

SECOND REGULAR SESSION

SENATE COMMITTEE SUBSTITUTE FOR

HOUSE BILL NO. 2331

101ST GENERAL ASSEMBLY

4527S.03C

ADRIANE D. CROUSE, Secretary

AN ACT

To repeal sections 172.800, 191.116, 191.500, 191.515, 191.520, 191.525, 191.743, 192.005, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 195.815, 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, 251.070, 301.020, 302.171, 334.530, 334.655, 335.230, 335.257, 345.015, 345.050, 376.1800, and 660.010, RSMo, and to enact in lieu thereof forty-seven new sections relating to health care, with penalty provisions and an emergency clause for a certain section.

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

Section A. Sections 172.800, 191.116, 191.500, 191.515,
2 191.520, 191.525, 191.743, 192.005, 192.2225, 194.210, 194.255,
3 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 195.815,
4 196.866, 196.868, 197.100, 197.256, 197.258, 197.400, 197.415,
5 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526,
6 198.545, 251.070, 301.020, 302.171, 334.530, 334.655, 335.230,
7 335.257, 345.015, 345.050, 376.1800, and 660.010, RSMo, are
8 repealed and forty-seven new sections enacted in lieu thereof,
9 to be known as sections 135.690, 172.800, 191.116, 191.500,
10 191.515, 191.520, 191.525, 192.005, 192.2225, 194.210, 194.255,
11 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 194.321,
12 195.815, 197.100, 197.256, 197.258, 197.400, 197.415, 197.445,
13 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545,
14 301.020, 302.171, 324.005, 332.325, 334.530, 334.655, 335.230,

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

15 335.257, 345.015, 345.022, 345.050, 345.052, 345.085, 376.1800,
16 and 660.010, to read as follows:

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

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

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

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

12 (4) "Federally Qualified Health Center (FQHC)", a
13 reimbursement designation from the Bureau of Primary Health
14 Care and the Centers for Medicare and Medicaid services of
15 the United States Department of Health and Human Services;

16 (5) "Medical student", an individual enrolled in a
17 Missouri medical college approved and accredited as
18 reputable by the American Medical Association or the Liaison
19 Committee on Medical Education or enrolled in a Missouri
20 osteopathic college approved and accredited as reputable by
21 the Commission on Osteopathic College Accreditation;

22 (6) "Medical student core preceptorship" or "physician
23 assistant student core preceptorship", a preceptorship for a
24 medical student or physician assistant student that provides
25 a minimum of one hundred twenty hours of community-based
26 instruction in family medicine, internal medicine,
27 pediatrics, psychiatry, or obstetrics and gynecology under
28 the guidance of a community-based faculty preceptor. A
29 community-based faculty preceptor may add together the
30 amounts of preceptorship instruction time separately

31 provided to multiple students in determining whether he or
32 she has reached the minimum hours required under this
33 subdivision, but the total preceptorship instruction time
34 provided shall equal at least one hundred twenty hours in
35 order for such preceptor to be eligible for the tax credit
36 authorized under this section;

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

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

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

58 (2) To receive the credit allowed by this section, a
59 community-based faculty preceptor shall claim such credit on
60 his or her return for the tax year in which he or she
61 completes the preceptorship rotations and shall submit

62 supporting documentation as prescribed by the division and
63 the department.

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

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

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

88 3. (1) Funding for the tax credit program authorized
89 under this section shall be generated by the division from a
90 license fee increase of seven dollars per license for
91 physicians and surgeons and from a license fee increase of
92 three dollars per license for physician assistants. The
93 license fee increases shall take effect beginning January 1,

94 2023, based on the underlying license fee rates prevailing
95 on that date. The underlying license fee rates shall be
96 determined under section 334.090 and all other applicable
97 provisions of chapter 334.

98 (2) (a) There is hereby created in the state treasury
99 the "Medical Preceptor Fund", which shall consist of moneys
100 collected under this subsection. The state treasurer shall
101 be custodian of the fund. In accordance with sections
102 30.170 and 30.180, the state treasurer may approve
103 disbursements. The fund shall be a dedicated fund and, upon
104 appropriation, moneys in the fund shall be used solely by
105 the department for the administration of the tax credit
106 program authorized under this section. Notwithstanding the
107 provisions of section 33.080 to the contrary, any moneys
108 remaining in the fund at the end of the biennium shall not
109 revert to the credit of the general revenue fund. The state
110 treasurer shall invest moneys in the medical preceptor fund
111 in the same manner as other funds are invested. Any
112 interest and moneys earned on such investments shall be
113 credited to the fund.

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

125 4. (1) The department shall administer the tax credit
126 program authorized under this section. Each taxpayer
127 claiming a tax credit under this section shall file an
128 application with the department verifying the number of
129 hours of instruction and the amount of the tax credit
130 claimed. The hours claimed on the application shall be
131 verified by the college or university department head or the
132 program director on the application. The certification by
133 the department affirming the taxpayer's eligibility for the
134 tax credit provided to the taxpayer shall be filed with the
135 taxpayer's income tax return.

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

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

156 **authority and any rule proposed or adopted after August 28,**
157 **2022, shall be invalid and void.**

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

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

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

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

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

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

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

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

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

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

10 (3) One member of the house of representatives to be
11 appointed by the speaker of the house of representatives;

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

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

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

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

21 (8) One member from the office of state ombudsman for
22 long-term care facility residents;

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

24 (10) One member representing the home care profession;

25 (11) One member representing the adult day services
26 profession;

27 (12) One member representing the area agencies on
28 aging;

29 (13) One member with expertise in minority health;

30 (14) One member representing the law enforcement
31 community;

32 (15) One member from the department of higher
33 education and workforce development with knowledge of
34 workforce training;

35 (16) Two members representing voluntary health
36 organizations in Alzheimer's disease care, support, and
37 research;

38 (17) One member representing licensed skilled nursing
39 facilities; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

41 (8) "Rural area", a town or community within this
42 state which is not within a "standard metropolitan
43 statistical area", and has a population of six thousand or

44 fewer inhabitants as determined by the last preceding
45 federal decennial census or any unincorporated area not
46 within a standard metropolitan statistical area.

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

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

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

192.005. 1. There is hereby created and established
2 as a department of state government the "Department of
3 Health and Senior Services". The department of health and
4 senior services shall supervise and manage all public health
5 functions and programs. The department shall be governed by
6 the provisions of the Omnibus State Reorganization Act of
7 1974, Appendix B, RSMo, unless otherwise provided in
8 sections 192.005 to 192.014. The division of health of the
9 department of social services, chapter 191, this chapter,
10 and others, including, but not limited to, such agencies and
11 functions as the state health planning and development
12 agency, the crippled children's service, chapter 201, the
13 bureau and the program for the prevention of developmental
14 disability, the hospital subsidy program, chapter 189, the
15 state board of health and senior services, section 191.400,
16 the student loan program, sections 191.500 to 191.550, the
17 family practice residency program, the licensure and
18 certification of hospitals, chapter 197, the Missouri chest
19 hospital, sections 199.010 to 199.070, are hereby
20 transferred to the department of health and senior services
21 by a type I transfer, and the state cancer center and cancer
22 commission, chapter 200, is hereby transferred to the
23 department of health and senior services by a type III
24 transfer as such transfers are defined in section 1 of the
25 Omnibus State Reorganization Act of 1974, Appendix B, RSMo
26 Supp. 1984. The provisions of section 1 of the Omnibus
27 State Reorganization Act of 1974, Appendix B, RSMo Supp.
28 1984, relating to the manner and procedures for transfers of
29 state agencies shall apply to the transfers provided in this
30 section. The division of health of the department of social
31 services is abolished.

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

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

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

- 19 (1) Previous inspection reports;
- 20 (2) The adult day care program's history of compliance
21 with rules promulgated pursuant to this chapter; and

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

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

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

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

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

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

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

7 (2) "Agent", an individual:

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

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

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

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

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

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

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

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

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

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

46 [(11)] (10) "Eye bank", a person that is licensed,
47 accredited, or regulated under federal or state law to

48 engage in the recovery, screening, testing, processing,
49 storage, or distribution of human eyes or portions of human
50 eyes;

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

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

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

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

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

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

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

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

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

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

78 (21) **"Potential donor", an individual whose body or**
79 **part is the subject of an anatomical gift, provided that**

80 **donor does not include an unborn child, as defined in**
81 **section 188.015, if the child has not died of natural causes;**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 (3) An eye bank or tissue bank.

12 2. If an anatomical gift to an individual under
13 subdivision (2) of subsection 1 of this section cannot be

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

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

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

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

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

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

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

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

46 identify the purpose of the gift, the gift may be used only
47 for transplantation or therapy, and the gift passes in
48 accordance with subsection 7 of this section.

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

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

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

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

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

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

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

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

77 to the person under obligation to dispose of the body or
78 part.

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

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

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

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

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

12 3. When a hospital refers an individual at or near
13 death to a procurement organization, the organization may
14 conduct any reasonable examination necessary to ensure the
15 medical suitability of a part that is or could be the

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

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

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

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

43 7. Upon referral by a hospital under subsection 1 of
44 this section, a procurement organization shall make a
45 reasonable search for any person listed in section 194.245
46 having priority to make an anatomical gift on behalf of a
47 **donor, potential donor, or** prospective donor. If a

48 procurement organization receives information that an
49 anatomical gift to any other person was made, amended, or
50 revoked, it shall promptly advise the other person of all
51 relevant information.

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

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

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

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

194.285. 1. A person that acts in accordance with
2 sections 194.210 to 194.294 or with the applicable

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

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

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

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

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

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

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

16 2. If a **donor, potential donor, or** prospective donor
17 has a declaration or advance health-care directive and the

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

194.297. 1. There is established in the state
2 treasury the "Organ Donor Program Fund" [, which shall
3 consist of all moneys deposited by the director of revenue
4 pursuant to subsection 2 of section 302.171 and any other
5 moneys donated or appropriated to the fund]. **The state**
6 **treasurer shall credit to and deposit in the organ donor**
7 **program fund all amounts received under sections 301.020,**
8 **301.3125, and subsection 2 of section 302.171, and any other**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. The department may require that such fingerprint submissions be made as part of a medical marijuana facility application [for licensure or certification], a medical marijuana facility **renewal** application [for renewal of licensure or certification], and an individual's application for **licensure and issuance of** an identification card authorizing that individual to be an **employee, contractor, owner, [officer, manager, contractor, employee, or other support staff] or volunteer** of a medical marijuana facility.

