

SENATE COMMITTEE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

HOUSE BILL NO. 943

AN ACT

To repeal sections 96.192, 96.196, 190.053, 190.098, 190.101, 190.109, 190.800, 191.227, 191.600, 191.603, 191.605, 191.607, 191.611, 191.614, 191.615, 191.648, 192.769, 193.245, 195.417, 196.990, 198.022, 206.110, 208.152, 210.030, 301.142, 332.081, 335.081, 338.010, 338.200, 338.333, 338.710, and 579.060, RSMo, and to enact in lieu thereof forty-three new sections relating to health care, with penalty provisions.

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

Section A. Sections 96.192, 96.196, 190.053, 190.098, 190.101, 190.109, 190.800, 191.227, 191.600, 191.603, 191.605, 191.607, 191.611, 191.614, 191.615, 191.648, 192.769, 193.245, 195.417, 196.990, 198.022, 206.110, 208.152, 210.030, 301.142, 332.081, 335.081, 338.010, 338.200, 338.333, 338.710, and 579.060, RSMo, are repealed and forty-three new sections enacted in lieu thereof, to be known as sections 96.192, 96.196, 190.053, 190.076, 190.098, 190.101, 190.109, 190.112, 190.166, 190.800, 191.227, 191.600, 191.603, 191.605, 191.607, 191.611, 191.614, 191.615, 191.648, 192.2521, 193.245, 195.417, 196.990, 198.022, 198.700, 206.110, 206.158, 208.149, 208.152, 210.030, 210.225, 301.142, 332.081, 332.700, 335.081, 338.010, 338.200, 338.333, 338.710, 376.417, 376.1240, 376.1245, and 579.060, to read as follows:

96.192. 1. The board of trustees of any hospital authorized under subsection 2 of this section, and established and organized under the provisions of sections 96.150 to 96.229[**,**]:

(1) May invest up to [twenty-five] fifty percent of the hospital's "available funds", defined in this section as funds not required for immediate disbursement in obligations or for the operation of the hospital [in any United States investment grade fixed income funds or any diversified stock funds, or both.], into:

(a) Any mutual funds that invest in stocks, bonds, or real estate, or any combination thereof;

(b) Bonds that have:

a. One of the five highest long-term ratings or the highest short-term rating issued by a nationally recognized rating agency; and

b. A final maturity of ten years or less;

(c) Money market investments; or

(d) Any combination of investments described in paragraphs (a) to (c) of this subdivision; and

(2) Shall invest the remaining percentage of any available funds not invested as allowed under subdivision (1) of this subsection into any investment in which the state treasurer is allowed to invest.

2. The provisions of this section shall only apply if the hospital:

(1) Receives less than [one] three percent of its annual revenues from municipal, county, or state taxes; and

(2) Receives less than [one] three percent of its annual revenue from appropriated funds from the municipality in which such hospital is located.

96.196. 1. A hospital organized under this chapter may purchase, operate or lease, as lessor or lessee, related facilities or engage in health care activities, except in counties of the third or fourth classification (other than the county in which the hospital is located) where there already exists a hospital organized pursuant to this chapter

[and chapter 205 or 206]; provided, however, that this exception shall not prohibit the continuation of existing activities otherwise allowed by law.

2. If a hospital organized pursuant to this chapter accepts appropriated funds from the city during the twelve months immediately preceding the date that the hospital purchases, operates or leases its first related facility outside the city boundaries or engages in its first health care activity outside the city boundaries, the governing body of the city shall approve the hospital's plan for such purchase, operation or lease prior to implementation of the plan.

190.053. 1. All members of the board of directors of an ambulance district first elected on or after January 1, 2008, shall attend and complete an educational seminar or conference or other suitable training on the role and duties of a board member of an ambulance district. The training required under this section shall be offered by a statewide association organized for the benefit of ambulance districts or be approved by the state advisory council on emergency medical services. Such training shall include, at a minimum:

(1) Information relating to the roles and duties of an ambulance district director;

(2) A review of all state statutes and regulations relevant to ambulance districts;

(3) State ethics laws;

(4) State sunshine laws, chapter 610;

(5) Financial and fiduciary responsibility;

(6) State laws relating to the setting of tax rates;

and

(7) State laws relating to revenue limitations.

2. [If any ambulance district board member fails to attend a training session within twelve months after taking

office, the board member shall not be compensated for attendance at meetings thereafter until the board member has completed such training session. If any ambulance district board member fails to attend a training session within twelve months of taking office regardless of whether the board member received an attendance fee for a training session, the board member shall be ineligible to run for reelection for another term of office until the board member satisfies the training requirement of this section; however, this requirement shall only apply to board members elected after August 28, 2022] All members of the board of directors of an ambulance district shall complete three hours of continuing education for each term of office. The continuing education shall be offered by a statewide association organized for the benefit of ambulance districts or be approved by the state advisory council on emergency medical services.

3. Any ambulance district board member who fails to complete the initial training and continuing education requirements on or before the anniversary date of the member's election or appointment as required under this section shall immediately be disqualified from office. Upon such disqualification, the member's position shall be deemed vacant without further process or declaration. The vacancy shall be filled in the manner provided for in section 190.052.

190.076. In addition to the annual audit required under section 190.075, each ambulance district shall, at least once every three years, arrange for a certified public accountant or a firm of certified public accountants to audit the records and accounts of the district. The audit shall be made freely available to the public on the district's website or by other electronic means.

190.098. 1. As used in this section, the term "community paramedic services" shall mean services provided by any entity that employs licensed paramedics who are certified by the department as community paramedics for services that are:

(1) Provided in a nonemergent setting that is independent of an emergency telephone service, 911 system, or emergency summons;

(2) Consistent with the training and education requirements described in subdivision (2) of subsection 2 of this section, the scope of skill and practice for community paramedics, and the supervisory standard approved by the entity's medical director; and

(3) Reflected and documented in the entity's patient care plans or protocols approved by the medical director in accordance with the provisions of section 190.142.

2. In order for a person to be eligible for certification by the department as a community paramedic, an individual shall:

(1) Be currently **[certified]** licensed as a paramedic;

(2) Successfully complete or have successfully completed a community paramedic certification program from a college, university, or educational institution that has been approved by the department or accredited by a national accreditation organization approved by the department; and

(3) Complete an application form approved by the department.

[2.] 3. A community paramedic shall practice in accordance with protocols and supervisory standards established by the medical director. A community paramedic shall provide services of a health care plan if the plan has been developed by the patient's physician or by an advanced practice registered nurse through a collaborative practice

arrangement with a physician or a physician assistant through a collaborative practice arrangement with a physician and there is no duplication of services to the patient from another provider.

[3.] 4. (1) Any ambulance service shall enter into a written contract to provide community paramedic services in another ambulance service area, as that term is defined in section 190.100. The contract that is agreed upon may be for an indefinite period of time, as long as it includes at least a sixty-day cancellation notice by either ambulance service.

(2) Any ambulance service that seeks to provide community paramedic services outside of the ambulance service's service area:

(a) Shall have a memorandum of understanding regarding the provision of such services with the ambulance service in that service area if that ambulance service is already providing community paramedic services; or

(b) Shall not be required to have a memorandum of understanding with the ambulance service in that service area if that ambulance service is not already providing community paramedic services, provided that the ambulance service seeking to provide such services shall provide notification to the other ambulance service of the community paramedic services to be provided.

(3) Any emergency medical response agency that seeks to provide community paramedic services within its designated response service area may do so if the ground ambulance service area within which the emergency medical response agency operates does not already provide such services. If the ground ambulance service does provide community paramedic services, the ground ambulance service may enter into a memorandum of understanding with the

emergency medical response agency in order to coordinate programs and avoid service duplication. If the emergency medical response agency provides community paramedic services in the ground ambulance service's service area prior to the provision of such services by the ground ambulance service, the emergency medical response agency and the ground ambulance service shall enter into a memorandum of understanding for the coordination of services.

(4) Any community paramedic program shall notify the appropriate local ambulance service when providing services within the service area of an ambulance service.

(5) The department shall promulgate rules and regulations for the purpose of identifying the community paramedic services entities that have met the standards necessary to provide community paramedic services including, but not limited to, physician medical oversight, training, patient record retention, formal relationships with primary care services as needed, and quality improvement policies. Community paramedic services entities shall be certified by the department. Any such certification shall allow the entity to provide community paramedic services for a period of five years.

[4.] 5. A community paramedic is subject to the provisions of sections 190.001 to 190.245 and rules promulgated under sections 190.001 to 190.245.

[5.] 6. No person shall hold himself or herself out as a community paramedic or provide the services of a community paramedic unless such person is certified by the department.

[6.] 7. The medical director shall approve the implementation of the community paramedic program.

[7.] 8. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective

only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

190.101. 1. There is hereby established a "State Advisory Council on Emergency Medical Services" which shall consist of [sixteen] no more than twenty-three members, one of which shall be [a resident] the chief paramedic of a city not within a county. The members of the council shall be appointed [by the governor with the advice and consent of the senate] in accordance with subsection 2 of this section and shall serve terms of four years. The [governor shall designate one of the members as chairperson] council members shall annually select a chairperson, along with other officers as the council deems necessary. The chairperson may appoint subcommittees that include noncouncil members.

