

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE BILL NO. 690
101ST GENERAL ASSEMBLY

3344H.09C

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 170.047, 170.048, 172.800, 173.1200, 190.245, 191.116, 191.500, 191.515, 191.520, 191.525, 191.743, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.300, 194.304, 195.010, 195.206, 196.866, 196.868, 197.100, 197.256, 197.258, 197.400, 197.415, 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 208.151, 208.152, 208.662, 208.798, 210.921, 251.070, 301.020, 302.171, 334.530, 334.655, 335.230, 335.257, 338.010, 376.427, 376.1575, 376.1800, 579.040, 579.076, and 660.010, RSMo, and to enact in lieu thereof seventy new sections relating to health care, with penalty provisions and an emergency clause for certain sections.

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

Section A. Sections 170.047, 170.048, 172.800, 173.1200, 190.245, 191.116, 2 191.500, 191.515, 191.520, 191.525, 191.743, 192.2225, 194.210, 194.255, 194.265, 3 194.285, 194.290, 194.297, 194.299, 194.300, 194.304, 195.010, 195.206, 196.866, 4 196.868, 197.100, 197.256, 197.258, 197.400, 197.415, 197.445, 198.006, 198.022, 5 198.026, 198.036, 198.525, 198.526, 198.545, 208.151, 208.152, 208.662, 208.798, 6 210.921, 251.070, 301.020, 302.171, 334.530, 334.655, 335.230, 335.257, 338.010, 7 376.427, 376.1575, 376.1800, 579.040, 579.076, and 660.010, RSMo, are repealed and 8 seventy new sections enacted in lieu thereof, to be known as sections 9.236, 9.347, 9.364, 9 9.365, 135.690, 160.485, 167.625, 170.047, 170.048, 172.800, 173.1200, 190.245, 191.116, 10 191.500, 191.515, 191.520, 191.525, 192.2001, 192.2225, 194.210, 194.255, 194.265, 11 194.285, 194.290, 194.297, 194.299, 194.300, 194.304, 195.010, 195.206, 196.1170, 12 197.100, 197.256, 197.258, 197.400, 197.415, 197.445, 198.006, 198.022, 198.026,

EXPLANATION — Matter enclosed in bold-faced brackets **[thus]** in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

13 198.036, 198.525, 198.526, 198.545, 198.640, 198.642, 198.644, 198.646, 198.648, 208.151,
14 208.152, 208.184, 208.662, 208.798, 210.921, 301.020, 302.171, 334.530, 334.655, 335.230,
15 335.257, 338.010, 338.061, 376.427, 376.1575, 376.1800, 579.040, 579.076, 630.980, and
16 660.010, to read as follows:

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

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

2 **9.364. April 11 through April 17 of each year is hereby designated as "Black**
3 **Maternal Health Week". The citizens of this state are encouraged to engage in**
4 **appropriate events and activities to commemorate black maternal health.**

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

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

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

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

7 **(3) "Division", the division of professional registration of the department of**
8 **commerce and insurance;**

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

14 **(5) "Medical student core preceptorship" or "physician assistant student core**
15 **preceptorship", a preceptorship for a medical student or physician assistant student**
16 **that provides a minimum of one hundred twenty hours of community-based instruction**
17 **in family medicine, internal medicine, pediatrics, psychiatry, or obstetrics and**

17 gynecology under the guidance of a community-based faculty preceptor. A community-
18 based faculty preceptor may add together the amounts of preceptorship instruction time
19 separately provided to multiple students in determining whether he or she has reached
20 the minimum hours required under this subdivision, but the total preceptorship
21 instruction time provided shall equal at least one hundred twenty hours in order for
22 such preceptor to be eligible for the tax credit authorized under this section;

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

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

30 2. (1) Beginning January 1, 2023, any community-based faculty preceptor who
31 serves as the community-based faculty preceptor for a medical student core
32 preceptorship or a physician assistant student core preceptorship shall be allowed a
33 credit against the tax otherwise due under chapter 143, excluding withholding tax
34 imposed under sections 143.191 to 143.265, in an amount equal to one thousand dollars
35 for each preceptorship, up to a maximum of three thousand dollars per tax year, if he or
36 she completes up to three preceptorship rotations during the tax year and did not
37 receive any direct compensation for the preceptorships.

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

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

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

52 (5) Notwithstanding the provisions of subdivision (4) of this subsection, the
53 department is authorized to exceed the two hundred thousand dollars per year tax

54 credit program cap in any amount not to exceed the amount of funds remaining in the
55 medical preceptor fund, as established under subsection 3 of this section, as of the end of
56 the most recent tax year, after any required transfers to the general revenue fund have
57 taken place in accordance with the provisions of subsection 3 of this section.

58 3. (1) Funding for the tax credit program authorized under this section shall be
59 generated by the division from a license fee increase of seven dollars per license for
60 physicians and surgeons and from a license fee increase of three dollars per license for
61 physician assistants. The license fee increases shall take effect beginning January 1,
62 2023, based on the underlying license fee rates prevailing on that date. The underlying
63 license fee rates shall be determined under section 334.090 and all other applicable
64 provisions of chapter 334.

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

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

84 4. (1) The department shall administer the tax credit program authorized under
85 this section. Each taxpayer claiming a tax credit under this section shall file an
86 application with the department verifying the number of hours of instruction and the
87 amount of the tax credit claimed. The hours claimed on the application shall be verified
88 by the college or university department head or the program director on the application.
89 The certification by the department affirming the taxpayer's eligibility for the tax credit
90 provided to the taxpayer shall be filed with the taxpayer's income tax return.

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

96 **5. The department of commerce and insurance and the department of health and**
97 **senior services shall jointly promulgate rules to implement the provisions of this section.**
98 **Any rule or portion of a rule, as that term is defined in section 536.010, that is created**
99 **under the authority delegated in this section shall become effective only if it complies**
100 **with and is subject to all of the provisions of chapter 536 and, if applicable, section**
101 **536.028. This section and chapter 536 are nonseverable, and if any of the powers vested**
102 **with the general assembly pursuant to chapter 536 to review, to delay the effective date,**
103 **or to disapprove and annul a rule are subsequently held unconstitutional, then the grant**
104 **of rulemaking authority and any rule proposed or adopted after August 28, 2022, shall**
105 **be invalid and void.**

160.485. 1. This section shall be known and may be cited as the "Stop the Bleed
2 **Act".**

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

4 **(1) "Bleeding control kit", a first aid response kit that contains at least the**
5 **following:**

6 **(a) Tourniquets that are:**

7 **a. Endorsed by the United States Department of Defense Committee on Tactical**
8 **Combat Casualty Care or its successor entity; or**

9 **b. Approved for use in battlefield trauma care by the Armed Forces of the**
10 **United States;**

11 **(b) Bleeding control bandages;**

12 **(c) Latex-free protective gloves;**

13 **(d) Permanent markers;**

14 **(e) Instructional documents developed by the United States Department of**
15 **Homeland Security's Stop the Bleed national awareness campaign or the American**
16 **College of Surgeons Committee on Trauma, or both; and**

17 **(f) Other medical materials and equipment similar to those described in**
18 **paragraphs (a) and (b) of this subdivision;**

19 **(2) "Department", the department of elementary and secondary education;**

20 **(3) "Emergency medical services personnel", paid or volunteer firefighters, law**
21 **enforcement officers, first responders, emergency medical technicians, or other**

22 emergency service personnel acting within the ordinary course and scope of those
23 professions, but excluding physicians;

24 (4) "School personnel", any employee of a public school district or charter
25 school, or any volunteer serving at a public school or charter school, who is designated
26 to use a bleeding control kit under this section.

27 3. (1) Before January 1, 2023, the department shall develop a traumatic blood
28 loss protocol for school personnel to follow in the event of an injury involving traumatic
29 blood loss. The protocol shall meet the requirements of this section and shall be made
30 available to each school district and charter school.

31 (2) The traumatic blood loss protocol shall:

32 (a) Require that a bleeding control kit be placed in areas where there is likely to
33 be high traffic or congregation, such as auditoriums, cafeterias, or gymnasiums, and
34 areas where risk of injury may be elevated, including vocational classes such as wood
35 working or automotive classes of each school district's school buildings and each charter
36 school in an easily accessible location of such areas to be determined by local emergency
37 medical services personnel;

38 (b) Include bleeding control kits in the emergency plans of each school district
39 and charter school, including the presentation and use of the bleeding control kits in all
40 drills and emergencies;

41 (c) Require each school district and charter school to designate a school nurse or
42 school health care provider, or if no school nurse or school health care provider is
43 available, a school personnel member, in each school building who shall obtain
44 appropriate training annually in the use of a bleeding control kit including, but not
45 limited to:

- 46 a. The proper application of pressure to stop bleeding;
- 47 b. The proper application of dressings or bandages;
- 48 c. Additional pressure techniques to control bleeding; and
- 49 d. The correct application of tourniquets;

50 (d) Require each bleeding control kit in school inventories to be inspected
51 annually to ensure that the materials, supplies, and equipment contained in the bleeding
52 control kit have not expired and that any expired materials, supplies, and equipment are
53 replaced as necessary; and

54 (e) Require a bleeding control kit to be restocked after each use and any
55 materials, supplies, and equipment to be replaced as necessary to ensure that the
56 bleeding control kit contains all necessary materials, supplies, and equipment.

57 4. (1) The department shall, in collaboration with the United States Department
58 of Homeland Security and the state department of public safety, include requirements in

59 the traumatic blood loss protocol for school personnel to receive annual training in the
60 use of bleeding control kits.

61 (2) The training requirements shall be satisfied by successful completion and
62 certification under the "STOP THE BLEED" course as promulgated by the American
63 College of Surgeons Committee on Trauma or the American Red Cross.

64 (3) The training requirements may allow online instruction.

65 5. (1) A bleeding control kit may contain any additional items that:

66 (a) Are approved by emergency medical services personnel, as such term is
67 defined in section 190.600;

68 (b) Can adequately treat an injury involving traumatic blood loss; and

69 (c) Can be stored in a readily available kit.

70 (2) Quantities of each item required to be in a bleeding control kit may be
71 determined by each school district.

72 6. (1) The department and each school district and charter school shall maintain
73 information regarding the traumatic blood loss protocol and the Stop the Bleed national
74 awareness campaign on each entity's website.

75 (2) Upon request by a school district or a charter school, the department may, in
76 collaboration with the department of public safety, direct the school district or charter
77 school to resources that are available to provide bleeding control kits to the school
78 district or charter school.

79 7. (1) Except as otherwise provided in this subsection, each school district and
80 charter school shall implement the traumatic blood loss protocol developed under this
81 section before the end of the 2022-23 school year.

82 (2) The requirements that a bleeding control kit be placed in areas where there is
83 likely to be high traffic or congregation and areas where risk of injury may be elevated,
84 that each kit be restocked as necessary, and that school personnel receive training under
85 this section shall be subject to an appropriation to cover all costs related to such
86 requirements by the general assembly.

87 (3) Any school district or charter school may receive donations of funds for the
88 purchase of bleeding control kits that meet the requirements of this section and may
89 receive donations of bleeding control kits that meet the requirements of this section.

90 8. This section shall not be construed to create a cause of action against a school
91 district, a charter school, or any school personnel. Any school personnel who in good
92 faith uses a bleeding control kit as provided by this section shall be immune from all
93 civil liability for any act or omission in the use of a bleeding control kit unless the act or
94 omission constitutes gross negligence or willful, wanton, or intentional misconduct.

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

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

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

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

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

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

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

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

23 **3. (1) The parent of a student who seeks epilepsy or seizure disorder care while**
24 **at school shall inform the school nurse or the school administrator or the**
25 **administrator's designee in the absence of the school nurse. The school nurse shall**
26 **develop an individualized health care plan and an individualized emergency health care**
27 **plan for the student. The parent of the student shall annually provide to the school**
28 **written authorization for the provision of epilepsy or seizure disorder care as described**
29 **in the individualized plans.**

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

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

36 **(a) A notice about the student's condition for all school employees who interact**
37 **with the student;**

38 **(b) Written orders from the student's physician or advanced practice nurse**
39 **describing the epilepsy or seizure disorder care;**

40 **(c) The symptoms of the epilepsy or seizure disorder for that particular student**
41 **and recommended care;**

42 **(d) Whether the student may fully participate in exercise and sports, and any**
43 **contraindications to exercise or accommodations that shall be made for that particular**
44 **student;**

45 **(e) Accommodations for school trips, after-school activities, class parties, and**
46 **other school-related activities;**

47 **(f) Information for such school employees about how to recognize and provide**
48 **care for epilepsy and seizure disorders, epilepsy and seizure disorder first aid training,**
49 **when to call for assistance, emergency contact information, and parent contact**
50 **information;**

51 **(g) Medical and treatment issues that may affect the educational process of the**
52 **student;**

53 **(h) The student's ability to manage, and the student's level of understanding of,**
54 **the student's epilepsy or seizure disorder; and**

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

58 **4. (1) The school nurse assigned to a particular school or the school**
59 **administrator or the administrator's designee in the absence of the school nurse shall**
60 **coordinate the provision of epilepsy and seizure disorder care at that school and ensure**
61 **that all school employees are trained every two years in the care of students with**
62 **epilepsy and seizure disorders including, but not limited to, school employees working**
63 **with school-sponsored programs outside of the regular school day, as provided in the**
64 **student's individualized plans.**

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

70 **5. The school nurse or the school administrator or the administrator's designee**
71 **in the absence of the school nurse shall obtain a release from a student's parent to**
72 **authorize the sharing of medical information between the student's physician or**
73 **advanced practice nurse and other health care providers. The release shall also**
74 **authorize the school nurse or the school administrator or the administrator's designee in**

75 the absence of the school nurse to share medical information with other school
76 employees in the school district as necessary. No sharing of information under this
77 subsection shall be construed to be a violation of the federal Health Insurance
78 Portability and Accountability Act of 1996 (HIPAA) (Pub. L. 104-191), as amended, if a
79 student's parent has provided a release under this subsection.

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

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

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

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

16 ~~[2-]~~ **3. The department of elementary and secondary education shall develop**
17 **guidelines suitable for training or professional development in youth suicide awareness and**
18 **prevention. The department ~~shall~~ may develop materials that may be used for ~~such~~ the**
19 **training ~~or professional development~~ described under subsection 2 of this section or may**
20 **offer districts materials developed by a third party that districts may use for the**
21 **training.**

22 ~~[3-]~~ **4. For purposes of this section, the term "licensed educator" shall refer to any**
23 **teacher with a certificate of license to teach issued by the state board of education or any other**
24 **educator or administrator required to maintain a professional license issued by the state board**
25 **of education.**

26 ~~[4:]~~ 5. The department of elementary and secondary education may promulgate rules
27 and regulations to implement this section.

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

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

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

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

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

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

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

18 **4. (1) Beginning July 1, 2023, a public school or charter school that serves any**
19 **pupils in seventh grade to twelfth grade and that issues pupil identification cards shall**
20 **have printed on either side of the cards the telephone number described in paragraph**
21 **(a) of this subdivision and may have printed on either side of the cards the telephone**
22 **numbers described in paragraphs (b) and (c) of this subdivision:**

23 **(a) The telephone number for the National Suicide Prevention Lifeline, 1-800-**
24 **273-8255;**

25 **(b) The Crisis Text Line, which can be accessed by texting HOME to 741741;**
26 **and**

27 **(c) A local suicide prevention hotline telephone number if available.**

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

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

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

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

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

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

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

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

15 ~~(6)~~ "Advisory board", a board appointed by the board of curators to advise on the
 16 administration of the program established by sections 172.800 to 172.807.

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

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

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

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

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

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

14 2. Such policy shall also advise students, faculty, and staff, including residence hall
15 staff, of the proper procedures for identifying and addressing the needs of students exhibiting
16 suicidal tendencies or behavior, and shall provide for training, where appropriate.

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

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

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

27 6. (1) Each public institution of higher education shall establish and maintain
28 methods of anonymous reporting concerning unsafe, potentially harmful, dangerous, violent,
29 or criminal activities, or the threat of such activities.

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

35 7. **(1) Beginning July 1, 2023, a public institution of higher education that issues**
36 **student identification cards shall have printed on either side of the cards the telephone**
37 **number described in paragraph (a) of this subdivision and may have printed on either**
38 **side of the cards the telephone numbers described in paragraphs (b) to (d) of this**
39 **subdivision:**

40 **(a) The telephone number for the National Suicide Prevention Lifeline, 1-800-**
41 **273-8255;**

42 **(b) The Crisis Text Line, which can be accessed by texting HOME to 741741;**

43 **(c) The campus police or security telephone number or, if the campus does not**
44 **have a campus police or security telephone number, the local law enforcement**
45 **authority's telephone number; and**

46 **(d) A local suicide prevention hotline telephone number if available.**

47 **(2) If, on July 1, 2023, a public institution of higher education subject to the**
48 **requirements of this subsection has a supply of unissued student identification cards**
49 **that do not comply with the requirements of subdivision (1) of this subsection, the**
50 **institution shall issue those cards until that supply is depleted.**

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

 190.245. 1. The department shall require hospitals, as defined by chapter 197,
2 designated as trauma, STEMI, or stroke centers to provide for a peer review system, approved
3 by the department, for trauma, STEMI, and stroke cases, respective to their designations,
4 under section 537.035.

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

9 **3.** For purposes of sections 190.241 to 190.245, the department of health and senior
10 services shall have the same powers and authority of a health care licensing board pursuant to
11 subsection 6 of section 537.035.

12 **4.** Failure of a hospital to provide all medical records necessary for the department to
13 implement provisions of sections 190.241 to 190.245 shall result in the revocation of the
14 hospital's designation as a trauma, STEMI, or stroke center.

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

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

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

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

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

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

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

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

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

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

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

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

58 4. The task force shall deliver a report of recommendations to the governor and
 59 members of the general assembly no later than ~~June~~ **November 1, 2022.**

60 5. The task force shall continue to meet at the request of the chair and at a minimum
 61 of one time annually for the purpose of evaluating the implementation and impact of the task
 62 force recommendations and shall provide annual supplemental report updates on the findings
 63 to the governor and the general assembly.

64 6. The provisions of this section shall expire on December 31, 2026.