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

33 4. As used in this section, the following words shall
34 mean:

35 (1) **"Contractor", a person performing work or service**
36 **of any kind for a medical marijuana facility in accordance**
37 **with a contract with that facility;**

38 (2) "Employee", [any] a person performing work or
39 service of any kind or character for hire in a medical
40 marijuana facility;

41 [(2)] (3) "Medical marijuana facility", an entity
42 licensed or certified by the department of health and senior
43 services[, or its successor agency,] to acquire, cultivate,
44 process, manufacture, test, store, sell, transport, or
45 deliver medical marijuana[;

46 (3) "Other support staff", any person performing work
47 or service of any kind or character, other than employees,
48 on behalf of a medical marijuana facility if such a person
49 would have access to the medical marijuana facility or its
50 medical marijuana or related equipment or supplies].

197.100. 1. Any provision of chapter 198 and chapter
2 338 to the contrary notwithstanding, the department of
3 health and senior services shall have sole authority, and
4 responsibility for inspection and licensure of hospitals in
5 this state including, but not limited to, all parts,
6 services, functions, support functions and activities which
7 contribute directly or indirectly to patient care of any
8 kind whatsoever. The department of health and senior
9 services shall [annually] inspect each licensed hospital **in**
10 **accordance with Title XVIII of the Social Security Act** and
11 shall make any other inspections and investigations as it
12 deems necessary for good cause shown. The department of
13 health and senior services shall accept reports of hospital
14 inspections from or on behalf of governmental agencies, the

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

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

197.256. 1. A hospice shall apply for renewal of its
2 certificate not less than once every twelve months. In
3 addition, such hospice shall apply for renewal not less than
4 thirty days before any change in ownership or management of

5 the hospice. Such application shall be accompanied by the
6 appropriate fee as set forth in subsection 1 of section
7 197.254. Application shall be made upon a form prescribed
8 by the department.

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

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

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

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

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

12 3. In lieu of any survey required by sections 197.250
13 to 197.280, the department may accept in whole or in part

14 the survey of any state or federal agency, or of any
15 professional accrediting agency, if such survey:

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

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

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

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

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

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

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

8 (3) "Home health agency", a public agency or private
9 organization or a subdivision or subunit of an agency or
10 organization that provides two or more home health services
11 at the residence of a patient according to a [physician's]

12 written [and signed] plan of treatment **signed by a**
13 **physician, nurse practitioner, clinical nurse specialist, or**
14 **physician assistant;**

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

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

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

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

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

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

40 [(8)] (10) "Plan of treatment", a plan reviewed and
41 signed as often as [medically] necessary by a physician
42 [or], podiatrist, **nurse practitioner, clinical nurse**
43 **specialist, or a physician assistant, not to exceed sixty**

44 days in duration, prescribing items and services for an
45 individual patient's condition. **A plan of treatment signed**
46 **by a nurse practitioner, clinical nurse specialist, or a**
47 **physician assistant shall be subject to review by a**
48 **physician, consistent with the collaborative practice**
49 **arrangement provisions of chapter 334 and implementing**
50 **regulations;**

51 **[(9)] (11)** "Podiatrist", a person licensed by the
52 state board of podiatry pursuant to the provisions of
53 chapter 330 to practice in this state as a podiatrist;

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

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

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

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

10 (2) The home health agency is in compliance with the
11 requirements established pursuant to the provisions of
12 sections 197.400 to 197.475 as evidenced by **[a survey] an**
13 inspection by the department which shall occur **[at least**

14 every thirty-six months for agencies that have been in
15 operation thirty-six consecutive months from initial
16 inspection. The frequency of inspections for agencies in
17 operation at least thirty-six consecutive months from the
18 initial inspection shall be determined by such factors as
19 number of complaints received and changes in management,
20 supervision or ownership. The frequency of each survey
21 inspection for any agency in operation less than thirty-six
22 consecutive months from the initial inspection shall occur
23 and be conducted at least every twelve months] **in accordance**
24 **with Title XVIII of the Social Security Act;**

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

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

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

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

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

197.445. 1. The department may adopt reasonable rules
2 and standards necessary to carry out the provisions of

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

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

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

- 4 (1) "Abuse", the infliction of physical, sexual, or
5 emotional injury or harm;
- 6 (2) "Activities of daily living" or "ADL", one or more
7 of the following activities of daily living:
- 8 (a) Eating;
- 9 (b) Dressing;
- 10 (c) Bathing;
- 11 (d) Toileting;
- 12 (e) Transferring; and
- 13 (f) Walking;

- 14 (3) "Administrator", the person who is in general
15 administrative charge of a facility;
- 16 (4) "Affiliate":
- 17 (a) With respect to a partnership, each partner
18 thereof;
- 19 (b) With respect to a limited partnership, the general
20 partner and each limited partner with an interest of five
21 percent or more in the limited partnership;
- 22 (c) With respect to a corporation, each person who
23 owns, holds or has the power to vote five percent or more of
24 any class of securities issued by the corporation, and each
25 officer and director;
- 26 (d) With respect to a natural person, any parent,
27 child, sibling, or spouse of that person;
- 28 (5) "Appropriately trained and qualified individual",
29 an individual who is licensed or registered with the state
30 of Missouri in a health care-related field or an individual
31 with a degree in a health care-related field or an
32 individual with a degree in a health care, social services,
33 or human services field or an individual licensed under
34 chapter 344 and who has received facility orientation
35 training under 19 CSR [30-86042(18)] **30-86.047**, and dementia
36 training under section 192.2000 and twenty-four hours of
37 additional training, approved by the department, consisting
38 of definition and assessment of activities of daily living,
39 assessment of cognitive ability, service planning, and
40 interview skills;
- 41 (6) "Assisted living facility", any premises, other
42 than a residential care facility, intermediate care
43 facility, or skilled nursing facility, that is utilized by
44 its owner, operator, or manager to provide twenty-four-hour
45 care and services and protective oversight to three or more

46 residents who are provided with shelter, board, and who may
47 need and are provided with the following:

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

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

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

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

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

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

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

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

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

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

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

88 (a) Preparing meals;

89 (b) Shopping for personal items;

90 (c) Medication management;

91 (d) Managing money;

92 (e) Using the telephone;

93 (f) Housework; and

94 (g) Transportation ability;

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

106 (15) "Manager", any person other than the
107 administrator of a facility who contracts or otherwise

108 agrees with an owner or operator to supervise the general
109 operation of a facility, providing such services as hiring
110 and training personnel, purchasing supplies, keeping
111 financial records, and making reports;

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

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

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

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

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

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

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

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

137 Owner does not include a holder of a debenture or bond
138 purchased at public issue nor does it include any regulated

139 lender unless the entity or person directly or through a
140 subsidiary operates a facility;

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

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

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

171 prior to August 28, 2006, for a residential care facility II
172 under section 208.030;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

58 4. Whenever the department has reasonable grounds to
59 believe that a facility required to be licensed under
60 sections 198.003 to 198.096 is operating without a license,

61 and the department is not permitted access to inspect the
62 facility, or when a licensed operator refuses to permit
63 access to the department to inspect the facility, the
64 department shall apply to the circuit court of the county in
65 which the premises is located for an order authorizing entry
66 for such inspection, and the court shall issue the order if
67 it finds reasonable grounds for inspection or if it finds
68 that a licensed operator has refused to permit the
69 department access to inspect the facility.

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

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

17 inspection, stating separately each deficiency and the
18 specific statute or regulation violated.

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

48 interview to determine the status of previously identified
49 deficiencies.

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

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

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

74 6. Whenever a notice of noncompliance has been issued,
75 the operator shall post a copy of the notice of
76 noncompliance and a copy of the most recent inspection
77 report in a conspicuous location in the facility, and the
78 department shall send a copy of the notice of noncompliance
79 to the department of social services, the department of

80 mental health, and any other concerned federal, state or
81 local governmental agencies.

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

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

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

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

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

25 (5) The operator or any principals in the operation of
26 the facility have ever been convicted of, or pled guilty or
27 nolo contendere to a felony offense concerning the operation
28 of a long-term health care facility or other health care
29 facility, or ever knowingly acted or knowingly failed to
30 perform any duty which materially and adversely affected the

31 health, safety, welfare, or property of a resident while
32 acting in a management capacity. The operator of the
33 facility or any principal in the operation of the facility
34 shall not be under exclusion from participation in the Title
35 XVIII (Medicare) or Title XIX (Medicaid) program of any
36 state or territory; or

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

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

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

198.525. 1. [Except as otherwise provided pursuant to
2 section 198.526,] In order to comply with sections 198.012
3 and 198.022, the department of health and senior services
4 shall inspect residential care facilities, assisted living
5 facilities, intermediate care facilities, and skilled

6 nursing **facilities**, including those facilities attached to
7 acute care hospitals at least [twice] **once** a year.

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

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

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

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

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

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

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

36 6. Any person may notify the department if facts exist
37 that would lead a reasonable person to conclude that any

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

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

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

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

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

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

17 (1) Previous inspection reports;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

66 (b) A telephonic conference; or

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

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

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

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

83 7. If the QIO determines that the original statement
84 of deficiencies should be changed as a result of the IDR

85 conference, the department shall transmit a revised
86 statement of deficiencies to the facility with the
87 notification of the determination within ten calendar days
88 of the decision to change the statement of deficiencies.

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

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

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

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

6 registration on a blank to be furnished by the director of
7 revenue for that purpose containing:

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

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

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

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

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

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

35 3. If the vehicle is any motor vehicle other than a
36 motor vehicle primarily for business use, a recreational
37 motor vehicle, motorcycle, motortricycle, autocycle, bus, or

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

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

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

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

65 Notarized bills of sale along with a copy of the front and
66 back of the certificate of ownership for all major component
67 parts installed on the vehicle and invoices for all
68 essential parts which are not defined as major component
69 parts shall accompany the application for a new certificate

70 of ownership. If the vehicle is a specially constructed
71 motor vehicle, as defined in section 301.010, two pictures
72 of the vehicle shall be submitted with the application. If
73 the vehicle is a kit vehicle, the applicant shall submit the
74 invoice and the manufacturer's statement of origin on the
75 kit. If the vehicle requires the issuance of a special
76 number by the director of revenue or a replacement vehicle
77 identification number, the applicant shall submit the
78 required application and application fee. All applications
79 required under this subsection shall be submitted with any
80 applicable taxes which may be due on the purchase of the
81 vehicle or parts. The director of revenue shall
82 appropriately designate "Reconstructed Motor Vehicle",
83 "Motor Change Vehicle", "Non-USA-Std Motor Vehicle", or
84 "Specially Constructed Motor Vehicle" on the current and all
85 subsequent issues of the certificate of ownership of such
86 vehicle.