2. Council members shall be appointed as follows:

(1) The director of the department of health and senior services shall make appointments to the council from the recommendations provided by the following:

(a) The statewide professional association representing ambulance service managers;

(b) The statewide professional association representing emergency medical technicians and paramedics;

(c) The statewide professional association representing ambulance districts;

(d) The statewide professional association representing fire chiefs;

(e) The statewide professional association representing fire protection districts;

(f) The statewide professional association representing firefighters;

(g) The statewide professional association representing emergency nurses;

(h) The statewide professional association representing the air ambulance industry;

(i) The statewide professional association representing emergency medicine physicians;

(j) The statewide association representing hospitals;
and

(k) The statewide association representing pediatric emergency professionals;

(2) The director of health and senior services shall appoint a member to the council with a background in mobile integrated health care-community paramedicine (MIH-CP);

(3) Each regional EMS advisory committee shall appoint one member; and

(4) The time-critical diagnosis advisory committee established under section 190.257 shall appoint one member.

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

[3.] 4. The council shall have geographical representation and representation from appropriate areas of expertise in emergency medical services including volunteers, professional organizations involved in emergency medical services, EMT's, paramedics, nurses, firefighters, physicians, ambulance service administrators, hospital administrators and other health care providers concerned with emergency medical services. **[The regional EMS advisory**

committees shall serve as a resource for the identification of potential members of the state advisory council on emergency medical services.

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

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

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

[7.] 8. (1) There is hereby established a standing subcommittee of the council to monitor the implementation of the recognition of the EMS personnel licensure interstate compact under sections 190.900 to 190.939, the interstate commission for EMS personnel practice, and the involvement of the state of Missouri. The subcommittee shall meet at least biannually and receive reports from the Missouri delegate to the interstate commission for EMS personnel practice. The subcommittee shall consist of at least seven members appointed by the chair of the council, to include at least two members as recommended by the Missouri state council of firefighters and one member as recommended by the Missouri Association of Fire Chiefs. The subcommittee may submit reports and recommendations to the council, the department of health and senior services, the general

assembly, and the governor regarding the participation of Missouri with the recognition of the EMS personnel licensure interstate compact.

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

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

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

190.109. 1. The department shall, within a reasonable time after receipt of an application, cause such investigation as the department deems necessary to be made of the applicant for a ground ambulance license.

2. Any person that owned and operated a licensed ambulance on December 31, 1997, shall receive an ambulance service license from the department, unless suspended, revoked or terminated, for that ambulance service area which was, on December 31, 1997, described and filed with the

department as the primary service area for its licensed ambulances on August 28, 1998, provided that the person makes application and adheres to the rules and regulations promulgated by the department pursuant to sections 190.001 to 190.245.

3. The department shall issue a new ground ambulance service license to an ambulance service that is not currently licensed by the department, or is currently licensed by the department and is seeking to expand its ambulance service area, except as provided in subsection 4 of this section, to be valid for a period of five years, unless suspended, revoked or terminated, when the director finds that the applicant meets the requirements of ambulance service licensure established pursuant to sections 190.100 to 190.245 and the rules adopted by the department pursuant to sections 190.001 to 190.245. In order to be considered for a new ambulance service license, an ambulance service shall submit to the department a letter of endorsement from each ambulance district or fire protection district that is authorized to provide ambulance service, or from each municipality not within an ambulance district or fire protection district that is authorized to provide ambulance service, in which the ambulance service proposes to operate. If an ambulance service proposes to operate in unincorporated portions of a county not within an ambulance district or fire protection district that is authorized to provide ambulance service, in order to be considered for a new ambulance service license, the ambulance service shall submit to the department a letter of endorsement from the county. Any letter of endorsement required pursuant to this section shall verify that the political subdivision has conducted a public hearing regarding the endorsement and that the governing body of the political subdivision has

adopted a resolution approving the endorsement. The letter of endorsement shall affirmatively state that the proposed ambulance service:

- (1) Will provide a benefit to public health that outweighs the associated costs;
- (2) Will maintain or enhance the public's access to ambulance services;
- (3) Will maintain or improve the public health and promote the continued development of the regional emergency medical service system;
- (4) Has demonstrated the appropriate expertise in the operation of ambulance services; and
- (5) Has demonstrated the financial resources necessary for the operation of the proposed ambulance service.

4. A contract between a political subdivision and a licensed ambulance service for the provision of ambulance services for that political subdivision shall expand, without further action by the department, the ambulance service area of the licensed ambulance service to include the jurisdictional boundaries of the political subdivision. The termination of the aforementioned contract shall result in a reduction of the licensed ambulance service's ambulance service area by removing the geographic area of the political subdivision from its ambulance service area, except that licensed ambulance service providers may provide ambulance services as are needed at and around the state fair grounds for protection of attendees at the state fair.

5. The department shall renew a ground ambulance service license if the applicant meets the requirements established pursuant to sections 190.001 to 190.245, and the rules adopted by the department pursuant to sections 190.001 to 190.245.

6. The department shall promulgate rules relating to the requirements for a ground ambulance service license including, but not limited to:

- (1) Vehicle design, specification, operation and maintenance standards;
- (2) Equipment requirements;
- (3) Staffing requirements;
- (4) Five-year license renewal;
- (5) Records and forms;
- (6) Medical control plans;
- (7) Medical director qualifications;
- (8) Standards for medical communications;
- (9) Memorandums of understanding with emergency medical response agencies that provide advanced life support;
- (10) Quality improvement committees; [and]
- (11) Response time, patient care and transportation standards;
- (12) Participation with regional EMS advisory committees; and
- (13) Ambulance service administrator qualifications.

7. Application for a ground ambulance service license shall be made upon such forms as prescribed by the department in rules adopted pursuant to sections 190.001 to 190.245. The application form shall contain such information as the department deems necessary to make a determination as to whether the ground ambulance service meets all the requirements of sections 190.001 to 190.245 and rules promulgated pursuant to sections 190.001 to 190.245.

190.112. 1. Each ambulance service licensed under this chapter shall identify to the department an individual as the ambulance service administrator, who shall be

responsible for the operations and staffing of the ambulance service.

2. Any individual identified as the ambulance service administrator under subsection 1 of this section shall be required to have achieved basic training of at least forty hours regarding the operations of an ambulance service and to complete two hours of annual continuing education to maintain the individual's status as the ambulance service administrator.

3. The training required under this section shall be offered by a statewide association organized for the benefit of ambulance districts or be approved by the state advisory council on emergency medical services. Such training shall include information on:

(1) Basic principles of accounting and economics;

(2) State and federal laws applicable to ambulance services;

(3) Regulatory requirements applicable to ambulance services;

(4) Human resources management and laws;

(5) Grant writing, contracts, and fundraising;

(6) The state sunshine law requirements under chapter 610 and state ethics laws; and

(7) Volunteer and community involvement.

4. Any individual serving as an ambulance service administrator as of August 28, 2025, shall have until January 1, 2027, to demonstrate compliance with the provisions of this section.

190.166. 1. In addition to the provisions of section 190.165, the department of health and senior services may refuse to issue, deny renewal of, or suspend a license required under section 190.109, or take other corrective

actions as described in this section, based on the following considerations:

(1) The license holder is determined to be financially insolvent;

(2) The ambulance service has inadequate personnel to operate the ambulance service to provide basic emergency operations. The ambulance service shall not be deemed to have such inadequate personnel as long as the ambulance service is staffed to meet the needs of its emergency call volume. Each ambulance service shall have the ability to staff a minimum of one ambulance unit twenty-four hours each day, seven days each week, with at least two licensed emergency medical technicians. Any ambulance service operating only one ambulance unit shall have a reasonable plan and schedule for the services of a second ambulance unit;

(3) The ambulance service requires an inordinate amount of mutual aid from neighboring services, such as more than ten percent of the total runs in the service area in any given month or more than would be considered prudent, and thus cannot provide an appropriate level of emergency response for the service area as would be considered prudent by the typical ground ambulance services operator;

(4) The principal manager, board members, or other executives are determined to be criminally liable for actions related to the license or service provided;

(5) The license holder or principal manager, board members, or other executives are determined by the Centers for Medicare and Medicaid Services to be ineligible for participation in Medicare;

(6) The license holder or principal manager, board members, or other executives are determined by the MO

HealthNet division to be ineligible for participation in MO HealthNet;

(7) The ambulance service administrator has failed to meet the required qualifications or failed to complete the training required under section 190.112; or

(8) If the ambulance service is an ambulance district, three or more board members have failed to complete required training under section 190.053.

2. If the department makes a determination of insolvency or insufficiency of operations of a license holder under subsection 1 of this section, the department may require the license holder to submit a corrective plan within fifteen days and require implementation of the corrective plan within thirty days.

3. The department shall be required to provide notice of any determination by the department of insolvency or insufficiency of operations of a license holder to other license holders operating in the license holder's vicinity, members of the general assembly who represent the license holder's service area, the governing officials of any county or municipal entity in the license holder's service area, the appropriate regional emergency medical services advisory committee, and the state advisory council on emergency medical services.

4. The department shall immediately engage with other license holders in the area to determine the extent to which ground ambulance service may be provided to the affected service area during the time in which the license holder is unable to provide adequate services, including any long-term service arrangements. The nature of the agreement between the license holder and other license holders providing services to the affected area may include an agreement to

provide services, a joint powers agreement, formal consideration, or some payment for services rendered.

