of any
36 political subdivision of the state of Missouri deemed by the
37 department to be competent to investigate and inspect
38 applicants for or holders of licenses.

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

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

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

7 (2) "Agent", an individual:

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

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

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

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

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

25 [(6)] (5) "Disinterested witness", a witness other
26 than the spouse, child, parent, sibling, grandchild,
27 grandparent, or guardian of the individual who makes,
28 amends, revokes, or refuses to make an anatomical gift. The
29 term does not include a person to which an anatomical gift
30 could pass under section 194.255;

31 [(7)] (6) "Document of gift", a donor card or other
32 record used to make an anatomical gift. The term includes a
33 statement or symbol on a driver's license, identification
34 card, or donor registry;

35 [(8)] (7) "Donor", an individual whose body or part is
36 the subject of an anatomical gift provided that donor does
37 not include an unborn child as defined in section 1.205 or
38 section 188.015 if the child has not died of natural causes;

39 [(9)] (8) "Donor registry", a database that contains
40 records of anatomical gifts and amendments to or revocations
41 of anatomical gifts;

42 [(10)] (9) "Driver's license", a license or permit
43 issued by the department of revenue to operate a vehicle
44 whether or not conditions are attached to the license or
45 permit;

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

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

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

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

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

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

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

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

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

71 [(20)] (19) "Person", an individual, corporation,
72 business trust, estate, trust, partnership, limited
73 liability company, association, joint venture, public

74 corporation, government or governmental subdivision, agency,
75 or instrumentality, or any other legal or commercial entity;
76 [(21)] (20) "Physician", an individual authorized to
77 practice medicine or osteopathy under the laws of any state;
78 (21) "Potential donor", an individual whose body or
79 part is the subject of an anatomical gift, provided that
80 donor does not include an unborn child, as defined in
81 section 188.015, if the child has not died of natural causes;
82 (22) "Procurement organization", an eye bank, organ
83 procurement organization, [or] tissue bank, or an entity
84 lawfully established and operated for the procurement and
85 distribution of anatomical gifts to be used as donated
86 organs, donated tissues, or for appropriate scientific or
87 medical research;
88 (23) "Prospective donor", an individual who is dead or
89 near death and has been determined by a procurement
90 organization to have a part that could be medically suitable
91 for transplantation, therapy, research, or education. The
92 term does not include an individual who has made a refusal;
93 (24) "Reasonably available", able to be contacted by a
94 procurement organization with reasonable effort and willing
95 and able to act in a timely manner consistent with existing
96 medical criteria necessary for the making of an anatomical
97 gift;
98 (25) "Recipient", an individual into whose body a
99 decedent's part has been or is intended to be transplanted;
100 (26) "Record", information that is inscribed on a
101 tangible medium or that is stored in an electronic or other
102 medium and is retrievable in perceivable form;
103 (27) "Refusal", a record created under section 194.235
104 that expressly states an intent to bar other persons from
105 making an anatomical gift of an individual's body or part;

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

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

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

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

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

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

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

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

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

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

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

11 (3) An eye bank or tissue bank.

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

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

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

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

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

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

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

41 be used for transplantation or therapy, the gift may be used
42 for research or education.

43 5. If an anatomical gift of one or more specific parts
44 is made in a document of gift that does not name a person
45 described in subsection 1 of this section and does not
46 identify the purpose of the gift, the gift may be used only
47 for transplantation or therapy, and the gift passes in
48 accordance with subsection 7 of this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

43 7. Upon referral by a hospital under subsection 1 of
44 this section, a procurement organization shall make a

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

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

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

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

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

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

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

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

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

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

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

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

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

 194.297. 1. There is established in the state
2 treasury the "Organ Donor Program Fund" [, which shall
3 consist of all moneys deposited by the director of revenue
4 pursuant to subsection 2 of section 302.171 and any other
5 moneys donated or appropriated to the fund]. The state
6 treasurer shall credit to and deposit in the organ donor
7 program fund all amounts received under sections 301.020,

8 301.3125, and subsection 2 of section 302.171, and any other
9 amounts which may be received from grants, gifts, bequests,
10 the federal government, or other sources granted or given.
11 Funds shall be used for implementing efforts that support or
12 provide organ, eye, and tissue donation education awareness,
13 recognition, training, and registry efforts unless
14 designated for a specific purpose as outlined in subsection
15 4 of this section. Funds may be used to support expenses
16 incurred by organ donation advisory committee members
17 pursuant to section 194.300.

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

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

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

39 5. The acceptance and use of federal funds shall not
40 commit any state funds, nor place any obligation upon the

41 general assembly to continue the programs or activities
42 outlined in the federal fund award for which the federal
43 funds are available.

44 6. The state treasurer shall administer the fund, and
45 the moneys in the fund shall be used solely, upon
46 appropriation, by the department [of health and senior
47 services, in consultation]. The department may consult with
48 the organ donation advisory committee[, for implementation
49 of organ donation awareness programs in the manner
50 prescribed in subsection 2 of section 194.300] about the
51 implementation of programming and related expenditures.

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

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

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

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

12 (3) Publication of informational pamphlets or booklets
13 by the department of health and senior services and the
14 advisory committee regarding organ donations and donations
15 to the organ donor program fund when obtaining or renewing a

16 license to operate a motor vehicle pursuant to subsection 2
17 of section 302.171;

18 ~~[(3)]~~ (4) Maintenance of a central registry of
19 potential organ, eye, and tissue donors pursuant to
20 subsection 1 of section 194.304; ~~[and~~

21 ~~(4)]~~ (5) Implementation of organ donation awareness
22 programs in the secondary schools of this state by the
23 department of elementary and secondary education; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