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

102 address of such owner, the year, make, model, vehicle
103 identification number, and license plate number of the
104 vehicle, and the date of loss and payment.

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

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

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

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

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

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

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

42 a motor vehicle without the owner's consent. The
43 application shall contain a certification by the applicant
44 as to the truth of the facts stated therein. Every person
45 who applies for a license to operate a motor vehicle who is
46 less than twenty-one years of age shall be provided with
47 educational materials relating to the hazards of driving
48 while intoxicated, including information on penalties
49 imposed by law for violation of the intoxication-related
50 offenses of the state. Beginning January 1, 2001, if the
51 applicant is less than eighteen years of age, the applicant
52 must comply with all requirements for the issuance of an
53 intermediate driver's license pursuant to section 302.178.
54 For persons mobilized and deployed with the United States
55 Armed Forces, an application under this subsection shall be
56 considered satisfactory by the department of revenue if it
57 is signed by a person who holds general power of attorney
58 executed by the person deployed, provided the applicant
59 meets all other requirements set by the director.

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

74 sources on the importance of organ and tissue donations to
75 applicants for licensure as designed by the organ donation
76 advisory committee established in sections 194.297 to
77 194.304. The director shall inquire of each applicant at
78 the time the licensee presents the completed application to
79 the director whether the applicant is interested in making
80 the one **or more** dollar donation prescribed in this
81 subsection and whether the applicant is interested in
82 inclusion in the organ donor registry and shall also
83 specifically inform the licensee of the ability to consent
84 to organ donation by placing a donor symbol sticker
85 authorized and issued by the department of health and senior
86 services on the back of his or her driver's license or
87 identification card as prescribed by subdivision (1) of
88 subsection 1 of section 194.225. A symbol may be placed on
89 the front of the license or identification card indicating
90 the applicant's desire to be listed in the registry at the
91 applicant's request at the time of his or her application
92 for a driver's license or identification card, or the
93 applicant may instead request an organ donor sticker from
94 the department of health and senior services by application
95 on the department of health and senior services' website.
96 Upon receipt of an organ donor sticker sent by the
97 department of health and senior services, the applicant
98 shall place the sticker on the back of his or her driver's
99 license or identification card to indicate that he or she
100 has made an anatomical gift. The director shall notify the
101 department of health and senior services of information
102 obtained from applicants who indicate to the director that
103 they are interested in registry participation, and the
104 department of health and senior services shall enter the
105 complete name, address, date of birth, race, gender and a

106 unique personal identifier in the registry established in
107 subsection 1 of section 194.304.

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

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

138 applicant presents the completed application to the director
139 whether the applicant is interested in making the one dollar
140 donation prescribed in this subsection.

141 5. Beginning July 1, 2005, the director shall deny the
142 driving privilege of any person who commits fraud or
143 deception during the examination process or who makes
144 application for an instruction permit, driver's license, or
145 nondriver's license which contains or is substantiated with
146 false or fraudulent information or documentation, or who
147 knowingly conceals a material fact or otherwise commits a
148 fraud in any such application. The period of denial shall
149 be one year from the effective date of the denial notice
150 sent by the director. The denial shall become effective ten
151 days after the date the denial notice is mailed to the
152 person. The notice shall be mailed to the person at the
153 last known address shown on the person's driving record.
154 The notice shall be deemed received three days after mailing
155 unless returned by the postal authorities. No such
156 individual shall reapply for a driver's examination,
157 instruction permit, driver's license, or nondriver's license
158 until the period of denial is completed. No individual who
159 is denied the driving privilege under this section shall be
160 eligible for a limited driving privilege issued under
161 section 302.309.

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

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

167 8. The director may promulgate rules and regulations
168 necessary to administer and enforce this section. No rule
169 or portion of a rule promulgated pursuant to the authority

170 of this section shall become effective unless it has been
171 promulgated pursuant to chapter 536.

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

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

189 11. Notwithstanding any other provision of this
190 chapter, if an applicant does not meet the requirements of
191 subsection 9 of this section and does not have the required
192 documents to prove Missouri residency, United States
193 naturalization, or lawful immigration status, the department
194 may issue a one-year driver's license renewal. This one-
195 time renewal shall only be issued to an applicant who
196 previously has held a Missouri noncommercial driver's
197 license, noncommercial instruction permit, or nondriver's
198 license for a period of fifteen years or more and who does
199 not have the required documents to prove Missouri residency,
200 United States naturalization, or lawful immigration status.
201 After the expiration of the one-year period, no further

202 renewal shall be provided without the applicant producing
203 proof of Missouri residency, United States naturalization,
204 or lawful immigration status.

324.005. 1. Notwithstanding any requirements for
2 licensure for all professional boards, commissions,
3 committees, and offices within the division of professional
4 registration to the contrary, a professional who has a
5 current license to practice from another state,
6 commonwealth, territory, or the District of Columbia shall
7 be exempt from the licensure requirements of his or her
8 respective licensure board in this state if:

9 (1) The professional is an active duty or reserve
10 member of the Armed Forces of the United States, a member of
11 the National Guard, a civilian employee of the United States
12 Department of Defense, an authorized services contractor
13 under 10 U.S.C. Section 1091, or a professional otherwise
14 authorized by the United States Department of Defense;

15 (2) The professional practices the same occupation or
16 profession at the same practice level for which he or she
17 holds a current license; and

18 (3) The professional is engaged in the practice of a
19 professional through a partnership with the federal
20 Innovative Readiness Training program within the United
21 States Department of Defense.

22 2. The exemption provided in this section shall not
23 permit a professional to engage in practice except as part
24 of the federal Innovative Readiness Training program within
25 the United States Department of Defense. The exemption
26 shall only apply while:

27 (1) The professional's practice is required by the
28 program pursuant to military orders; and

29 (2) The services provided by the professional are
30 within the scope of practice for the individual's respective
31 profession in this state.

 332.325. 1. The Missouri dental board may collaborate
2 with the department of health and senior services and the
3 office of dental health within the department of health and
4 senior services to approve pilot projects designed to
5 examine new methods of extending care to medically
6 underserved populations, as defined in 42 U.S.C. Section
7 300e-1(7). These pilot projects may employ techniques or
8 approaches to care that may necessitate a waiver of the
9 requirements of this chapter and regulations promulgated
10 thereunder; provided:

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

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

17 (3) The project clearly defines the new techniques or
18 approaches it intends to examine to determine if it results
19 in an improvement in access or quality of care;

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

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

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

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

32 2. The board may promulgate rules and regulations to
33 implement the provisions of this section. Any rule or
34 portion of a rule, as that term is defined in section
35 536.010, that is created under the authority delegated in
36 this section shall become effective only if it complies with
37 and is subject to all of the provisions of chapter 536 and,
38 if applicable, section 536.028. This section and chapter
39 536 are nonseverable and if any of the powers vested with
40 the general assembly pursuant to chapter 536 to review, to
41 delay the effective date, or to disapprove and annul a rule
42 are subsequently held unconstitutional, then the grant of
43 rulemaking authority and any rule proposed or adopted after
44 August 28, 2022, shall be invalid and void.

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

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

11 Association, or if graduated after 1988, the Commission on
12 Accreditation for Physical Therapy Education or its
13 successor, is deemed to have complied with the educational
14 qualifications of this subsection.

15 2. Persons desiring to practice as physical therapists
16 in this state shall appear before the board at such time and
17 place as the board may direct and be examined as to their
18 fitness to engage in such practice. **Applicants shall meet**
19 **the qualifying standards for such examinations, including**
20 **any requirements established by any entity contracted by the**
21 **board to administer the board-approved examination.**

22 Applications for examination shall be in writing, on a form
23 furnished by the board and shall include evidence
24 satisfactory to the board that the applicant possesses the
25 qualifications set forth in subsection 1 of this section **and**
26 **meets the requirements established to qualify for**
27 **examination.** Each application shall contain a statement
28 that it is made under oath or affirmation and that its
29 representations are true and correct to the best knowledge
30 and belief of the applicant, subject to the penalties of
31 making a false affidavit or declaration.

32 3. The examination of qualified candidates for
33 licenses to practice physical therapy shall test entry-level
34 competence as related to physical therapy theory,
35 examination and evaluation, physical therapy diagnosis,
36 prognosis, treatment, intervention, prevention, and
37 consultation.

38 4. The examination shall embrace, in relation to the
39 human being, the subjects of anatomy, chemistry,
40 kinesiology, pathology, physics, physiology, psychology,
41 physical therapy theory and procedures as related to
42 medicine, surgery and psychiatry, and such other subjects,

43 including medical ethics, as the board deems useful to test
44 the fitness of the candidate to practice physical therapy.

45 5. **No person who has failed on six or more occasions**
46 **to achieve a passing score on the examination required by**
47 **this section shall be eligible for licensure by examination**
48 **under this section.**

49 6. The applicant shall pass a test administered by the
50 board on the laws and rules related to the practice of
51 physical therapy in Missouri.