5. Any license holder who provides assistance in the service area of another license holder whose license has been suspended under this section shall have the right to seek reasonable compensation from the license holder whose license to operate has been suspended for all calls, stand-by time, and responses to medical emergencies during such time as the license remains suspended. The reasonable compensation shall not be limited to those expenses incurred in actual responses but may also include reasonable expenses to maintain ambulance service including, but not limited to, the daily operation costs of maintaining the service, personnel wages and benefits, equipment purchases and maintenance, and other costs incurred in the operation of a ground ambulance service. The license holder providing assistance shall be entitled to an award of costs and reasonable attorney's fees in any action to enforce the provisions of this subsection.

190.800. 1. Each ground ambulance service[, except for any ambulance service owned and operated by an entity owned and operated by the state of Missouri, including but not limited to any hospital owned or operated by the board of curators, as defined in chapter 172, or any department of the state,] shall, in addition to all other fees and taxes now required or paid, pay an ambulance service reimbursement allowance tax for the privilege of engaging in the business of providing ambulance services in this state.

2. For the purpose of this section, the following terms shall mean:

(1) "Ambulance", the same meaning as such term is defined in section 190.100;

(2) "Ambulance service", the same meaning as such term is defined in section 190.100;

(3) "Engaging in the business of providing ambulance services in this state", accepting payment for such services.

191.227. 1. All physicians, chiropractors, hospitals, dentists, and other duly licensed practitioners in this state, herein called "providers", shall, upon written request of a patient, or guardian or legally authorized representative of a patient, furnish a copy of his or her record of that patient's health history and treatment rendered to the person submitting a written request, except that such right shall be limited to access consistent with the patient's condition and sound therapeutic treatment as determined by the provider. Beginning August 28, 1994, such record shall be furnished within a reasonable time of the receipt of the request therefor and upon payment of a fee as provided in this section.

2. Health care providers may condition the furnishing of the patient's health care records to the patient, the patient's authorized representative or any other person or entity authorized by law to obtain or reproduce such records upon payment of a fee for:

(1) (a) Search and retrieval, in an amount not more than twenty-four dollars and eighty-five cents plus copying in the amount of fifty-seven cents per page for the cost of supplies and labor plus, if the health care provider has contracted for off-site records storage and management, any additional labor costs of outside storage retrieval, not to exceed twenty-three dollars and twenty-six cents, as adjusted annually pursuant to subsection 6 of this section; or

(b) The records shall be furnished electronically upon payment of the search, retrieval, and copying fees set under

this section at the time of the request or one hundred eight dollars and eighty-eight cents total, whichever is less, if such person:

a. Requests health records to be delivered electronically in a format of the health care provider's choice;

b. The health care provider stores such records completely in an electronic health record; and

c. The health care provider is capable of providing the requested records and affidavit, if requested, in an electronic format;

(2) Postage, to include packaging and delivery cost;

(3) Notary fee, not to exceed two dollars, if requested.

Such fee shall be the fee in effect on February 1, 2018, increased or decreased annually under this section.

3. For purposes of subsections 1 and 2 of this section, "a copy of his or her record of that patient's health history and treatment rendered" or "the patient's health care records" includes a statement or record that no such health history or treatment record responsive to the request exists.

4. Notwithstanding provisions of this section to the contrary, providers may charge for the reasonable cost of all duplications of health care record material or information which cannot routinely be copied or duplicated on a standard commercial photocopy machine.

5. The transfer of the patient's record done in good faith shall not render the provider liable to the patient or any other person for any consequences which resulted or may result from disclosure of the patient's record as required by this section.

6. Effective February first of each year, the fees listed in subsection 2 of this section shall be increased or decreased annually based on the annual percentage change in the unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for All Urban Consumers (CPI-U). The current reference base of the index, as published by the Bureau of Labor Statistics of the United States Department of Labor, shall be used as the reference base. For purposes of this subsection, the annual average inflation rate shall be based on a twelve-month calendar year beginning in January and ending in December of each preceding calendar year. The department of health and senior services shall report the annual adjustment and the adjusted fees authorized in this section on the department's internet website by February first of each year.

7. A health care provider may disclose a deceased patient's health care records or payment records to the executor or administrator of the deceased person's estate, or pursuant to a valid, unrevoked power of attorney for health care that specifically directs that the deceased person's health care records be released to the agent after death. If an executor, administrator, or agent has not been appointed, the deceased prior to death did not specifically object to disclosure of his or her records in writing, and such disclosure is not inconsistent with any prior expressed preference of the deceased that is known to the health care provider, a deceased patient's health care records may be released upon written request of a person who is deemed as the personal representative of the deceased person under this subsection. Priority shall be given to the deceased patient's spouse and the records shall be released on the affidavit of the surviving spouse that he or she is the

surviving spouse. If there is no surviving spouse, the health care records may be released to one of the following persons:

(1) The acting trustee of a trust created by the deceased patient either alone or with the deceased patient's spouse;

(2) An adult child of the deceased patient on the affidavit of the adult child that he or she is the adult child of the deceased;

(3) A parent of the deceased patient on the affidavit of the parent that he or she is the parent of the deceased;

(4) An adult brother or sister of the deceased patient on the affidavit of the adult brother or sister that he or she is the adult brother or sister of the deceased;

(5) A guardian or conservator of the deceased patient at the time of the patient's death on the affidavit of the guardian or conservator that he or she is the guardian or conservator of the deceased; or

(6) A guardian ad litem of the deceased's minor child based on the affidavit of the guardian that he or she is the guardian ad litem of the minor child of the deceased.

8. (1) Records containing a patient's health history and treatment created by an emergency care provider, as defined in section 191.630, or a telecommunicator first responder, as defined in section 650.320, in the course of the provider's or responder's official duties while responding to a formal request for assistance shall be made available, upon written request, to any person authorized to obtain the patient's health care records under the provisions of this section.

(2) The furnishing of health care records under this subsection may be conditioned upon the payment of a fee in

an amount equal to the fee allowed for the furnishing of any other health care record under this section.

(3) Nothing in this subsection shall limit the release of information regarding the general nature of the event that resulted in a formal request of assistance as long as any personal health information is redacted.

(4) Nothing in this subsection shall limit the release of information to facilitate the normal delivery of patient care or to evaluate the quality of care as part of an established quality improvement program.

191.600. 1. Sections 191.600 to 191.615 establish a loan repayment program for graduates of [approved medical schools, schools of osteopathic medicine, schools of dentistry and accredited chiropractic colleges] an accredited graduate training program in any discipline designated in rule by the department who practice in areas of defined need [and shall be known as the "Health Professional Student Loan Repayment Program". Sections 191.600 to 191.615 shall apply to graduates of accredited chiropractic colleges when federal guidelines for chiropractic shortage areas are developed], to be known as the "Missouri State Loan Repayment Program (MOSLRP)". In designating disciplines, the department shall comply with limitations set forth in the National Health Service Corps Loan Repayment Program, 42 U.S.C. Section 2541-1, and any related notices of funding opportunity.

2. The ["Health Professional Student Loan and] "Missouri State Loan Repayment Program Fund" is hereby created in the state treasury. All funds recovered from an individual pursuant to section 191.614 and all funds generated by loan repayments and penalties received pursuant to section 191.540 shall be credited to the fund. The moneys in the fund shall be used by the department of health

and senior services to provide loan repayments pursuant to section 191.611 in accordance with sections 191.600 to 191.614.

191.603. As used in sections 191.600 to 191.615, the following terms shall mean:

(1) "Areas of defined need", areas designated by the department pursuant to section 191.605, when services [of a physician, including a psychiatrist, chiropractor, or dentist] are needed to improve the patient-health professional ratio in the area, to contribute health care professional services to an area of economic impact, or to contribute health care professional services to an area suffering from the effects of a natural disaster;

(2) ["Chiropractor", a person licensed and registered pursuant to chapter 331;

(3)] "Department", the department of health and senior services[;

(4) "General dentist", dentists licensed and registered pursuant to chapter 332 engaged in general dentistry and who are providing such services to the general population;

(5) "Primary care physician", physicians licensed and registered pursuant to chapter 334 engaged in general or family practice, internal medicine, pediatrics or obstetrics and gynecology as their primary specialties, and who are providing such primary care services to the general population;

(6) "Psychiatrist", the same meaning as in section 632.005].

191.605. 1. The department shall designate counties, communities, or sections of urban areas as areas of defined need for medical, psychiatric, [chiropractic,] or dental services when such county, community or section of an urban

area has been designated as a primary care health professional shortage area, a mental health care professional shortage area, or a dental health care professional shortage area by the federal Department of Health and Human Services, or has been determined by the director of the department of health and senior services to have an extraordinary need for health care professional services, without a corresponding supply of such professionals.

2. Annually, at least thirty-five percent of the appropriated funds allocated for the Missouri state loan repayment program shall be designated for awards to primary care physicians and general dentists. Any unused portion of such designated funds shall be made available within the same fiscal year to the other types of health professions designated by the department under section 191.600.