197.100. 1. Any provision of chapter 198 and chapter
2 338 to the contrary notwithstanding, the department of
3 health and senior services shall have sole authority, and
4 responsibility for inspection and licensure of hospitals in
5 this state including, but not limited to, all parts,
6 services, functions, support functions and activities which
7 contribute directly or indirectly to patient care of any
8 kind whatsoever. The department of health and senior
9 services shall [annually] inspect each licensed hospital in
10 accordance with Title XVIII of the Social Security Act and
11 shall make any other inspections and investigations as it
12 deems necessary for good cause shown. The department of
13 health and senior services shall accept reports of hospital
14 inspections from or on behalf of governmental agencies, the
15 joint commission, and the American Osteopathic Association
16 Healthcare Facilities Accreditation Program, provided the
17 accreditation inspection was conducted within one year of
18 the date of license renewal. Prior to granting acceptance
19 of any other accrediting organization reports in lieu of the
20 required licensure survey, the accrediting organization's
21 survey process must be deemed appropriate and found to be
22 comparable to the department's licensure survey. It shall
23 be the accrediting organization's responsibility to provide
24 the department any and all information necessary to
25 determine if the accrediting organization's survey process
26 is comparable and fully meets the intent of the licensure
27 regulations. The department of health and senior services
28 shall attempt to schedule inspections and evaluations
29 required by this section so as not to cause a hospital to be
30 subject to more than one inspection in any twelve-month
31 period from the department of health and senior services or
32 any agency or accreditation organization the reports of

33 which are accepted for licensure purposes pursuant to this
34 section, except for good cause shown.

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

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

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

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

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

197.258. 1. In addition to any survey pursuant to 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 [not less than once annually] 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

33 required by the department for survey and shall be
34 certificated as a hospice.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 (2) The home health agency is in compliance with the
11 requirements established pursuant to the provisions of
12 sections 197.400 to 197.475 as evidenced by [a survey] an
13 inspection by the department which shall occur[at least
14 every thirty-six months for agencies that have been in
15 operation thirty-six consecutive months from initial
16 inspection. The frequency of inspections for agencies in
17 operation at least thirty-six consecutive months from the
18 initial inspection shall be determined by such factors as
19 number of complaints received and changes in management,
20 supervision or ownership. The frequency of each survey
21 inspection for any agency in operation less than thirty-six
22 consecutive months from the initial inspection shall occur
23 and be conducted at least every twelve months] in accordance
24 with Title XVIII of the Social Security Act;

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

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

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

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

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

197.445. 1. The department may adopt reasonable rules
2 and standards necessary to carry out the provisions of
3 sections 197.400 to 197.477. The rules and standards
4 adopted shall not be less than the standards established by
5 the federal government for home health agencies under Title
6 XVIII of the Federal Social Security Act. The reasonable
7 rules and standards shall be initially promulgated within
8 one year of September 28, 1983.

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

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

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

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

8 (a) Eating;

9 (b) Dressing;

10 (c) Bathing;

11 (d) Toileting;

12 (e) Transferring; and

13 (f) Walking;

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

16 (4) "Affiliate":

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

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

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

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

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

39 assessment of cognitive ability, service planning, and
40 interview skills;

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

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

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

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

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

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

69 (8) "Dementia", a general term for the loss of
70 thinking, remembering, and reasoning so severe that it
71 interferes with an individual's daily functioning, and may

72 cause symptoms that include changes in personality, mood,
73 and behavior;

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

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

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

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

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

88 (a) Preparing meals;

89 (b) Shopping for personal items;

90 (c) Medication management;

91 (d) Managing money;

92 (e) Using the telephone;

93 (f) Housework; and

94 (g) Transportation ability;

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

104 of consanguinity or affinity to the owner, operator or
105 manager of the facility;

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

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

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

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

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

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

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

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

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

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

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

147 (21) "Resident", a person who by reason of aging,
148 illness, disease, or physical or mental infirmity receives
149 or requires care and services furnished by a facility and
150 who resides or boards in or is otherwise kept, cared for,
151 treated or accommodated in such facility for a period
152 exceeding twenty-four consecutive hours;

153 (22) "Residential care facility", any premises, other
154 than an assisted living facility, intermediate care
155 facility, or skilled nursing facility, which is utilized by
156 its owner, operator or manager to provide twenty-four-hour
157 care to three or more residents, who are not related within
158 the fourth degree of consanguinity or affinity to the owner,
159 operator, or manager of the facility and who need or are
160 provided with shelter, board, and with protective oversight,
161 which may include storage and distribution or administration
162 of medications and care during short-term illness or
163 recuperation, except that, for purposes of receiving
164 supplemental welfare assistance payments under section
165 208.030, only any residential care facility licensed as a
166 residential care facility II immediately prior to August 28,
167 2006, and that continues to meet such licensure requirements
168 for a residential care facility II licensed immediately
169 prior to August 28, 2006, shall continue to receive after

170 August 28, 2006, the payment amount allocated immediately
171 prior to August 28, 2006, for a residential care facility II
172 under section 208.030;

173 (23) "Skilled nursing facility", any premises, other
174 than a residential care facility, an assisted living
175 facility, or an intermediate care facility, which is
176 utilized by its owner, operator or manager to provide for
177 twenty-four-hour accommodation, board and skilled nursing
178 care and treatment services to at least three residents who
179 are not related within the fourth degree of consanguinity or
180 affinity to the owner, operator or manager of the facility.
181 Skilled nursing care and treatment services are those
182 services commonly performed by or under the supervision of a
183 registered professional nurse for individuals requiring
184 twenty-four-hours-a-day care by licensed nursing personnel
185 including acts of observation, care and counsel of the aged,
186 ill, injured or infirm, the administration of medications
187 and treatments as prescribed by a licensed physician or
188 dentist, and other nursing functions requiring substantial
189 specialized judgment and skill;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

38 3. The department may inspect any facility and any
39 records and may make copies of records, at the facility, at
40 the department's own expense, required to be maintained by
41 sections 198.003 to 198.096 or by the rules and regulations
42 promulgated thereunder at any time if a license has been
43 issued to or an application for a license has been filed by
44 the operator of such facility. Copies of any records
45 requested by the department shall be prepared by the staff
46 of such facility within two business days or as determined
47 by the department. The department shall not remove or
48 disassemble any medical record during any inspection of the
49 facility, but may observe the photocopying or may make its
50 own copies if the facility does not have the technology to
51 make the copies. In accordance with the provisions of
52 section 198.525, the department shall make at least [two
53 inspections] one inspection per year, [at least one of]
54 which shall be unannounced to the operator. The department
55 may make such other inspections, announced or unannounced,
56 as it deems necessary to carry out the provisions of
57 sections 198.003 to 198.136.