334.655. 1. A candidate for licensure to practice as
2 a physical therapist assistant shall furnish evidence of the
3 person's educational qualifications. The educational
4 requirements for licensure as a physical therapist assistant
5 are:

6 (1) A certificate of graduation from an accredited
7 high school or its equivalent; and

8 (2) Satisfactory evidence of completion of an
9 associate degree program of physical therapy education
10 accredited by the commission on accreditation of physical
11 therapy education **or eligibility to graduate from such a**
12 **program within ninety days.**

13 2. Persons desiring to practice as a physical
14 therapist assistant in this state shall appear before the
15 board at such time and place as the board may direct and be
16 examined as to the person's fitness to engage in such
17 practice. **Applicants shall meet the qualifying standards**
18 **for such examinations, including any requirements**
19 **established by any entity contracted by the board to**
20 **administer the board-approved examination.** Applications for
21 examination shall be on a form furnished by the board and
22 shall include evidence satisfactory to the board that the
23 applicant possesses the qualifications provided in

24 subsection 1 of this section **and meets the requirements**
25 **established to qualify for examination.** Each application
26 shall contain a statement that the statement is made under
27 oath of affirmation and that its representations are true
28 and correct to the best knowledge and belief of the person
29 signing the statement, subject to the penalties of making a
30 false affidavit or declaration.

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

38 4. The examination shall include, as related to the
39 human body, the subjects of anatomy, kinesiology, pathology,
40 physiology, psychology, physical therapy theory and
41 procedures as related to medicine and such other subjects,
42 including medical ethics, as the board deems useful to test
43 the fitness of the candidate to practice as a physical
44 therapist assistant.

45 5. **No person who has failed on six or more occasions**
46 **to achieve a passing score on the examination required by**
47 **this section shall be eligible for licensure by examination**
48 **under this section.**

49 6. The applicant shall pass a test administered by the
50 board on the laws and rules related to the practice as a
51 physical therapist assistant in this state.

52 [6.] 7. The board shall license without examination
53 any legally qualified person who is a resident of this state
54 and who was actively engaged in practice as a physical
55 therapist assistant on August 28, 1993. The board may

56 license such person pursuant to this subsection until ninety
57 days after the effective date of this section.

58 [7.] 8. A candidate to practice as a physical
59 therapist assistant who does not meet the educational
60 qualifications may submit to the board an application for
61 examination if such person can furnish written evidence to
62 the board that the person has been employed in this state
63 for at least three of the last five years under the
64 supervision of a licensed physical therapist and such person
65 possesses the knowledge and training equivalent to that
66 obtained in an accredited school. The board may license
67 such persons pursuant to this subsection until ninety days
68 after rules developed by the state board of healing arts
69 regarding physical therapist assistant licensing become
70 effective.

335.230. Financial assistance to any qualified
2 applicant shall not exceed [five] **ten** thousand dollars for
3 each academic year for a professional nursing program and
4 shall not exceed [two thousand five hundred] **five thousand**
5 dollars for each academic year for a practical nursing
6 program. All financial assistance shall be made from funds
7 credited to the professional and practical nursing student
8 loan and nurse loan repayment fund. A qualified applicant
9 may receive financial assistance for each academic year he
10 remains a student in good standing at a participating school.

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

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

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

6 (2) "Audiology aide", a person who is registered as an
7 audiology aide by the board, who does not act independently
8 but works under the direction and supervision of a licensed
9 audiologist. Such person assists the audiologist with
10 activities which require an understanding of audiology but
11 do not require formal training in the relevant academics.
12 To be eligible for registration by the board, each applicant
13 shall submit a registration fee and:

14 (a) Be at least eighteen years of age;

15 (b) Furnish evidence of the person's educational
16 qualifications which shall be at a minimum:

17 a. Certification of graduation from an accredited high
18 school or its equivalent; and

19 b. On-the-job training;

20 (c) Be employed in a setting in which direct and
21 indirect supervision are provided on a regular and
22 systematic basis by a licensed audiologist.

23 However, the aide shall not administer or interpret hearing
24 screening or diagnostic tests, fit or dispense hearing
25 instruments, make ear impressions, make diagnostic
26 statements, determine case selection, present written
27 reports to anyone other than the supervisor without the
28 signature of the supervisor, make referrals to other
29 professionals or agencies, use a title other than audiology
30 aide, develop or modify treatment plans, discharge clients
31 from treatment or terminate treatment, disclose clinical
32 information, either orally or in writing, to anyone other
33 than the supervising audiologist, or perform any procedure

34 for which he or she is not qualified, has not been
35 adequately trained or both;

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

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

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

44 [(5)] (6) "Hearing instrument" or "hearing aid", any
45 wearable device or instrument designed for or offered for
46 the purpose of aiding or compensating for impaired human
47 hearing and any parts, attachments or accessories, including
48 ear molds, but excluding batteries, cords, receivers and
49 repairs;

50 [(6)] (7) "Person", any individual, organization, or
51 corporate body, except that only individuals may be licensed
52 pursuant to sections 345.010 to 345.080;

53 [(7)] (8) "Practice of audiology":

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

59 (b) Provides consultation or counseling to the
60 patient, client, student, their family or interested parties;

61 (c) Provides academic, social and medical referrals
62 when appropriate;

63 (d) Provides for establishing goals, implementing
64 strategies, methods and techniques, for habilitation,
65 rehabilitation or aural rehabilitation, related to disorders

66 of the auditory system, balance system or related structures
67 and systems;

68 (e) Provides for involvement in related research,
69 teaching or public education;

70 (f) Provides for rendering of services or participates
71 in the planning, directing or conducting of programs which
72 are designed to modify audition, communicative, balance or
73 cognitive disorder, which may involve speech and language or
74 education issues;

75 (g) Provides and interprets behavioral and
76 neurophysiologic measurements of auditory balance, cognitive
77 processing and related functions, including intraoperative
78 monitoring;

79 (h) Provides involvement in any tasks, procedures,
80 acts or practices that are necessary for evaluation of
81 audition, hearing, training in the use of amplification or
82 assistive listening devices;

83 (i) Provides selection, assessment, fitting,
84 programming, and dispensing of hearing instruments,
85 assistive listening devices, and other amplification systems;

86 (j) Provides for taking impressions of the ear, making
87 custom ear molds, ear plugs, swim molds and industrial noise
88 protectors;

89 (k) Provides assessment of external ear and cerumen
90 management;

91 (l) Provides advising, fitting, mapping assessment of
92 implantable devices such as cochlear or auditory brain stem
93 devices;

94 (m) Provides information in noise control and hearing
95 conservation including education, equipment selection,
96 equipment calibration, site evaluation and employee
97 evaluation;

- 98 (n) Provides performing basic speech-language
99 screening test;
- 100 (o) Provides involvement in social aspects of
101 communication, including challenging behavior and
102 ineffective social skills, lack of communication
103 opportunities;
- 104 (p) Provides support and training of family members
105 and other communication partners for the individual with
106 auditory balance, cognitive and communication disorders;
- 107 (q) Provides aural rehabilitation and related services
108 to individuals with hearing loss and their families;
- 109 (r) Evaluates, collaborates and manages audition
110 problems in the assessment of the central auditory
111 processing disorders and providing intervention for
112 individuals with central auditory processing disorders;
- 113 (s) Develops and manages academic and clinical
114 problems in communication sciences and disorders;
- 115 (t) Conducts, disseminates and applies research in
116 communication sciences and disorders;
- 117 **[(8)] (9) "Practice of speech-language pathology":**
- 118 (a) Provides screening, identification, assessment,
119 diagnosis, treatment, intervention, including but not
120 limited to prevention, restoration, amelioration and
121 compensation, and follow-up services for disorders of:
- 122 a. Speech: articulation, fluency, voice, including
123 respiration, phonation and resonance;
- 124 b. Language, involving the parameters of phonology,
125 morphology, syntax, semantics and pragmatic; and including
126 disorders of receptive and expressive communication in oral,
127 written, graphic and manual modalities;
- 128 c. Oral, pharyngeal, cervical esophageal and related
129 functions, such as dysphagia, including disorders of

130 swallowing and oral functions for feeding; orofacial
131 myofunctional disorders;

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

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

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

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

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

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

153 (f) Uses instrumental technology to diagnose and treat
154 disorders of communication and swallowing, such as
155 videofluoroscopy, nasendoscopy, ultrasonography and
156 stroboscopy;

157 (g) Provides aural rehabilitative and related
158 counseling services to individuals with hearing loss and to
159 their families;

160 (h) Collaborates in the assessment of central auditory
161 processing disorders in cases in which there is evidence of

162 speech, language or other cognitive communication disorders;
163 provides intervention for individuals with central auditory
164 processing disorders;

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

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

173 (k) Trains and supervises support personnel;

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

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

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

181 **[(9)] (10)** "Speech-language pathologist", a person who
182 is licensed as a speech-language pathologist pursuant to
183 sections 345.010 to 345.080; who engages in the practice of
184 speech-language pathology as defined in sections 345.010 to
185 345.080;

186 **[(10)] (11)** "Speech-language pathology aide", a person
187 who is registered as a speech-language aide by the board,
188 who does not act independently but works under the direction
189 and supervision of a licensed speech-language pathologist.
190 Such person assists the speech-language pathologist with
191 activities which require an understanding of speech-language
192 pathology but do not require formal training in the relevant

193 academics. To be eligible for registration by the board,
194 each applicant shall submit a registration fee and:

195 (a) Be at least eighteen years of age;

196 (b) Furnish evidence of the person's educational
197 qualifications which shall be at a minimum:

198 a. Certification of graduation from an accredited high
199 school or its equivalent; and

200 b. On-the-job training;

201 (c) Be employed in a setting in which direct and
202 indirect supervision is provided on a regular and systematic
203 basis by a licensed speech-language pathologist.

204 However, the aide shall not administer or interpret hearing
205 screening or diagnostic tests, fit or dispense hearing
206 instruments, make ear impressions, make diagnostic
207 statements, determine case selection, present written
208 reports to anyone other than the supervisor without the
209 signature of the supervisor, make referrals to other
210 professionals or agencies, use a title other than speech-
211 language pathology aide, develop or modify treatment plans,
212 discharge clients from treatment or terminate treatment,
213 disclose clinical information, either orally or in writing,
214 to anyone other than the supervising speech-language
215 pathologist, or perform any procedure for which he or she is
216 not qualified, has not been adequately trained or both;

217 **[(11)] (12)** "Speech-language pathology assistant", a
218 person who is registered as a speech-language pathology
219 assistant by the board, who does not act independently but
220 works under the direction and supervision of a licensed
221 speech-language pathologist practicing for at least one year
222 or speech-language pathologist practicing under subdivision
223 (1) or (6) of subsection 1 of section 345.025 for at least

224 one year and whose activities require both academic and
225 practical training in the field of speech-language pathology
226 although less training than those established by sections
227 345.010 to 345.080 as necessary for licensing as a speech-
228 language pathologist. To be eligible for registration by
229 the board, each applicant shall submit the registration fee,
230 supervising speech-language pathologist information if
231 employment is confirmed, if not such information shall be
232 provided after registration, and furnish evidence of the
233 person's educational qualifications which meet the following:

234 (a) Hold a bachelor's level degree from an institution
235 accredited or approved by a regional accrediting body
236 recognized by the United States Department of Education or
237 its equivalent; and

238 (b) Submit official transcripts from one or more
239 accredited colleges or universities presenting evidence of
240 the completion of bachelor's level course work and
241 requirements in the field of speech-language pathology as
242 established by the board through rules and regulations;

243 (c) Submit proof of completion of the number and type
244 of clinical hours as established by the board through rules
245 and regulations.