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

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

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

9 (3) "Eligible student", a full-time student accepted and enrolled in a formal course of
 10 instruction **at a participating school** leading to a degree of doctor of medicine or doctor of
 11 osteopathy ~~[at a participating school]~~, **including any such degree in the area of psychiatry;**
 12 **a degree of doctor of dental surgery; a degree of doctor of dental medicine; or a**
 13 **bachelor of science degree in dental hygiene;**

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

16 (5) "Participating school"^[5]:

17 (a) An institution of higher learning within this state which grants:

18 a. The degrees of doctor of medicine or doctor of osteopathy, and which is accredited
 19 in the appropriate degree program by the American Medical Association ~~[or]~~, the American
 20 Osteopathic Association, **or the American Psychiatric Association; or**

21 b. **The degree of doctor of dental surgery, the degree of doctor of dental**
 22 **medicine, or the bachelor of science degree in dental hygiene, and which is accredited in**
 23 **the appropriate degree program by the American Dental Association; and**

24 (b) **Applicable residency programs for each degree type and discipline;**

25 (6) "Primary care"^[5]:

26 (a) General or family practice, internal medicine, pediatric, **psychiatric**, or obstetric
27 and gynecological care as provided to the general public by physicians licensed and registered
28 pursuant to chapter 334; **and**

29 (b) **Dental practice as provided to the general public by dentists or dental**
30 **hygienists licensed under chapter 332;**

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

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

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

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

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

[~~251.070.~~] **192.2001.** The department shall be responsible for the implementation of
2 the Older Americans Act in Missouri. This agency shall develop a state plan describing a
3 program for carrying out the Older Americans Act and shall be the sole agency responsible
4 for coordinating all state programs related to the implementation of such plan.

192.2225. 1. The department shall have the right to enter the premises of an applicant
2 for or holder of a license at any time during the hours of operation of a center to determine

3 compliance with provisions of sections 192.2200 to 192.2260 and applicable rules
4 promulgated pursuant thereto. Entry shall also be granted for investigative purposes
5 involving complaints regarding the operations of an adult day care program. The department
6 shall make at least ~~[two inspections]~~ **one inspection** per year, ~~[at least one of]~~ which shall be
7 unannounced to the operator or provider. The department may make such other inspections,
8 announced or unannounced, as it deems necessary to carry out the provisions of sections
9 192.2200 to 192.2260.

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

13 (1) ~~Previous inspection reports;~~

14 (2) ~~The adult day care program's history of compliance with rules promulgated~~
15 ~~pursuant to this chapter; and~~

16 (3) ~~The number and severity of complaints received about the adult day care program.~~

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

21 ~~[4.]~~ 3. Failure to comply with any lawful request of the department in connection with
22 the investigation and inspection is a ground for refusal to issue a license or for the revocation
23 of a license.

24 ~~[5.]~~ 4. The department may designate to act for it, with full authority of law, any
25 instrumentality of any political subdivision of the state of Missouri deemed by the department
26 to be competent to investigate and inspect applicants for or holders of licenses.

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

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

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

5 (2) "Agent", an individual:

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

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

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

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

15 ~~(5)~~ (5) "Decedent", a deceased individual whose body or part is or may be the source of
16 an anatomical gift. The term includes a stillborn infant but does not include an unborn child
17 as defined in section 1.205 or 188.015 if the child has not died of natural causes;

18 ~~(6)~~ (5) "Disinterested witness", a witness other than the spouse, child, parent,
19 sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes,
20 or refuses to make an anatomical gift. The term does not include a person to which an
21 anatomical gift could pass under section 194.255;

22 ~~(7)~~ (6) "Document of gift", a donor card or other record used to make an anatomical
23 gift. The term includes a statement or symbol on a driver's license, identification card, or
24 donor registry;

25 ~~(8)~~ (7) "Donor", an individual whose body or part is the subject of an anatomical
26 gift provided that donor does not include an unborn child as defined in section 1.205 or
27 section 188.015 if the child has not died of natural causes;

28 ~~(9)~~ (8) "Donor registry", a database that contains records of anatomical gifts and
29 amendments to or revocations of anatomical gifts;

30 ~~(10)~~ (9) "Driver's license", a license or permit issued by the department of revenue
31 to operate a vehicle whether or not conditions are attached to the license or permit;

32 ~~(11)~~ (10) "Eye bank", a person that is licensed, accredited, or regulated under
33 federal or state law to engage in the recovery, screening, testing, processing, storage, or
34 distribution of human eyes or portions of human eyes;

35 ~~(12)~~ (11) "Guardian", a person appointed by a court pursuant to chapter 475. The
36 term does not include a guardian ad litem;

37 ~~(13)~~ (12) "Hospital", a facility licensed as a hospital under the laws of any state or a
38 facility operated as a hospital by the United States, a state, or a subdivision of a state;

39 ~~(14)~~ (13) "Identification card", an identification card issued by the department of
40 revenue;

41 ~~(15)~~ (14) "Know", to have actual knowledge;

42 ~~(16)~~ (15) "Minor", an individual who is under eighteen years of age;

43 ~~(17)~~ (16) "Organ procurement organization", ~~[a person]~~ **an entity** designated by the
44 United States Secretary of Health and Human Services as an organ procurement organization;

45 ~~(18)~~ (17) "Parent", a parent whose parental rights have not been terminated;

46 ~~(19)~~ (18) "Part", an organ, an eye, or tissue of a human being. The term does not
47 include the whole body;

48 ~~[(20)]~~ **(19)** "Person", an individual, corporation, business trust, estate, trust,
49 partnership, limited liability company, association, joint venture, public corporation,
50 government or governmental subdivision, agency, or instrumentality, or any other legal or
51 commercial entity;

52 ~~[(21)]~~ **(20)** "Physician", an individual authorized to practice medicine or osteopathy
53 under the laws of any state;

54 ~~[(22)]~~ **(21)** **"Potential donor", an individual whose body or part is the subject of**
55 **an anatomical gift, except that the term "potential donor" shall not include an unborn**
56 **child, as defined in section 1.205 or 188.015, if the child did not die of natural causes;**

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

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

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

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

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

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

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

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

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

78 (29) "State", a state of the United States, the District of Columbia, Puerto Rico, the
79 United States Virgin Islands, or any territory or insular possession subject to the United
80 States;

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

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

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

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

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

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

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

8 (3) An eye bank or tissue bank.

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

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

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

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

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

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

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

28 5. If an anatomical gift of one or more specific parts is made in a document of gift
29 that does not name a person described in subsection 1 of this section and does not identify the

30 purpose of the gift, the gift may be used only for transplantation or therapy, and the gift passes
31 in accordance with subsection 7 of this section.

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

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

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

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

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

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

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

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

51 10. A person may not accept an anatomical gift if the person knows that the gift was
52 not effectively made under section 194.225 or 194.250 or if the person knows that the
53 decedent made a refusal under section 194.235 that was not revoked. For purposes of this
54 subsection, if a person knows that an anatomical gift was made on a document of gift, the
55 person is deemed to know of any amendment or revocation of the gift or any refusal to make
56 an anatomical gift on the same document of gift.

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

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

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

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

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

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

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

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

29 7. Upon referral by a hospital under subsection 1 of this section, a procurement
30 organization shall make a reasonable search for any person listed in section 194.245 having
31 priority to make an anatomical gift on behalf of a **donor, potential donor, or** prospective
32 donor. If a procurement organization receives information that an anatomical gift to any other
33 person was made, amended, or revoked, it shall promptly advise the other person of all
34 relevant information.

35 8. Subject to subsection 9 of section 194.255 and section 58.785, the rights of the
36 person to which a part passes under section 194.255 are superior to rights of all others with
37 respect to the part. The person may accept or reject an anatomical gift in whole or in part.
38 Subject to the terms of the document of gift and this act, a person that accepts an anatomical
39 gift of an entire body may allow embalming or cremation and use of remains in a funeral
40 service. If the gift is of a part, the person to which the part passes under section 194.255,

41 upon the death of the donor and before embalming, burial, or cremation, shall cause the part
42 to be removed without unnecessary mutilation.

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

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

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

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

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

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

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

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

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

8 (3) "Health-care decision", any decision regarding the health care of the **donor,**
9 **potential donor, or** prospective donor.

10 2. If a **donor, potential donor, or** prospective donor has a declaration or advance
11 health-care directive and the terms of the declaration or directive and the express or implied
12 terms of a potential anatomical gift are in conflict with regard to the administration of
13 measures necessary to ensure the medical suitability of a part for transplantation or therapy,
14 the ~~[prospective]~~ donor's attending physician and ~~[prospective]~~ donor shall confer to resolve
15 the conflict. If the **donor, potential donor, or** prospective donor is incapable of resolving the

16 conflict, an agent acting under the ~~[prospective]~~ donor's declaration or directive or, if none or
17 the agent is not reasonably available, another person authorized by law to make health-care
18 decisions on behalf of the ~~[prospective]~~ donor shall act for the donor to resolve the conflict.
19 The conflict must be resolved as expeditiously as possible. Information relevant to the
20 resolution of the conflict may be obtained from the appropriate procurement organization and
21 any other person authorized to make an anatomical gift for the prospective donor under
22 section 194.245. Before the resolution of the conflict, measures necessary to ensure the
23 medical suitability of an organ for transplantation or therapy may not be withheld or
24 withdrawn from the **donor, potential donor, or** prospective donor if withholding or
25 withdrawing the measures is not contraindicated by appropriate end-of-life care.

194.297. **1.** There is established in the state treasury the "Organ Donor Program
2 Fund"~~]; which shall consist of all moneys deposited by the director of revenue pursuant to~~
3 ~~subsection 2 of section 302.171 and any other moneys donated or appropriated to the fund].~~
4 **The director of revenue shall credit to and deposit in the fund all amounts received**
5 **under subsection 8 of section 301.020, section 301.3125, and subsection 2 of section**
6 **302.171 and any other amounts that may be received from appropriations, grants, gifts,**
7 **bequests, the federal government, or any other source. Moneys in the fund shall be**
8 **expended in the manner set forth in section 194.299.**

9 **2.** The department of health and senior services may pursue funding to support
10 **programmatic efforts and initiatives described in section 194.299.**

11 **3.** The state treasurer shall invest any moneys in excess of five hundred thousand
12 **dollars in the organ donor program fund not required for immediate disbursement or**
13 **program allocation in the same manner as surplus state funds are invested under section**
14 **30.260. All earnings resulting from the investment of moneys in the fund shall be**
15 **credited to the fund.**

16 **4.** Private contributions, grants, and federal funds may be used and expended by
17 **the department of health and senior services for such purposes as may be specified in**
18 **any requirements, terms, or conditions attached thereto or, in the absence of any specific**
19 **requirements, terms, or conditions, as the department determines under section 194.299.**

20 **5.** The acceptance and use of federal funds shall not commit any state funds or
21 **place any obligation upon the general assembly to continue the programs or activities**
22 **outlined in the federal fund award for which the federal funds are available.**

23 **6.** The state treasurer shall administer the fund, and the moneys in the fund shall be
24 used solely, upon appropriation, by the department of health and senior services~~]; in~~
25 ~~consultation].~~ **The department may consult** with the organ donation advisory committee~~];~~
26 ~~for implementation of organ donation awareness programs in the manner prescribed in~~

27 ~~subsection 2 of section 194.300~~ **about implementation of programming and related**
 28 **expenditures.**

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

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

2 (1) ~~[Grants]~~ **Contracts that may be entered into** by the department of health and
 3 senior services ~~[to]~~ **with** certified organ procurement organizations **and other organizations,**
 4 **individuals, and institutions for services furthering** the development and implementation
 5 of organ donation awareness programs in this state;

6 (2) **Initiatives to increase education and awareness of organ, eye, and tissue**
 7 **donation; donor family recognition efforts; training and strategic planning efforts**
 8 **relating to organ, eye, and tissue donation; and donor registry initiatives;**

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

13 ~~[(3)]~~ (4) Maintenance of a central registry of **potential organ, eye, and tissue** donors
 14 pursuant to subsection 1 of section 194.304; ~~and~~

15 ~~(4)]~~ (5) Implementation of organ donation awareness programs in the secondary
 16 schools of this state by the department of elementary and secondary education; **and**

17 (6) **Reimbursements for reasonable and necessary expenses incurred by**
 18 **members of the organ donation advisory committee as described in subsection 2 of**
 19 **section 194.300.**

194.300. 1. There is established within the department of health and senior services
 2 the "Organ Donation Advisory Committee", which shall consist of the following members
 3 appointed by the governor with the advice and consent of the senate:

4 (1) Four representatives of organ and tissue procurement organizations;

5 (2) Four members representative of organ recipients, families of organ recipients,
 6 organ donors and families of organ donors;

7 (3) One health care representative from a hospital located in Missouri; and

8 (4) One representative of the department of health and senior services.

9 2. Members of the advisory committee shall receive no compensation for their
 10 services, but may be reimbursed for the reasonable and necessary expenses incurred in the
 11 performance of their duties out of ~~[appropriations made for that purpose]~~ **the organ donor**

12 **program fund established in section 194.297.** Members shall serve for five year terms and
13 shall serve at the pleasure of the governor.

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

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

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

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

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

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

195.010. The following words and phrases as used in this chapter and chapter 579,
2 unless the context otherwise requires, mean:

3 (1) "Acute pain", pain, whether resulting from disease, accidental or intentional
4 trauma, or other causes, that the practitioner reasonably expects to last only a short period of
5 time. Acute pain shall not include chronic pain, pain being treated as part of cancer care,
6 hospice or other end-of-life care, or medication-assisted treatment for substance use
7 disorders;

8 (2) "Addict", a person who habitually uses one or more controlled substances to such
9 an extent as to create a tolerance for such drugs, and who does not have a medical need for
10 such drugs, or who is so far addicted to the use of such drugs as to have lost the power of self-
11 control with reference to his or her addiction;

12 (3) "Administer", to apply a controlled substance, whether by injection, inhalation,
13 ingestion, or any other means, directly to the body of a patient or research subject by:

14 (a) A practitioner (or, in his or her presence, by his or her authorized agent); or

15 (b) The patient or research subject at the direction and in the presence of the
16 practitioner;

17 (4) "Agent", an authorized person who acts on behalf of or at the direction of a
18 manufacturer, distributor, or dispenser. The term does not include a common or contract
19 carrier, public warehouseman, or employee of the carrier or warehouseman while acting in the
20 usual and lawful course of the carrier's or warehouseman's business;

21 (5) "Attorney for the state", any prosecuting attorney, circuit attorney, or attorney
22 general authorized to investigate, commence and prosecute an action under this chapter;

23 (6) "Controlled substance", a drug, substance, or immediate precursor in Schedules I
24 through V listed in this chapter;

25 (7) "Controlled substance analogue", a substance the chemical structure of which is
26 substantially similar to the chemical structure of a controlled substance in Schedule I or II
27 and:

28 (a) Which has a stimulant, depressant, or hallucinogenic effect on the central nervous
29 system substantially similar to the stimulant, depressant, or hallucinogenic effect on the
30 central nervous system of a controlled substance included in Schedule I or II; or

31 (b) With respect to a particular individual, which that individual represents or intends
32 to have a stimulant, depressant, or hallucinogenic effect on the central nervous system
33 substantially similar to the stimulant, depressant, or hallucinogenic effect on the central
34 nervous system of a controlled substance included in Schedule I or II. The term does not
35 include a controlled substance; any substance for which there is an approved new drug
36 application; any substance for which an exemption is in effect for investigational use, for a
37 particular person, under Section 505 of the federal Food, Drug and Cosmetic Act (21 U.S.C.
38 Section 355) to the extent conduct with respect to the substance is pursuant to the exemption;
39 or any substance to the extent not intended for human consumption before such an exemption
40 takes effect with respect to the substance;

41 (8) "Counterfeit substance", a controlled substance which, or the container or labeling
42 of which, without authorization, bears the trademark, trade name, or other identifying mark,
43 imprint, number or device, or any likeness thereof, of a manufacturer, distributor, or dispenser
44 other than the person who in fact manufactured, distributed, or dispensed the substance;

45 (9) "Deliver" or "delivery", the actual, constructive, or attempted transfer from one
46 person to another of drug paraphernalia or of a controlled substance, or an imitation
47 controlled substance, whether or not there is an agency relationship, and includes a sale;

48 (10) "Dentist", a person authorized by law to practice dentistry in this state;

49 (11) "Depressant or stimulant substance":

50 (a) A drug containing any quantity of barbituric acid or any of the salts of barbituric
51 acid or any derivative of barbituric acid which has been designated by the United States
52 Secretary of Health and Human Services as habit forming under 21 U.S.C. Section 352(d);

53 (b) A drug containing any quantity of:

54 a. Amphetamine or any of its isomers;

55 b. Any salt of amphetamine or any salt of an isomer of amphetamine; or

56 c. Any substance the United States Attorney General, after investigation, has found to
57 be, and by regulation designated as, habit forming because of its stimulant effect on the
58 central nervous system;

59 (c) Lysergic acid diethylamide; or

60 (d) Any drug containing any quantity of a substance that the United States Attorney
61 General, after investigation, has found to have, and by regulation designated as having, a
62 potential for abuse because of its depressant or stimulant effect on the central nervous system
63 or its hallucinogenic effect;

64 (12) "Dispense", to deliver a narcotic or controlled dangerous drug to an ultimate user
65 or research subject by or pursuant to the lawful order of a practitioner including the
66 prescribing, administering, packaging, labeling, or compounding necessary to prepare the
67 substance for such delivery. "Dispenser" means a practitioner who dispenses;

68 (13) "Distribute", to deliver other than by administering or dispensing a controlled
69 substance;

70 (14) "Distributor", a person who distributes;

71 (15) "Drug":

72 (a) Substances recognized as drugs in the official United States Pharmacopoeia,
73 Official Homeopathic Pharmacopoeia of the United States, or Official National Formulary, or
74 any supplement to any of them;

75 (b) Substances intended for use in the diagnosis, cure, mitigation, treatment or
76 prevention of disease in humans or animals;

77 (c) Substances, other than food, intended to affect the structure or any function of the
78 body of humans or animals; and

79 (d) Substances intended for use as a component of any article specified in this
80 subdivision. It does not include devices or their components, parts or accessories;

81 (16) "Drug-dependent person", a person who is using a controlled substance and who
82 is in a state of psychic or physical dependence, or both, arising from the use of such substance
83 on a continuous basis. Drug dependence is characterized by behavioral and other responses
84 which include a strong compulsion to take the substance on a continuous basis in order to
85 experience its psychic effects or to avoid the discomfort caused by its absence;

86 (17) "Drug enforcement agency", the Drug Enforcement Administration in the United
87 States Department of Justice, or its successor agency;

88 (18) "Drug paraphernalia", all equipment, products, substances and materials of any
89 kind which are used, intended for use, or designed for use, in planting, propagating,
90 cultivating, growing, harvesting, manufacturing, compounding, converting, producing,
91 processing, preparing, storing, containing, concealing, injecting, ingesting, inhaling, or
92 otherwise introducing into the human body a controlled substance or an imitation controlled
93 substance in violation of this chapter or chapter 579. It includes, but is not limited to:

94 (a) Kits used, intended for use, or designed for use in planting, propagating,
95 cultivating, growing or harvesting of any species of plant which is a controlled substance or
96 from which a controlled substance can be derived;

97 (b) Kits used, intended for use, or designed for use in manufacturing, compounding,
98 converting, producing, processing, or preparing controlled substances or imitation controlled
99 substances;

100 (c) Isomerization devices used, intended for use, or designed for use in increasing the
101 potency of any species of plant which is a controlled substance or an imitation controlled
102 substance;

103 (d) Testing equipment used, intended for use, or designed for use in identifying, or in
104 analyzing the strength, effectiveness or purity of controlled substances or imitation controlled
105 substances, **except that fentanyl testing strips shall not be considered drug**
106 **paraphernalia;**

107 (e) Scales and balances used, intended for use, or designed for use in weighing or
108 measuring controlled substances or imitation controlled substances;

109 (f) Dilutents and adulterants, such as quinine hydrochloride, mannitol, mannite,
110 dextrose and lactose, used, intended for use, or designed for use in cutting controlled
111 substances or imitation controlled substances;

112 (g) Separation gins and sifters used, intended for use, or designed for use in removing
113 twigs and seeds from, or in otherwise cleaning or refining, marijuana;

114 (h) Blenders, bowls, containers, spoons and mixing devices used, intended for use, or
115 designed for use in compounding controlled substances or imitation controlled substances;

116 (i) Capsules, balloons, envelopes and other containers used, intended for use, or
117 designed for use in packaging small quantities of controlled substances or imitation controlled
118 substances;

119 (j) Containers and other objects used, intended for use, or designed for use in storing
120 or concealing controlled substances or imitation controlled substances;

121 (k) Hypodermic syringes, needles and other objects used, intended for use, or
122 designed for use in parenterally injecting controlled substances or imitation controlled
123 substances into the human body;

124 (l) Objects used, intended for use, or designed for use in ingesting, inhaling, or
125 otherwise introducing marijuana, cocaine, hashish, or hashish oil into the human body, such
126 as:

127 a. Metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without
128 screens, permanent screens, hashish heads, or punctured metal bowls;

129 b. Water pipes;

130 c. Carburetion tubes and devices;

131 d. Smoking and carburetion masks;

132 e. Roach clips meaning objects used to hold burning material, such as a marijuana
133 cigarette, that has become too small or too short to be held in the hand;

134 f. Miniature cocaine spoons and cocaine vials;

135 g. Chamber pipes;

136 h. Carburetor pipes;

137 i. Electric pipes;

138 j. Air-driven pipes;

139 k. Chillums;

140 l. Bongs;

141 m. Ice pipes or chillers;

142 (m) Substances used, intended for use, or designed for use in the manufacture of a
143 controlled substance.