58 4. Whenever the department has reasonable grounds to
59 believe that a facility required to be licensed under
60 sections 198.003 to 198.096 is operating without a license,
61 and the department is not permitted access to inspect the

62 facility, or when a licensed operator refuses to permit
63 access to the department to inspect the facility, the
64 department shall apply to the circuit court of the county in
65 which the premises is located for an order authorizing entry
66 for such inspection, and the court shall issue the order if
67 it finds reasonable grounds for inspection or if it finds
68 that a licensed operator has refused to permit the
69 department access to inspect the facility.

70 5. Whenever the department is inspecting a facility in
71 response to an application from an operator located outside
72 of Missouri not previously licensed by the department, the
73 department may request from the applicant the past five
74 years compliance history of all facilities owned by the
75 applicant located outside of this state.

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

19 2. The operator or administrator shall have five
20 working days following receipt of a written report and
21 correction order regarding a violation of a class I standard
22 and ten working days following receipt of the report and
23 correction order regarding violations of class II or class
24 III standards to request any conference and to submit a plan
25 of correction for the department's approval which contains
26 specific dates for achieving compliance. Within five
27 working days after receiving a plan of correction regarding
28 a violation of a class I standard and within ten working
29 days after receiving a plan of correction regarding a
30 violation of a class II or III standard, the department
31 shall give its written approval or rejection of the plan.
32 If there was a violation of any class I standard, immediate
33 corrective action shall be taken by the operator or
34 administrator and a written plan of correction shall be
35 submitted to the department. The department shall give its
36 written approval or rejection of the plan and if the plan is
37 acceptable, a reinspection shall be conducted within twenty
38 calendar days of the exit interview to determine if
39 deficiencies have been corrected. If there was a violation
40 of any class II standard and the plan of correction is
41 acceptable, an unannounced reinspection shall be conducted
42 between forty and ninety calendar days from the date of the
43 exit conference to determine the status of all previously
44 cited deficiencies. If there was a violation of class III
45 standards sufficient to establish that the facility was not
46 in substantial compliance, an unannounced reinspection shall
47 be conducted within one hundred twenty days of the exit
48 interview to determine the status of previously identified
49 deficiencies.

50 3. If, following the reinspection, the facility is
51 found not in substantial compliance with sections 198.003 to

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

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

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

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

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

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

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

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

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

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

35 XVIII (Medicare) or Title XIX (Medicaid) program of any
36 state or territory; or

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

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

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

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

8 2. The department shall not assign an individual to
9 inspect or survey a long-term care facility licensed under
10 this chapter, for any purpose, in which the inspector or

11 surveyor was an employee of such facility within the
12 preceding two years.

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

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

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

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

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

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

36 6. Any person may notify the department if facts exist
37 that would lead a reasonable person to conclude that any
38 inspector or surveyor has any personal or business
39 affiliation that would result in a conflict of interest in
40 conducting an inspection or survey for a facility. Upon
41 receiving that notice, the department, when assigning an
42 inspector or surveyor to inspect or survey a facility, for
43 any purpose, shall take steps to verify the information and,

44 if the department has probable cause to believe that it is
45 correct, shall not assign the inspector or surveyor to the
46 facility or any facility within its organization so as to
47 avoid an appearance of prejudice or favor to the facility or
48 bias on the part of the inspector or surveyor.

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

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

10 2. The department shall annually reevaluate the
11 inspection process to ensure the requirements of subsection
12 1 of this section are met.

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

- 17 (1) Previous inspection reports;
- 18 (2) The facility's history of compliance with rules
19 promulgated pursuant to this chapter;
- 20 (3) The number and severity of complaints received
21 about the facility; and
- 22 (4) In the year subsequent to a finding of no class I
23 violations or class II violations, the facility does not
24 have a change in ownership, operator, or, if the department
25 finds it significant, a change in director of nursing.

26 4.] Information regarding unannounced inspections
27 shall be disclosed to employees of the department on a need-
28 to-know basis only. Any employee of the department who

29 knowingly discloses the time of an unannounced inspection in
30 violation of this section is guilty of a class A misdemeanor
31 and shall have his or her employment immediately terminated.

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

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

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

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

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

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

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

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

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

27 3. The department of health and senior services shall
28 contract with an independent third party to conduct informal
29 dispute resolution (IDR) for facilities licensed under this
30 chapter. The IDR process, including conferences, shall

31 constitute an informal administrative process and shall not
32 be construed to be a formal evidentiary hearing. Use of IDR
33 under this section shall not waive the facility's right to
34 pursue further or additional legal actions.

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

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

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

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

- 64 (a) A desk review of written information submitted by
65 the facility; or
66 (b) A telephonic conference; or
67 (c) A face-to-face conference held at the headquarters
68 of the QIO or at the facility at the request of the
69 facility.

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

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

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

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

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

93 9. The department shall not post on its website or
94 enter into the Centers for Medicare & Medicaid Services
95 Online Survey, Certification and Reporting System, or report
96 to any other agency, any information about the deficiencies

97 which are in dispute unless the dispute determination is
98 made and the facility has responded with a revised plan of
99 correction, if needed.

100 10. Any rule or portion of a rule, as that term is
101 defined in section 536.010, that is created under the
102 authority delegated in this section shall become effective
103 only if it complies with and is subject to all of the
104 provisions of chapter 536 and, if applicable, section
105 536.028. This section and chapter 536 are nonseverable and
106 if any of the powers vested with the general assembly
107 pursuant to chapter 536 to review, to delay the effective
108 date, or to disapprove and annul a rule are subsequently
109 held unconstitutional, then the grant of rulemaking
110 authority and any rule proposed or adopted after August 28,
111 2009, shall be invalid and void.

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

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

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

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

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

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

22 (6) "Supplemental health care services agency" or
23 "agency", a person, firm, corporation, partnership, or
24 association engaged for hire in the business of providing or
25 procuring temporary employment in health care facilities for
26 health care personnel, including a temporary nursing
27 staffing agency as defined in section 383.130, or that
28 operates a digital website or digital smartphone application
29 that facilitates the provision of the engagement of health
30 care personnel and accepts requests for health care
31 personnel through its digital website or digital smartphone
32 application. The term "supplemental health care services
33 agency" or "agency" shall not include an individual who
34 engages, only on his or her own behalf, to provide the
35 individual's services on a temporary basis to health care
36 facilities or a home health agency licensed under section
37 197.415 and shall not include a person, firm, corporation,
38 partnership, or association engaged in the provision of
39 contracted specialty services by a practitioner as defined
40 under subdivision (4) of section 376.1575, to a hospital as
41 defined under section 197.020, or to other individuals or
42 entities providing health care that are not health care
43 facilities.