**345.022. 1. Any person in the person's clinical
2 fellowship shall hold a provisional license to practice
3 speech-language pathology or audiology. The board may issue
4 a provisional license to an applicant who:**

5 **(1) Has met the requirements for practicum and
6 academic requirements from an accredited training program
7 under this chapter;**

8 **(2) Submits an application to the board on a form
9 prescribed by the board. Such form shall include a plan for**

10 the content and supervision of the clinical fellowship, as
11 well as evidence of good moral and ethical character; and

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

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

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

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

345.050. [1.] To be eligible for licensure by the
2 board by examination, each applicant shall submit the
3 application fee and shall furnish evidence of such person's
4 current competence and shall:

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

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

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

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

30 [2. To be eligible for licensure by the board without
31 examination, each applicant shall make application on forms
32 prescribed by the board, submit the application fee, submit
33 an activity statement and meet one of the following
34 requirements:

35 (1) The board shall issue a license to any speech-
36 language pathologist or audiologist who is licensed in
37 another country and who has had no violations, suspension or
38 revocations of a license to practice speech-language
39 pathology or audiology in any jurisdiction; provided that,
40 such person is licensed in a country whose requirements are
41 substantially equal to, or greater than, Missouri at the
42 time the applicant applies for licensure; or

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

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

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

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

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

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

18 (5) "Nonresident military spouse", a nonresident
19 spouse of an active duty member of the Armed Forces of the
20 United States who has been transferred or is scheduled to be
21 transferred to an adjacent state and is or will be domiciled
22 in the state of Missouri, or has moved to the state of
23 Missouri on a permanent change-of-station basis;

24 (6) "Resident military spouse", a spouse of an active
25 duty member of the Armed Forces of the United States who has
26 been transferred or is scheduled to be transferred to the
27 state of Missouri, who is domiciled in the state of
28 Missouri, or who has Missouri as his or her home of record.

29 2. Any person who holds a valid current speech
30 language pathologist or audiologist license issued by
31 another state, a branch or unit of the military, a territory
32 of the United States, or the District of Columbia, and who
33 has been licensed for at least one year in the such other
34 jurisdiction, may submit an application for a speech
35 language pathologist or audiologist license in Missouri
36 along with proof of current licensure and proof of licensure
37 for at least one year in the other jurisdiction, to the
38 board.

39 3. The board shall:

40 (1) Within six months of receiving an application
41 described in subsection 2 of this section, waive any
42 examination, educational, or experience requirements for
43 licensure in this state for the applicant if it determines
44 that there were minimum education requirements and, if
45 applicable, work experience and clinical supervision
46 requirements in effect and the other state verifies that the
47 person met those requirements in order to be licensed or
48 certified in that state. The board may require an applicant
49 to take and pass an examination specific to the laws of this
50 state; or

51 (2) Within thirty days of receiving an application
52 described in subsection 2 of this section from a nonresident
53 military spouse or a resident military spouse, waive any
54 examination, educational, or experience requirements for
55 licensure in this state for the applicant and issue such
56 applicant a license under this section if such applicant
57 otherwise meets the requirements of this section.

58 4. (1) The board shall not waive any examination,
59 educational, or experience requirements for any applicant
60 who has had his or her license revoked by a board outside

61 the state; who is currently under investigation, who has a
62 complaint pending, or who is currently under disciplinary
63 action, except as provided in subdivision (2) of this
64 subsection, with a board outside the state; who does not
65 hold a license in good standing with a board outside the
66 state; who has a criminal record that would disqualify him
67 or her for licensure in Missouri; or who does not hold a
68 valid current license in the other jurisdiction on the date
69 the board receives his or her application under this section.

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

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

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

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

345.085. SECTION 1. PURPOSE

2 The purpose of this Compact is to facilitate interstate
3 practice of audiology and speech-language pathology with the
4 goal of improving public access to audiology and speech-
5 language pathology services. The practice of audiology and
6 speech-language pathology occurs in the state where the
7 patient/client/student is located at the time of the
8 patient/client/student encounter. The Compact preserves the

9 regulatory authority of states to protect public health and
10 safety through the current system of state licensure.

11 This Compact is designed to achieve the following
12 objectives:

13 1. Increase public access to audiology and speech-
14 language pathology services by providing for the mutual
15 recognition of other member state licenses;

16 2. Enhance the states' ability to protect the public's
17 health and safety;

18 3. Encourage the cooperation of member states in
19 regulating multistate audiology and speech-language
20 pathology practice;

21 4. Support spouses of relocating active duty military
22 personnel;

23 5. Enhance the exchange of licensure, investigative
24 and disciplinary information between member states;

25 6. Allow a remote state to hold a provider of services
26 with a compact privilege in that state accountable to that
27 state's practice standards; and

28 7. Allow for the use of telehealth technology to
29 facilitate increased access to audiology and speech-language
30 pathology services.

31 SECTION 2. DEFINITIONS

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

34 A. "Active duty military" means full-time duty status
35 in the active uniformed service of the United States,
36 including members of the National Guard and Reserve on
37 active duty orders pursuant to 10 U.S.C. Chapter 1209 and
38 1211.

39 B. "Adverse action" means any administrative, civil,
40 equitable or criminal action permitted by a state's laws

41 which is imposed by a licensing board or other authority
42 against an audiologist or speech-language pathologist,
43 including actions against an individual's license or
44 privilege to practice such as revocation, suspension,
45 probation, monitoring of the licensee, or restriction on the
46 licensee's practice.

47 C. "Alternative program" means a non-disciplinary
48 monitoring process approved by an audiology or speech-
49 language pathology licensing board to address impaired
50 practitioners.

51 D. "Audiologist" means an individual who is licensed
52 by a state to practice audiology.

53 E. "Audiology" means the care and services provided by
54 a licensed audiologist as set forth in the member state's
55 statutes and rules.

56 F. "Audiology and Speech-Language Pathology Compact
57 Commission" or "Commission" means the national
58 administrative body whose membership consists of all states
59 that have enacted the Compact.

60 G. "Audiology and speech-language pathology licensing
61 board," "audiology licensing board," "speech-language
62 pathology licensing board," or "licensing board" means the
63 agency of a state that is responsible for the licensing and
64 regulation of audiologists and/or speech-language
65 pathologists.

66 H. "Compact privilege" means the authorization granted
67 by a remote state to allow a licensee from another member
68 state to practice as an audiologist or speech-language
69 pathologist in the remote state under its laws and rules.
70 The practice of audiology or speech-language pathology
71 occurs in the member state where the patient/client/student

72 is located at the time of the patient/client/student
73 encounter.

74 I. "Current significant investigative information"
75 means investigative information that a licensing board,
76 after an inquiry or investigation that includes notification
77 and an opportunity for the audiologist or speech-language
78 pathologist to respond, if required by state law, has reason
79 to believe is not groundless and, if proved true, would
80 indicate more than a minor infraction.

81 J. "Data system" means a repository of information
82 about licensees, including, but not limited to, continuing
83 education, examination, licensure, investigative, compact
84 privilege and adverse action.

85 K. "Encumbered license" means a license in which an
86 adverse action restricts the practice of audiology or speech-
87 language pathology by the licensee and said adverse action
88 has been reported to the National Practitioners Data Bank
89 (NPDB).

90 L. "Executive Committee" means a group of directors
91 elected or appointed to act on behalf of, and within the
92 powers granted to them by, the Commission.

93 M. "Home state" means the member state that is the
94 licensee's primary state of residence.

95 N. "Impaired practitioner" means individuals whose
96 professional practice is adversely affected by substance
97 abuse, addiction, or other health-related conditions.

98 O. "Licensee" means an individual who currently holds
99 an authorization from the state licensing board to practice
100 as an audiologist or speech-language pathologist.

101 P. "Member state" means a state that has enacted the
102 Compact.

103 Q. "Privilege to practice" means a legal authorization
104 permitting the practice of audiology or speech-language
105 pathology in a remote state.

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

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

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

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

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

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

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

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

134 SECTION 3. STATE PARTICIPATION IN THE COMPACT

135 A. A license issued to an audiologist or speech-
136 language pathologist by a home state to a resident in that
137 state shall be recognized by each member state as
138 authorizing an audiologist or speech-language pathologist to
139 practice audiology or speech-language pathology, under a
140 privilege to practice, in each member state.

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

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

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

161 C. Upon application for a privilege to practice, the
162 licensing board in the issuing remote state shall ascertain,
163 through the data system, whether the applicant has ever
164 held, or is the holder of, a license issued by any other
165 state, whether there are any encumbrances on any license or
166 privilege to practice held by the applicant, whether any

167 adverse action has been taken against any license or
168 privilege to practice held by the applicant.

169 D. Each member state shall require an applicant to
170 obtain or retain a license in the home state and meet the
171 home state's qualifications for licensure or renewal of
172 licensure, as well as, all other applicable state laws.

173 E. For an audiologist:

174 1. Must meet one of the following educational
175 requirements:

176 a. On or before, Dec. 31, 2007, has graduated with a
177 master's degree or doctorate in audiology, or equivalent
178 degree regardless of degree name, from a program that is
179 accredited by an accrediting agency recognized by the
180 Council for Higher Education Accreditation, or its
181 successor, or by the United States Department of Education
182 and operated by a college or university accredited by a
183 regional or national accrediting organization recognized by
184 the board; or

185 b. On or after, Jan. 1, 2008, has graduated with a
186 Doctoral degree in audiology, or equivalent degree,
187 regardless of degree name, from a program that is accredited
188 by an accrediting agency recognized by the Council for
189 Higher Education Accreditation, or its successor, or by the
190 United States Department of Education and operated by a
191 college or university accredited by a regional or national
192 accrediting organization recognized by the board; or

193 c. Has graduated from an audiology program that is
194 housed in an institution of higher education outside of the
195 United States (a) for which the program and institution have
196 been approved by the authorized accrediting body in the
197 applicable country and (b) the degree program has been

198 verified by an independent credentials review agency to be
199 comparable to a state licensing board-approved program.