144

145 In determining whether an object, product, substance or material is drug paraphernalia, a
146 court or other authority should consider, in addition to all other logically relevant factors, the
147 following:

148 a. Statements by an owner or by anyone in control of the object concerning its use;

149 b. Prior convictions, if any, of an owner, or of anyone in control of the object, under
150 any state or federal law relating to any controlled substance or imitation controlled substance;

151 c. The proximity of the object, in time and space, to a direct violation of this chapter
152 or chapter 579;

153 d. The proximity of the object to controlled substances or imitation controlled
154 substances;

155 e. The existence of any residue of controlled substances or imitation controlled
156 substances on the object;

157 f. Direct or circumstantial evidence of the intent of an owner, or of anyone in control
158 of the object, to deliver it to persons who he or she knows, or should reasonably know, intend
159 to use the object to facilitate a violation of this chapter or chapter 579; the innocence of an
160 owner, or of anyone in control of the object, as to direct violation of this chapter or chapter
161 579 shall not prevent a finding that the object is intended for use, or designed for use as drug
162 paraphernalia;

163 g. Instructions, oral or written, provided with the object concerning its use;

164 h. Descriptive materials accompanying the object which explain or depict its use;

165 i. National or local advertising concerning its use;

166 j. The manner in which the object is displayed for sale;

167 k. Whether the owner, or anyone in control of the object, is a legitimate supplier of
168 like or related items to the community, such as a licensed distributor or dealer of tobacco
169 products;

170 l. Direct or circumstantial evidence of the ratio of sales of the object to the total sales
171 of the business enterprise;

172 m. The existence and scope of legitimate uses for the object in the community;

173 n. Expert testimony concerning its use;

174 o. The quantity, form or packaging of the product, substance or material in relation to
175 the quantity, form or packaging associated with any legitimate use for the product, substance
176 or material;

177 (19) "Federal narcotic laws", the laws of the United States relating to controlled
178 substances;

179 (20) "Hospital", a place devoted primarily to the maintenance and operation of
180 facilities for the diagnosis, treatment or care, for not less than twenty-four hours in any week,
181 of three or more nonrelated individuals suffering from illness, disease, injury, deformity or
182 other abnormal physical conditions; or a place devoted primarily to provide, for not less than
183 twenty-four consecutive hours in any week, medical or nursing care for three or more
184 nonrelated individuals. The term hospital does not include convalescent, nursing, shelter or
185 boarding homes as defined in chapter 198;

186 (21) "Illegal industrial hemp":

187 (a) All nonseed parts and varieties of the *Cannabis sativa* L. plant, growing or not,
188 that contain an average delta-9 tetrahydrocannabinol (THC) concentration exceeding three-
189 tenths of one percent on a dry weight basis;

190 (b) Illegal industrial hemp shall be destroyed in the most effective manner possible,
191 and such destruction shall be verified by the Missouri state highway patrol;

192 (22) "Immediate precursor", a substance which:

193 (a) The state department of health and senior services has found to be and by rule
194 designates as being the principal compound commonly used or produced primarily for use in
195 the manufacture of a controlled substance;

196 (b) Is an immediate chemical intermediary used or likely to be used in the
197 manufacture of a controlled substance; and

198 (c) The control of which is necessary to prevent, curtail or limit the manufacture of
199 the controlled substance;

200 (23) "Imitation controlled substance", a substance that is not a controlled substance,
201 which by dosage unit appearance (including color, shape, size and markings), or by
202 representations made, would lead a reasonable person to believe that the substance is a
203 controlled substance. In determining whether the substance is an imitation controlled
204 substance the court or authority concerned should consider, in addition to all other logically
205 relevant factors, the following:

206 (a) Whether the substance was approved by the federal Food and Drug
207 Administration for over-the-counter (nonprescription or nonlegend) sales and was sold in
208 the federal Food and Drug Administration-approved package, with the federal Food and Drug
209 Administration-approved labeling information;

210 (b) Statements made by an owner or by anyone else in control of the substance
211 concerning the nature of the substance, or its use or effect;

212 (c) Whether the substance is packaged in a manner normally used for illicit controlled
213 substances;

214 (d) Prior convictions, if any, of an owner, or anyone in control of the object, under
215 state or federal law related to controlled substances or fraud;

216 (e) The proximity of the substances to controlled substances;

217 (f) Whether the consideration tendered in exchange for the noncontrolled substance
218 substantially exceeds the reasonable value of the substance considering the actual chemical
219 composition of the substance and, where applicable, the price at which over-the-counter
220 substances of like chemical composition sell. An imitation controlled substance does not
221 include a placebo or registered investigational drug either of which was manufactured,
222 distributed, possessed or delivered in the ordinary course of professional practice or research;

223 (24) "Industrial hemp":

224 (a) All nonseed parts and varieties of the *Cannabis sativa* L. plant, growing or not,
225 that contain an average delta-9 tetrahydrocannabinol (THC) concentration that does not
226 exceed three-tenths of one percent on a dry weight basis or the maximum concentration
227 allowed under federal law, whichever is greater;

228 (b) Any *Cannabis sativa* L. seed that is part of a growing crop, retained by a grower
229 for future planting, or used for processing into or use as agricultural hemp seed;

230 (c) Industrial hemp includes industrial hemp commodities and products and topical or
231 ingestible animal and consumer products derived from industrial hemp with a delta-9
232 tetrahydrocannabinol concentration of not more than three-tenths of one percent on a dry
233 weight basis;

234 (25) "Initial prescription", a prescription issued to a patient who has never previously
235 been issued a prescription for the drug or its pharmaceutical equivalent or who was previously
236 issued a prescription for the drug or its pharmaceutical equivalent, but the date on which the
237 current prescription is being issued is more than five months after the date the patient last
238 used or was administered the drug or its equivalent;

239 (26) "Laboratory", a laboratory approved by the department of health and senior
240 services as proper to be entrusted with the custody of controlled substances but does not
241 include a pharmacist who compounds controlled substances to be sold or dispensed on
242 prescriptions;

243 (27) "Manufacture", the production, preparation, propagation, compounding or
244 processing of drug paraphernalia or of a controlled substance, or an imitation controlled
245 substance, either directly or by extraction from substances of natural origin, or independently
246 by means of chemical synthesis, or by a combination of extraction and chemical synthesis,
247 and includes any packaging or repackaging of the substance or labeling or relabeling of its
248 container. This term does not include the preparation or compounding of a controlled
249 substance or an imitation controlled substance or the preparation, compounding, packaging or
250 labeling of a narcotic or dangerous drug:

251 (a) By a practitioner as an incident to his or her administering or dispensing of a
252 controlled substance or an imitation controlled substance in the course of his or her
253 professional practice; or

254 (b) By a practitioner or his or her authorized agent under his or her supervision, for
255 the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale;

256 (28) "Marijuana", all parts of the plant genus *Cannabis* in any species or form thereof,
257 including, but not limited to *Cannabis Sativa* L., except industrial hemp, *Cannabis Indica*,
258 *Cannabis Americana*, *Cannabis Ruderalis*, and *Cannabis Gigantea*, whether growing or not,
259 the seeds thereof, the resin extracted from any part of the plant; and every compound,
260 manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does
261 not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made
262 from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or
263 preparation of the mature stalks (except the resin extracted therefrom), fiber, oil or cake, or
264 the sterilized seed of the plant which is incapable of germination;

265 (29) "Methamphetamine precursor drug", any drug containing ephedrine,
266 pseudoephedrine, phenylpropanolamine, or any of their salts, optical isomers, or salts of
267 optical isomers;

268 (30) "Narcotic drug", any of the following, whether produced directly or indirectly by
269 extraction from substances of vegetable origin, or independently by means of chemical
270 synthesis, or by a combination of extraction and chemical analysis:

271 (a) Opium, opiate, and any derivative, of opium or opiate, including their isomers,
272 esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of the
273 isomers, esters, ethers, and salts is possible within the specific chemical designation. The
274 term does not include the isoquinoline alkaloids of opium;

275 (b) Coca leaves, but not including extracts of coca leaves from which cocaine,
276 ecgonine, and derivatives of ecgonine or their salts have been removed;

277 (c) Cocaine or any salt, isomer, or salt of isomer thereof;

278 (d) Ecgonine, or any derivative, salt, isomer, or salt of isomer thereof;

279 (e) Any compound, mixture, or preparation containing any quantity of any substance
280 referred to in paragraphs (a) to (d) of this subdivision;

281 (31) "Official written order", an order written on a form provided for that purpose by
282 the United States Commissioner of Narcotics, under any laws of the United States making
283 provision therefor, if such order forms are authorized and required by federal law, and if no
284 such order form is provided, then on an official form provided for that purpose by the
285 department of health and senior services;

286 (32) "Opiate" or "opioid", any substance having an addiction-forming or addiction-
287 sustaining liability similar to morphine or being capable of conversion into a drug having
288 addiction-forming or addiction-sustaining liability. The term includes its racemic and
289 levorotatory forms. It does not include, unless specifically controlled under section 195.017,
290 the dextrorotatory isomer of 3-methoxy-n-methyl-morphinan and its salts
291 (dextromethorphan);

292 (33) "Opium poppy", the plant of the species *Papaver somniferum* L., except its
293 seeds;

294 (34) "Over-the-counter sale", a retail sale licensed pursuant to chapter 144 of a drug
295 other than a controlled substance;

296 (35) "Person", an individual, corporation, government or governmental subdivision or
297 agency, business trust, estate, trust, partnership, joint venture, association, or any other legal
298 or commercial entity;

299 (36) "Pharmacist", a licensed pharmacist as defined by the laws of this state, and
300 where the context so requires, the owner of a store or other place of business where controlled
301 substances are compounded or dispensed by a licensed pharmacist; but nothing in this chapter

302 shall be construed as conferring on a person who is not registered nor licensed as a pharmacist
303 any authority, right or privilege that is not granted to him by the pharmacy laws of this state;

304 (37) "Poppy straw", all parts, except the seeds, of the opium poppy, after mowing;

305 (38) "Possessed" or "possessing a controlled substance", a person, with the
306 knowledge of the presence and nature of a substance, has actual or constructive possession of
307 the substance. A person has actual possession if he has the substance on his or her person or
308 within easy reach and convenient control. A person who, although not in actual possession,
309 has the power and the intention at a given time to exercise dominion or control over the
310 substance either directly or through another person or persons is in constructive possession of
311 it. Possession may also be sole or joint. If one person alone has possession of a substance
312 possession is sole. If two or more persons share possession of a substance, possession is
313 joint;

314 (39) "Practitioner", a physician, dentist, optometrist, podiatrist, veterinarian, scientific
315 investigator, pharmacy, hospital or other person licensed, registered or otherwise permitted by
316 this state to distribute, dispense, conduct research with respect to or administer or to use in
317 teaching or chemical analysis, a controlled substance in the course of professional practice or
318 research in this state, or a pharmacy, hospital or other institution licensed, registered, or
319 otherwise permitted to distribute, dispense, conduct research with respect to or administer a
320 controlled substance in the course of professional practice or research;

321 (40) "Production", includes the manufacture, planting, cultivation, growing, or
322 harvesting of drug paraphernalia or of a controlled substance or an imitation controlled
323 substance;

324 (41) "Registry number", the number assigned to each person registered under the
325 federal controlled substances laws;

326 (42) "Sale", includes barter, exchange, or gift, or offer therefor, and each such
327 transaction made by any person, whether as principal, proprietor, agent, servant or employee;

328 (43) "State" when applied to a part of the United States, includes any state, district,
329 commonwealth, territory, insular possession thereof, and any area subject to the legal
330 authority of the United States of America;

331 (44) "Synthetic cannabinoid", includes unless specifically excepted or unless listed in
332 another schedule, any natural or synthetic material, compound, mixture, or preparation that
333 contains any quantity of a substance that is a cannabinoid receptor agonist, including but not
334 limited to any substance listed in paragraph (II) of subdivision (4) of subsection 2 of section
335 195.017 and any analogues; homologues; isomers, whether optical, positional, or geometric;
336 esters; ethers; salts; and salts of isomers, esters, and ethers, whenever the existence of the
337 isomers, esters, ethers, or salts is possible within the specific chemical designation, however,

338 it shall not include any approved pharmaceutical authorized by the United States Food and
339 Drug Administration;

340 (45) "Ultimate user", a person who lawfully possesses a controlled substance or an
341 imitation controlled substance for his or her own use or for the use of a member of his or her
342 household or immediate family, regardless of whether they live in the same household, or for
343 administering to an animal owned by him or by a member of his or her household. For
344 purposes of this section, the phrase "immediate family" means a husband, wife, parent, child,
345 sibling, stepparent, stepchild, stepbrother, stepsister, grandparent, or grandchild;

346 (46) "Wholesaler", a person who supplies drug paraphernalia or controlled substances
347 or imitation controlled substances that he himself has not produced or prepared, on official
348 written orders, but not on prescriptions.

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

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

5 (2) "Opioid antagonist", naloxone hydrochloride that blocks the effects of an opioid
6 overdose that is administered in a manner approved by the United States Food and Drug
7 Administration or any accepted medical practice method of administering;

8 ~~[(2)]~~ (3) "Opioid-related drug overdose", a condition including, but not limited to,
9 extreme physical illness, decreased level of consciousness, respiratory depression, coma, or
10 death resulting from the consumption or use of an opioid or other substance with which an
11 opioid was combined or a condition that a layperson would reasonably believe to be an
12 opioid-related drug overdose that requires medical assistance.

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

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

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

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

24 4. A licensed pharmacist who, acting in good faith and with reasonable care, sells or
25 dispenses an opioid antagonist **or an addiction mitigation medication** and **an** appropriate
26 device to administer the drug, and the protocol physician, shall not be subject to any criminal

27 or civil liability or any professional disciplinary action for prescribing or dispensing the
28 opioid antagonist **or addiction mitigation medication** or any outcome resulting from the
29 administration of the opioid antagonist **or addiction mitigation medication**. A physician
30 issuing a statewide standing order under subsection 2 of this section shall not be subject to
31 any criminal or civil liability or any professional disciplinary action for issuing the standing
32 order or for any outcome related to the order or the administration of the opioid antagonist **or**
33 **addiction mitigation medication**.

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

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

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

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

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

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

10 (3) "**Director**", the director of the department or the director's designee;

11 (4) "**Food**", a food, food product, food ingredient, dietary ingredient, dietary
12 supplement, or beverage for human consumption;

13 (5) "**Kratom product**", a food product or dietary ingredient containing any part
14 of the leaf of the plant *Mitragyna speciosa*.

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

20 4. (1) A dealer who prepares, distributes, sells, or exposes for sale a food that is
21 represented to be a kratom product shall disclose on the product label the factual basis
22 upon which that representation is made.

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

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

28 **(1) A kratom product that is adulterated with a dangerous non-kratom**
29 **substance. A kratom product shall be considered to be adulterated with a dangerous**
30 **non-kratom substance if the kratom product is mixed or packed with a non-kratom**
31 **substance and that substance affects the quality or strength of the kratom product to**
32 **such a degree as to render the kratom product injurious to a consumer;**

33 **(2) A kratom product that is contaminated with a dangerous non-kratom**
34 **substance. A kratom product shall be considered to be contaminated with a dangerous**
35 **non-kratom substance if the kratom product contains a poisonous or otherwise**
36 **deleterious non-kratom ingredient including, but not limited to, any substance listed in**
37 **section 195.017;**

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

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

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

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

47 **7. (1) If a dealer violates subdivision (1) of subsection 4 of this section, the**
48 **director may, after notice and hearing, impose a fine on the dealer of no more than five**
49 **hundred dollars for the first offense and no more than one thousand dollars for the**
50 **second or subsequent offense.**

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

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

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

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

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

21 accreditation organization the reports of which are accepted for licensure purposes pursuant to
22 this section, except for good cause shown.

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

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

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

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

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

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

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

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

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

13 (2) Is conducted ~~[within one year of initial application]~~ **in accordance with Title**
14 **XVIII of the Social Security Act for initial application** or renewal of the hospice's
15 certificate.