198.642. 1. A person who operates a supplemental
2 health care services agency shall register annually with the
3 department. Each separate business location of the agency
4 shall have a separate registration with the department.
5 Fees collected under this section shall be deposited in the

6 state treasury and credited to the state general revenue
7 fund.

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

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

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

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

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

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

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

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

37 3. A registration issued by the department according
38 to this section shall be effective for a period of one year

39 from the date of its issuance, unless the registration has
40 been revoked or suspended under the provisions of this
41 section or unless the agency is sold or ownership or
42 management is transferred. If an agency is sold or
43 ownership or management is transferred, the registration of
44 the agency shall be void, and the new owner or operator may
45 apply for a new registration.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

82 3. The registration of a supplemental health care
83 services agency that knowingly supplies to a health care
84 facility a person with an illegally or fraudulently obtained
85 or issued diploma, registration, license, certificate, or

86 background study shall be revoked by the department upon
87 fifteen days' advance written notice.

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

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

100 5. (1) The controlling person of a supplemental
101 health care services agency whose registration has not been
102 renewed or has been revoked because of noncompliance with
103 the provisions of sections 198.640 to 198.648 shall not be
104 eligible to apply for or receive a registration for five
105 years following the effective date of the nonrenewal or
106 revocation.

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

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

6 the department's findings to the complaining party and the
7 agency or health care personnel involved.

1 198.648. The department shall promulgate rules to
2 implement the provisions of sections 198.640 to 198.648.
3 Any rule or portion of a rule, as that term is defined in
4 section 536.010, that is created under the authority
5 delegated in this section shall become effective only if it
6 complies with and is subject to all of the provisions of
7 chapter 536 and, if applicable, section 536.028. This
8 section and chapter 536 are nonseverable, and if any of the
9 powers vested with the general assembly pursuant to chapter
10 536 to review, to delay the effective date, or to disapprove
11 and annul a rule are subsequently held unconstitutional,
12 then the grant of rulemaking authority and any rule proposed
13 or adopted after August 28, 2022, shall be invalid and void.

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

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

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

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

15 2. After each annual review of the issues described
16 under subsection 1 of this section, staff members of the MO
17 HealthNet division, under the guidance of the advisory
18 council on rare diseases and personalized medicine, may

19 develop their own report on the issues described under
20 subsection 1 of this section to be made available to the
21 public or may solicit expert testimony or input on such
22 issues, which may be compiled and posted on the website of
23 the MO HealthNet division.

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

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

3 (1) Supervising their personal care attendant;

4 (2) Verifying wages to be paid to the personal care
5 attendant;

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

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

13 (5) Reporting any problems resulting from the quality
14 of services rendered by the personal care attendant to the
15 vendor. If the consumer is unable to resolve any problems
16 resulting from the quality of service rendered by the
17 personal care attendant with the vendor, the consumer shall
18 report the situation to the department;

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

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

26 (8) Reporting to the department significant changes in
27 their health and ability to self-direct care.

28 2. Participating vendors shall be responsible for:

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

31 (2) The Medicaid reimbursement process, including the
32 filing of claims and reporting data to the department as
33 required by rule;

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

36 (4) Ensuring all payroll, employment, and other taxes
37 are paid timely;

38 (5) Monitoring the performance of the personal care
39 assistance services plan. Such monitoring shall occur
40 during the annual face-to-face home visit under section
41 208.918. The vendor shall document whether services are
42 being provided to the consumer as set forth in the plan of
43 care. If the attendant was not providing services as set
44 forth in the plan of care, the vendor shall notify the
45 department and the department may suspend services to the
46 consumer; and

47 [(5)] (6) Reporting to the department significant
48 changes in the consumer's health or ability to self-direct
49 care.

50 3. No state or federal financial assistance shall be
51 authorized or expended to pay for services provided to a
52 consumer under sections 208.900 to 208.927, if the primary
53 benefit of the services is to the household unit, or is a
54 household task that the members of the consumer's household
55 may reasonably be expected to share or do for one another
56 when they live in the same household, unless such service is
57 above and beyond typical activities household members may

58 reasonably provide for another household member without a
59 disability.

60 4. No state or federal financial assistance shall be
61 authorized or expended to pay for personal care assistance
62 services provided by a personal care attendant who has not
63 undergone the background screening process under section
64 192.2495. If the personal care attendant has a
65 disqualifying finding under section 192.2495, no state or
66 federal assistance shall be made, unless a good cause waiver
67 is first obtained from the department in accordance with
68 section 192.2495.

69 5. (1) All vendors shall, by July 1, 2015, have,
70 maintain, and use a telephone tracking system for the
71 purpose of reporting and verifying the delivery of consumer-
72 directed services as authorized by the department of health
73 and senior services or its designee. The telephone tracking
74 system shall be used to process payroll for employees and
75 for submitting claims for reimbursement to the MO HealthNet
76 division. At a minimum, the telephone tracking system shall:

- 77 (a) Record the exact date services are delivered;
- 78 (b) Record the exact time the services begin and exact
79 time the services end;
- 80 (c) Verify the telephone number from which the
81 services are registered;
- 82 (d) Verify that the number from which the call is
83 placed is a telephone number unique to the client;
- 84 (e) Require a personal identification number unique to
85 each personal care attendant;
- 86 (f) Be capable of producing reports of services
87 delivered, tasks performed, client identity, beginning and
88 ending times of service and date of service in summary
89 fashion that constitute adequate documentation of service;
90 and

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

94 (2) As new technology becomes available, the
95 department may allow use of a more advanced tracking system,
96 provided that such system is at least as capable of meeting
97 the requirements of this subsection.

98 (3) The department of health and senior services shall
99 promulgate by rule the minimum necessary criteria of the
100 telephone tracking system. Any rule or portion of a rule,
101 as that term is defined in section 536.010, that is created
102 under the authority delegated in this section shall become
103 effective only if it complies with and is subject to all of
104 the provisions of chapter 536 and, if applicable, section
105 536.028. This section and chapter 536 are nonseverable and
106 if any of the powers vested with the general assembly
107 pursuant to chapter 536 to review, to delay the effective
108 date, or to disapprove and annul a rule are subsequently
109 held unconstitutional, then the grant of rulemaking
110 authority and any rule proposed or adopted after August 28,
111 2010, shall be invalid and void.