191.607. The department shall adopt and promulgate regulations establishing standards for determining eligible persons for loan repayment pursuant to sections 191.600 to 191.615. These standards shall include, but are not limited to the following:

- (1) Citizenship or permanent residency in the United States;
- (2) Residence in the state of Missouri;
- (3) [Enrollment as a full-time medical student in the final year of a course of study offered by an approved educational institution or licensed to practice medicine or osteopathy pursuant to chapter 334, including psychiatrists;
- (4) Enrollment as a full-time dental student in the final year of course study offered by an approved educational institution or licensed to practice general dentistry pursuant to chapter 332;

(5) Enrollment as a full-time chiropractic student in the final year of course study offered by an approved educational institution or licensed to practice chiropractic medicine pursuant to chapter 331;

(6) Application for loan repayment] Authorization to practice as any type of health professional designated in section 191.600;

(4) Practice in an area of defined need; and

(5) Submission of an application for loan repayment.

191.611. 1. A loan payment provided for an individual under a written contract under the [health professional student loan payment] Missouri state loan repayment program shall consist of payment on behalf of the individual of the principal, interest, and related expenses on government and commercial loans received by the individual for tuition, fees, books, laboratory, and living expenses incurred by the individual.

2. For each year of obligated services that an individual contracts to serve in an area of defined need, the director may pay an amount not to exceed the maximum amounts allowed under the National Health Service Corps Loan Repayment Program, 42 U.S.C. Section [2541-1, P.L. 106-213] 2541-1, on behalf of the individual for loans described in subsection 1 of this section.

3. The department may enter into an agreement with the holder of the loans for which repayments are made pursuant to the [health professional student loan payment] Missouri state loan repayment program to establish a schedule for the making of such payments if the establishment of such a schedule would result in reducing the costs to the state.

4. Any qualifying communities providing a portion of a loan repayment shall be considered first for placement.

191.614. 1. [An individual who has entered into a written contract with the department; and in the case of an individual who is enrolled in the final year of a course of study and fails to maintain an acceptable level of academic standing in the educational institution in which such individual is enrolled or voluntarily terminates such enrollment or is dismissed from such educational institution before completion of such course of study or fails to become licensed pursuant to chapter 331, 332 or 334 within one year shall be liable to the state for the amount which has been paid on his or her behalf under the contract.]

2.] If an individual breaches the written contract of the individual by failing either to begin such individual's service obligation or to complete such service obligation, the state shall be entitled to recover from the individual an amount equal to the sum of:

(1) The total of the amounts prepaid by the state on behalf of the individual;

(2) The interest on the amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum prevailing rate as determined by the Treasurer of the United States;

(3) An amount equal to any damages incurred by the department as a result of the breach; and

(4) Any legal fees or associated costs incurred by the department or the state of Missouri in the collection of damages.

[3.] 2. The department may act on behalf of a qualified community to recover from an individual described in [subsections 1 and 2 of] this section the portion of a loan repayment paid by such community for such individual.

191.615. 1. The department shall submit a grant application to the Secretary of the United States Department

of Health and Human Services as prescribed by the secretary to obtain federal funds to finance the [health professional student] Missouri state loan repayment program.

2. Sections 191.600 to 191.615 shall not be construed to require the department to enter into contracts with individuals who qualify for the [health professional student] Missouri state loan repayment program when federal and state funds are not available for such purpose.

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

(1) "Designated sexually transmitted infection", chlamydia, gonorrhea, trichomoniasis, or any other sexually transmitted infection designated as appropriate for expedited partner therapy by the department of health and senior services or for which expedited partner therapy was recommended in the most recent Centers for Disease Control and Prevention guidelines for the prevention or treatment of sexually transmitted infections;

(2) "Expedited partner therapy" [means], the practice of treating the sex partners of persons with [chlamydia or gonorrhea] designated sexually transmitted infections without an intervening medical evaluation or professional prevention counseling;

(3) "Health care professional", a member of any profession regulated by chapter 334 or 335 authorized to prescribe medications.

2. Any licensed [physician] health care professional may, but shall not be required to, utilize expedited partner therapy for the management of the partners of persons with [chlamydia or gonorrhea] designated sexually transmitted infections. Notwithstanding the requirements of 20 CSR 2150- 5.020 (5) or any other law to the contrary, a licensed [physician] health care professional utilizing expedited

partner therapy may prescribe and dispense medications for the treatment of [chlamydia or gonorrhea] a designated sexually transmitted infection for an individual who is the partner of a person with [chlamydia or gonorrhea] a designated sexually transmitted infection and who does not have an established [physician/patient] health care professional/patient relationship with such [physician] health care professional. [Any antibiotic medications prescribed and dispensed for the treatment of chlamydia or gonorrhea under this section shall be in pill form.]

3. Any licensed [physician] health care professional utilizing expedited partner therapy for the management of the partners with [chlamydia or gonorrhea] designated sexually transmitted infections shall provide explanation and guidance to [a] each patient [diagnosed with chlamydia or gonorrhea] of the preventative measures that can be taken by the patient to stop the [spread] transmission of such [diagnosis] infection.

4. Any licensed [physician] health care professional utilizing expedited partner therapy for the management of partners of persons with [chlamydia or gonorrhea] designated sexually transmitted infections under this section shall have immunity from any civil liability that may otherwise result by reason of such actions, unless such [physician] health care professional acts negligently, recklessly, in bad faith, or with malicious purpose.

5. The department of health and senior services and the division of professional registration within the department of commerce and insurance shall by rule develop guidelines for the implementation of subsection 2 of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective

only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2010, shall be invalid and void.

192.2521. A specialty hospital is exempt from the provisions of sections 192.2520 and 197.135 if such hospital has a policy for the transfer of a victim of a sexual assault to an appropriate hospital with an emergency department. As used in this section, "specialty hospital" means a hospital that has been designated by the department of health and senior services as something other than a general acute care hospital.

193.245. It shall be unlawful for any person to permit inspection of, or to disclose information contained in, vital records or to copy or issue a copy of all or part of any such record except as authorized by this law and by regulation or by order of a court of competent jurisdiction or in the following situations:

(1) [A listing of persons who are born or who die on a particular date may be disclosed upon request, but no information from the record other than the name and the date of such birth or death shall be disclosed;

(2)] The department may authorize the disclosure of information contained in vital records for legitimate research purposes;

[(3)] (2) To a qualified applicant as provided in section 193.255;

[(4)] (3) Copies of death records over fifty years old may be disclosed upon request.

195.417. 1. The limits specified in this section shall not apply to any quantity of such product, mixture, or preparation which must be dispensed, sold, or distributed in a pharmacy pursuant to a valid prescription.

2. Within any thirty-day period, no person shall sell, dispense, or otherwise provide to the same individual, and no person shall purchase, receive, or otherwise acquire more than the following amount: any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, either as:

(1) The sole active ingredient; or

(2) One of the active ingredients of a combination drug; or

(3) A combination of any of the products specified in subdivisions (1) and (2) of this subsection;

in any total amount greater than seven and two-tenths grams, without regard to the number of transactions.

3. Within any twenty-four-hour period, no pharmacist, intern pharmacist, or registered pharmacy technician shall sell, dispense, or otherwise provide to the same individual, and no person shall purchase, receive, or otherwise acquire more than the following amount: any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, either as:

(1) The sole active ingredient; or

(2) One of the active ingredients of a combination drug; or

(3) A combination of any of the products specified in subdivisions (1) and (2) of this subsection;

in any total amount greater than three and six-tenths grams without regard to the number of transactions.

4. Within any twelve-month period, no person shall sell, dispense, or otherwise provide to the same individual, and no person shall purchase, receive, or otherwise acquire more than the following amount: any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, either as:

(1) The sole active ingredient; or

(2) One of the active ingredients of a combination drug; or

(3) A combination of any of the products specified in subdivisions (1) and (2) of this subsection;

in any total amount greater than ~~forty-three~~ sixty-one and two-tenths grams, without regard to the number of transactions.

5. All packages of any compound, mixture, or preparation containing any detectable quantity of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, except those that are excluded from Schedule V in subsection 17 or 18 of section 195.017, shall be offered for sale only from behind a pharmacy counter where the public is not permitted, and only by a registered pharmacist or registered pharmacy technician under section 195.017.

6. Each pharmacy shall submit information regarding sales of any compound, mixture, or preparation as specified

in this section in accordance with transmission methods and frequency established by the department by regulation.

7. (1) As used in this subsection, "administrator of the real-time electronic pseudoephedrine tracking system" means the entity responsible for developing, implementing, and maintaining the data collection system described in 19 CSR 30-1.074 or any successor regulation.

(2) Beginning October 1, 2025, and continuing thereafter, any manufacturer of any compound, mixture, or preparation specified in this section that is sold in or into the state shall, on a monthly basis, pay fees to the administrator of the real-time electronic pseudoephedrine tracking system.

(3) The administrator of the real-time electronic pseudoephedrine tracking system shall be responsible for setting the fee levels required under this subsection.

(4) Upon the request of the department of health and senior services, any manufacturer required to pay fees under this subsection shall provide written documentation demonstrating that the manufacturer has paid such fees.

8. No prescription shall be required for the dispensation, sale, or distribution of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in an amount within the limits described in subsections 2, 3, and 4 of this section. The superintendent of the Missouri state highway patrol shall report to the revisor of statutes and the general assembly by February first when the statewide number of methamphetamine laboratory seizure incidents exceeds three hundred incidents in the previous calendar year. The provisions of this subsection shall expire on

April first of the calendar year in which the revisor of statutes receives such notification.