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

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

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

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

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

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

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

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

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

19 ~~[(6)]~~ (7) "Patient's residence", the actual place of residence of the person receiving
20 home health services, including institutional residences as well as individual dwelling units;

21 ~~[(7)]~~ (8) "Physician", a person licensed by the state board of registration for the
22 healing arts pursuant to the provisions of chapter 334 to practice in this state as a physician
23 and surgeon;

24 ~~[(8)]~~ (9) **"Physician assistant", a person licensed by the state board of**
25 **registration for the healing arts pursuant to the provisions of chapter 334 to practice in**
26 **this state as a physician assistant;**

27 (10) "Plan of treatment", a plan reviewed and signed as often as ~~[medically]~~ necessary
28 by a physician ~~[or]~~, podiatrist, **nurse practitioner, clinical nurse specialist, or a physician**

29 **assistant**, not to exceed sixty days in duration, **and reviewed by a physician at least once**
30 **every six months**, prescribing items and services for an individual patient's condition;

31 ~~[(9)]~~ (11) "Podiatrist", a person licensed by the state board of podiatry pursuant to the
32 provisions of chapter 330 to practice in this state as a podiatrist;

33 ~~[(10)]~~ (12) "Subunit" or "subdivision", any organizational unit of a larger
34 organization which can be clearly defined as a separate entity within the larger structure,
35 which can meet all of the requirements of sections 197.400 to 197.475 independent of the
36 larger organization, which can be held accountable for the care of patients it is serving, and
37 which provides to all patients care and services meeting the standards and requirements of
38 sections 197.400 to 197.475.

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

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

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

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

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

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

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

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

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

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

6 2. The rules and standards adopted by the department pursuant to the provisions of
 7 sections 197.400 to 197.477 shall apply to all health services covered by sections 197.400 to
 8 197.477 rendered to any patient being served by a home health agency regardless of source of
 9 payment for the service, patient's condition, or place of residence, at which the home health
 10 services are ordered by the physician [~~or~~], **podiatrist, nurse practitioner, clinical nurse**
 11 **specialist, or physician assistant**. No rule or portion of a rule promulgated pursuant to the
 12 authority of sections 197.400 to 197.477 shall become effective unless it has been
 13 promulgated pursuant to the provisions of section 536.024.

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

- 3 (1) "Abuse", the infliction of physical, sexual, or emotional injury or harm;
 4 (2) "Activities of daily living" or "ADL", one or more of the following activities of
 5 daily living:
 6 (a) Eating;
 7 (b) Dressing;
 8 (c) Bathing;
 9 (d) Toileting;
 10 (e) Transferring; and
 11 (f) Walking;
 12 (3) "Administrator", the person who is in general administrative charge of a facility;
 13 (4) "Affiliate":
 14 (a) With respect to a partnership, each partner thereof;
 15 (b) With respect to a limited partnership, the general partner and each limited partner
 16 with an interest of five percent or more in the limited partnership;
 17 (c) With respect to a corporation, each person who owns, holds or has the power to
 18 vote five percent or more of any class of securities issued by the corporation, and each officer
 19 and director;
 20 (d) With respect to a natural person, any parent, child, sibling, or spouse of that
 21 person;

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

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

35 (a) Assistance with any activities of daily living and any instrumental activities of
36 daily living;

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

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

40

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

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

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

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

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

56 (11) "Facility", any residential care facility, assisted living facility, intermediate care
57 facility, or skilled nursing facility;

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

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

62 (a) Preparing meals;

63 (b) Shopping for personal items;

64 (c) Medication management;

65 (d) Managing money;

66 (e) Using the telephone;

67 (f) Housework; and

68 (g) Transportation ability;

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

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

80 (16) "Medicaid", medical assistance under section 208.151, et seq., in compliance
81 with Title XIX, Public Law 89-97, 1965 amendments to the Social Security Act (42 U.S.C.
82 301, et seq.), as amended;

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

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

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

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

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

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

95 (d) Any lease or sublease of the land or structure in or on which a facility is located.
96

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

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

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

108 (22) "Residential care facility", any premises, other than an assisted living facility,
109 intermediate care facility, or skilled nursing facility, which is utilized by its owner, operator or
110 manager to provide twenty-four-hour care to three or more residents, who are not related
111 within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the
112 facility and who need or are provided with shelter, board, and with protective oversight,
113 which may include storage and distribution or administration of medications and care during
114 short-term illness or recuperation, except that, for purposes of receiving supplemental welfare
115 assistance payments under section 208.030, only any residential care facility licensed as a
116 residential care facility II immediately prior to August 28, 2006, and that continues to meet
117 such licensure requirements for a residential care facility II licensed immediately prior to
118 August 28, 2006, shall continue to receive after August 28, 2006, the payment amount
119 allocated immediately prior to August 28, 2006, for a residential care facility II under section
120 208.030;

121 (23) "Skilled nursing facility", any premises, other than a residential care facility, an
122 assisted living facility, or an intermediate care facility, which is utilized by its owner, operator
123 or manager to provide for twenty-four-hour accommodation, board and skilled nursing care
124 and treatment services to at least three residents who are not related within the fourth degree
125 of consanguinity or affinity to the owner, operator or manager of the facility. Skilled nursing
126 care and treatment services are those services commonly performed by or under the
127 supervision of a registered professional nurse for individuals requiring twenty-four-hours-a-
128 day care by licensed nursing personnel including acts of observation, care and counsel of the
129 aged, ill, injured or infirm, the administration of medications and treatments as prescribed by
130 a licensed physician or dentist, and other nursing functions requiring substantial specialized
131 judgment and skill;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 3. The department may inspect any facility and any records and may make copies of
26 records, at the facility, at the department's own expense, required to be maintained by sections
27 198.003 to 198.096 or by the rules and regulations promulgated thereunder at any time if a
28 license has been issued to or an application for a license has been filed by the operator of such
29 facility. Copies of any records requested by the department shall be prepared by the staff of
30 such facility within two business days or as determined by the department. The department
31 shall not remove or disassemble any medical record during any inspection of the facility, but
32 may observe the photocopying or may make its own copies if the facility does not have the
33 technology to make the copies. In accordance with the provisions of section 198.525, the
34 department shall make at least ~~[two inspections]~~ **one inspection** per year, ~~[at least one of]~~
35 which shall be unannounced to the operator. The department may make such other
36 inspections, announced or unannounced, as it deems necessary to carry out the provisions of
37 sections 198.003 to 198.136.

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

46 5. Whenever the department is inspecting a facility in response to an application from
47 an operator located outside of Missouri not previously licensed by the department, the
48 department may request from the applicant the past five years compliance history of all
49 facilities owned by the applicant located outside of this state.

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

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

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

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

41 5. At any time after an inspection is conducted, the operator may choose to enter into
42 a consent agreement with the department to obtain a probationary license. The consent
43 agreement shall include a provision that the operator will voluntarily surrender the license if
44 substantial compliance is not reached in accordance with the terms and deadlines established
45 under the agreement. The agreement shall specify the stages, actions and time span to
46 achieve substantial compliance.

47 6. Whenever a notice of noncompliance has been issued, the operator shall post a
48 copy of the notice of noncompliance and a copy of the most recent inspection report in a

49 conspicuous location in the facility, and the department shall send a copy of the notice of
50 noncompliance to the department of social services, the department of mental health, and any
51 other concerned federal, state or local governmental agencies.

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

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

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

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

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

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

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

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

32 3. Upon revocation of a license, the director of the department shall so notify the
33 operator in writing, setting forth the reason and grounds for the revocation. Notice of such
34 revocation shall be sent ~~[either by certified mail, return receipt requested,]~~ **by a delivery**

35 **service that provides a dated receipt of delivery** to the operator [~~at the address of the~~
36 ~~facility~~] **and administrator**, or served personally upon the operator **and administrator**. The
37 department shall provide the operator notice of such revocation at least ten days prior to its
38 effective date.

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

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

9 3. For any inspection or survey of a facility licensed under this chapter, regardless of
10 the purpose, the department shall require every newly hired inspector or surveyor at the time
11 of hiring or, with respect to any currently employed inspector or surveyor as of August 28,
12 2009, to disclose:

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

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

17

18 The disclosures under this subsection shall be disclosed to the department whenever the event
19 giving rise to disclosure first occurs.

20 4. For purposes of this section, the phrase "immediate family member" shall mean
21 husband, wife, natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother,
22 stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-
23 law, grandparent or grandchild.

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

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

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

4 (1) Without the prior notification of the facility; and

5 (2) At times of the day, on dates and at intervals which do not permit facilities to
6 anticipate such inspections.

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

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

12 ~~(1) Previous inspection reports;~~

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

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

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

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

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

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

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

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

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

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

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

12 (6) "Plan of correction", a facility's response to deficiencies which explains how
13 corrective action will be accomplished, how the facility will identify other residents who may
14 be affected by the deficiency practice, what measures will be used or systemic changes made

15 to ensure that the deficient practice will not reoccur, and how the facility will monitor to
16 ensure that solutions are sustained;

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

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

24 4. The department shall establish an IDR process to determine whether a cited
25 deficiency as evidenced by a statement of deficiencies against a facility shall be upheld. The
26 department shall promulgate rules to incorporate by reference the provisions of 42 CFR
27 488.331 regarding the IDR process and to include the following minimum requirements for
28 the IDR process:

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

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

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

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

44 (b) A telephonic conference; or

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

47

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

50 5. Within ten days of the IDR conference described in subsection 4 of this section, the
51 QIO shall make a determination, based upon the facts and findings presented, and shall

52 transmit the decision and rationale for the outcome in writing to the facility and the
53 department.

54 6. If the department disagrees with such determination, the department shall transmit
55 the department's decision and rationale for the reversal of the QIO's decision to the facility
56 within ten calendar days of receiving the QIO's decision.

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

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

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

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

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

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

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

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

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

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

13 (6) "Supplemental health care services agency" or "agency", a person, firm,
14 corporation, partnership, or association engaged for hire in the business of providing or
15 procuring temporary employment in health care facilities for health care personnel,
16 including a temporary nursing staffing agency as defined in section 383.130, or that
17 operates a digital website or digital smartphone application that facilitates the provision
18 of the engagement of health care personnel and accepts requests for health care
19 personnel through its digital website or digital smartphone application. The term
20 "supplemental health care services agency" or "agency" shall not include an individual
21 who engages, only on his or her own behalf, to provide the individual's services on a
22 temporary basis to health care facilities or a home health agency licensed under section
23 197.415 and shall not include a person, firm, corporation, partnership, or association
24 engaged in the provision of contracted specialty services by a practitioner as defined
25 under subdivision (4) of section 376.1575, to a hospital as defined under section 197.020,
26 or to other individuals or entities providing health care that are not health care facilities.

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

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

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

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

14 (3) Satisfactory proof of compliance with the provisions of sections 198.640 to
15 198.648;

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

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

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

24

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

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

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

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

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

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

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

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

21 **(5) Maintain, and provide proof of, insurance coverage for workers'**
22 **compensation for all health care personnel provided or procured by the agency or, if**

23 the health care personnel provided or procured by the agency are independent
24 contractors, require occupational accident insurance;

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

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

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

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

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

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

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

43 (10) Indemnify and hold harmless a health care facility for any damages,
44 sanctions, or civil monetary penalties that are proximately caused by an action or failure
45 to act of any health care personnel the agency provides to the health care facility;
46 however, if the damages, sanctions, or civil monetary penalties are proximately caused
47 by the negligence, action, or failure to act by the health care facility, then liability shall
48 be determined by a percentage of fault and shall be the sole responsibility of the party
49 against whom such determination is made.

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

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

56 4. (1) Any supplemental health care services agency whose registration has been
57 suspended or revoked may appeal the department's decision to the administrative
58 hearing commission under the provisions of chapter 621.

59 **(2) If a controlling person has been notified by the department that the**
60 **supplemental health care services agency will not receive an initial registration or that a**
61 **renewal of the registration has been denied, the controlling person or a legal**
62 **representative on behalf of the agency may request and receive a hearing on the**
63 **denial before the administrative hearing commission under the provisions of chapter**
64 **621.**

65 **5. (1) The controlling person of a supplemental health care services agency**
66 **whose registration has not been renewed or has been revoked because of noncompliance**
67 **with the provisions of sections 198.640 to 198.648 shall not be eligible to apply for or**
68 **receive a registration for five years following the effective date of the nonrenewal or**
69 **revocation.**

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

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

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

 208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO
2 HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX,
3 Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section
4 301, et seq.) as amended, the following needy persons shall be eligible to receive MO
5 HealthNet benefits to the extent and in the manner hereinafter provided:

6 **(1) All participants receiving state supplemental payments for the aged, blind and**
7 **disabled;**

8 (2) All participants receiving aid to families with dependent children benefits,
9 including all persons under nineteen years of age who would be classified as dependent
10 children except for the requirements of subdivision (1) of subsection 1 of section 208.040.
11 Participants eligible under this subdivision who are participating in treatment court, as
12 defined in section 478.001, shall have their eligibility automatically extended sixty days from
13 the time their dependent child is removed from the custody of the participant, subject to
14 approval of the Centers for Medicare and Medicaid Services;

15 (3) All participants receiving blind pension benefits;

16 (4) All persons who would be determined to be eligible for old age assistance
17 benefits, permanent and total disability benefits, or aid to the blind benefits under the
18 eligibility standards in effect December 31, 1973, or less restrictive standards as established
19 by rule of the family support division, who are sixty-five years of age or over and are patients
20 in state institutions for mental diseases or tuberculosis;

21 (5) All persons under the age of twenty-one years who would be eligible for aid to
22 families with dependent children except for the requirements of subdivision (2) of subsection
23 1 of section 208.040, and who are residing in an intermediate care facility, or receiving active
24 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. Section
25 1396d, as amended;

26 (6) All persons under the age of twenty-one years who would be eligible for aid to
27 families with dependent children benefits except for the requirement of deprivation of
28 parental support as provided for in subdivision (2) of subsection 1 of section 208.040;

29 (7) All persons eligible to receive nursing care benefits;

30 (8) All participants receiving family foster home or nonprofit private child-care
31 institution care, subsidized adoption benefits and parental school care wherein state funds are
32 used as partial or full payment for such care;

33 (9) All persons who were participants receiving old age assistance benefits, aid to the
34 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who
35 continue to meet the eligibility requirements, except income, for these assistance categories,
36 but who are no longer receiving such benefits because of the implementation of Title XVI of
37 the federal Social Security Act, as amended;

38 (10) Pregnant women who meet the requirements for aid to families with dependent
39 children, except for the existence of a dependent child in the home;

40 (11) Pregnant women who meet the requirements for aid to families with dependent
41 children, except for the existence of a dependent child who is deprived of parental support as
42 provided for in subdivision (2) of subsection 1 of section 208.040;

43 (12) Pregnant women or infants under one year of age, or both, whose family income
44 does not exceed an income eligibility standard equal to one hundred eighty-five percent of the

45 federal poverty level as established and amended by the federal Department of Health and
46 Human Services, or its successor agency;

47 (13) Children who have attained one year of age but have not attained six years of age
48 who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget
49 Reconciliation Act of 1989) (42 U.S.C. Sections 1396a to 1396b). The family support
50 division shall use an income eligibility standard equal to one hundred thirty-three percent of
51 the federal poverty level established by the Department of Health and Human Services, or its
52 successor agency;

53 (14) Children who have attained six years of age but have not attained nineteen years
54 of age. For children who have attained six years of age but have not attained nineteen years
55 of age, the family support division shall use an income assessment methodology which
56 provides for eligibility when family income is equal to or less than equal to one hundred
57 percent of the federal poverty level established by the Department of Health and Human
58 Services, or its successor agency. As necessary to provide MO HealthNet coverage under this
59 subdivision, the department of social services may revise the state MO HealthNet plan to
60 extend coverage under 42 U.S.C. Section 1396a(a)(10)(A)(i)(III) to children who have
61 attained six years of age but have not attained nineteen years of age as permitted by paragraph
62 (2) of subsection (n) of 42 U.S.C. Section 1396d using a more liberal income assessment
63 methodology as authorized by paragraph (2) of subsection (r) of 42 U.S.C. Section 1396a;

64 (15) The family support division shall not establish a resource eligibility standard in
65 assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The
66 MO HealthNet division shall define the amount and scope of benefits which are available to
67 individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in
68 accordance with the requirements of federal law and regulations promulgated thereunder;

69 (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal
70 care shall be made available to pregnant women during a period of presumptive eligibility
71 pursuant to 42 U.S.C. Section 1396r-1, as amended;

72 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under
73 this section on the date of the child's birth shall be deemed to have applied for MO HealthNet
74 benefits and to have been found eligible for such assistance under such plan on the date of
75 such birth and to remain eligible for such assistance for a period of time determined in
76 accordance with applicable federal and state law and regulations so long as the child is a
77 member of the woman's household and either the woman remains eligible for such assistance
78 or for children born on or after January 1, 1991, the woman would remain eligible for such
79 assistance if she were still pregnant. Upon notification of such child's birth, the family
80 support division shall assign a MO HealthNet eligibility identification number to the child so
81 that claims may be submitted and paid under such child's identification number;

82 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to
83 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO
84 HealthNet benefits be required to apply for aid to families with dependent children. The
85 family support division shall utilize an application for eligibility for such persons which
86 eliminates information requirements other than those necessary to apply for MO HealthNet
87 benefits. The division shall provide such application forms to applicants whose preliminary
88 income information indicates that they are ineligible for aid to families with dependent
89 children. Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this
90 subsection shall be informed of the aid to families with dependent children program and that
91 they are entitled to apply for such benefits. Any forms utilized by the family support division
92 for assessing eligibility under this chapter shall be as simple as practicable;

93 (19) Subject to appropriations necessary to recruit and train such staff, the family
94 support division shall provide one or more full-time, permanent eligibility specialists to
95 process applications for MO HealthNet benefits at the site of a health care provider, if the
96 health care provider requests the placement of such eligibility specialists and reimburses the
97 division for the expenses including but not limited to salaries, benefits, travel, training,
98 telephone, supplies, and equipment of such eligibility specialists. The division may provide a
99 health care provider with a part-time or temporary eligibility specialist at the site of a health
100 care provider if the health care provider requests the placement of such an eligibility specialist
101 and reimburses the division for the expenses, including but not limited to the salary, benefits,
102 travel, training, telephone, supplies, and equipment, of such an eligibility specialist. The
103 division may seek to employ such eligibility specialists who are otherwise qualified for such
104 positions and who are current or former welfare participants. The division may consider
105 training such current or former welfare participants as eligibility specialists for this program;

106 (20) Pregnant women who are eligible for, have applied for and have received MO
107 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue
108 to be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits
109 provided under section 208.152 until the end of the sixty-day period beginning on the last day
110 of their pregnancy. Pregnant women receiving mental health treatment for postpartum
111 depression or related mental health conditions within sixty days of giving birth shall, subject
112 to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits
113 for mental health services for the treatment of postpartum depression and related mental
114 health conditions for up to twelve additional months. Pregnant women receiving substance
115 abuse treatment within sixty days of giving birth shall, subject to appropriations and any
116 necessary federal approval, be eligible for MO HealthNet benefits for substance abuse
117 treatment and mental health services for the treatment of substance abuse for no more than
118 twelve additional months, as long as the woman remains adherent with treatment. The