112 6. (1) The vendor shall be liable to the consumer for
113 any garnishment action occurring or that has occurred as a
114 result of the vendor's failure to timely pay payroll,
115 employment, or other taxes on behalf of the consumer under
116 subsection 2 of this section. The vendor shall notify the
117 consumer of any communication or correspondence from any
118 federal, state, or local tax authority of any overdue or
119 unpaid tax obligation, as well as any notice of an impending
120 garnishment.

121 (2) The vendor may be subject to a one-thousand-dollar
122 penalty per occurrence of the vendor's failure to timely pay

123 payroll, employment, or other taxes on behalf of the
124 consumer under subsection 2 of this section.

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

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

20 (2) Indicating whether the individual has been listed
21 or named in any of the background checks listed in
22 subsection 2 of section 210.903. If such individual has
23 been so listed, the department of health and senior services
24 shall only disclose the name of the background check in
25 which the individual has been identified. With the
26 exception of any agency licensed or contracted by the state
27 to provide child care, elder care, mental health services,
28 or personal care which shall receive specific information
29 immediately if requested, any specific information related
30 to such background check shall only be disclosed after the
31 department has received a signed request from the person

32 [calling] or entity requesting the information, with the
33 person's or entity's name, address and reason for requesting
34 the information.

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

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

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

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

301.020. 1. Every owner of a motor vehicle or
2 trailer, which shall be operated or driven upon the highways

3 of this state, except as herein otherwise expressly
4 provided, shall annually file, by mail or otherwise, in the
5 office of the director of revenue, an application for
6 registration on a blank to be furnished by the director of
7 revenue for that purpose containing:

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

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

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

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

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

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

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

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

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

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

68 essential parts which are not defined as major component
69 parts shall accompany the application for a new certificate
70 of ownership. If the vehicle is a specially constructed
71 motor vehicle, as defined in section 301.010, two pictures
72 of the vehicle shall be submitted with the application. If
73 the vehicle is a kit vehicle, the applicant shall submit the
74 invoice and the manufacturer's statement of origin on the
75 kit. If the vehicle requires the issuance of a special
76 number by the director of revenue or a replacement vehicle
77 identification number, the applicant shall submit the
78 required application and application fee. All applications
79 required under this subsection shall be submitted with any
80 applicable taxes which may be due on the purchase of the
81 vehicle or parts. The director of revenue shall
82 appropriately designate "Reconstructed Motor Vehicle",
83 "Motor Change Vehicle", "Non-USA-Std Motor Vehicle", or
84 "Specially Constructed Motor Vehicle" on the current and all
85 subsequent issues of the certificate of ownership of such
86 vehicle.

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

101 claims report to the director of revenue the name and
102 address of such owner, the year, make, model, vehicle
103 identification number, and license plate number of the
104 vehicle, and the date of loss and payment.

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

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

124 8. An applicant for registration may make a donation
125 of an amount not less than one dollar to promote an organ
126 donor program. The director of revenue shall collect the
127 donations and deposit all such donations in the state
128 treasury to the credit of the organ donor program fund as
129 established in sections 194.297 to 194.304. Moneys in the
130 organ donor fund shall be used solely for the purposes
131 established in sections 194.297 to 194.304, except that the
132 department of revenue shall retain no more than one percent
133 for its administrative costs. The donation prescribed in

134 this subsection is voluntary and may be refused by the
135 applicant for registration at the time of issuance or
136 renewal. The director shall inquire of each applicant at
137 the time the applicant presents the completed application to
138 the director whether the applicant is interested in making
139 [the] a contribution not less than one dollar [donation] as
140 prescribed in this subsection.

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

302.171. 1. The director shall verify that an
2 applicant for a driver's license is a Missouri resident or
3 national of the United States or a noncitizen with a lawful
4 immigration status, and a Missouri resident before accepting
5 the application. The director shall not issue a driver's
6 license for a period that exceeds the duration of an
7 applicant's lawful immigration status in the United States.
8 The director may establish procedures to verify the Missouri
9 residency or United States naturalization or lawful
10 immigration status and Missouri residency of the applicant

11 and establish the duration of any driver's license issued
12 under this section. An application for a license shall be
13 made upon an approved form furnished by the director. Every
14 application shall state the full name, Social Security
15 number, age, height, weight, color of eyes, sex, residence,
16 mailing address of the applicant, and the classification for
17 which the applicant has been licensed, and, if so, when and
18 by what state, and whether or not such license has ever been
19 suspended, revoked, or disqualified, and, if revoked,
20 suspended or disqualified, the date and reason for such
21 suspension, revocation or disqualification and whether the
22 applicant is making a one or more dollar donation to promote
23 an organ donation program as prescribed in subsection 2 of
24 this section, to promote a blindness education, screening
25 and treatment program as prescribed in subsection 3 of this
26 section, or the Missouri medal of honor recipients fund
27 prescribed in subsection 4 of this section. A driver's
28 license, nondriver's license, or instruction permit issued
29 under this chapter shall contain the applicant's legal name
30 as it appears on a birth certificate or as legally changed
31 through marriage or court order. No name change by common
32 usage based on common law shall be permitted. The
33 application shall also contain such information as the
34 director may require to enable the director to determine the
35 applicant's qualification for driving a motor vehicle; and
36 shall state whether or not the applicant has been convicted
37 in this or any other state for violating the laws of this or
38 any other state or any ordinance of any municipality,
39 relating to driving without a license, careless driving, or
40 driving while intoxicated, or failing to stop after an
41 accident and disclosing the applicant's identity, or driving
42 a motor vehicle without the owner's consent. The
43 application shall contain a certification by the applicant

44 as to the truth of the facts stated therein. Every person
45 who applies for a license to operate a motor vehicle who is
46 less than twenty-one years of age shall be provided with
47 educational materials relating to the hazards of driving
48 while intoxicated, including information on penalties
49 imposed by law for violation of the intoxication-related
50 offenses of the state. Beginning January 1, 2001, if the
51 applicant is less than eighteen years of age, the applicant
52 must comply with all requirements for the issuance of an
53 intermediate driver's license pursuant to section 302.178.
54 For persons mobilized and deployed with the United States
55 Armed Forces, an application under this subsection shall be
56 considered satisfactory by the department of revenue if it
57 is signed by a person who holds general power of attorney
58 executed by the person deployed, provided the applicant
59 meets all other requirements set by the director.