[8.] 9. This section shall supersede and preempt any local ordinances or regulations, including any ordinances or regulations enacted by any political subdivision of the state. This section shall not apply to the sale of any animal feed products containing ephedrine or any naturally occurring or herbal ephedra or extract of ephedra.

[9.] 10. Any local ordinances or regulations enacted by any political subdivision of the state prior to August 28, 2020, requiring a prescription for the dispensation, sale, or distribution of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in an amount within the limits described in subsections 2, 3, and 4 of this section shall be void and of no effect and no such political subdivision shall maintain or enforce such ordinance or regulation.

[10.] 11. All logs, records, documents, and electronic information maintained for the dispensing of these products shall be open for inspection and copying by municipal, county, and state or federal law enforcement officers whose duty it is to enforce the controlled substances laws of this state or the United States.

[11.] 12. All persons who dispense or offer for sale pseudoephedrine and ephedrine products, except those that are excluded from Schedule V in subsection 17 or 18 of section 195.017, shall ensure that all such products are located only behind a pharmacy counter where the public is not permitted.

[12.] 13. The penalty for a knowing or reckless violation of this section is found in section 579.060.

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

- (1) "Administer", the direct application of an epinephrine auto-injector to the body of an individual;
- (2) "Authorized entity", any entity or organization at or in connection with which allergens capable of causing anaphylaxis may be present including, but not limited to, qualified first responders, as such term is defined in section 321.621, facilities licensed under chapter 198, restaurants, recreation camps, youth sports leagues, child care facilities, amusement parks, and sports arenas. "Authorized entity" shall not include any public school or public charter school;
- (3) "Epinephrine auto-injector", a single-use device used for the automatic injection of a premeasured dose of epinephrine into the human body;
- (4) "Physician", a physician licensed in this state under chapter 334;
- (5) "Provide", the supply of one or more epinephrine auto-injectors to an individual;
- (6) "Self-administration", a person's discretionary use of an epinephrine auto-injector.

2. A physician may prescribe epinephrine auto-injectors in the name of an authorized entity for use in accordance with this section, and pharmacists, physicians, and other persons authorized to dispense prescription medications may dispense epinephrine auto-injectors under a prescription issued in the name of an authorized entity.

3. An authorized entity may acquire and stock a supply of epinephrine auto-injectors under a prescription issued in accordance with this section. Such epinephrine auto-injectors shall be stored in a location readily accessible in an emergency and in accordance with the epinephrine auto-

injector's instructions for use and any additional requirements established by the department of health and senior services by rule. An authorized entity shall designate employees or agents who have completed the training required under this section to be responsible for the storage, maintenance, and general oversight of epinephrine auto-injectors acquired by the authorized entity.

4. An authorized entity that acquires a supply of epinephrine auto-injectors under a prescription issued in accordance with this section shall ensure that:

(1) Expected epinephrine auto-injector users receive training in recognizing symptoms of severe allergic reactions including anaphylaxis and the use of epinephrine auto-injectors from a nationally recognized organization experienced in training laypersons in emergency health treatment or another entity or person approved by the department of health and senior services;

(2) All epinephrine auto-injectors are maintained and stored according to the epinephrine auto-injector's instructions for use;

(3) Any person who provides or administers an epinephrine auto-injector to an individual who the person believes in good faith is experiencing anaphylaxis activates the emergency medical services system as soon as possible; and

(4) A proper review of all situations in which an epinephrine auto-injector is used to render emergency care is conducted.

5. Any authorized entity that acquires a supply of epinephrine auto-injectors under a prescription issued in accordance with this section shall notify the emergency communications district or the ambulance dispatch center of the primary provider of emergency medical services where the

epinephrine auto-injectors are to be located within the entity's facility.

6. No person shall provide or administer an epinephrine auto-injector to any individual who is under eighteen years of age without the verbal consent of a parent or guardian who is present at the time when provision or administration of the epinephrine auto-injector is needed. Provided, however, that a person may provide or administer an epinephrine auto-injector to such an individual without the consent of a parent or guardian if the parent or guardian is not physically present and the person reasonably believes the individual shall be in imminent danger without the provision or administration of the epinephrine auto-injector.

7. The following persons and entities shall not be liable for any injuries or related damages that result from the administration or self-administration of an epinephrine auto-injector in accordance with this section that may constitute ordinary negligence:

(1) An authorized entity that possesses and makes available epinephrine auto-injectors and its employees, agents, and other trained persons;

(2) Any person who uses an epinephrine auto-injector made available under this section;

(3) A physician that prescribes epinephrine auto-injectors to an authorized entity; or

(4) Any person or entity that conducts the training described in this section.

Such immunity does not apply to acts or omissions constituting a reckless disregard for the safety of others or willful or wanton conduct. The administration of an epinephrine auto-injector in accordance with this section shall not be considered the practice of medicine. The

immunity from liability provided under this subsection is in addition to and not in lieu of that provided under section 537.037. An authorized entity located in this state shall not be liable for any injuries or related damages that result from the provision or administration of an epinephrine auto-injector by its employees or agents outside of this state if the entity or its employee or agent is not liable for such injuries or related damages under the laws of the state in which such provision or administration occurred. No trained person who is in compliance with this section and who in good faith and exercising reasonable care fails to administer an epinephrine auto-injector shall be liable for such failure.

8. All basic life support ambulances and stretcher vans operated in the state shall be equipped with epinephrine auto-injectors and be staffed by at least one individual trained in the use of epinephrine auto-injectors.

9. The provisions of this section shall apply in all counties within the state and any city not within a county.

10. Nothing in this section shall be construed as superseding the provisions of section 167.630.

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

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

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

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

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

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

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

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

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

3. The department may inspect any facility and any records and may make copies of records, at the facility, at the department's own expense, required to be maintained by sections 198.003 to 198.096 or by the rules and regulations promulgated thereunder at any time if a license has been issued to or an application for a license has been filed by the operator of such facility. Copies of any records

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

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

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

6. (1) In lieu of any inspection required under sections 198.003 to 198.186, the department may accept, in whole or in part, written reports of the survey or

inspection completed by any state or federal agency, or by any professional accrediting agency; provided, that such survey or inspection is:

(a) Comparable in scope and method to the department's inspections; and

(b) Conducted in accordance with Title XVIII of the Social Security Act.

(2) A residential care facility or an assisted living facility shall be subject to an inspection under section 198.525 if the facility fails to maintain an accredited status by a recognized accreditation entity.

(3) A residential care facility or an assisted living facility shall provide to the department the accreditation report verifying accreditation status to be published on the department's website and to be made available under section 198.030.

(4) A residential care facility or an assisted living facility shall immediately forward any complaint or report of suspected abuse or neglect that is reported to the accreditation entity to the department in the same manner as required under section 198.070.

(5) If a facility exempt from an annual inspection by the department under this subsection has one or more violations of any class I standards, as described under section 198.085, then the facility shall be subject to a full inspection by the department under this section.

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

(1) "Facility", an independent living facility or a long-term care facility, as those terms are defined in this section;

(2) "Independent living facility", a communal living structure in which at least fifty percent of the residents

are fifty-five years of age or older that provides its residents with on-site access to dining, transportation, medical care, and basic housekeeping and laundry services and that is not licensed by the state;

(3) "Long-term care facility", any facility licensed under this chapter;

(4) "Referral agency", an individual or entity that provides referrals to a facility for a fee that is collected from the facility or a fee from a prospective resident or the representative of the prospective resident. The term "referral agency" shall not include a facility or its employees, a family member of a resident of a facility, or a resident of a facility regardless of whether the resident who refers a prospective resident to a facility receives a discount or other remuneration from the facility.

2. A referral agency shall disclose or provide, as applicable, to a prospective resident or the representative of the prospective resident referred to a facility:

(1) Written or electronic documentation of the existence of any relationships between the referral agency and the facility, including common ownership or control of the facility and financial, business, management, or familial relationships between the referral agency and the facility;

(2) That the referral agency receives a fee from the facility for the referral; and

(3) Written or electronic documentation between the referral agency and the prospective resident or representative of the prospective resident. The documentation shall include:

(a) A description of the services provided by the referral agency in exchange for the fee paid by the facility

or by the prospective resident or representative of the prospective resident;

(b) The right of the prospective resident or representative of the prospective resident to terminate the referral agency's services for any reason at any time without a fee or other penalty for such termination;

(c) A requirement that the referral agency communicate the termination of services to all facilities to which the prospective resident has been referred. The decision of a prospective resident or the representative of a prospective resident to stop using a referral agency shall not affect any contractual agreement between the referral agency and a facility;

(d) The right of the prospective resident or representative of the prospective resident to request not to be contacted in the future by the referral agency; and

(e) The right of the prospective resident or representative of the prospective resident to receive the referral agency's privacy policy upon request to the referral agency.

3. (1) No referral agency shall charge a fee or other penalty to any facility resulting from the termination of an agreement by a prospective resident or representative of a prospective resident.

(2) The facility shall not sell the prospective resident's or prospective resident's representative's contact information to a third party without the agreement of the prospective resident or representative of the prospective resident.

4. A referral agency that violates this section is subject to a civil penalty of up to five hundred dollars per violation.