119 department of mental health and the department of social services shall seek any necessary
120 waivers or state plan amendments from the Centers for Medicare and Medicaid Services and
121 shall develop rules relating to treatment plan adherence. No later than fifteen months after
122 receiving any necessary waiver, the department of mental health and the department of social
123 services shall report to the house of representatives budget committee and the senate
124 appropriations committee on the compliance with federal cost neutrality requirements;

125 (21) Case management services for pregnant women and young children at risk shall
126 be a covered service. To the greatest extent possible, and in compliance with federal law and
127 regulations, the department of health and senior services shall provide case management
128 services to pregnant women by contract or agreement with the department of social services
129 through local health departments organized under the provisions of chapter 192 or chapter
130 205 or a city health department operated under a city charter or a combined city-county health
131 department or other department of health and senior services designees. To the greatest extent
132 possible the department of social services and the department of health and senior services
133 shall mutually coordinate all services for pregnant women and children with the crippled
134 children's program, the prevention of intellectual disability and developmental disability
135 program and the prenatal care program administered by the department of health and senior
136 services. The department of social services shall by regulation establish the methodology for
137 reimbursement for case management services provided by the department of health and senior
138 services. For purposes of this section, the term "case management" shall mean those
139 activities of local public health personnel to identify prospective MO HealthNet-eligible high-
140 risk mothers and enroll them in the state's MO HealthNet program, refer them to local
141 physicians or local health departments who provide prenatal care under physician protocol
142 and who participate in the MO HealthNet program for prenatal care and to ensure that said
143 high-risk mothers receive support from all private and public programs for which they are
144 eligible and shall not include involvement in any MO HealthNet prepaid, case-managed
145 programs;

146 (22) By January 1, 1988, the department of social services and the department of
147 health and senior services shall study all significant aspects of presumptive eligibility for
148 pregnant women and submit a joint report on the subject, including projected costs and the
149 time needed for implementation, to the general assembly. The department of social services,
150 at the direction of the general assembly, may implement presumptive eligibility by regulation
151 promulgated pursuant to chapter 207;

152 (23) All participants who would be eligible for aid to families with dependent
153 children benefits except for the requirements of paragraph (d) of subdivision (1) of section
154 208.150;

155 (24) (a) All persons who would be determined to be eligible for old age assistance
156 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42
157 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet
158 state plan as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income
159 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the
160 income limit if authorized by annual appropriation;

161 (b) All persons who would be determined to be eligible for aid to the blind benefits
162 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
163 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state
164 plan as of January 1, 2005, except that less restrictive income methodologies, as authorized in
165 42 U.S.C. Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent
166 of the federal poverty level;

167 (c) All persons who would be determined to be eligible for permanent and total
168 disability benefits under the eligibility standards in effect December 31, 1973, as authorized
169 by 42 U.S.C. Section 1396a(f); or less restrictive methodologies as contained in the MO
170 HealthNet state plan as of January 1, 2005; except that, on or after July 1, 2005, less
171 restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be
172 used to change the income limit if authorized by annual appropriations. Eligibility standards
173 for permanent and total disability benefits shall not be limited by age;

174 (25) Persons who have been diagnosed with breast or cervical cancer and who are
175 eligible for coverage pursuant to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such
176 persons shall be eligible during a period of presumptive eligibility in accordance with 42
177 U.S.C. Section 1396r-1;

178 (26) Persons who are in foster care under the responsibility of the state of Missouri on
179 the date such persons attained the age of eighteen years, or at any time during the thirty-day
180 period preceding their eighteenth birthday, or persons who received foster care for at least six
181 months in another state, are residing in Missouri, and are at least eighteen years of age,
182 without regard to income or assets, if such persons:

183 (a) Are under twenty-six years of age;

184 (b) Are not eligible for coverage under another mandatory coverage group; and

185 (c) Were covered by Medicaid while they were in foster care;

186 (27) Any homeless child or homeless youth, as those terms are defined in section
187 167.020, subject to approval of a state plan amendment by the Centers for Medicare and
188 Medicaid Services;

189 **(28) (a) Beginning on the effective date of this subdivision, pregnant women who**
190 **are eligible for, have applied for, and have received MO HealthNet benefits under**
191 **subdivision (2), (10), (11), or (12) of this subsection shall be eligible for medical**

192 **assistance during the pregnancy and during the twelve-month period that begins on the**
193 **last day of the woman's pregnancy and ends on the last day of the month in which such**
194 **twelve-month period ends, consistent with the provisions of 42 U.S.C. Section 1396a(e)**
195 **(16). The department shall submit a state plan amendment to the Centers for Medicare**
196 **and Medicaid Services within sixty days of the effective date of this subdivision;**

197 **(b) The provisions of this subdivision shall remain in effect for any period of**
198 **time during which the federal authority under 42 U.S.C. Section 1396a(e)(16), as**
199 **amended, or any successor statutes or implementing regulations, is in effect.**

200 2. Rules and regulations to implement this section shall be promulgated in accordance
201 with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that
202 is created under the authority delegated in this section shall become effective only if it
203 complies with and is subject to all of the provisions of chapter 536 and, if applicable, section
204 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with
205 the general assembly pursuant to chapter 536 to review, to delay the effective date or to
206 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
207 rulemaking authority and any rule proposed or adopted after August 28, 2002, shall be invalid
208 and void.

209 3. After December 31, 1973, and before April 1, 1990, any family eligible for
210 assistance pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last
211 six months immediately preceding the month in which such family became ineligible for such
212 assistance because of increased income from employment shall, while a member of such
213 family is employed, remain eligible for MO HealthNet benefits for four calendar months
214 following the month in which such family would otherwise be determined to be ineligible for
215 such assistance because of income and resource limitation. After April 1, 1990, any family
216 receiving aid pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the
217 six months immediately preceding the month in which such family becomes ineligible for
218 such aid, because of hours of employment or income from employment of the caretaker
219 relative, shall remain eligible for MO HealthNet benefits for six calendar months following
220 the month of such ineligibility as long as such family includes a child as provided in 42
221 U.S.C. Section 1396r-6. Each family which has received such medical assistance during the
222 entire six-month period described in this section and which meets reporting requirements and
223 income tests established by the division and continues to include a child as provided in 42
224 U.S.C. Section 1396r-6 shall receive MO HealthNet benefits without fee for an additional six
225 months. The MO HealthNet division may provide by rule and as authorized by annual
226 appropriation the scope of MO HealthNet coverage to be granted to such families.

227 4. When any individual has been determined to be eligible for MO HealthNet
228 benefits, such medical assistance will be made available to him or her for care and services

229 furnished in or after the third month before the month in which he made application for such
230 assistance if such individual was, or upon application would have been, eligible for such
231 assistance at the time such care and services were furnished; provided, further, that such
232 medical expenses remain unpaid.

233 5. The department of social services may apply to the federal Department of Health
234 and Human Services for a MO HealthNet waiver amendment to the Section 1115
235 demonstration waiver or for any additional MO HealthNet waivers necessary not to exceed
236 one million dollars in additional costs to the state, unless subject to appropriation or directed
237 by statute, but in no event shall such waiver applications or amendments seek to waive the
238 services of a rural health clinic or a federally qualified health center as defined in 42 U.S.C.
239 Section 1396d(l)(1) and (2) or the payment requirements for such clinics and centers as
240 provided in 42 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless such waiver application is
241 approved by the oversight committee created in section 208.955. A request for such a waiver
242 so submitted shall only become effective by executive order not sooner than ninety days after
243 the final adjournment of the session of the general assembly to which it is submitted, unless it
244 is disapproved within sixty days of its submission to a regular session by a senate or house
245 resolution adopted by a majority vote of the respective elected members thereof, unless the
246 request for such a waiver is made subject to appropriation or directed by statute.

247 6. Notwithstanding any other provision of law to the contrary, in any given fiscal
248 year, any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of
249 subsection 1 of this section shall only be eligible if annual appropriations are made for such
250 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section
251 1396a(a)(10)(A)(i).

252 7. (1) Notwithstanding any provision of law to the contrary, a military service
253 member, or an immediate family member residing with such military service member, who is
254 a legal resident of this state and is eligible for MO HealthNet developmental disability
255 services, shall have his or her eligibility for MO HealthNet developmental disability services
256 temporarily suspended for any period of time during which such person temporarily resides
257 outside of this state for reasons relating to military service, but shall have his or her eligibility
258 immediately restored upon returning to this state to reside.

259 (2) Notwithstanding any provision of law to the contrary, if a military service
260 member, or an immediate family member residing with such military service member, is not a
261 legal resident of this state, but would otherwise be eligible for MO HealthNet developmental
262 disability services, such individual shall be deemed eligible for MO HealthNet developmental
263 disability services for the duration of any time in which such individual is temporarily present
264 in this state for reasons relating to military service.

208.152. 1. MO HealthNet payments shall be made on behalf of those eligible needy persons as described in section 208.151 who are unable to provide for it in whole or in part, with any payments to be made on the basis of the reasonable cost of the care or reasonable charge for the services as defined and determined by the MO HealthNet division, unless otherwise hereinafter provided, for the following:

(1) Inpatient hospital services, except to persons in an institution for mental diseases who are under the age of sixty-five years and over the age of twenty-one years; provided that the MO HealthNet division shall provide through rule and regulation an exception process for coverage of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and provided further that the MO HealthNet division shall take into account through its payment system for hospital services the situation of hospitals which serve a disproportionate number of low-income patients;

(2) All outpatient hospital services, payments therefor to be in amounts which represent no more than eighty percent of the lesser of reasonable costs or customary charges for such services, determined in accordance with the principles set forth in Title XVIII A and B, Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301, et seq.), but the MO HealthNet division may evaluate outpatient hospital services rendered under this section and deny payment for services which are determined by the MO HealthNet division not to be medically necessary, in accordance with federal law and regulations;

(3) Laboratory and X-ray services;

(4) Nursing home services for participants, except to persons with more than five hundred thousand dollars equity in their home or except for persons in an institution for mental diseases who are under the age of sixty-five years, when residing in a hospital licensed by the department of health and senior services or a nursing home licensed by the department of health and senior services or appropriate licensing authority of other states or government-owned and -operated institutions which are determined to conform to standards equivalent to licensing requirements in Title XIX of the federal Social Security Act (42 U.S.C. Section ~~301,~~ **1396** et seq.), as amended, for nursing facilities. The MO HealthNet division may recognize through its payment methodology for nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The MO HealthNet division when determining the amount of the benefit payments to be made on behalf of persons under the age of twenty-one in a nursing facility may consider nursing facilities furnishing care to persons under the age of twenty-one as a classification separate from other nursing facilities;

(5) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection for those days, which shall not exceed twelve per any period of six

38 consecutive months, during which the participant is on a temporary leave of absence from the
39 hospital or nursing home, provided that no such participant shall be allowed a temporary
40 leave of absence unless it is specifically provided for in his plan of care. As used in this
41 subdivision, the term "temporary leave of absence" shall include all periods of time during
42 which a participant is away from the hospital or nursing home overnight because he is visiting
43 a friend or relative;

44 (6) Physicians' services, whether furnished in the office, home, hospital, nursing
45 home, or elsewhere;

46 (7) Subject to appropriation, up to twenty visits per year for services limited to
47 examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned
48 articulations and structures of the body provided by licensed chiropractic physicians
49 practicing within their scope of practice. Nothing in this subdivision shall be interpreted to
50 otherwise expand MO HealthNet services;

51 (8) Drugs and medicines when prescribed by a licensed physician, dentist, podiatrist,
52 or an advanced practice registered nurse; except that no payment for drugs and medicines
53 prescribed on and after January 1, 2006, by a licensed physician, dentist, podiatrist, or an
54 advanced practice registered nurse may be made on behalf of any person who qualifies for
55 prescription drug coverage under the provisions of P.L. 108-173;

56 (9) Emergency ambulance services and, effective January 1, 1990, medically
57 necessary transportation to scheduled, physician-prescribed nonelective treatments;

58 (10) Early and periodic screening and diagnosis of individuals who are under the age
59 of twenty-one to ascertain their physical or mental defects, and health care, treatment, and
60 other measures to correct or ameliorate defects and chronic conditions discovered thereby.
61 Such services shall be provided in accordance with the provisions of Section 6403 of [~~P.L.~~]
62 **Pub. L. 101-239 (42 U.S.C. Sections 1396a and 1396d), as amended**, and federal
63 regulations promulgated thereunder;

64 (11) Home health care services;

65 (12) Family planning as defined by federal rules and regulations; provided, however,
66 that such family planning services shall not include abortions or any abortifacient drug or
67 device that is used for the purpose of inducing an abortion unless such abortions are certified
68 in writing by a physician to the MO HealthNet agency that, in the physician's professional
69 judgment, the life of the mother would be endangered if the fetus were carried to term;

70 (13) Inpatient psychiatric hospital services for individuals under age twenty-one as
71 defined in Title XIX of the federal Social Security Act (42 U.S.C. Section 1396d, et seq.);

72 (14) Outpatient surgical procedures, including presurgical diagnostic services
73 performed in ambulatory surgical facilities which are licensed by the department of health
74 and senior services of the state of Missouri; except, that such outpatient surgical services shall

75 not include persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-
76 97, 1965 amendments to the federal Social Security Act, as amended, if exclusion of such
77 persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal
78 Social Security Act, as amended;

79 (15) Personal care services which are medically oriented tasks having to do with a
80 person's physical requirements, as opposed to housekeeping requirements, which enable a
81 person to be treated by his or her physician on an outpatient rather than on an inpatient or
82 residential basis in a hospital, intermediate care facility, or skilled nursing facility. Personal
83 care services shall be rendered by an individual not a member of the participant's family who
84 is qualified to provide such services where the services are prescribed by a physician in
85 accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible
86 to receive personal care services shall be those persons who would otherwise require
87 placement in a hospital, intermediate care facility, or skilled nursing facility. Benefits payable
88 for personal care services shall not exceed for any one participant one hundred percent of the
89 average statewide charge for care and treatment in an intermediate care facility for a
90 comparable period of time. Such services, when delivered in a residential care facility or
91 assisted living facility licensed under chapter 198 shall be authorized on a tier level based on
92 the services the resident requires and the frequency of the services. A resident of such facility
93 who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a
94 physician, qualify for the tier level with the fewest services. The rate paid to providers for
95 each tier of service shall be set subject to appropriations. Subject to appropriations, each
96 resident of such facility who qualifies for assistance under section 208.030 and meets the
97 level of care required in this section shall, at a minimum, if prescribed by a physician, be
98 authorized up to one hour of personal care services per day. Authorized units of personal care
99 services shall not be reduced or tier level lowered unless an order approving such reduction or
100 lowering is obtained from the resident's personal physician. Such authorized units of personal
101 care services or tier level shall be transferred with such resident if he or she transfers to
102 another such facility. Such provision shall terminate upon receipt of relevant waivers from
103 the federal Department of Health and Human Services. If the Centers for Medicare and
104 Medicaid Services determines that such provision does not comply with the state plan, this
105 provision shall be null and void. The MO HealthNet division shall notify the revisor of
106 statutes as to whether the relevant waivers are approved or a determination of noncompliance
107 is made;

108 (16) Mental health services. The state plan for providing medical assistance under
109 Title XIX of the Social Security Act, 42 U.S.C. Section ~~[304]~~ **1396 et seq.**, as amended, shall
110 include the following mental health services when such services are provided by community
111 mental health facilities operated by the department of mental health or designated by the

112 department of mental health as a community mental health facility or as an alcohol and drug
113 abuse facility or as a child-serving agency within the comprehensive children's mental health
114 service system established in section 630.097. The department of mental health shall
115 establish by administrative rule the definition and criteria for designation as a community
116 mental health facility and for designation as an alcohol and drug abuse facility. Such mental
117 health services shall include:

118 (a) Outpatient mental health services including preventive, diagnostic, therapeutic,
119 rehabilitative, and palliative interventions rendered to individuals in an individual or group
120 setting by a mental health professional in accordance with a plan of treatment appropriately
121 established, implemented, monitored, and revised under the auspices of a therapeutic team as
122 a part of client services management;

123 (b) Clinic mental health services including preventive, diagnostic, therapeutic,
124 rehabilitative, and palliative interventions rendered to individuals in an individual or group
125 setting by a mental health professional in accordance with a plan of treatment appropriately
126 established, implemented, monitored, and revised under the auspices of a therapeutic team as
127 a part of client services management;

128 (c) Rehabilitative mental health and alcohol and drug abuse services including home
129 and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative
130 interventions rendered to individuals in an individual or group setting by a mental health
131 or alcohol and drug abuse professional in accordance with a plan of treatment appropriately
132 established, implemented, monitored, and revised under the auspices of a therapeutic team as
133 a part of client services management. As used in this section, mental health professional and
134 alcohol and drug abuse professional shall be defined by the department of mental health
135 pursuant to duly promulgated rules. With respect to services established by this subdivision,
136 the department of social services, MO HealthNet division, shall enter into an agreement with
137 the department of mental health. Matching funds for outpatient mental health services, clinic
138 mental health services, and rehabilitation services for mental health and alcohol and drug
139 abuse shall be certified by the department of mental health to the MO HealthNet division.
140 The agreement shall establish a mechanism for the joint implementation of the provisions of
141 this subdivision. In addition, the agreement shall establish a mechanism by which rates for
142 services may be jointly developed;

143 (17) Such additional services as defined by the MO HealthNet division to be
144 furnished under waivers of federal statutory requirements as provided for and authorized by
145 the federal Social Security Act (42 U.S.C. Section 301, et seq.) subject to appropriation by the
146 general assembly;

147 (18) The services of an advanced practice registered nurse with a collaborative
148 practice agreement to the extent that such services are provided in accordance with chapters
149 334 and 335, and regulations promulgated thereunder;

150 (19) Nursing home costs for participants receiving benefit payments under
151 subdivision (4) of this subsection to reserve a bed for the participant in the nursing home
152 during the time that the participant is absent due to admission to a hospital for services which
153 cannot be performed on an outpatient basis, subject to the provisions of this subdivision:

154 (a) The provisions of this subdivision shall apply only if:

155 a. The occupancy rate of the nursing home is at or above ninety-seven percent of MO
156 HealthNet certified licensed beds, according to the most recent quarterly census provided to
157 the department of health and senior services which was taken prior to when the participant is
158 admitted to the hospital; and

159 b. The patient is admitted to a hospital for a medical condition with an anticipated
160 stay of three days or less;

161 (b) The payment to be made under this subdivision shall be provided for a maximum
162 of three days per hospital stay;

163 (c) For each day that nursing home costs are paid on behalf of a participant under this
164 subdivision during any period of six consecutive months such participant shall, during the
165 same period of six consecutive months, be ineligible for payment of nursing home costs of
166 two otherwise available temporary leave of absence days provided under subdivision (5) of
167 this subsection; and

168 (d) The provisions of this subdivision shall not apply unless the nursing home
169 receives notice from the participant or the participant's responsible party that the participant
170 intends to return to the nursing home following the hospital stay. If the nursing home receives
171 such notification and all other provisions of this subsection have been satisfied, the nursing
172 home shall provide notice to the participant or the participant's responsible party prior to
173 release of the reserved bed;