200 2. Has completed a supervised clinical practicum
201 experience from an accredited educational institution or its
202 cooperating programs as required by the Commission;

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

205 4. Holds an active, unencumbered license;

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

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

212 F. For a speech-language pathologist:

213 1. Must meet one of the following educational
214 requirements:

215 a. Has graduated with a master's degree from a speech-
216 language pathology program that is accredited by an
217 organization recognized by the United States Department of
218 Education and operated by a college or university accredited
219 by a regional or national accrediting organization
220 recognized by the board; or

221 b. Has graduated from a speech-language pathology
222 program that is housed in an institution of higher education
223 outside of the United States (a) for which the program and
224 institution have been approved by the authorized accrediting
225 body in the applicable country and (b) the degree program
226 has been verified by an independent credentials review
227 agency to be comparable to a state licensing board-approved
228 program.

- 229 2. Has completed a supervised clinical practicum
230 experience from an educational institution or its
231 cooperating programs as required by the Commission;
- 232 3. Has completed a supervised postgraduate
233 professional experience as required by the Commission;
- 234 4. Has successfully passed a national examination
235 approved by the Commission;
- 236 5. Holds an active, unencumbered license;
- 237 6. Has not been convicted or found guilty, and has not
238 entered into an agreed disposition, of a felony related to
239 the practice of speech-language pathology, under applicable
240 state or federal criminal law;
- 241 7. Has a valid United States Social Security or
242 National Practitioner Identification number.
- 243 G. The privilege to practice is derived from the home
244 state license.
- 245 H. An audiologist or speech-language pathologist
246 practicing in a member state must comply with the state
247 practice laws of the state in which the client is located at
248 the time service is provided. The practice of audiology and
249 speech-language pathology shall include all audiology and
250 speech-language pathology practice as defined by the state
251 practice laws of the member state in which the client is
252 located. The practice of audiology and speech-language
253 pathology in a member state under a privilege to practice
254 shall subject an audiologist or speech-language pathologist
255 to the jurisdiction of the licensing board, the courts and
256 the laws of the member state in which the client is located
257 at the time service is provided.
- 258 I. Individuals not residing in a member state shall
259 continue to be able to apply for a member state's single-
260 state license as provided under the laws of each member

261 state. However, the single-state license granted to these
262 individuals shall not be recognized as granting the
263 privilege to practice audiology or speech-language pathology
264 in any other member state. Nothing in this Compact shall
265 affect the requirements established by a member state for
266 the issuance of a single-state license.

267 J. Member states may charge a fee for granting a
268 compact privilege.

269 K. Member states must comply with the bylaws and rules
270 and regulations of the Commission.

271 SECTION 4. COMPACT PRIVILEGE

272 A. To exercise the compact privilege under the terms
273 and provisions of the Compact, the audiologist or speech-
274 language pathologist shall:

- 275 1. Hold an active license in the home state;
- 276 2. Have no encumbrance on any state license;
- 277 3. Be eligible for a compact privilege in any member
278 state in accordance with Section 3;
- 279 4. Have not had any adverse action against any license
280 or compact privilege within the previous 2 years from date
281 of application;
- 282 5. Notify the Commission that the licensee is seeking
283 the compact privilege within a remote state(s);
- 284 6. Pay any applicable fees, including any state fee,
285 for the compact privilege;
- 286 7. Report to the Commission adverse action taken by
287 any non-member state within 30 days from the date the
288 adverse action is taken.

289 B. For the purposes of the compact privilege, an
290 audiologist or speech-language pathologist shall only hold
291 one home state license at a time.

292 C. Except as provided in Section 6, if an audiologist
293 or speech-language pathologist changes primary state of
294 residence by moving between two-member states, the
295 audiologist or speech-language pathologist must apply for
296 licensure in the new home state, and the license issued by
297 the prior home state shall be deactivated in accordance with
298 applicable rules adopted by the Commission.

299 D. The audiologist or speech-language pathologist may
300 apply for licensure in advance of a change in primary state
301 of residence.

302 E. A license shall not be issued by the new home state
303 until the audiologist or speech-language pathologist
304 provides satisfactory evidence of a change in primary state
305 of residence to the new home state and satisfies all
306 applicable requirements to obtain a license from the new
307 home state.

308 F. If an audiologist or speech-language pathologist
309 changes primary state of residence by moving from a member
310 state to a non-member state, the license issued by the prior
311 home state shall convert to a single-state license, valid
312 only in the former home state.

313 G. The compact privilege is valid until the expiration
314 date of the home state license. The licensee must comply
315 with the requirements of Section 4A to maintain the compact
316 privilege in the remote state.

317 H. A licensee providing audiology or speech-language
318 pathology services in a remote state under the compact
319 privilege shall function within the laws and regulations of
320 the remote state.

321 I. A licensee providing audiology or speech-language
322 pathology services in a remote state is subject to that
323 state's regulatory authority. A remote state may, in

324 accordance with due process and that state's laws, remove a
325 licensee's compact privilege in the remote state for a
326 specific period of time, impose fines, and/or take any other
327 necessary actions to protect the health and safety of its
328 citizens.

329 J. If a home state license is encumbered, the licensee
330 shall lose the compact privilege in any remote state until
331 the following occur:

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

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

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

342 SECTION 5. COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

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

350 SECTION 6. ACTIVE DUTY MILITARY PERSONNEL OR THEIR 351 SPOUSES

352 Active duty military personnel, or their spouse, shall
353 designate a home state where the individual has a current
354 license in good standing. The individual may retain the
355 home state designation during the period the service member

356 is on active duty. Subsequent to designating a home state,
357 the individual shall only change their home state through
358 application for licensure in the new state.

359 SECTION 7. ADVERSE ACTIONS

360 A. In addition to the other powers conferred by state
361 law, a remote state shall have the authority, in accordance
362 with existing state due process law, to:

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

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

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

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

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

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

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

406 F. Joint Investigations:

407 1. In addition to the authority granted to a member
408 state by its respective audiology or speech-language
409 pathology practice act or other applicable state law, any
410 member state may participate with other member states in
411 joint investigations of licensees.

412 2. Member states shall share any investigative,
413 litigation, or compliance materials in furtherance of any
414 joint or individual investigation initiated under the
415 Compact.

416 G. If adverse action is taken by the home state
417 against an audiologist's or speech-language pathologist's
418 license, the audiologist's or speech-language pathologist's
419 privilege to practice in all other member states shall be

420 deactivated until all encumbrances have been removed from
421 the state license. All home state disciplinary orders that
422 impose adverse action against an audiologist's or speech-
423 language pathologist's license shall include a statement
424 that the audiologist's or speech-language pathologist's
425 privilege to practice is deactivated in all member states
426 during the pendency of the order.

427 H. If a member state takes adverse action, it shall
428 promptly notify the administrator of the data system. The
429 administrator of the data system shall promptly notify the
430 home state of any adverse actions by remote states.

431 I. Nothing in this Compact shall override a member
432 state's decision that participation in an alternative
433 program may be used in lieu of adverse action.

434 SECTION 8. ESTABLISHMENT OF THE AUDIOLOGY AND SPEECH-
435 LANGUAGE PATHOLOGY COMPACT COMMISSION

436 A. The Compact member states hereby create and
437 establish a joint public agency known as the Audiology and
438 Speech-Language Pathology Compact Commission:

439 1. The Commission is an instrumentality of the Compact
440 states.

441 2. Venue is proper and judicial proceedings by or
442 against the Commission shall be brought solely and
443 exclusively in a court of competent jurisdiction where the
444 principal office of the Commission is located. The
445 Commission may waive venue and jurisdictional defenses to
446 the extent it adopts or consents to participate in
447 alternative dispute resolution proceedings.

448 3. Nothing in this Compact shall be construed to be a
449 waiver of sovereign immunity.

450 B. Membership, Voting and Meetings:

451 1. Each member state shall have two (2) delegates
452 selected by that member state's licensing board. The
453 delegates shall be current members of the licensing board.
454 One shall be an audiologist and one shall be a speech-
455 language pathologist.

456 2. An additional five (5) delegates, who are either a
457 public member or board administrator from a state licensing
458 board, shall be chosen by the Executive Committee from a
459 pool of nominees provided by the Commission at Large.

460 3. Any delegate may be removed or suspended from
461 office as provided by the law of the state from which the
462 delegate is appointed.

463 4. The member state board shall fill any vacancy
464 occurring on the Commission, within 90 days.

465 5. Each delegate shall be entitled to one (1) vote
466 with regard to the promulgation of rules and creation of
467 bylaws and shall otherwise have an opportunity to
468 participate in the business and affairs of the Commission.

469 6. A delegate shall vote in person or by other means
470 as provided in the bylaws. The bylaws may provide for
471 delegates' participation in meetings by telephone or other
472 means of communication.

473 7. The Commission shall meet at least once during each
474 calendar year. Additional meetings shall be held as set
475 forth in the bylaws.

476 C. The Commission shall have the following powers and
477 duties:

- 478 1. Establish the fiscal year of the Commission;
- 479 2. Establish bylaws;
- 480 3. Establish a Code of Ethics;
- 481 4. Maintain its financial records in accordance with
482 the bylaws;

483 5. Meet and take actions as are consistent with the
484 provisions of this Compact and the bylaws;

485 6. Promulgate uniform rules to facilitate and
486 coordinate implementation and administration of this
487 Compact. The rules shall have the force and effect of law
488 and shall be binding in all member states;

489 7. Bring and prosecute legal proceedings or actions in
490 the name of the Commission, provided that the standing of
491 any state audiology or speech-language pathology licensing
492 board to sue or be sued under applicable law shall not be
493 affected;

494 8. Purchase and maintain insurance and bonds;

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

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

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

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

- 514 13. Sell, convey, mortgage, pledge, lease, exchange,
515 abandon, or otherwise dispose of any property real,
516 personal, or mixed;
- 517 14. Establish a budget and make expenditures;
- 518 15. Borrow money;
- 519 16. Appoint committees, including standing committees
520 composed of members, and other interested persons as may be
521 designated in this Compact and the bylaws;
- 522 17. Provide and receive information from, and
523 cooperate with, law enforcement agencies;
- 524 18. Establish and elect an Executive Committee; and
- 525 19. Perform other functions as may be necessary or
526 appropriate to achieve the purposes of this Compact
527 consistent with the state regulation of audiology and speech-
528 language pathology licensure and practice.