5. The attorney general or a circuit attorney may bring a civil action on behalf of the state to seek the imposition of a civil penalty for a violation of this section or to enjoin the continuance of the violation by the referral agency.

206.110. 1. A hospital district, both within and outside such district, except in counties of the third or fourth classification (other than within the district boundaries) where there already exists a hospital organized pursuant to [chapters 96, 205 or] this chapter; provided, however, that this exception shall not prohibit the continuation or expansion of existing activities otherwise allowed by law, shall have and exercise the following governmental powers, and all other powers incidental, necessary, convenient or desirable to carry out and effectuate the express powers:

(1) To establish and maintain a hospital or hospitals and hospital facilities, and to construct, acquire, develop, expand, extend and improve any such hospital or hospital facility including medical office buildings to provide offices for rental to physicians and dentists on the district hospital's medical or dental staff, and the providing of sites therefor, including offstreet parking space for motor vehicles;

(2) To acquire land in fee simple, rights in land and easements upon, over or across land and leasehold interest in land and tangible and intangible personal property used or useful for the location, establishment, maintenance, development, expansion, extension or improvement of any hospital or hospital facility. The acquisition may be by dedication, purchase, gift, agreement, lease, use or adverse possession or by condemnation;

(3) To operate, maintain and manage a hospital and hospital facilities, and to make and enter into contracts, for the use, operation or management of a hospital or hospital facilities; to engage in health care activities; and to make and enter into leases of equipment and real property, a hospital or hospital facilities, as lessor or lessee, regardless of the duration of such lease; and to provide rules and regulations for the operation, management or use of a hospital or hospital facilities. Any agreement entered into pursuant to this subsection pertaining to the lease of the hospital shall have a definite termination date as negotiated by the parties, but this shall not preclude the trustees from entering into a renewal of the agreement with the same or other parties pertaining to the same or other subjects upon such terms and conditions as the parties may agree;

(4) To fix, charge and collect reasonable fees and compensation for the use or occupancy of the hospital or any part thereof, or any hospital facility, and for nursing care, medicine, attendance, or other services furnished by the hospital or hospital facilities, according to the rules and regulations prescribed by the board from time to time;

(5) To borrow money and to issue bonds, notes, certificates, or other evidences of indebtedness for the purpose of accomplishing any of its corporate purposes, subject to compliance with any condition or limitation set forth in this chapter or otherwise provided by the Constitution of the state of Missouri;

(6) To employ or enter into contracts for the employment of any person, firm, or corporation, and for professional services, necessary or desirable for the accomplishment of the corporate objects of the district or

the proper administration, management, protection or control of its property;

(7) To maintain the hospital for the benefit of the inhabitants of the area comprising the district who are sick, injured, or maimed regardless of race, creed or color, and to adopt such reasonable rules and regulations as may be necessary to render the use of the hospital of the greatest benefit to the greatest number; to exclude from the use of the hospital all persons who willfully disregard any of the rules and regulations so established; to extend the privileges and use of the hospital to persons residing outside the area of the district upon such terms and conditions as the board of directors prescribes by its rules and regulations;

(8) To police its property and to exercise police powers in respect thereto or in respect to the enforcement of any rule or regulation provided by the ordinances of the district and to employ and commission police officers and other qualified persons to enforce the same;

(9) To lease to or allow for any institution of higher education to use or occupy the hospital, any real estate or facility owned or leased by the district or any part thereof for the purpose of health care-related and general education or training.

2. The use of any hospital or hospital facility of a district shall be subject to the reasonable regulation and control of the district and upon such reasonable terms and conditions as shall be established by its board of directors.

3. A regulatory ordinance of a district adopted under any provision of this section may provide for a suspension or revocation of any rights or privileges within the control of the district for a violation of any such regulatory ordinance.

4. Nothing in this section or in other provisions of this chapter shall be construed to authorize the district or board to establish or enforce any regulation or rule in respect to hospitalization or the operation or maintenance of such hospital or any hospital facilities within its jurisdiction which is in conflict with any federal or state law or regulation applicable to the same subject matter.

206.158. 1. The board of directors of any hospital district authorized under subsection 2 of this section, and established and organized under the provisions of this chapter:

(1) May invest up to fifty percent of its "available funds", defined in this section as funds not required for immediate disbursement in obligations or for the operation of the hospital district, into:

(a) Any mutual funds that invest in stocks, bonds, or real estate, or any combination thereof;

(b) Bonds that have:

a. One of the five highest long-term ratings or the highest short-term rating issued by a nationally recognized rating agency; and

b. A final maturity of ten years or less;

(c) Money market investments; or

(d) Any combination of investments described in paragraphs (a) to (c) of this subdivision; and

(2) Shall invest the remaining percentage of any available funds not invested as allowed under subdivision (1) of this subsection into any investment in which the state treasurer is allowed to invest.

2. The provisions of this section shall apply only if the hospital district receives less than three percent of its annual revenues from hospital district or state taxes.

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

(1) "Clinical pathology services", professional medical services provided by a pathologist for the examination, diagnosis, and interpretation of laboratory tests performed on patient specimens to aid in the diagnosis and treatment of disease. Clinical pathology services include, but are not limited to, hematology, microbiology, immunology, clinical chemistry, molecular pathology, and other laboratory-based diagnostic procedures;

(2) "Hospital-based pathologist", a licensed physician specializing in pathology who provides clinical pathology services within a hospital setting;

(3) "Professional component of clinical pathology services", the portion of clinical pathology services that involves the pathologist's professional expertise in interpreting and supervising laboratory tests, excluding the technical component of performing the laboratory tests.

2. The fee for the professional component of clinical pathology services shall be paid by MO HealthNet for professional services provided by a hospital-based pathologist for inpatient clinical pathology services rendered to patients covered by the MO HealthNet program.

3. The reimbursement amount for the professional component of clinical pathology services shall be set at thirty percent of the approved outpatient simplified fee schedule based on Medicare's clinical laboratory fee schedule for the corresponding clinical pathology services payable by MO HealthNet.

4. (1) If the fee for the professional component of clinical pathology services is paid for professional services provided by a pathologist employed by the hospital where the clinical pathology services are rendered to

covered MO HealthNet patients, the professional fee shall be paid directly to the hospital.

(2) If the fee for the professional component of clinical pathology services is paid for professional services provided by a pathologist who is not employed by the hospital where clinical pathology services are rendered to covered MO HealthNet patients, the professional fee shall be paid directly to the third party providing the services.

5. The department of social services shall promulgate all necessary rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2025, shall be invalid and void.

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

(1) Inpatient hospital services, except to persons in an institution for mental diseases who are under the age of sixty-five years and over the age of twenty-one years;

provided that the MO HealthNet division shall provide through rule and regulation an exception process for coverage of inpatient costs in those cases requiring treatment beyond the seventy-fifth percentile professional activities study (PAS) or the MO HealthNet children's diagnosis length-of-stay schedule; and provided further that the MO HealthNet division shall take into account through its payment system for hospital services the situation of hospitals which serve a disproportionate number of low-income patients;

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

(3) Laboratory and X-ray services;

(4) Nursing home services for participants, except to persons with more than five hundred thousand dollars equity in their home or except for persons in an institution for mental diseases who are under the age of sixty-five years, when residing in a hospital licensed by the department of health and senior services or a nursing home licensed by the department of health and senior services or appropriate licensing authority of other states or government-owned and -operated institutions which are determined to conform to standards equivalent to licensing requirements in Title XIX

of the federal Social Security Act (42 U.S.C. Section [301,] 1396 et seq.), as amended, for nursing facilities. The MO HealthNet division may recognize through its payment methodology for nursing facilities those nursing facilities which serve a high volume of MO HealthNet patients. The MO HealthNet division when determining the amount of the benefit payments to be made on behalf of persons under the age of twenty-one in a nursing facility may consider nursing facilities furnishing care to persons under the age of twenty-one as a classification separate from other nursing facilities;

(5) Nursing home costs for participants receiving benefit payments under subdivision (4) of this subsection for those days, which shall not exceed twelve per any period of six consecutive months, during which the participant is on a temporary leave of absence from the hospital or nursing home, provided that no such participant shall be allowed a temporary leave of absence unless it is specifically provided for in his or her plan of care. As used in this subdivision, the term "temporary leave of absence" shall include all periods of time during which a participant is away from the hospital or nursing home overnight because he or she is visiting a friend or relative;

(6) Physicians' services, whether furnished in the office, home, hospital, nursing home, or elsewhere, provided, that no funds shall be expended to any abortion facility, as defined in section 188.015, or to any affiliate, as defined in section 188.015, of such abortion facility;

(7) Subject to appropriation, up to twenty visits per year for services limited to examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned articulations and structures of the body

provided by licensed chiropractic physicians practicing within their scope of practice. Nothing in this subdivision shall be interpreted to otherwise expand MO HealthNet services;

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

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

(10) Early and periodic screening and diagnosis of individuals who are under the age of twenty-one to ascertain their physical or mental defects, and health care, treatment, and other measures to correct or ameliorate defects and chronic conditions discovered thereby. Such services shall be provided in accordance with the provisions of Section 6403 of P.L. 101-239 and federal regulations promulgated thereunder;

(11) Home health care services;