174 (20) Prescribed medically necessary durable medical equipment. An electronic web-
175 based prior authorization system using best medical evidence and care and treatment
176 guidelines consistent with national standards shall be used to verify medical need;

177 (21) Hospice care. As used in this subdivision, the term "hospice care" means a
178 coordinated program of active professional medical attention within a home, outpatient and
179 inpatient care which treats the terminally ill patient and family as a unit, employing a
180 medically directed interdisciplinary team. The program provides relief of severe pain or other
181 physical symptoms and supportive care to meet the special needs arising out of physical,
182 psychological, spiritual, social, and economic stresses which are experienced during the final
183 stages of illness, and during dying and bereavement and meets the Medicare requirements for

184 participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement
185 paid by the MO HealthNet division to the hospice provider for room and board furnished by a
186 nursing home to an eligible hospice patient shall not be less than ninety-five percent of the
187 rate of reimbursement which would have been paid for facility services in that nursing home
188 facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239
189 (Omnibus Budget Reconciliation Act of 1989);

190 (22) Prescribed medically necessary dental services. Such services shall be subject to
191 appropriations. An electronic web-based prior authorization system using best medical
192 evidence and care and treatment guidelines consistent with national standards shall be used to
193 verify medical need;

194 (23) Prescribed medically necessary optometric services. Such services shall be
195 subject to appropriations. An electronic web-based prior authorization system using best
196 medical evidence and care and treatment guidelines consistent with national standards shall
197 be used to verify medical need;

198 (24) Blood clotting products-related services. For persons diagnosed with a bleeding
199 disorder, as defined in section 338.400, reliant on blood clotting products, as defined in
200 section 338.400, such services include:

201 (a) Home delivery of blood clotting products and ancillary infusion equipment and
202 supplies, including the emergency deliveries of the product when medically necessary;

203 (b) Medically necessary ancillary infusion equipment and supplies required to
204 administer the blood clotting products; and

205 (c) Assessments conducted in the participant's home by a pharmacist, nurse, or local
206 home health care agency trained in bleeding disorders when deemed necessary by the
207 participant's treating physician;

208 (25) **Beginning October 1, 2022, and continuing thereafter, health home services**
209 **for children with medically complex conditions under 42 U.S.C. Section 1396w-4a. The**
210 **department of social services shall submit a state plan amendment to the Centers for**
211 **Medicare and Medicaid Services to implement the provisions of this subdivision;**

212 (26) The MO HealthNet division shall, by January 1, 2008, and annually thereafter,
213 report the status of MO HealthNet provider reimbursement rates as compared to one hundred
214 percent of the Medicare reimbursement rates and compared to the average dental
215 reimbursement rates paid by third-party payors licensed by the state. The MO HealthNet
216 division shall, by July 1, 2008, provide to the general assembly a four-year plan to achieve
217 parity with Medicare reimbursement rates and for third-party payor average dental
218 reimbursement rates. Such plan shall be subject to appropriation and the division shall
219 include in its annual budget request to the governor the necessary funding needed to complete
220 the four-year plan developed under this subdivision.

221 2. Additional benefit payments for medical assistance shall be made on behalf of
222 those eligible needy children, pregnant women and blind persons with any payments to be
223 made on the basis of the reasonable cost of the care or reasonable charge for the services as
224 defined and determined by the MO HealthNet division, unless otherwise hereinafter provided,
225 for the following:

226 (1) Dental services;

227 (2) Services of podiatrists as defined in section 330.010;

228 (3) Optometric services as described in section 336.010;

229 (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, hearing
230 aids, and wheelchairs;

231 (5) Hospice care. As used in this subdivision, the term "hospice care" means a
232 coordinated program of active professional medical attention within a home, outpatient and
233 inpatient care which treats the terminally ill patient and family as a unit, employing a
234 medically directed interdisciplinary team. The program provides relief of severe pain or other
235 physical symptoms and supportive care to meet the special needs arising out of physical,
236 psychological, spiritual, social, and economic stresses which are experienced during the final
237 stages of illness, and during dying and bereavement and meets the Medicare requirements for
238 participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement
239 paid by the MO HealthNet division to the hospice provider for room and board furnished by a
240 nursing home to an eligible hospice patient shall not be less than ninety-five percent of the
241 rate of reimbursement which would have been paid for facility services in that nursing home
242 facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239
243 (Omnibus Budget Reconciliation Act of 1989);

244 (6) Comprehensive day rehabilitation services beginning early posttrauma as part of a
245 coordinated system of care for individuals with disabling impairments. Rehabilitation
246 services must be based on an individualized, goal-oriented, comprehensive and coordinated
247 treatment plan developed, implemented, and monitored through an interdisciplinary
248 assessment designed to restore an individual to optimal level of physical, cognitive, and
249 behavioral function. The MO HealthNet division shall establish by administrative rule the
250 definition and criteria for designation of a comprehensive day rehabilitation service facility,
251 benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is
252 defined in section 536.010, that is created under the authority delegated in this subdivision
253 shall become effective only if it complies with and is subject to all of the provisions of
254 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
255 nonseverable and if any of the powers vested with the general assembly pursuant to chapter
256 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently

257 held unconstitutional, then the grant of rulemaking authority and any rule proposed or
258 adopted after August 28, 2005, shall be invalid and void.

259 3. The MO HealthNet division may require any participant receiving MO HealthNet
260 benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after
261 July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all
262 covered services except for those services covered under subdivisions (15) and (16) of
263 subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner
264 authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.)
265 and regulations thereunder. When substitution of a generic drug is permitted by the prescriber
266 according to section 338.056, and a generic drug is substituted for a name-brand drug, the
267 MO HealthNet division may not lower or delete the requirement to make a co-payment
268 pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods
269 or services described under this section must collect from all participants the additional
270 payment that may be required by the MO HealthNet division under authority granted herein,
271 if the division exercises that authority, to remain eligible as a provider. Any payments made
272 by participants under this section shall be in addition to and not in lieu of payments made by
273 the state for goods or services described herein except the participant portion of the pharmacy
274 professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists.
275 A provider may collect the co-payment at the time a service is provided or at a later date. A
276 provider shall not refuse to provide a service if a participant is unable to pay a required
277 payment. If it is the routine business practice of a provider to terminate future services to an
278 individual with an unclaimed debt, the provider may include uncollected co-payments under
279 this practice. Providers who elect not to undertake the provision of services based on a
280 history of bad debt shall give participants advance notice and a reasonable opportunity for
281 payment. A provider, representative, employee, independent contractor, or agent of a
282 pharmaceutical manufacturer shall not make co-payment for a participant. This subsection
283 shall not apply to other qualified children, pregnant women, or blind persons. If the Centers
284 for Medicare and Medicaid Services does not approve the MO HealthNet state plan
285 amendment submitted by the department of social services that would allow a provider to
286 deny future services to an individual with uncollected co-payments, the denial of services
287 shall not be allowed. The department of social services shall inform providers regarding the
288 acceptability of denying services as the result of unpaid co-payments.

289 4. The MO HealthNet division shall have the right to collect medication samples from
290 participants in order to maintain program integrity.

291 5. Reimbursement for obstetrical and pediatric services under subdivision (6) of
292 subsection 1 of this section shall be timely and sufficient to enlist enough health care
293 providers so that care and services are available under the state plan for MO HealthNet

294 benefits at least to the extent that such care and services are available to the general
295 population in the geographic area, as required under subparagraph (a)(30)(A) of 42 U.S.C.
296 Section 1396a and federal regulations promulgated thereunder.

297 6. Beginning July 1, 1990, reimbursement for services rendered in federally funded
298 health centers shall be in accordance with the provisions of subsection 6402(c) and Section
299 6404 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) and federal regulations
300 promulgated thereunder.

301 7. Beginning July 1, 1990, the department of social services shall provide notification
302 and referral of children below age five, and pregnant, breast-feeding, or postpartum women
303 who are determined to be eligible for MO HealthNet benefits under section 208.151 to the
304 special supplemental food programs for women, infants and children administered by the
305 department of health and senior services. Such notification and referral shall conform to the
306 requirements of Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

307 8. Providers of long-term care services shall be reimbursed for their costs in
308 accordance with the provisions of Section 1902 (a)(13)(A) of the Social Security Act, 42
309 U.S.C. Section 1396a, as amended, and regulations promulgated thereunder.

310 9. Reimbursement rates to long-term care providers with respect to a total change in
311 ownership, at arm's length, for any facility previously licensed and certified for participation
312 in the MO HealthNet program shall not increase payments in excess of the increase that
313 would result from the application of Section 1902 (a)(13)(C) of the Social Security Act, 42
314 U.S.C. Section 1396a (a)(13)(C).

315 10. The MO HealthNet division may enroll qualified residential care facilities and
316 assisted living facilities, as defined in chapter 198, as MO HealthNet personal care providers.

317 11. Any income earned by individuals eligible for certified extended employment at a
318 sheltered workshop under chapter 178 shall not be considered as income for purposes of
319 determining eligibility under this section.

320 12. If the Missouri Medicaid audit and compliance unit changes any interpretation or
321 application of the requirements for reimbursement for MO HealthNet services from the
322 interpretation or application that has been applied previously by the state in any audit of a MO
323 HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected
324 MO HealthNet providers five business days before such change shall take effect. Failure of
325 the Missouri Medicaid audit and compliance unit to notify a provider of such change shall
326 entitle the provider to continue to receive and retain reimbursement until such notification is
327 provided and shall waive any liability of such provider for recoupment or other loss of any
328 payments previously made prior to the five business days after such notice has been sent.
329 Each provider shall provide the Missouri Medicaid audit and compliance unit a valid email
330 address and shall agree to receive communications electronically. The notification required

331 under this section shall be delivered in writing by the United States Postal Service or
332 electronic mail to each provider.

333 13. Nothing in this section shall be construed to abrogate or limit the department's
334 statutory requirement to promulgate rules under chapter 536.

335 14. Beginning July 1, 2016, and subject to appropriations, providers of behavioral,
336 social, and psychophysiological services for the prevention, treatment, or management of
337 physical health problems shall be reimbursed utilizing the behavior assessment and
338 intervention reimbursement codes 96150 to 96154 or their successor codes under the
339 Current Procedural Terminology (CPT) coding system. Providers eligible for such
340 reimbursement shall include psychologists.

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

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

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

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

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

208.662. 1. There is hereby established within the department of social services the
2 "Show-Me Healthy Babies Program" as a separate children's health insurance program
3 (CHIP) for any low-income unborn child. The program shall be established under the
4 authority of Title XXI of the federal Social Security Act, the State Children's Health
5 Insurance Program, as amended, and 42 CFR 457.1.

6 2. For an unborn child to be enrolled in the show-me healthy babies program, his or
7 her mother shall not be eligible for coverage under Title XIX of the federal Social Security
8 Act, the Medicaid program, as it is administered by the state, and shall not have access to
9 affordable employer-subsidized health care insurance or other affordable health care coverage
10 that includes coverage for the unborn child. In addition, the unborn child shall be in a family
11 with income eligibility of no more than three hundred percent of the federal poverty level, or

12 the equivalent modified adjusted gross income, unless the income eligibility is set lower by
13 the general assembly through appropriations. In calculating family size as it relates to income
14 eligibility, the family shall include, in addition to other family members, the unborn child, or
15 in the case of a mother with a multiple pregnancy, all unborn children.

16 3. Coverage for an unborn child enrolled in the show-me healthy babies program
17 shall include all prenatal care and pregnancy-related services that benefit the health of the
18 unborn child and that promote healthy labor, delivery, and birth. Coverage need not include
19 services that are solely for the benefit of the pregnant mother, that are unrelated to
20 maintaining or promoting a healthy pregnancy, and that provide no benefit to the unborn
21 child. However, the department may include pregnancy-related assistance as defined in 42
22 U.S.C. Section 1397ll.

23 4. There shall be no waiting period before an unborn child may be enrolled in the
24 show-me healthy babies program. In accordance with the definition of child in 42 CFR
25 457.10, coverage shall include the period from conception to birth. The department shall
26 develop a presumptive eligibility procedure for enrolling an unborn child. There shall be
27 verification of the pregnancy.

28 5. Coverage for the child shall continue for up to one year after birth, unless otherwise
29 prohibited by law or unless otherwise limited by the general assembly through appropriations.

30 6. **(1)** Pregnancy-related and postpartum coverage for the mother shall begin on the
31 day the pregnancy ends and extend through the last day of the month that includes the sixtieth
32 day after the pregnancy ends, unless otherwise prohibited by law or unless otherwise limited
33 by the general assembly through appropriations. The department may include pregnancy-
34 related assistance as defined in 42 U.S.C. Section 1397ll.

35 **(2) Beginning on the effective date of this subdivision, mothers eligible to receive**
36 **coverage under this section shall receive medical assistance benefits during the**
37 **pregnancy and during the twelve-month period that begins on the last day of the**
38 **woman's pregnancy and ends on the last day of the month in which such twelve-month**
39 **period ends, consistent with the provisions of 42 U.S.C. Section 1397gg(e)(1)(J). The**
40 **department shall seek any necessary state plan amendments or waivers to implement**
41 **the provisions of this subdivision within sixty days of the effective date of this**
42 **subdivision. The provisions of this subdivision shall remain in effect for any period of**
43 **time during which the federal authority under 42 U.S.C. Section 1397gg(e)(1)(J), as**
44 **amended, or any successor statutes or implementing regulations, is in effect.**

45 7. The department shall provide coverage for an unborn child enrolled in the show-
46 me healthy babies program in the same manner in which the department provides coverage
47 for the children's health insurance program (CHIP) in the county of the primary residence of
48 the mother.

49 8. The department shall provide information about the show-me healthy babies
50 program to maternity homes as defined in section 135.600, pregnancy resource centers as
51 defined in section 135.630, and other similar agencies and programs in the state that assist
52 unborn children and their mothers. The department shall consider allowing such agencies and
53 programs to assist in the enrollment of unborn children in the program, and in making
54 determinations about presumptive eligibility and verification of the pregnancy.

55 9. Within sixty days after August 28, 2014, the department shall submit a state plan
56 amendment or seek any necessary waivers from the federal Department of Health and Human
57 Services requesting approval for the show-me healthy babies program.

58 10. At least annually, the department shall prepare and submit a report to the
59 governor, the speaker of the house of representatives, and the president pro tempore of the
60 senate analyzing and projecting the cost savings and benefits, if any, to the state, counties,
61 local communities, school districts, law enforcement agencies, correctional centers, health
62 care providers, employers, other public and private entities, and persons by enrolling unborn
63 children in the show-me healthy babies program. The analysis and projection of cost savings
64 and benefits, if any, may include but need not be limited to:

65 (1) The higher federal matching rate for having an unborn child enrolled in the show-
66 me healthy babies program versus the lower federal matching rate for a pregnant woman
67 being enrolled in MO HealthNet or other federal programs;

68 (2) The efficacy in providing services to unborn children through managed care
69 organizations, group or individual health insurance providers or premium assistance, or
70 through other nontraditional arrangements of providing health care;

71 (3) The change in the proportion of unborn children who receive care in the first
72 trimester of pregnancy due to a lack of waiting periods, by allowing presumptive eligibility,
73 or by removal of other barriers, and any resulting or projected decrease in health problems
74 and other problems for unborn children and women throughout pregnancy; at labor, delivery,
75 and birth; and during infancy and childhood;

76 (4) The change in healthy behaviors by pregnant women, such as the cessation of the
77 use of tobacco, alcohol, illicit drugs, or other harmful practices, and any resulting or projected
78 short-term and long-term decrease in birth defects; poor motor skills; vision, speech, and
79 hearing problems; breathing and respiratory problems; feeding and digestive problems; and
80 other physical, mental, educational, and behavioral problems; and

81 (5) The change in infant and maternal mortality, preterm births and low birth weight
82 babies and any resulting or projected decrease in short-term and long-term medical and other
83 interventions.

84 11. The show-me healthy babies program shall not be deemed an entitlement
85 program, but instead shall be subject to a federal allotment or other federal appropriations and
86 matching state appropriations.

87 12. Nothing in this section shall be construed as obligating the state to continue the
88 show-me healthy babies program if the allotment or payments from the federal government
89 end or are not sufficient for the program to operate, or if the general assembly does not
90 appropriate funds for the program.

91 13. Nothing in this section shall be construed as expanding MO HealthNet or
92 fulfilling a mandate imposed by the federal government on the state.

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

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

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

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

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

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

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

33 5. The department of health and senior services staff providing information pursuant
34 to sections 210.900 to 210.936 shall have immunity from any liability, civil or criminal, that
35 otherwise might result by reason of such actions; provided, however, any department of
36 health and senior services staff person who releases registry information in bad faith or with
37 ill intent shall not have immunity from any liability, civil or criminal. Any such person shall
38 have the same immunity with respect to participation in any judicial proceeding resulting
39 from the release of registry information. The department is prohibited from selling the
40 registry or any portion of the registry for any purpose including employment purposes as
41 defined in subsection 1 of this section.

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

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

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

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

13 2. If the vehicle is a motor vehicle primarily for business use as defined in section
14 301.010 and if such vehicle is ten years of age or less and has less than one hundred fifty
15 thousand miles on the odometer, the director of revenue shall retain the odometer information
16 provided in the vehicle inspection report, and provide for prompt access to such information,
17 together with the vehicle identification number for the motor vehicle to which such
18 information pertains, for a period of ten years after the receipt of such information. This
19 section shall not apply unless:

20 (1) The application for the vehicle's certificate of ownership was submitted after July
21 1, 1989; and

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

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

32 (1) The application for the vehicle's certificate of ownership was submitted after July
33 1, 1990; and

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

35 4. If the vehicle qualifies as a reconstructed motor vehicle, motor change vehicle,
36 specially constructed motor vehicle, non-USA-std motor vehicle, as defined in section
37 301.010, or prior salvage as referenced in section 301.573, the owner or lienholder shall
38 surrender the certificate of ownership. The owner shall make an application for a new
39 certificate of ownership, pay the required title fee, and obtain the vehicle examination
40 certificate required pursuant to subsection 9 of section 301.190. If an insurance company
41 pays a claim on a salvage vehicle as defined in section 301.010 and the owner retains the
42 vehicle, as prior salvage, the vehicle shall only be required to meet the examination
43 requirements under subsection 10 of section 301.190. Notarized bills of sale along with a
44 copy of the front and back of the certificate of ownership for all major component parts
45 installed on the vehicle and invoices for all essential parts which are not defined as major
46 component parts shall accompany the application for a new certificate of ownership. If the
47 vehicle is a specially constructed motor vehicle, as defined in section 301.010, two pictures of
48 the vehicle shall be submitted with the application. If the vehicle is a kit vehicle, the
49 applicant shall submit the invoice and the manufacturer's statement of origin on the kit. If the
50 vehicle requires the issuance of a special number by the director of revenue or a replacement
51 vehicle identification number, the applicant shall submit the required application and
52 application fee. All applications required under this subsection shall be submitted with any
53 applicable taxes which may be due on the purchase of the vehicle or parts. The director of
54 revenue shall appropriately designate "Reconstructed Motor Vehicle", "Motor Change
55 Vehicle", "Non-USA-Std Motor Vehicle", or "Specially Constructed Motor Vehicle" on the
56 current and all subsequent issues of the certificate of ownership of such vehicle.