60 2. An applicant for a license may make a donation of
61 an amount not less than one dollar to promote an organ donor
62 program. The director of revenue shall collect the
63 donations and deposit all such donations in the state
64 treasury to the credit of the organ donor program fund
65 established in sections 194.297 to 194.304. Moneys in the
66 organ donor program fund shall be used solely for the
67 purposes established in sections 194.297 to 194.304 except
68 that the department of revenue shall retain no more than one
69 percent for its administrative costs. The donation
70 prescribed in this subsection is voluntary and may be
71 refused by the applicant for the license at the time of
72 issuance or renewal of the license. The director shall make
73 available an informational booklet or other informational
74 sources on the importance of organ and tissue donations to
75 applicants for licensure as designed by the organ donation
76 advisory committee established in sections 194.297 to

77 194.304. The director shall inquire of each applicant at
78 the time the licensee presents the completed application to
79 the director whether the applicant is interested in making
80 the one or more dollar donation prescribed in this
81 subsection and whether the applicant is interested in
82 inclusion in the organ donor registry and shall also
83 specifically inform the licensee of the ability to consent
84 to organ donation by placing a donor symbol sticker
85 authorized and issued by the department of health and senior
86 services on the back of his or her driver's license or
87 identification card as prescribed by subdivision (1) of
88 subsection 1 of section 194.225. A symbol may be placed on
89 the front of the license or identification card indicating
90 the applicant's desire to be listed in the registry at the
91 applicant's request at the time of his or her application
92 for a driver's license or identification card, or the
93 applicant may instead request an organ donor sticker from
94 the department of health and senior services by application
95 on the department of health and senior services' website.
96 Upon receipt of an organ donor sticker sent by the
97 department of health and senior services, the applicant
98 shall place the sticker on the back of his or her driver's
99 license or identification card to indicate that he or she
100 has made an anatomical gift. The director shall notify the
101 department of health and senior services of information
102 obtained from applicants who indicate to the director that
103 they are interested in registry participation, and the
104 department of health and senior services shall enter the
105 complete name, address, date of birth, race, gender and a
106 unique personal identifier in the registry established in
107 subsection 1 of section 194.304.

108 3. An applicant for a license may make a donation of
109 one dollar to promote a blindness education, screening and

110 treatment program. The director of revenue shall collect
111 the donations and deposit all such donations in the state
112 treasury to the credit of the blindness education, screening
113 and treatment program fund established in section 209.015.
114 Moneys in the blindness education, screening and treatment
115 program fund shall be used solely for the purposes
116 established in section 209.015; except that the department
117 of revenue shall retain no more than one percent for its
118 administrative costs. The donation prescribed in this
119 subsection is voluntary and may be refused by the applicant
120 for the license at the time of issuance or renewal of the
121 license. The director shall inquire of each applicant at
122 the time the licensee presents the completed application to
123 the director whether the applicant is interested in making
124 the one dollar donation prescribed in this subsection.

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

141 5. Beginning July 1, 2005, the director shall deny the
142 driving privilege of any person who commits fraud or

143 deception during the examination process or who makes
144 application for an instruction permit, driver's license, or
145 nondriver's license which contains or is substantiated with
146 false or fraudulent information or documentation, or who
147 knowingly conceals a material fact or otherwise commits a
148 fraud in any such application. The period of denial shall
149 be one year from the effective date of the denial notice
150 sent by the director. The denial shall become effective ten
151 days after the date the denial notice is mailed to the
152 person. The notice shall be mailed to the person at the
153 last known address shown on the person's driving record.
154 The notice shall be deemed received three days after mailing
155 unless returned by the postal authorities. No such
156 individual shall reapply for a driver's examination,
157 instruction permit, driver's license, or nondriver's license
158 until the period of denial is completed. No individual who
159 is denied the driving privilege under this section shall be
160 eligible for a limited driving privilege issued under
161 section 302.309.

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

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

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

172 9. Notwithstanding any provision of this chapter that
173 requires an applicant to provide proof of Missouri residency
174 for renewal of a noncommercial driver's license,
175 noncommercial instruction permit, or nondriver's license, an

176 applicant who is sixty-five years and older and who was
177 previously issued a Missouri noncommercial driver's license,
178 noncommercial instruction permit, or Missouri nondriver's
179 license is exempt from showing proof of Missouri residency.

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

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

335.230. Financial assistance to any qualified
2 applicant shall not exceed [five] ten thousand dollars for
3 each academic year for a professional nursing program and
4 shall not exceed [two thousand five hundred] five thousand

5 dollars for each academic year for a practical nursing
6 program. All financial assistance shall be made from funds
7 credited to the professional and practical nursing student
8 loan and nurse loan repayment fund. A qualified applicant
9 may receive financial assistance for each academic year he
10 remains a student in good standing at a participating school.

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

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

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

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

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

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

19 (5) "Insurer", any person, reciprocal exchange,
20 interinsurer, fraternal benefit society, health services
21 corporation, self-insured group arrangement to the extent
22 not prohibited by federal law, prepaid dental plan

23 corporation as defined in section 354.700, or any other
24 legal entity engaged in the business of insurance;

25 (6) "Provider", a physician, hospital, dentist,
26 podiatrist, chiropractor, pharmacy, licensed ambulance
27 service, or optometrist, licensed by this state.

28 2. Upon receipt of an assignment of benefits made by
29 the insured to a provider, the insurer shall issue the
30 instrument of payment for a claim for payment for health
31 care services in the name of the provider. All claims shall
32 be paid within thirty days of the receipt by the insurer of
33 all documents reasonably needed to determine the claim.

34 3. Nothing in this section shall preclude an insurer
35 from voluntarily issuing an instrument of payment in the
36 single name of the provider.