529 D. The Executive Committee

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

533 1. The Executive Committee shall be composed of ten
534 (10) members:

535 a. Seven (7) voting members who are elected by the
536 Commission from the current membership of the Commission;

537 b. Two (2) ex-officios, consisting of one nonvoting
538 member from a recognized national audiology professional
539 association and one nonvoting member from a recognized
540 national speech-language pathology association; and

541 c. One (1) ex-officio, nonvoting member from the
542 recognized membership organization of the audiology and
543 speech-language pathology licensing boards.

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

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

548 2. The Executive Committee shall meet at least
549 annually.

550 3. The Executive Committee shall have the following
551 duties and responsibilities:

552 a. Recommend to the entire Commission changes to the
553 rules or bylaws, changes to this Compact legislation, fees
554 paid by Compact member states such as annual dues, and any
555 commission Compact fee charged to licensees for the compact
556 privilege;

557 b. Ensure Compact administration services are
558 appropriately provided, contractual or otherwise;

559 c. Prepare and recommend the budget;

560 d. Maintain financial records on behalf of the
561 Commission;

562 e. Monitor Compact compliance of member states and
563 provide compliance reports to the Commission;

564 f. Establish additional committees as necessary; and

565 g. Other duties as provided in rules or bylaws.

566 4. Meetings of the Commission

567 All meetings shall be open to the public, and public
568 notice of meetings shall be given in the same manner as
569 required under the rulemaking provisions in Section 10.

570 5. The Commission or the Executive Committee or other
571 committees of the Commission may convene in a closed, non-
572 public meeting if the Commission or Executive Committee or
573 other committees of the Commission must discuss:

574 a. Non-compliance of a member state with its
575 obligations under the Compact;

576 b. The employment, compensation, discipline or other
577 matters, practices or procedures related to specific

578 employees or other matters related to the Commission's
579 internal personnel practices and procedures;

580 c. Current, threatened, or reasonably anticipated
581 litigation;

582 d. Negotiation of contracts for the purchase, lease,
583 or sale of goods, services, or real estate;

584 e. Accusing any person of a crime or formally
585 censuring any person;

586 f. Disclosure of trade secrets or commercial or
587 financial information that is privileged or confidential;

588 g. Disclosure of information of a personal nature
589 where disclosure would constitute a clearly unwarranted
590 invasion of personal privacy;

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

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

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

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

604 7. The Commission shall keep minutes that fully and
605 clearly describe all matters discussed in a meeting and
606 shall provide a full and accurate summary of actions taken,
607 and the reasons therefore, including a description of the
608 views expressed. All documents considered in connection
609 with an action shall be identified in minutes. All minutes

610 and documents of a closed meeting shall remain under seal,
611 subject to release by a majority vote of the Commission or
612 order of a court of competent jurisdiction.

613 8. Financing of the Commission:

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

617 b. The Commission may accept any and all appropriate
618 revenue sources, donations, and grants of money, equipment,
619 supplies, materials, and services.

620 c. The Commission may levy on and collect an annual
621 assessment from each member state or impose fees on other
622 parties to cover the cost of the operations and activities
623 of the Commission and its staff, which must be in a total
624 amount sufficient to cover its annual budget as approved
625 each year for which revenue is not provided by other
626 sources. The aggregate annual assessment amount shall be
627 allocated based upon a formula to be determined by the
628 Commission, which shall promulgate a rule binding upon all
629 member states.

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

635 10. The Commission shall keep accurate accounts of all
636 receipts and disbursements. The receipts and disbursements
637 of the Commission shall be subject to the audit and
638 accounting procedures established under its bylaws.
639 However, all receipts and disbursements of funds handled by
640 the Commission shall be audited yearly by a certified or
641 licensed public accountant, and the report of the audit

642 shall be included in and become part of the annual report of
643 the Commission.

644 F. Qualified Immunity, Defense, and Indemnification:

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

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

672 3. The Commission shall indemnify and hold harmless
673 any member, officer, executive director, employee, or

674 representative of the Commission for the amount of any
675 settlement or judgment obtained against that person arising
676 out of any actual or alleged act, error or omission that
677 occurred within the scope of Commission employment, duties,
678 or responsibilities, or that person had a reasonable basis
679 for believing occurred within the scope of Commission
680 employment, duties, or responsibilities, provided that the
681 actual or alleged act, error, or omission did not result
682 from the intentional or willful or wanton misconduct of that
683 person.

684 SECTION 9. DATA SYSTEM

685 A. The Commission shall provide for the development,
686 maintenance, and utilization of a coordinated database and
687 reporting system containing licensure, adverse action, and
688 investigative information on all licensed individuals in
689 member states.

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

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

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

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

714 E. Member states contributing information to the data
715 system may designate information that may not be shared with
716 the public without the express permission of the
717 contributing state.

718 F. Any information submitted to the data system that
719 is subsequently required to be expunged by the laws of the
720 member state contributing the information shall be removed
721 from the data system.

722 SECTION 10. RULEMAKING

723 A. The Commission shall exercise its rulemaking powers
724 pursuant to the criteria set forth in this Section and the
725 rules adopted thereunder. Rules and amendments shall become
726 binding as of the date specified in each rule or amendment.

727 B. If a majority of the legislatures of the member
728 states rejects a rule, by enactment of a statute or
729 resolution in the same manner used to adopt the Compact
730 within 4 years of the date of adoption of the rule, the rule
731 shall have no further force and effect in any member state.

732 C. Rules or amendments to the rules shall be adopted
733 at a regular or special meeting of the Commission.

734 D. Prior to promulgation and adoption of a final rule
735 or rules by the Commission, and at least thirty (30) days in
736 advance of the meeting at which the rule shall be considered

737 and voted upon, the Commission shall file a Notice of
738 Proposed Rulemaking:

739 1. On the website of the Commission or other publicly
740 accessible platform; and

741 2. On the website of each member state audiology or
742 speech-language pathology licensing board or other publicly
743 accessible platform or the publication in which each state
744 would otherwise publish proposed rules.

745 E. The Notice of Proposed Rulemaking shall include:

746 1. The proposed time, date, and location of the
747 meeting in which the rule shall be considered and voted upon;

748 2. The text of the proposed rule or amendment and the
749 reason for the proposed rule;

750 3. A request for comments on the proposed rule from
751 any interested person; and

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

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

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

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

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

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

767 H. If a hearing is held on the proposed rule or
768 amendment, the Commission shall publish the place, time, and

769 date of the scheduled public hearing. If the hearing is
770 held via electronic means, the Commission shall publish the
771 mechanism for access to the electronic hearing.

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

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

780 3. All hearings shall be recorded. A copy of the
781 recording shall be made available on request.

782 4. Nothing in this section shall be construed as
783 requiring a separate hearing on each rule. Rules may be
784 grouped for the convenience of the Commission at hearings
785 required by this section.

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

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

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

798 L. Upon determination that an emergency exists, the
799 Commission may consider and adopt an emergency rule without
800 prior notice, opportunity for comment, or hearing, provided

801 that the usual rulemaking procedures provided in the Compact
802 and in this section shall be retroactively applied to the
803 rule as soon as reasonably possible, in no event later than
804 ninety (90) days after the effective date of the rule. For
805 the purposes of this provision, an emergency rule is one
806 that must be adopted immediately in order to:

- 807 1. Meet an imminent threat to public health, safety,
808 or welfare;
- 809 2. Prevent a loss of Commission or member state funds;
810 or
- 811 3. Meet a deadline for the promulgation of an
812 administrative rule that is established by federal law or
813 rule.

814 M. The Commission or an authorized committee of the
815 Commission may direct revisions to a previously adopted rule
816 or amendment for purposes of correcting typographical
817 errors, errors in format, errors in consistency, or
818 grammatical errors. Public notice of any revisions shall be
819 posted on the website of the Commission. The revision shall
820 be subject to challenge by any person for a period of thirty
821 (30) days after posting. The revision may be challenged
822 only on grounds that the revision results in a material
823 change to a rule. A challenge shall be made in writing and
824 delivered to the chair of the Commission prior to the end of
825 the notice period. If no challenge is made, the revision
826 shall take effect without further action. If the revision
827 is challenged, the revision may not take effect without the
828 approval of the Commission.

829 SECTION 11. OVERSIGHT, DISPUTE RESOLUTION, AND
830 ENFORCEMENT

831 A. Dispute Resolution

832 1. Upon request by a member state, the Commission
833 shall attempt to resolve disputes related to the Compact
834 that arise among member states and between member and non-
835 member states.

836 2. The Commission shall promulgate a rule providing
837 for both mediation and binding dispute resolution for
838 disputes as appropriate.

839 B. Enforcement

840 1. The Commission, in the reasonable exercise of its
841 discretion, shall enforce the provisions and rules of this
842 Compact.

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

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

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

859 A. The Compact shall come into effect on the date on
860 which the Compact statute is enacted into law in the 10th
861 member state. The provisions, which become effective at
862 that time, shall be limited to the powers granted to the
863 Commission relating to assembly and the promulgation of

864 rules. Thereafter, the Commission shall meet and exercise
865 rulemaking powers necessary to the implementation and
866 administration of the Compact.

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

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

876 1. A member state's withdrawal shall not take effect
877 until six (6) months after enactment of the repealing
878 statute.

879 2. Withdrawal shall not affect the continuing
880 requirement of the withdrawing state's audiology or speech-
881 language pathology licensing board to comply with the
882 investigative and adverse action reporting requirements of
883 this act prior to the effective date of withdrawal.