(12) Family planning as defined by federal rules and regulations; provided, that no funds shall be expended to any abortion facility, as defined in section 188.015, or to any affiliate, as defined in section 188.015, of such abortion facility; and further provided, however, that such family planning services shall not include abortions or any abortifacient drug or device that is used for the purpose of inducing an abortion unless such abortions are certified in writing by a physician to the MO HealthNet agency that, in

the physician's professional judgment, the life of the mother would be endangered if the fetus were carried to term;

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

(14) Outpatient surgical procedures, including presurgical diagnostic services performed in ambulatory surgical facilities which are licensed by the department of health and senior services of the state of Missouri; except, that such outpatient surgical services shall not include persons who are eligible for coverage under Part B of Title XVIII, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended, if exclusion of such persons is permitted under Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, as amended;

(15) Personal care services which are medically oriented tasks having to do with a person's physical requirements, as opposed to housekeeping requirements, which enable a person to be treated by his or her physician on an outpatient rather than on an inpatient or residential basis in a hospital, intermediate care facility, or skilled nursing facility. Personal care services shall be rendered by an individual not a member of the participant's family who is qualified to provide such services where the services are prescribed by a physician in accordance with a plan of treatment and are supervised by a licensed nurse. Persons eligible to receive personal care services shall be those persons who would otherwise require placement in a hospital, intermediate care facility, or skilled nursing facility. Benefits payable for personal care services shall not exceed for any one participant one hundred percent of the average statewide charge for care and treatment in an intermediate

care facility for a comparable period of time. Such services, when delivered in a residential care facility or assisted living facility licensed under chapter 198, shall be authorized on a tier level based on the services the resident requires and the frequency of the services. A resident of such facility who qualifies for assistance under section 208.030 shall, at a minimum, if prescribed by a physician, qualify for the tier level with the fewest services. The rate paid to providers for each tier of service shall be set subject to appropriations. Subject to appropriations, each resident of such facility who qualifies for assistance under section 208.030 and meets the level of care required in this section shall, at a minimum, if prescribed by a physician, be authorized up to one hour of personal care services per day. Authorized units of personal care services shall not be reduced or tier level lowered unless an order approving such reduction or lowering is obtained from the resident's personal physician. Such authorized units of personal care services or tier level shall be transferred with such resident if he or she transfers to another such facility. Such provision shall terminate upon receipt of relevant waivers from the federal Department of Health and Human Services. If the Centers for Medicare and Medicaid Services determines that such provision does not comply with the state plan, this provision shall be null and void. The MO HealthNet division shall notify the revisor of statutes as to whether the relevant waivers are approved or a determination of noncompliance is made;

(16) Mental health services. The state plan for providing medical assistance under Title XIX of the Social Security Act, 42 U.S.C. Section [301] 1396 et seq., as amended, shall include the following mental health services

when such services are provided by community mental health facilities operated by the department of mental health or designated by the department of mental health as a community mental health facility or as an alcohol and drug abuse facility or as a child-serving agency within the comprehensive children's mental health service system established in section 630.097. The department of mental health shall establish by administrative rule the definition and criteria for designation as a community mental health facility and for designation as an alcohol and drug abuse facility. Such mental health services shall include:

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

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

(c) Rehabilitative mental health and alcohol and drug abuse services including home and community-based preventive, diagnostic, therapeutic, rehabilitative, and palliative interventions rendered to individuals in an individual or group setting by a mental health or alcohol and drug abuse professional in accordance with a plan of

treatment appropriately established, implemented, monitored, and revised under the auspices of a therapeutic team as a part of client services management. As used in this section, mental health professional and alcohol and drug abuse professional shall be defined by the department of mental health pursuant to duly promulgated rules. With respect to services established by this subdivision, the department of social services, MO HealthNet division, shall enter into an agreement with the department of mental health. Matching funds for outpatient mental health services, clinic mental health services, and rehabilitation services for mental health and alcohol and drug abuse shall be certified by the department of mental health to the MO HealthNet division. The agreement shall establish a mechanism for the joint implementation of the provisions of this subdivision. In addition, the agreement shall establish a mechanism by which rates for services may be jointly developed;

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

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

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

outpatient basis, subject to the provisions of this subdivision:

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

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

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

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

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

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

(20) Prescribed medically necessary durable medical equipment. An electronic web-based prior authorization

system using best medical evidence and care and treatment guidelines consistent with national standards shall be used to verify medical need;

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

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

(23) Prescribed medically necessary optometric services. Such services shall be subject to appropriations. An electronic web-based prior authorization system using best medical evidence and care and treatment

guidelines consistent with national standards shall be used to verify medical need;

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

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

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

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

(25) Medically necessary cochlear implants and hearing instruments, as defined in section 345.015, that are:

(a) Prescribed by an audiologist, as defined in section 345.015; or

(b) Dispensed by a hearing instrument specialist, as defined in section 346.010;

(26) The MO HealthNet division shall, by January 1, 2008, and annually thereafter, report the status of MO HealthNet provider reimbursement rates as compared to one hundred percent of the Medicare reimbursement rates and compared to the average dental reimbursement rates paid by third-party payors licensed by the state. The MO HealthNet division shall, by July 1, 2008, provide to the general assembly a four-year plan to achieve parity with Medicare reimbursement rates and for third-party payor average dental reimbursement rates. Such plan shall be subject to appropriation and the division shall include in its annual

budget request to the governor the necessary funding needed to complete the four-year plan developed under this subdivision.

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

- (1) Dental services;
- (2) Services of podiatrists as defined in section 330.010;
- (3) Optometric services as described in section 336.010;
- (4) Orthopedic devices or other prosthetics, including eye glasses, dentures, [hearing aids,] and wheelchairs;
- (5) Hospice care. As used in this subdivision, the term "hospice care" means a coordinated program of active professional medical attention within a home, outpatient and inpatient care which treats the terminally ill patient and family as a unit, employing a medically directed interdisciplinary team. The program provides relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement and meets the Medicare requirements for participation as a hospice as are provided in 42 CFR Part 418. The rate of reimbursement paid by the MO HealthNet division to the hospice provider for room and board furnished by a nursing home to an eligible hospice patient shall not be less than ninety-five percent of the

rate of reimbursement which would have been paid for facility services in that nursing home facility for that patient, in accordance with subsection (c) of Section 6408 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

(6) Comprehensive day rehabilitation services beginning early posttrauma as part of a coordinated system of care for individuals with disabling impairments. Rehabilitation services must be based on an individualized, goal-oriented, comprehensive and coordinated treatment plan developed, implemented, and monitored through an interdisciplinary assessment designed to restore an individual to an optimal level of physical, cognitive, and behavioral function. The MO HealthNet division shall establish by administrative rule the definition and criteria for designation of a comprehensive day rehabilitation service facility, benefit limitations and payment mechanism. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this subdivision shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2005, shall be invalid and void.

3. The MO HealthNet division may require any participant receiving MO HealthNet benefits to pay part of the charge or cost until July 1, 2008, and an additional payment after July 1, 2008, as defined by rule duly promulgated by the MO HealthNet division, for all covered

services except for those services covered under subdivisions (15) and (16) of subsection 1 of this section and sections 208.631 to 208.657 to the extent and in the manner authorized by Title XIX of the federal Social Security Act (42 U.S.C. Section 1396, et seq.) and regulations thereunder. When substitution of a generic drug is permitted by the prescriber according to section 338.056, and a generic drug is substituted for a name-brand drug, the MO HealthNet division may not lower or delete the requirement to make a co-payment pursuant to regulations of Title XIX of the federal Social Security Act. A provider of goods or services described under this section must collect from all participants the additional payment that may be required by the MO HealthNet division under authority granted herein, if the division exercises that authority, to remain eligible as a provider. Any payments made by participants under this section shall be in addition to and not in lieu of payments made by the state for goods or services described herein except the participant portion of the pharmacy professional dispensing fee shall be in addition to and not in lieu of payments to pharmacists. A provider may collect the co-payment at the time a service is provided or at a later date. A provider shall not refuse to provide a service if a participant is unable to pay a required payment. If it is the routine business practice of a provider to terminate future services to an individual with an unclaimed debt, the provider may include uncollected co-payments under this practice. Providers who elect not to undertake the provision of services based on a history of bad debt shall give participants advance notice and a reasonable opportunity for payment. A provider, representative, employee, independent contractor, or agent of a pharmaceutical manufacturer shall not make co-payment

for a participant. This subsection shall not apply to other qualified children, pregnant women, or blind persons. If the Centers for Medicare and Medicaid Services does not approve the MO HealthNet state plan amendment submitted by the department of social services that would allow a provider to deny future services to an individual with uncollected co-payments, the denial of services shall not be allowed. The department of social services shall inform providers regarding the acceptability of denying services as the result of unpaid co-payments.

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

5. Reimbursement for obstetrical and pediatric services under subdivision (6) of subsection 1 of this section shall be timely and sufficient to enlist enough health care providers so that care and services are available under the state plan for MO HealthNet benefits at least to the extent that such care and services are available to the general population in the geographic area, as required under subparagraph (a)(30)(A) of 42 U.S.C. Section 1396a and federal regulations promulgated thereunder.