37 4. Except as provided in subsection 5 of this section,
38 this section shall not require any insurer, health services
39 corporation, prepaid dental plan as defined in section
40 354.700, health maintenance corporation or preferred
41 provider organization which directly contracts with certain
42 members of a class of providers for the delivery of health
43 care services to issue payment as provided pursuant to this
44 section to those members of the class which do not have a
45 contract with the insurer.

46 5. When a patient's health benefit plan does not
47 include or require payment to out-of-network providers for
48 all or most covered services, which would otherwise be
49 covered if the patient received such services from a
50 provider in the **[carrier's]** health benefit plan's network,
51 including but not limited to health maintenance organization
52 plans, as such term is defined in section 354.400, or a
53 health benefit plan offered by a carrier consistent with
54 subdivision (19) of section 376.426, payment for all
55 services shall be made directly to the providers when the

56 health carrier has authorized such services to be received
57 from a provider outside the [carrier's] health benefit
58 plan's network.

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

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

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

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

18 (4) "Practitioner":

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

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

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

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

27 (e) An optometrist eligible to provide services under
28 chapter 336;

29 (f) A podiatrist eligible to provide services under
30 chapter 330;

31 (g) A psychologist or licensed clinical social worker
32 eligible to provide services under chapter 337; or

33 (h) An advanced practice nurse eligible to provide
34 services under chapter 335.

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

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

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

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

11 2. During a state of emergency declared pursuant to
12 chapter 44 relating to infectious, contagious, communicable,
13 or dangerous diseases, a facility shall allow a resident or
14 client who has not been adjudged incapacitated under chapter
15 475, a resident's or client's guardian, or a resident's or
16 client's legally authorized representative to designate an
17 essential caregiver for in-person contact with the resident
18 or client in accordance with the standards and guidelines
19 developed by the department under this section. Essential
20 caregivers shall be considered a part of the resident's or
21 client's care team, along with the resident's or client's
22 health care providers and facility staff.

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

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

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

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

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

55 (4) The facility shall specify in its protocols the
56 criteria that the facility will use if it determines that in-
57 person contact by a particular essential caregiver is
58 inconsistent with the resident's or client's therapeutic
59 care and treatment or is a safety risk to other residents,
60 clients, or staff at the facility. Any limitations placed

61 upon a particular essential caregiver shall be reviewed and
62 documented every seven days to determine if the limitations
63 remain appropriate; and

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

68 5. (1) A facility may request from the department a
69 suspension of in-person contact by essential caregivers for
70 a period not to exceed seven days. The department may deny
71 the facility's request to suspend in-person contact with
72 essential caregivers if the department determines that such
73 in-person contact does not pose a serious community health
74 risk. A facility may request from the department an
75 extension of a suspension for more than seven days;
76 provided, that the department shall not approve an extension
77 period for longer than seven days at a time. A facility
78 shall not suspend in-person caregiver visitation for more
79 than fourteen consecutive days in a twelve-month period or
80 for more than forty-five total days in a twelve-month period.

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

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

92 6. The provisions of this section shall not be
93 construed to require an essential caregiver to provide

94 necessary care to a resident or client and a facility shall
95 not require an essential caregiver to provide necessary care.

96 7. The provisions of this section shall not apply to
97 those residents or clients whose particular plan of
98 therapeutic care and treatment necessitates restricted or
99 otherwise limited visitation for reasons unrelated to the
100 stated reason for the declared state of emergency.

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

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

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

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

660.010. 1. There is hereby created a "Department of
2 Social Services" in charge of a director appointed by the
3 governor, by and with the advice and consent of the senate.
4 All the powers, duties and functions of the director of the
5 department of public health and welfare, chapters 191 and
6 192, and others, not previously reassigned by executive
7 reorganization plan number 2 of 1973 as submitted by the
8 governor under chapter 26 except those assigned to the
9 department of mental health, are transferred by type I
10 transfer to the director of the department of social
11 services and the office of the director, department of
12 public health and welfare is abolished. The department of
13 public health and welfare is abolished. All employees of

14 the department of social services shall be covered by the
15 provisions of chapter 36 except the director of the
16 department and the director's secretary, all division
17 directors and their secretaries, and no more than three
18 additional positions in each division which may be
19 designated by the division director.

20 2. It is the intent of the general assembly in
21 establishing the department of social services, as provided
22 herein, to authorize the director of the department to
23 coordinate the state's programs devoted to those unable to
24 provide for themselves and for the rehabilitation of victims
25 of social disadvantage. The director shall use the
26 resources provided to the department to provide
27 comprehensive programs and leadership striking at the roots
28 of dependency, disability and abuse of society's rules with
29 the purpose of improving service and economical operations.
30 The department is directed to take all steps possible to
31 consolidate and coordinate the field operations of the
32 department to maximize service to the citizens of the state.

33 3. All references to the division of welfare shall
34 hereafter be construed to mean the department of social
35 services or the appropriate division within the department.

36 4. The state's responsibility under public law 452 of
37 the eighty-eighth Congress and others, pertaining to the
38 Office of Economic Opportunity, is transferred by type I
39 transfer to the department of social services.

40 5. [The state's responsibility under public law 73,
41 Older Americans Act of 1965, of the eighty-ninth Congress is
42 transferred by type I transfer to the department of social
43 services.]

44 6.] All the powers, duties and functions vested by law
45 in the curators of the University of Missouri relating to

46 crippled children's services, chapter 201, are transferred
47 by type I transfer to the department of social services.

48 [7.] 6. All the powers, duties and functions vested in
49 the state board of training schools, chapter 219 and others,
50 are transferred by type I transfer to the "Division of Youth
51 Services" hereby authorized in the department of social
52 services headed by a director appointed by the director of
53 the department. The state board of training schools shall
54 be reconstituted as an advisory board on youth services,
55 appointed by the director of the department. The advisory
56 board shall visit each facility of the division as often as
57 possible, shall file a written report with the director of
58 the department and the governor on conditions they observed
59 relating to the care and rehabilitative efforts in behalf of
60 children assigned to the facility, the security of the
61 facility and any other matters pertinent in their judgment.
62 Copies of these reports shall be filed with the legislative
63 library. Members of the advisory board shall receive
64 reimbursement for their expenses and twenty-five dollars a
65 day for each day they engage in official business relating
66 to their duties. The members of the board shall be provided
67 with identification means by the director of the division
68 permitting immediate access to all facilities enabling them
69 to make unannounced entrance to facilities they wish to
70 inspect.