57 5. Every insurance company that pays a claim for repair of a motor vehicle which as
58 the result of such repairs becomes a reconstructed motor vehicle as defined in section 301.010
59 or that pays a claim on a salvage vehicle as defined in section 301.010 and the owner is

60 retaining the vehicle shall in writing notify the owner of the vehicle, and in a first party claim,
61 the lienholder if a lien is in effect, that he is required to surrender the certificate of ownership,
62 and the documents and fees required pursuant to subsection 4 of this section to obtain a prior
63 salvage motor vehicle certificate of ownership or documents and fees as otherwise required
64 by law to obtain a salvage certificate of ownership, from the director of revenue. The
65 insurance company shall within thirty days of the payment of such claims report to the
66 director of revenue the name and address of such owner, the year, make, model, vehicle
67 identification number, and license plate number of the vehicle, and the date of loss and
68 payment.

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

71 7. An applicant for registration may make a donation of one dollar to promote a
72 blindness education, screening and treatment program. The director of revenue shall collect
73 the donations and deposit all such donations in the state treasury to the credit of the blindness
74 education, screening and treatment program fund established in section 209.015. Moneys in
75 the blindness education, screening and treatment program fund shall be used solely for the
76 purposes established in section 209.015; except that the department of revenue shall retain no
77 more than one percent for its administrative costs. The donation prescribed in this subsection
78 is voluntary and may be refused by the applicant for registration at the time of issuance or
79 renewal. The director shall inquire of each applicant at the time the applicant presents the
80 completed application to the director whether the applicant is interested in making the one
81 dollar donation prescribed in this subsection.

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

93 9. An applicant for registration may make a donation of one dollar to the Missouri
94 medal of honor recipients fund. The director of revenue shall collect the donations and
95 deposit all such donations in the state treasury to the credit of the Missouri medal of honor
96 recipients fund as established in section 226.925. Moneys in the medal of honor recipients

97 fund shall be used solely for the purposes established in section 226.925, except that the
98 department of revenue shall retain no more than one percent for its administrative costs. The
99 donation prescribed in this subsection is voluntary and may be refused by the applicant for
100 registration at the time of issuance or renewal. The director shall inquire of each applicant at
101 the time the applicant presents the completed application to the director whether the applicant
102 is interested in making the one dollar donation prescribed in this subsection.

302.171. 1. The director shall verify that an applicant for a driver's license is a
2 Missouri resident or national of the United States or a noncitizen with a lawful immigration
3 status, and a Missouri resident before accepting the application. The director shall not issue a
4 driver's license for a period that exceeds the duration of an applicant's lawful immigration
5 status in the United States. The director may establish procedures to verify the Missouri
6 residency or United States naturalization or lawful immigration status and Missouri residency
7 of the applicant and establish the duration of any driver's license issued under this section. An
8 application for a license shall be made upon an approved form furnished by the director.
9 Every application shall state the full name, Social Security number, age, height, weight, color
10 of eyes, sex, residence, mailing address of the applicant, and the classification for which the
11 applicant has been licensed, and, if so, when and by what state, and whether or not such
12 license has ever been suspended, revoked, or disqualified, and, if revoked, suspended or
13 disqualified, the date and reason for such suspension, revocation or disqualification and
14 whether the applicant is making a [~~one-dollar~~] donation to promote an organ donation
15 program as prescribed in subsection 2 of this section, to promote a blindness education,
16 screening and treatment program as prescribed in subsection 3 of this section, or the Missouri
17 medal of honor recipients fund prescribed in subsection 4 of this section. A driver's license,
18 nondriver's license, or instruction permit issued under this chapter shall contain the applicant's
19 legal name as it appears on a birth certificate or as legally changed through marriage or court
20 order. No name change by common usage based on common law shall be permitted. The
21 application shall also contain such information as the director may require to enable the
22 director to determine the applicant's qualification for driving a motor vehicle; and shall state
23 whether or not the applicant has been convicted in this or any other state for violating the laws
24 of this or any other state or any ordinance of any municipality, relating to driving without a
25 license, careless driving, or driving while intoxicated, or failing to stop after an accident and
26 disclosing the applicant's identity, or driving a motor vehicle without the owner's consent.
27 The application shall contain a certification by the applicant as to the truth of the facts stated
28 therein. Every person who applies for a license to operate a motor vehicle who is less than
29 twenty-one years of age shall be provided with educational materials relating to the hazards of
30 driving while intoxicated, including information on penalties imposed by law for violation of
31 the intoxication-related offenses of the state. Beginning January 1, 2001, if the applicant is

32 less than eighteen years of age, the applicant must comply with all requirements for the
33 issuance of an intermediate driver's license pursuant to section 302.178. For persons
34 mobilized and deployed with the United States Armed Forces, an application under this
35 subsection shall be considered satisfactory by the department of revenue if it is signed by a
36 person who holds general power of attorney executed by the person deployed, provided the
37 applicant meets all other requirements set by the director.

38 2. An applicant for a license may make a donation of **an amount not less than one**
39 dollar to promote an organ donor program. The director of revenue shall collect the donations
40 and deposit all such donations in the state treasury to the credit of the organ donor program
41 fund established in sections 194.297 to 194.304. Moneys in the organ donor program fund
42 shall be used solely for the purposes established in sections 194.297 to 194.304 except that
43 the department of revenue shall retain no more than one percent for its administrative costs.
44 The donation prescribed in this subsection is voluntary and may be refused by the applicant
45 for the license at the time of issuance or renewal of the license. The director shall make
46 available an informational booklet or other informational sources on the importance of organ
47 and tissue donations to applicants for licensure as designed by the organ donation advisory
48 committee established in sections 194.297 to 194.304. The director shall inquire of each
49 applicant at the time the licensee presents the completed application to the director whether
50 the applicant is interested in making the [~~one dollar~~] donation prescribed in this subsection
51 and whether the applicant is interested in inclusion in the organ donor registry and shall also
52 specifically inform the licensee of the ability to consent to organ donation by placing a donor
53 symbol sticker authorized and issued by the department of health and senior services on the
54 back of his or her driver's license or identification card as prescribed by subdivision (1) of
55 subsection 1 of section 194.225. A symbol may be placed on the front of the license or
56 identification card indicating the applicant's desire to be listed in the registry at the applicant's
57 request at the time of his or her application for a driver's license or identification card, or the
58 applicant may instead request an organ donor sticker from the department of health and senior
59 services by application on the department of health and senior services' website. Upon receipt
60 of an organ donor sticker sent by the department of health and senior services, the applicant
61 shall place the sticker on the back of his or her driver's license or identification card to
62 indicate that he or she has made an anatomical gift. The director shall notify the department
63 of health and senior services of information obtained from applicants who indicate to the
64 director that they are interested in registry participation, and the department of health and
65 senior services shall enter the complete name, address, date of birth, race, gender and a unique
66 personal identifier in the registry established in subsection 1 of section 194.304.

67 3. An applicant for a license may make a donation of one dollar to promote a
68 blindness education, screening and treatment program. The director of revenue shall collect

69 the donations and deposit all such donations in the state treasury to the credit of the blindness
70 education, screening and treatment program fund established in section 209.015. Moneys in
71 the blindness education, screening and treatment program fund shall be used solely for the
72 purposes established in section 209.015; except that the department of revenue shall retain no
73 more than one percent for its administrative costs. The donation prescribed in this subsection
74 is voluntary and may be refused by the applicant for the license at the time of issuance or
75 renewal of the license. The director shall inquire of each applicant at the time the licensee
76 presents the completed application to the director whether the applicant is interested in
77 making the one dollar donation prescribed in this subsection.

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

88 5. Beginning July 1, 2005, the director shall deny the driving privilege of any person
89 who commits fraud or deception during the examination process or who makes application
90 for an instruction permit, driver's license, or nondriver's license which contains or is
91 substantiated with false or fraudulent information or documentation, or who knowingly
92 conceals a material fact or otherwise commits a fraud in any such application. The period of
93 denial shall be one year from the effective date of the denial notice sent by the director. The
94 denial shall become effective ten days after the date the denial notice is mailed to the person.
95 The notice shall be mailed to the person at the last known address shown on the person's
96 driving record. The notice shall be deemed received three days after mailing unless returned
97 by the postal authorities. No such individual shall reapply for a driver's examination,
98 instruction permit, driver's license, or nondriver's license until the period of denial is
99 completed. No individual who is denied the driving privilege under this section shall be
100 eligible for a limited driving privilege issued under section 302.309.

101 6. All appeals of denials under this section shall be made as required by section
102 302.311.

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

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

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

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

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

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

10 2. Persons desiring to practice as physical therapists in this state shall appear before
11 the board at such time and place as the board may direct and be examined as to their fitness to
12 engage in such practice. **Applicants shall meet the qualifying standards for such**

13 **examinations, including any requirements established by any entity contracted by the**
14 **board to administer the board-approved examination.** Applications for examination shall
15 be in writing, on a form furnished by the board and shall include evidence satisfactory to the
16 board that the applicant possesses the qualifications set forth in subsection 1 of this section
17 **and meets the requirements established to qualify for examination.** Each application
18 shall contain a statement that it is made under oath or affirmation and that its representations
19 are true and correct to the best knowledge and belief of the applicant, subject to the penalties
20 of making a false affidavit or declaration.

21 3. The examination of qualified candidates for licenses to practice physical therapy
22 shall test entry-level competence as related to physical therapy theory, examination and
23 evaluation, physical therapy diagnosis, prognosis, treatment, intervention, prevention, and
24 consultation.

25 4. The examination shall embrace, in relation to the human being, the subjects of
26 anatomy, chemistry, kinesiology, pathology, physics, physiology, psychology, physical
27 therapy theory and procedures as related to medicine, surgery and psychiatry, and such
28 other subjects, including medical ethics, as the board deems useful to test the fitness of the
29 candidate to practice physical therapy.

30 5. **No person who has failed on six or more occasions to achieve a passing score**
31 **on the examination required by this section shall be eligible for licensure by examination**
32 **under this section.**

33 6. The applicant shall pass a test administered by the board on the laws and rules
34 related to the practice of physical therapy in Missouri.

334.655. 1. A candidate for licensure to practice as a physical therapist assistant shall
2 furnish evidence of the person's educational qualifications. The educational requirements for
3 licensure as a physical therapist assistant are:

4 (1) A certificate of graduation from an accredited high school or its equivalent; and

5 (2) Satisfactory evidence of completion of an associate degree program of physical
6 therapy education accredited by the commission on accreditation of physical therapy
7 education **or eligibility to graduate from such a program within ninety days.**

8 2. Persons desiring to practice as a physical therapist assistant in this state shall
9 appear before the board at such time and place as the board may direct and be examined as to
10 the person's fitness to engage in such practice. **Applicants shall meet the qualifying**
11 **standards for such examinations, including any requirements established by any entity**
12 **contracted by the board to administer the board-approved examination.** Applications
13 for examination shall be on a form furnished by the board and shall include evidence
14 satisfactory to the board that the applicant possesses the qualifications provided in subsection
15 1 of this section **and meets the requirements established to qualify for examination.** Each

16 application shall contain a statement that the statement is made under oath of affirmation and
17 that its representations are true and correct to the best knowledge and belief of the person
18 signing the statement, subject to the penalties of making a false affidavit or declaration.

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

23 4. The examination shall include, as related to the human body, the subjects of
24 anatomy, kinesiology, pathology, physiology, psychology, physical therapy theory and
25 procedures as related to medicine and such other subjects, including medical ethics, as the
26 board deems useful to test the fitness of the candidate to practice as a physical therapist
27 assistant.

28 5. **No person who has failed on six or more occasions to achieve a passing score**
29 **on the examination required by this section shall be eligible for licensure by examination**
30 **under this section.**

31 6. The applicant shall pass a test administered by the board on the laws and rules
32 related to the practice as a physical therapist assistant in this state.

33 ~~[6-]~~ 7. The board shall license without examination any legally qualified person who
34 is a resident of this state and who was actively engaged in practice as a physical therapist
35 assistant on August 28, 1993. The board may license such person pursuant to this subsection
36 until ninety days after the effective date of this section.

37 ~~[7-]~~ 8. A candidate to practice as a physical therapist assistant who does not meet the
38 educational qualifications may submit to the board an application for examination if such
39 person can furnish written evidence to the board that the person has been employed in this
40 state for at least three of the last five years under the supervision of a licensed physical
41 therapist and such person possesses the knowledge and training equivalent to that obtained in
42 an accredited school. The board may license such persons pursuant to this subsection until
43 ninety days after rules developed by the state board of healing arts regarding physical
44 therapist assistant licensing become effective.

335.230. Financial assistance to any qualified applicant shall not exceed ~~[five]~~ **ten**
2 thousand dollars for each academic year for a professional nursing program and shall not
3 exceed ~~[two thousand five hundred]~~ **five thousand** dollars for each academic year for a
4 practical nursing program. All financial assistance shall be made from funds credited to the
5 professional and practical nursing student loan and nurse loan repayment fund. A qualified
6 applicant may receive financial assistance for each academic year he **or she** remains a student
7 in good standing at a participating school.

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

338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan as defined by the prescription order so long as the prescription order is specific to each patient for care by a pharmacist; the compounding, dispensing, labeling, and administration of drugs and devices pursuant to medical prescription orders [~~and administration of viral influenza, pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by written protocol authorized by a physician for persons at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is higher, or the administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, meningitis, and viral influenza vaccines by written protocol authorized by a physician for a specific patient as authorized by rule~~]; **the ordering and administration of vaccines approved or authorized by the United States Food and Drug Administration, excluding vaccines for cholera, monkeypox, Japanese encephalitis, typhoid, rabies, yellow fever, tick-borne encephalitis, and anthrax, to persons at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is older, pursuant to joint promulgation of rules established by the board of pharmacy and the state board of registration for the healing arts unless rules are established under a state of emergency as described in section 44.100**; the participation in drug selection according to state law and participation in drug utilization reviews; the proper and safe storage of drugs and devices and the maintenance of proper records thereof; consultation with patients and other health care practitioners, and veterinarians and their clients about legend drugs, about the safe and effective use of drugs and devices; the prescribing and dispensing of any nicotine replacement therapy product under section 338.665; the dispensing of HIV postexposure prophylaxis pursuant to section 338.730; and the offering or performing of those acts, services, operations, or transactions necessary in the conduct, operation, management and control of a pharmacy. No person shall engage in the practice of pharmacy unless he or she is licensed under the provisions of this chapter. This chapter shall not be construed to prohibit the use of auxiliary personnel under the direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This assistance in no way is intended to relieve the pharmacist from his or her responsibilities for compliance with this chapter and he or she will be responsible for the actions of the

34 auxiliary personnel acting in his or her assistance. This chapter shall also not be construed to
35 prohibit or interfere with any legally registered practitioner of medicine, dentistry, or podiatry,
36 or veterinary medicine only for use in animals, or the practice of optometry in accordance
37 with and as provided in sections 195.070 and 336.220 in the compounding, administering,
38 prescribing, or dispensing of his or her own prescriptions.

39 2. Any pharmacist who accepts a prescription order for a medication therapeutic plan
40 shall have a written protocol from the physician who refers the patient for medication therapy
41 services. The written protocol and the prescription order for a medication therapeutic plan
42 shall come from the physician only, and shall not come from a nurse engaged in a
43 collaborative practice arrangement under section 334.104, or from a physician assistant
44 engaged in a collaborative practice arrangement under section 334.735.

45 3. Nothing in this section shall be construed as to prevent any person, firm or
46 corporation from owning a pharmacy regulated by sections 338.210 to 338.315, provided that
47 a licensed pharmacist is in charge of such pharmacy.

48 4. Nothing in this section shall be construed to apply to or interfere with the sale of
49 nonprescription drugs and the ordinary household remedies and such drugs or medicines as
50 are normally sold by those engaged in the sale of general merchandise.

51 5. No health carrier as defined in chapter 376 shall require any physician with which
52 they contract to enter into a written protocol with a pharmacist for medication therapeutic
53 services.

54 6. This section shall not be construed to allow a pharmacist to diagnose or
55 independently prescribe pharmaceuticals.

56 7. The state board of registration for the healing arts, under section 334.125, and the
57 state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the
58 use of protocols for prescription orders for medication therapy services ~~[and administration of~~
59 ~~viral influenza vaccines]~~. Such rules shall require protocols to include provisions allowing
60 for timely communication between the pharmacist and the referring physician, and any other
61 patient protection provisions deemed appropriate by both boards. In order to take effect, such
62 rules shall be approved by a majority vote of a quorum of each board. Neither board shall
63 separately promulgate rules regulating the use of protocols for prescription orders for
64 medication therapy services ~~[and administration of viral influenza vaccines]~~. Any rule or
65 portion of a rule, as that term is defined in section 536.010, that is created under the authority
66 delegated in this section shall become effective only if it complies with and is subject to all of
67 the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter
68 536 are nonseverable and if any of the powers vested with the general assembly pursuant to
69 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are

70 subsequently held unconstitutional, then the grant of rulemaking authority and any rule
71 proposed or adopted after August 28, 2007, shall be invalid and void.

72 8. The state board of pharmacy may grant a certificate of medication therapeutic plan
73 authority to a licensed pharmacist who submits proof of successful completion of a board-
74 approved course of academic clinical study beyond a bachelor of science in pharmacy,
75 including but not limited to clinical assessment skills, from a nationally accredited college or
76 university, or a certification of equivalence issued by a nationally recognized professional
77 organization and approved by the board of pharmacy.

78 9. Any pharmacist who has received a certificate of medication therapeutic plan
79 authority may engage in the designing, initiating, implementing, and monitoring of a
80 medication therapeutic plan as defined by a prescription order from a physician that is
81 specific to each patient for care by a pharmacist.

82 10. Nothing in this section shall be construed to allow a pharmacist to make a
83 therapeutic substitution of a pharmaceutical prescribed by a physician unless authorized by
84 the written protocol or the physician's prescription order.

85 11. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary
86 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or
87 an equivalent title means a person who has received a doctor's degree in veterinary medicine
88 from an accredited school of veterinary medicine or holds an Educational Commission for
89 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary
90 Medical Association (AVMA).