884 D. Nothing contained in this Compact shall be
885 construed to invalidate or prevent any audiology or speech-
886 language pathology licensure agreement or other cooperative
887 arrangement between a member state and a non-member state
888 that does not conflict with the provisions of this Compact.

889 E. This Compact may be amended by the member states.
890 No amendment to this Compact shall become effective and
891 binding upon any member state until it is enacted into the
892 laws of all member states.

893 SECTION 13. CONSTRUCTION AND SEVERABILITY

894 This Compact shall be liberally construed so as to
895 effectuate the purposes thereof. The provisions of this

896 Compact shall be severable and if any phrase, clause,
897 sentence or provision of this Compact is declared to be
898 contrary to the constitution of any member state or of the
899 United States or the applicability thereof to any
900 government, agency, person or circumstance is held invalid,
901 the validity of the remainder of this Compact and the
902 applicability thereof to any government, agency, person or
903 circumstance shall not be affected thereby. If this Compact
904 shall be held contrary to the constitution of any member
905 state, the Compact shall remain in full force and effect as
906 to the remaining member states and in full force and effect
907 as to the member state affected as to all severable matters.

908 SECTION 14. BINDING EFFECT OF COMPACT AND OTHER LAWS

909 A. Nothing herein prevents the enforcement of any
910 other law of a member state that is not inconsistent with
911 the Compact.

912 B. All laws in a member state in conflict with the
913 Compact are superseded to the extent of the conflict.

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

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

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

376.1800. 1. As used in this section, the following
2 terms shall mean:

3 (1) "Medical retainer agreement", a contract between a
4 [physician] provider and an individual patient or such

5 individual patient's legal representative in which the
6 **[physician] provider** agrees to provide certain health care
7 services described in the agreement to the individual
8 patient for an agreed-upon fee and period of time;

9 (2) **["Physician"] "Provider", a chiropractor licensed**
10 **under chapter 331, a dentist licensed under chapter 332, or**
11 a physician licensed under chapter 334. **[Physician]**
12 **Provider** includes an individual **[physician] provider** or a
13 group of **[physicians] providers**.

14 2. A medical retainer agreement is not insurance and
15 is not subject to this chapter. Entering into a medical
16 retainer agreement is not the business of insurance and is
17 not subject to this chapter.

18 3. A **[physician] provider** or agent of a **[physician]**
19 **provider** is not required to obtain a certificate of
20 authority or license under this section to market, sell, or
21 offer to sell a medical retainer agreement.

22 4. To be considered a medical retainer agreement for
23 the purposes of this section, the agreement shall meet all
24 of the following requirements:

25 (1) Be in writing;

26 (2) Be signed by the **[physician] provider** or agent of
27 the **[physician] provider** and the individual patient or such
28 individual patient's legal representative;

29 (3) Allow either party to terminate the agreement on
30 written notice to the other party;

31 (4) Describe the specific health care services that
32 are included in the agreement;

33 (5) Specify the fee for the agreement;

34 (6) Specify the period of time under the agreement; and

35 (7) Prominently state in writing that the agreement is
36 not health insurance.

37 5. (1) For any patient who enters into a medical
38 retainer agreement under this section and who has
39 established a health savings account (HSA) in compliance
40 with 26 U.S.C. Section 223, or who has a flexible spending
41 arrangement (FSA) or health reimbursement arrangement (HRA),
42 fees under the patient's medical retainer agreement may be
43 paid from such health savings account or reimbursed through
44 such flexible spending arrangement or health reimbursement
45 arrangement, subject to any federal or state laws regarding
46 qualified expenditures from a health savings account, or
47 reimbursement through a flexible spending arrangement or a
48 health reimbursement arrangement.

49 (2) The employer of any patient described in
50 subdivision (1) of this subsection may:

51 (a) Make contributions to such patient's health
52 savings account, flexible spending arrangement, or health
53 reimbursement arrangement to cover all or any portion of the
54 agreed-upon fees under the patient's medical retainer
55 agreement, subject to any federal or state restrictions on
56 contributions made by an employer to a health savings
57 account, or reimbursement through a flexible spending
58 arrangement, or health reimbursement arrangement; or

59 (b) Pay the agreed-upon fees directly to the
60 **[physician] provider** under the medical retainer agreement.

61 6. Nothing in this section shall be construed as
62 prohibiting, limiting, or otherwise restricting a
63 **[physician] provider** in a collaborative practice arrangement
64 from entering into a medical retainer agreement under this
65 section.

660.010. 1. There is hereby created a "Department of
2 Social Services" in charge of a director appointed by the
3 governor, by and with the advice and consent of the senate.

4 All the powers, duties and functions of the director of the
5 department of public health and welfare, chapters 191 and
6 192, and others, not previously reassigned by executive
7 reorganization plan number 2 of 1973 as submitted by the
8 governor under chapter 26 except those assigned to the
9 department of mental health, are transferred by type I
10 transfer to the director of the department of social
11 services and the office of the director, department of
12 public health and welfare is abolished. The department of
13 public health and welfare is abolished. All employees of
14 the department of social services shall be covered by the
15 provisions of chapter 36 except the director of the
16 department and the director's secretary, all division
17 directors and their secretaries, and no more than three
18 additional positions in each division which may be
19 designated by the division director.

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

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

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

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

44 6.] All the powers, duties and functions vested by law
45 in the curators of the University of Missouri relating to
46 crippled children's services, chapter 201, are transferred
47 by type I transfer to the department of social services.

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

68 permitting immediate access to all facilities enabling them
69 to make unannounced entrance to facilities they wish to
70 inspect.

2 [191.743. 1. Any physician or health care
3 provider who provides services to pregnant women
4 shall identify all such women who are high risk
5 pregnancies by use of protocols developed by the
6 department of health and senior services
7 pursuant to section 191.741. The physician or
8 health care provider shall upon identification
9 inform such woman of the availability of
10 services and the option of referral to the
11 department of health and senior services.]

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

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

23 4. Referral and associated documentation
24 provided for in this section shall be
25 confidential and shall not be used in any
26 criminal prosecution.]

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

2 [196.866. 1. Every person, firm,
3 association or corporation, before engaging in
4 the business of manufacturing or freezing ice
5 cream, mellorine, frozen dessert products or any
6 other product defined in sections 196.851 to
7 196.895, shall first obtain a license from the
8 director of the department of health and senior
9 services of the state of Missouri. A license
10 shall be obtained for each plant or place of
11 business where ice cream, ice cream mix, ice
12 milk, sherbet, frozen malt, ice milk mix,
13 mellorine, edible fat frozen dessert or ices are
14 manufactured or frozen. Hotels, motels,
15 restaurants, boardinghouses, or other concerns
16 or agents which shall manufacture or freeze ice
17 cream, or related frozen food products defined
18 in sections 196.851 to 196.895 for the use of
19 their patrons, guests, or servants, shall be
20 required to take out the license herein provided
21 for; provided, that nothing in this section
shall apply to private homes, hospitals,

22 churches, or fraternal organizations
23 manufacturing such products for their own use or
24 to retailers dealing in ice cream or frozen
25 dessert products received in the final frozen
26 form from a licensed manufacturer.

27 2. Applications for such licenses, both
28 frozen dessert and mellorine, shall be
29 accompanied by a statutory fee as follows: For
30 each plant producing annually not in excess of
31 five thousand gallons, ten dollars; in excess of
32 five thousand gallons and not in excess of
33 fifteen thousand gallons, fifteen dollars; in
34 excess of fifteen thousand gallons and not in
35 excess of twenty-five thousand gallons, twenty-
36 five dollars; in excess of twenty-five thousand
37 gallons and not in excess of fifty thousand
38 gallons, fifty dollars; in excess of fifty
39 thousand gallons and not in excess of one
40 hundred thousand gallons, seventy-five dollars;
41 in excess of one hundred thousand gallons and
42 not in excess of two hundred thousand gallons,
43 one hundred dollars; in excess of two hundred
44 thousand gallons and not in excess of four
45 hundred thousand gallons, one hundred twenty-
46 five dollars; over four hundred thousand
47 gallons, one hundred fifty dollars, and shall be
48 made to the director of the department of health
49 and senior services, upon such forms and shall
50 show such information as may be demanded by the
51 department of health and senior services, and
52 the said director of the department of health
53 and senior services, upon receipt of application
54 for such license, shall cause to be investigated
55 the equipment and the sanitary conditions of the
56 plant or place of business for which the license
57 is applied. If the condition of the plant or
58 place of business is found to be satisfactory, a
59 license shall be issued by the director of the
60 department of health and senior services to such
61 applicant.

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

69 4. The director of the department of
70 health and senior services may withhold and
71 refuse to issue a license for any plant or place
72 of business that has not been conducted or is
73 not prepared to be conducted in accordance with
74 the requirements of sections 196.851 to 196.895
75 or any rules issued hereunder. The director of
76 the department of health and senior services
77 shall have the power to revoke any license
78 issued under sections 196.851 to 196.895

79 whenever it is determined by him that any of the
80 provisions of sections 196.851 to 196.895 have
81 been violated. Any person, firm, association or
82 corporation, whose license has been so revoked,
83 shall discontinue operation of the business for
84 which the license was issued until such time as
85 the provisions of sections 196.851 to 196.895
86 have been complied with and a new license
87 granted by the director of the department of
88 health and senior services. Before revoking any
89 such license, the director of the department of
90 health and senior services shall give written
91 notice to the licensee affected, stating that he
92 contemplates revocation of the same and giving
93 his reasons therefor. Said notice shall appoint
94 a time and place for hearing and shall be mailed
95 by registered mail to the licensee at least ten
96 days before the date set for the hearing or
97 personal service rendered. The licensee may
98 present to the director of the department of
99 health and senior services such evidence as may
100 have a bearing on the case, and, after hearing
101 of the testimony, the director of the department
102 of health and senior services shall decide the
103 question in such manner as to him appears just
104 and right.

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

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

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

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

7 all state programs related to the implementation
8 of such plan.]

Section B. Because of the urgent need of low-income
2 Missouri residents for access to quality health care
3 services, the enactment of section 324.005 of this act is
4 deemed necessary for the immediate preservation of the
5 public health, welfare, peace, and safety, and is hereby
6 declared to be an emergency act within the meaning of the
7 constitution, and the enactment of section 324.005 of this
8 act shall be in full force and effect upon its passage and
9 approval.

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