Section 1. April 11 through April 17 of each year is
2 hereby designated as "Black Maternal Health Week". The
3 citizens of this state are encouraged to engage in
4 appropriate events and activities to commemorate black
5 maternal health.

[191.743. 1. Any physician or health care
2 provider who provides services to pregnant women
3 shall identify all such women who are high risk
4 pregnancies by use of protocols developed by the
5 department of health and senior services

6 pursuant to section 191.741. The physician or
7 health care provider shall upon identification
8 inform such woman of the availability of
9 services and the option of referral to the
10 department of health and senior services.
11 2. Upon consent by the woman identified as
12 having a high risk pregnancy, the physician or
13 health care provider shall make a report, within
14 seventy-two hours, to the department of health
15 and senior services on forms approved by the
16 department of health and senior services.
17 3. Any physician or health care provider
18 complying with the provisions of this section,
19 in good faith, shall have immunity from any
20 civil liability that might otherwise result by
21 reason of such actions.
22 4. Referral and associated documentation
23 provided for in this section shall be
24 confidential and shall not be used in any
25 criminal prosecution.
26 5. The consent required by subsection 2 of
27 this section shall be deemed a waiver of the
28 physician-patient privilege solely for the
29 purpose of making the report pursuant to
30 subsection 2 of this section.]

[196.866. 1. Every person, firm,
2 association or corporation, before engaging in
3 the business of manufacturing or freezing ice
4 cream, mellorine, frozen dessert products or any
5 other product defined in sections 196.851 to
6 196.895, shall first obtain a license from the
7 director of the department of health and senior
8 services of the state of Missouri. A license
9 shall be obtained for each plant or place of
10 business where ice cream, ice cream mix, ice
11 milk, sherbet, frozen malt, ice milk mix,
12 mellorine, edible fat frozen dessert or ices are
13 manufactured or frozen. Hotels, motels,
14 restaurants, boardinghouses, or other concerns
15 or agents which shall manufacture or freeze ice
16 cream, or related frozen food products defined
17 in sections 196.851 to 196.895 for the use of
18 their patrons, quests, or servants, shall be
19 required to take out the license herein provided
20 for; provided, that nothing in this section
21 shall apply to private homes, hospitals,
22 churches, or fraternal organizations
23 manufacturing such products for their own use or
24 to retailers dealing in ice cream or frozen
25 dessert products received in the final frozen
26 form from a licensed manufacturer.
27 2. Applications for such licenses, both
28 frozen dessert and mellorine, shall be
29 accompanied by a statutory fee as follows: For
30 each plant producing annually not in excess of
31 five thousand gallons, ten dollars; in excess of
32 five thousand gallons and not in excess of
33 fifteen thousand gallons, fifteen dollars; in
34 excess of fifteen thousand gallons and not in

35 excess of twenty-five thousand gallons, twenty-
36 five dollars; in excess of twenty-five thousand
37 gallons and not in excess of fifty thousand
38 gallons, fifty dollars; in excess of fifty
39 thousand gallons and not in excess of one
40 hundred thousand gallons, seventy-five dollars;
41 in excess of one hundred thousand gallons and
42 not in excess of two hundred thousand gallons,
43 one hundred dollars; in excess of two hundred
44 thousand gallons and not in excess of four
45 hundred thousand gallons, one hundred twenty-
46 five dollars; over four hundred thousand
47 gallons, one hundred fifty dollars, and shall be
48 made to the director of the department of health
49 and senior services, upon such forms and shall
50 show such information as may be demanded by the
51 department of health and senior services, and
52 the said director of the department of health
53 and senior services, upon receipt of application
54 for such license, shall cause to be investigated
55 the equipment and the sanitary conditions of the
56 plant or place of business for which the license
57 is applied. If the condition of the plant or
58 place of business is found to be satisfactory, a
59 license shall be issued by the director of the
60 department of health and senior services to such
61 applicant.

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

69 4. The director of the department of
70 health and senior services may withhold and
71 refuse to issue a license for any plant or place
72 of business that has not been conducted or is
73 not prepared to be conducted in accordance with
74 the requirements of sections 196.851 to 196.895
75 or any rules issued hereunder. The director of
76 the department of health and senior services
77 shall have the power to revoke any license
78 issued under sections 196.851 to 196.895
79 whenever it is determined by him that any of the
80 provisions of sections 196.851 to 196.895 have
81 been violated. Any person, firm, association or
82 corporation, whose license has been so revoked,
83 shall discontinue operation of the business for
84 which the license was issued until such time as
85 the provisions of sections 196.851 to 196.895
86 have been complied with and a new license
87 granted by the director of the department of
88 health and senior services. Before revoking any
89 such license, the director of the department of
90 health and senior services shall give written
91 notice to the licensee affected, stating that he
92 contemplates revocation of the same and giving
93 his reasons therefor. Said notice shall appoint

94 a time and place for hearing and shall be mailed
95 by registered mail to the licensee at least ten
96 days before the date set for the hearing or
97 personal service rendered. The licensee may
98 present to the director of the department of
99 health and senior services such evidence as may
100 have a bearing on the case, and, after hearing
101 of the testimony, the director of the department
102 of health and senior services shall decide the
103 question in such manner as to him appears just
104 and right.

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

113 6. All fees collected under this section
114 shall be deposited in the state treasury,
115 subject to appropriation by the general
116 assembly.]

2 [196.868. Any person who operates a plant
3 manufacturing or freezing ice cream, mellorine,
4 frozen dessert products or any other product
5 defined in sections 196.851 to 196.895, located
6 outside of this state and sells, offers for sale
7 or distributes the products in this state shall
8 obtain a broker's license from the director and
9 pay a broker's license fee, equivalent to the
10 license fee provided in section 196.866, on all
11 sales in this state, and shall be subject to the
other provisions of sections 196.851 to 196.895.]

2 [251.070. The department shall be
3 responsible for the implementation of the Older
4 Americans Act in Missouri. This agency shall
5 develop a state plan describing a program for
6 carrying out the Older Americans Act and shall
7 be the sole agency responsible for coordinating
8 all state programs related to the implementation
of such plan.]

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



Doug Beck

Ben Baker