91 12. ~~[In addition to other requirements established by the joint promulgation of rules
92 by the board of pharmacy and the state board of registration for the healing arts:~~

93 ~~(1) A pharmacist shall administer vaccines by protocol in accordance with treatment
94 guidelines established by the Centers for Disease Control and Prevention (CDC);~~

95 ~~(2) A pharmacist who is administering a vaccine shall request a patient to remain in
96 the pharmacy a safe amount of time after administering the vaccine to observe any adverse
97 reactions. Such pharmacist shall have adopted emergency treatment protocols;~~

98 (3) In addition to other requirements by the board, a pharmacist shall receive
99 additional training as required by the board and evidenced by receiving a certificate from the
100 board upon completion, and shall display the certification in his or her pharmacy where
101 vaccines are delivered.

102 13. A pharmacist shall inform the patient that the administration of ~~[the]~~ a vaccine
103 will be entered into the ShowMeVax system, as administered by the department of health and
104 senior services. The patient shall attest to the inclusion of such information in the system by
105 signing a form provided by the pharmacist. If the patient indicates that he or she does not
106 want such information entered into the ShowMeVax system, the pharmacist shall provide a

107 written report within fourteen days of administration of a vaccine to the patient's health care
108 provider, if provided by the patient, containing:

- 109 (1) The identity of the patient;
- 110 (2) The identity of the vaccine or vaccines administered;
- 111 (3) The route of administration;
- 112 (4) The anatomic site of the administration;
- 113 (5) The dose administered; and
- 114 (6) The date of administration.

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

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

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

**13 4. The board of pharmacy may promulgate rules to implement the provisions of
14 this section. Any rule or portion of a rule, as that term is defined in section 536.010, that
15 is created under the authority delegated in this section shall become effective only if it
16 complies with and is subject to all of the provisions of chapter 536 and, if applicable,
17 section 536.028. This section and chapter 536 are nonseverable, and if any of the powers
18 vested with the general assembly pursuant to chapter 536 to review, to delay the
19 effective date, or to disapprove and annul a rule are subsequently held unconstitutional,
20 then the grant of rulemaking authority and any rule proposed or adopted after August
21 28, 2022, shall be invalid and void.**

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

- 2 (1) "Health benefit plan", as such term is defined in section 376.1350. **The term
3 "health benefit plan" shall also include a prepaid dental plan, as defined in section
4 354.700;**
- 5 (2) "Health care services", medical, surgical, dental, podiatric, pharmaceutical,
6 chiropractic, licensed ambulance service, and optometric services;

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

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

14 (5) "Insurer", any person, reciprocal exchange, interinsurer, fraternal benefit society,
15 health services corporation, self-insured group arrangement to the extent not prohibited by
16 federal law, **prepaid dental plan corporation as defined in section 354.700**, or any other
17 legal entity engaged in the business of insurance;

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

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

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

26 4. Except as provided in subsection 5 of this section, this section shall not require any
27 insurer, health services corporation, **prepaid dental plan as defined in section 354.700**,
28 health maintenance corporation or preferred provider organization which directly contracts
29 with certain members of a class of providers for the delivery of health care services to issue
30 payment as provided pursuant to this section to those members of the class which do not have
31 a contract with the insurer.

32 5. When a patient's health benefit plan does not include or require payment to out-of-
33 network providers for all or most covered services, which would otherwise be covered if the
34 patient received such services from a provider in the ~~carrier's~~ **health benefit plan's**
35 network, including but not limited to health maintenance organization plans, as such term is
36 defined in section 354.400, or a health benefit plan offered by a carrier consistent with
37 subdivision (19) of section 376.426, payment for all services shall be made directly to the
38 providers when the health carrier has authorized such services to be received from a provider
39 outside the ~~carrier's~~ **health benefit plan's** network.

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

2 (1) "Completed application", a practitioner's application to a health carrier that seeks
3 the health carrier's authorization for the practitioner to provide patient care services as a

4 member of the health carrier's network and does not omit any information which is clearly
5 required by the application form and the accompanying instructions;

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

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

12 (4) "Practitioner":

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

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

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

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

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

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

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

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

376.1800. 1. As used in this section, the following terms shall mean:

2 (1) **"Dentist", a dentist licensed under chapter 332. The term "dentist" includes**
3 **an individual dentist or a group of dentists;**

4 (2) "Medical retainer agreement", a contract between a physician **or a dentist** and an
5 individual patient or such individual patient's legal representative in which the physician **or**
6 **dentist** agrees to provide certain health care services described in the agreement to the
7 individual patient for an agreed-upon fee and period of time;

8 ~~(2)~~ (3) "Physician", a physician licensed under chapter **331 or 334**. Physician
9 includes an individual physician or a group of physicians.

10 2. A medical retainer agreement is not insurance and is not subject to this chapter.
11 Entering into a medical retainer agreement is not the business of insurance and is not subject
12 to this chapter.

13 3. A physician, **a dentist**, or **an** agent of a physician **or dentist** is not required to
14 obtain a certificate of authority or license under this section to market, sell, or offer to sell a
15 medical retainer agreement.

16 4. To be considered a medical retainer agreement for the purposes of this section, the
17 agreement shall meet all of the following requirements:

18 (1) Be in writing;

19 (2) Be signed by the physician, **the dentist**, or **the** agent of the physician **or dentist**
20 and the individual patient or such individual patient's legal representative;

21 (3) Allow either party to terminate the agreement on written notice to the other party;

22 (4) Describe the specific health care services that are included in the agreement;

23 (5) Specify the fee for the agreement;

24 (6) Specify the period of time under the agreement; and

25 (7) Prominently state in writing that the agreement is not health insurance.

26 5. (1) For any patient who enters into a medical retainer agreement under this section
27 and who has established a health savings account (HSA) in compliance with 26 U.S.C.
28 Section 223, or who has a flexible spending arrangement (FSA) or health reimbursement
29 arrangement (HRA), fees under the patient's medical retainer agreement may be paid from
30 such health savings account or reimbursed through such flexible spending arrangement or
31 health reimbursement arrangement, subject to any federal or state laws regarding qualified
32 expenditures from a health savings account, or reimbursement through a flexible spending
33 arrangement or a health reimbursement arrangement.

34 (2) The employer of any patient described in subdivision (1) of this subsection may:

35 (a) Make contributions to such patient's health savings account, flexible spending
36 arrangement, or health reimbursement arrangement to cover all or any portion of the agreed-
37 upon fees under the patient's medical retainer agreement, subject to any federal or state
38 restrictions on contributions made by an employer to a health savings account, or
39 reimbursement through a flexible spending arrangement, or health reimbursement
40 arrangement; or

41 (b) Pay the agreed-upon fees directly to the physician **or dentist** under the medical
42 retainer agreement.

43 6. Nothing in this section shall be construed as prohibiting, limiting, or otherwise
44 restricting a physician in a collaborative practice arrangement from entering into a medical
45 retainer agreement under this section.

579.040. 1. A person commits the offense of unlawful distribution, delivery, or sale
2 of drug paraphernalia if he or she unlawfully distributes, delivers, or sells, or possesses with
3 intent to distribute, deliver, or sell drug paraphernalia knowing, or under circumstances in
4 which one reasonably should know, that it will be used to plant, propogate, cultivate, grow,
5 harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack,
6 repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human
7 body a controlled substance or an imitation controlled substance in violation of this chapter.
8 **Any entity registered with the department of health and senior services that possesses,**
9 **distributes, or delivers hypodermic needles or syringes for the purpose of operating a**

10 syringe access program or otherwise mitigating health risks associated with unsterile
11 injection drug use shall be exempt from the provisions of this section.

12 2. No entity shall be present within one-quarter of a mile of any school building,
13 unless such entity is in operation prior to the date the school building commenced
14 operations.

15 3. The offense of unlawful delivery of drug paraphernalia is a class A misdemeanor,
16 unless done for commercial purposes, in which case it is a class E felony.

579.076. 1. A person commits the offense of unlawful manufacture of drug
2 paraphernalia if he or she unlawfully manufactures with intent to deliver drug paraphernalia,
3 knowing, or under circumstances where one reasonably should know, that it will be used to
4 plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process,
5 prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise
6 introduce into the human body a controlled substance or an imitation controlled substance in
7 violation of this chapter or chapter 195. **Any entity registered with the department of
8 health and senior services that delivers or manufactures hypodermic needles or syringes
9 for the purpose of operating a syringe access program or otherwise mitigating health
10 risks associated with unsterile injection drug use shall be exempt from the provisions of
11 this section.**

12 2. The offense of unlawful manufacture of drug paraphernalia is a class A
13 misdemeanor, unless done for commercial purposes, in which case it is a class E felony.

630.980. 1. **As used in this section, the term "behavioral crisis" shall mean any
2 instance in which a person's behavior makes the person a danger to himself or herself or
3 others or prevents the person from functioning effectively in the community.**

4 2. **Subject to appropriation, the department of mental health shall establish a
5 behavioral crisis grant program to assist nonprofit organizations in the creation or
6 maintenance of programs that support individuals experiencing behavioral crises. The
7 director of the department or his or her designee shall administer the program.**

8 3. **To be eligible for a grant under the behavioral crisis grant program, a
9 nonprofit organization shall:**

10 (1) **Provide health care, mental health care, or other services and support that
11 address behavioral health issues for any individuals; and**

12 (2) **Provide at least one of the following:**

13 (a) **A behavioral crisis phone line or text messaging service staffed by health or
14 mental health professionals or trained volunteers;**

15 (b) **A residential facility for individuals experiencing a behavioral crisis; or**

16 (c) **A referral program to assist an individual experiencing a behavioral crisis in
17 obtaining health care, mental health care, or other services and support.**

18 **4. The department of mental health shall:**

19 **(1) Create a grant application and establish a timeline for the application**
20 **process;**

21 **(2) Determine the amount of any grant awarded based on the merits of the**
22 **program, the needs of the program or community, or any other criteria deemed relevant**
23 **by the department; and**

24 **(3) Post all information about the behavioral crisis grant program on the**
25 **department's website.**

26 **5. (1) There is hereby created in the state treasury the "Behavioral Crisis Grant**
27 **Program Fund", which shall consist of moneys appropriated to it by the general**
28 **assembly and any gifts, contributions, grants, or bequests received from federal, private,**
29 **or other sources. The state treasurer shall be custodian of the fund. In accordance with**
30 **sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund**
31 **shall be a dedicated fund and, upon appropriation, moneys in the fund shall be used**
32 **solely as provided in this section.**

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

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

39 **6. The director of the department of mental health may promulgate all necessary**
40 **rules and regulations for the administration of this section. Any rule or portion of a**
41 **rule, as that term is defined in section 536.010, that is created under the authority**
42 **delegated in this section shall become effective only if it complies with and is subject to**
43 **all of the provisions of chapter 536 and, if applicable, section 536.028. This section and**
44 **chapter 536 are nonseverable, and if any of the powers vested with the general assembly**
45 **pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul**
46 **a rule are subsequently held unconstitutional, then the grant of rulemaking authority**
47 **and any rule proposed or adopted after August 28, 2022, shall be invalid and void.**

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

8 welfare is abolished. The department of public health and welfare is abolished. All
9 employees of the department of social services shall be covered by the provisions of chapter
10 36 except the director of the department and the director's secretary, all division directors and
11 their secretaries, and no more than three additional positions in each division which may be
12 designated by the division director.

13 2. It is the intent of the general assembly in establishing the department of social
14 services, as provided herein, to authorize the director of the department to coordinate the
15 state's programs devoted to those unable to provide for themselves and for the rehabilitation
16 of victims of social disadvantage. The director shall use the resources provided to the
17 department to provide comprehensive programs and leadership striking at the roots of
18 dependency, disability and abuse of society's rules with the purpose of improving service and
19 economical operations. The department is directed to take all steps possible to consolidate
20 and coordinate the field operations of the department to maximize service to the citizens of
21 the state.

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

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

27 5. ~~The state's responsibility under public law 73, Older Americans Act of 1965, of~~
28 ~~the eighty ninth Congress is transferred by type I transfer to the department of social services.~~

29 ~~6.]~~ All the powers, duties and functions vested by law in the curators of the
30 University of Missouri relating to crippled children's services, chapter 201, are transferred by
31 type I transfer to the department of social services.

32 ~~[7.]~~ 6. All the powers, duties and functions vested in the state board of training
33 schools, chapter 219 and others, are transferred by type I transfer to the "Division of Youth
34 Services" hereby authorized in the department of social services headed by a director
35 appointed by the director of the department. The state board of training schools shall be
36 reconstituted as an advisory board on youth services, appointed by the director of the
37 department. The advisory board shall visit each facility of the division as often as possible,
38 shall file a written report with the director of the department and the governor on conditions
39 they observed relating to the care and rehabilitative efforts in behalf of children assigned to
40 the facility, the security of the facility and any other matters pertinent in their judgment.
41 Copies of these reports shall be filed with the legislative library. Members of the advisory
42 board shall receive reimbursement for their expenses and twenty-five dollars a day for each
43 day they engage in official business relating to their duties. The members of the board shall
44 be provided with identification means by the director of the division permitting immediate

45 access to all facilities enabling them to make unannounced entrance to facilities they wish to
46 inspect.

2 ~~[191.743. 1. Any physician or health care provider who provides~~
3 ~~services to pregnant women shall identify all such women who are high risk~~
4 ~~pregnancies by use of protocols developed by the department of health and~~
5 ~~senior services pursuant to section 191.741. The physician or health care~~
6 ~~provider shall upon identification inform such woman of the availability of~~
7 ~~services and the option of referral to the department of health and senior~~
8 ~~services.~~

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

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

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

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

2 ~~[196.866. 1. Every person, firm, association or corporation, before~~
3 ~~engaging in the business of manufacturing or freezing ice cream, mellorine,~~
4 ~~frozen dessert products or any other product defined in sections 196.851 to~~
5 ~~196.895, shall first obtain a license from the director of the department of~~
6 ~~health and senior services of the state of Missouri. A license shall be obtained~~
7 ~~for each plant or place of business where ice cream, ice cream mix, ice milk,~~
8 ~~sherbet, frozen malt, ice milk mix, mellorine, edible fat frozen dessert or ices~~
9 ~~are manufactured or frozen. Hotels, motels, restaurants, boardinghouses, or~~
10 ~~other concerns or agents which shall manufacture or freeze ice cream, or~~
11 ~~related frozen food products defined in sections 196.851 to 196.895 for the use~~
12 ~~of their patrons, guests, or servants, shall be required to take out the license~~
13 ~~herein provided for; provided, that nothing in this section shall apply to private~~
14 ~~homes, hospitals, churches, or fraternal organizations manufacturing such~~
15 ~~products for their own use or to retailers dealing in ice cream or frozen dessert~~
16 ~~products received in the final frozen form from a licensed manufacturer.~~

17 ~~2. Applications for such licenses, both frozen dessert and mellorine,~~
18 ~~shall be accompanied by a statutory fee as follows: For each plant producing~~
19 ~~annually not in excess of five thousand gallons, ten dollars; in excess of five~~
20 ~~thousand gallons and not in excess of fifteen thousand gallons, fifteen dollars;~~
21 ~~in excess of fifteen thousand gallons and not in excess of twenty five thousand~~
22 ~~gallons, twenty five dollars; in excess of twenty five thousand gallons and not~~
23 ~~in excess of fifty thousand gallons, fifty dollars; in excess of fifty thousand~~
24 ~~gallons and not in excess of one hundred thousand gallons, seventy five~~
25 ~~dollars; in excess of one hundred thousand gallons and not in excess of two~~
~~hundred thousand gallons, one hundred dollars; in excess of two hundred~~

26 ~~thousand gallons and not in excess of four hundred thousand gallons, one~~
27 ~~hundred twenty five dollars; over four hundred thousand gallons, one hundred~~
28 ~~fifty dollars, and shall be made to the director of the department of health and~~
29 ~~senior services, upon such forms and shall show such information as may be~~
30 ~~demande d by the department of health and senior services, and the said~~
31 ~~director of the department of health and senior services, upon receipt of~~
32 ~~application for such license, shall cause to be investigated the equipment and~~
33 ~~the sanitary conditions of the plant or place of business for which the license is~~
34 ~~applied. If the condition of the plant or place of business is found to be~~
35 ~~satisfactory, a license shall be issued by the director of the department of~~
36 ~~health and senior services to such applicant.~~

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

41 ~~4. The director of the department of health and senior services may~~
42 ~~withhold and refuse to issue a license for any plant or place of business that~~
43 ~~has not been conducted or is not prepared to be conducted in accordance with~~
44 ~~the requirements of sections 196.851 to 196.895 or any rules issued hereunder.~~
45 ~~The director of the department of health and senior services shall have the~~
46 ~~power to revoke any license issued under sections 196.851 to 196.895~~
47 ~~whenever it is determined by him that any of the provisions of sections~~
48 ~~196.851 to 196.895 have been violated. Any person, firm, association or~~
49 ~~corporation, whose license has been so revoked, shall discontinue operation of~~
50 ~~the business for which the license was issued until such time as the provisions~~
51 ~~of sections 196.851 to 196.895 have been complied with and a new license~~
52 ~~granted by the director of the department of health and senior services. Before~~
53 ~~revoking any such license, the director of the department of health and senior~~
54 ~~services shall give written notice to the licensee affected, stating that he~~
55 ~~contemplates revocation of the same and giving his reasons therefor. Said~~
56 ~~notice shall appoint a time and place for hearing and shall be mailed by~~
57 ~~registered mail to the licensee at least ten days before the date set for the~~
58 ~~hearing or personal service rendered. The licensee may present to the director~~
59 ~~of the department of health and senior services such evidence as may have a~~
60 ~~bearing on the case, and, after hearing of the testimony, the director of the~~
61 ~~department of health and senior services shall decide the question in such~~
62 ~~manner as to him appears just and right.~~

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

68 ~~6. All fees collected under this section shall be deposited in the state~~
69 ~~treasury, subject to appropriation by the general assembly.]~~

2 [196.868. Any person who operates a plant manufacturing or freezing
3 ice cream, mellorine, frozen dessert products or any other product defined in
sections 196.851 to 196.895, located outside of this state and sells, offers for

4 ~~sale or distributes the products in this state shall obtain a broker's license from~~
5 ~~the director and pay a broker's license fee, equivalent to the license fee~~
6 ~~provided in section 196.866, on all sales in this state, and shall be subject to~~
7 ~~the other provisions of sections 196.851 to 196.895.]~~

Section B. Because of the importance of ensuring healthy individuals in Missouri and
2 the importance of the Alzheimer's state plan task force having sufficient time to prepare a
3 report of recommendations, the enactment of section 167.625 and the repeal and reenactment
4 of sections 191.116, 208.151, and 208.662 of section A of this act is deemed necessary for the
5 immediate preservation of the public health, welfare, peace, and safety, and is hereby declared
6 to be an emergency act within the meaning of the constitution, and the enactment of section
7 167.625 and the repeal and reenactment of sections 191.116, 208.151, and 208.662 of section
8 A of this act shall be in full force and effect upon its passage and approval.

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