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

7. Beginning July 1, 1990, the department of social services shall provide notification and referral of children below age five, and pregnant, breast-feeding, or postpartum women who are determined to be eligible for MO HealthNet benefits under section 208.151 to the special supplemental food programs for women, infants and children administered

by the department of health and senior services. Such notification and referral shall conform to the requirements of Section 6406 of P.L. 101-239 and regulations promulgated thereunder.

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

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

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

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

12. If the Missouri Medicaid audit and compliance unit changes any interpretation or application of the requirements for reimbursement for MO HealthNet services from the interpretation or application that has been applied previously by the state in any audit of a MO HealthNet provider, the Missouri Medicaid audit and compliance unit shall notify all affected MO HealthNet providers five business days before such change shall take effect. Failure of the Missouri Medicaid audit and compliance unit to notify

a provider of such change shall entitle the provider to continue to receive and retain reimbursement until such notification is provided and shall waive any liability of such provider for recoupment or other loss of any payments previously made prior to the five business days after such notice has been sent. Each provider shall provide the Missouri Medicaid audit and compliance unit a valid email address and shall agree to receive communications electronically. The notification required under this section shall be delivered in writing by the United States Postal Service or electronic mail to each provider.

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

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

15. There shall be no payments made under this section for gender transition surgeries, cross-sex hormones, or puberty-blocking drugs, as such terms are defined in section 191.1720, for the purpose of a gender transition.

210.030. 1. Every licensed physician, midwife, registered nurse and all persons who may undertake, in a professional way, the obstetrical and gynecological care of a pregnant woman in the state of Missouri shall, if the woman consents, take or cause to be taken a sample of venous blood of such woman at the time of the first prenatal

examination, or not later than twenty days after the first prenatal examination, another sample at twenty-eight weeks of pregnancy, and another sample immediately after birth and subject such [sample] samples to an approved and standard serological test for syphilis[, an] and approved serological [test] tests for hepatitis B, hepatitis C, human immunodeficiency virus (HIV), and such other treatable diseases and metabolic disorders as are prescribed by the department of health and senior services. [In any area of the state designated as a syphilis outbreak area by the department of health and senior services, if the mother consents, a sample of her venous blood shall be taken later in the course of pregnancy and at delivery for additional testing for syphilis as may be prescribed by the department] If a mother tests positive for syphilis, hepatitis B, hepatitis C, or HIV, or any combination of such diseases, the physician or person providing care shall administer treatment in accordance with the most recent accepted medical practice. If a mother tests positive for hepatitis B, the physician or person who professionally undertakes the pediatric care of a newborn shall also administer the appropriate doses of hepatitis B vaccine and hepatitis B immune globulin (HBIG) in accordance with the current recommendations of the Advisory Committee on Immunization Practices (ACIP). If the mother's hepatitis B status is unknown, the appropriate dose of hepatitis B vaccine shall be administered to the newborn in accordance with the current ACIP recommendations. If the mother consents, a sample of her venous blood shall be taken. If she tests positive for hepatitis B, hepatitis B immune globulin (HBIG) shall be administered to the newborn in accordance with the current ACIP recommendations.

2. The department of health and senior services shall[, in consultation with the Missouri genetic disease advisory committee,] make such rules pertaining to such tests as shall be dictated by accepted medical practice, and tests shall be of the types approved or accepted by the [department of health and senior services. An approved and standard test for syphilis, hepatitis B, and other treatable diseases and metabolic disorders shall mean a test made in a laboratory approved by the department of health and senior services] United States Food and Drug Administration. No individual shall be denied testing by the department of health and senior services because of inability to pay.

3. No treatment administered under this section shall be provided without the patient's consent.

210.225. 1. Before July 1, 2027, each licensed child care provider shall adopt a policy on allergy prevention and response with priority given to addressing potentially deadly food-borne allergies. Such policy shall contain, but shall not be limited to, the following elements:

(1) Distinguishing between building-wide, room-level, and individual approaches to allergy prevention and management;

(2) Providing an age-appropriate response to building-level and room-level allergy education and prevention;

(3) Describing the role of child care facility staff in determining how to manage an allergy problem, whether through a plan prepared for a child under Section 504 of the Rehabilitation Act of 1973, as amended, for a child with an allergy that has been determined to be a disability, an individualized health plan for a child who has an allergy that is not disabling, or another allergy management plan;

(4) Describing the role of other children and parents in cooperating to prevent and mitigate allergies;

(5) Addressing confidentiality issues involved with sharing medical information, including specifying when parental permission is required to make medical information available; and

(6) Coordinating with local health authorities and other appropriate entities to ensure efficient promulgation of accurate information and to ensure that existing child care facility safety and environmental policies do not conflict.

2. Such policies may contain information from or links to child care facility allergy prevention information furnished by the Food Allergy & Anaphylaxis Network or equivalent organization with a medical advisory board that has allergy specialists.

301.142. 1. As used in sections 301.141 to 301.143, the following terms mean:

(1) "Department", the department of revenue;

(2) "Director", the director of the department of revenue;

(3) "Other authorized health care practitioner" includes advanced practice registered nurses licensed pursuant to chapter 335, physician assistants licensed pursuant to chapter 334, chiropractors licensed pursuant to chapter 331, podiatrists licensed pursuant to chapter 330, assistant physicians, physical therapists licensed pursuant to chapter 334, occupational therapists licensed pursuant to chapter 324, and optometrists licensed pursuant to chapter 336;

(4) "Physically disabled", a natural person who is blind, as defined in section 8.700, or a natural person with medical disabilities which prohibits, limits, or severely impairs one's ability to ambulate or walk, as determined by

a licensed physician or other authorized health care practitioner as follows:

(a) The person cannot ambulate or walk fifty or less feet without stopping to rest due to a severe and disabling arthritic, neurological, orthopedic condition, or other severe and disabling condition; or

(b) The person cannot ambulate or walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or

(c) Is restricted by a respiratory or other disease to such an extent that the person's forced respiratory expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest; or

(d) Uses portable oxygen; or

(e) Has a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association; or

(f) Except as otherwise provided in subdivision (3) of subsection 16 of this section, a person's age, in and of itself, shall not be a factor in determining whether such person is physically disabled or is otherwise entitled to disabled license plates and/or disabled windshield hanging placards within the meaning of sections 301.141 to 301.143;

(5) "Physician", a person licensed to practice medicine pursuant to chapter 334;

(6) "Physician's statement", a statement personally signed by a duly authorized person which certifies that a person is disabled as defined in this section;

(7) "Temporarily disabled person", a disabled person as defined in this section whose disability or incapacity is expected to last no more than one hundred eighty days;

(8) "Temporary windshield placard", a placard to be issued to persons who are temporarily disabled persons as defined in this section, certification of which shall be indicated on the physician's statement;

(9) "Windshield placard", a placard to be issued to persons who are physically disabled as defined in this section, certification of which shall be indicated on the physician's statement.

2. Other authorized health care practitioners may furnish to a disabled or temporarily disabled person a physician's statement for only those physical health care conditions for which such health care practitioner is legally authorized to diagnose and treat.

3. A physician's statement shall:

(1) Be on a form prescribed by the director of revenue;

(2) Set forth the specific diagnosis and medical condition which renders the person physically disabled or temporarily disabled as defined in this section;

(3) Include the physician's or other authorized health care practitioner's license number; and

(4) Be personally signed by the issuing physician or other authorized health care practitioner.

4. If it is the professional opinion of the physician or other authorized health care practitioner issuing the statement that the physical disability of the applicant, user, or member of the applicant's household is permanent, it shall be noted on the statement. Otherwise, the physician or other authorized health care practitioner shall note on the statement the anticipated length of the disability, which shall determine the expiration date for

the temporary windshield placard, and which period shall not exceed one hundred eighty days. If the physician or health care practitioner fails to record an expiration date on the physician's statement, the director shall issue a temporary windshield placard for a period of thirty days.

5. A physician or other authorized health care practitioner who issues or signs a physician's statement so that disabled plates or a disabled windshield placard may be obtained shall maintain in such disabled person's medical chart documentation that such a certificate has been issued, the date the statement was signed, the diagnosis or condition which existed that qualified the person as disabled pursuant to this section and shall contain sufficient documentation so as to objectively confirm that such condition exists.

6. The medical or other records of the physician or other authorized health care practitioner who issued a physician's statement shall be open to inspection and review by such practitioner's licensing board, in order to verify compliance with this section. Information contained within such records shall be confidential unless required for prosecution, disciplinary purposes, or otherwise required to be disclosed by law.

7. Owners of motor vehicles who are residents of the state of Missouri, and who are physically disabled, owners of motor vehicles operated at least fifty percent of the time by a physically disabled person, or owners of motor vehicles used to primarily transport physically disabled members of the owner's household may obtain disabled person license plates. Such owners, upon application to the director accompanied by the documents and fees provided for in this section, a current physician's statement which has been issued within ninety days proceeding the date the

application is made, and proof of compliance with the state motor vehicle laws relating to registration and licensing of motor vehicles, shall be issued motor vehicle license plates for vehicles, other than commercial vehicles with a gross weight in excess of twenty-four thousand pounds, upon which shall be inscribed the international wheelchair accessibility symbol and the word "DISABLED" in addition to a combination of letters and numbers. Such license plates shall be made with fully reflective material with a common color scheme and design, shall be clearly visible at night, and shall be aesthetically attractive, as prescribed by section 301.130. If at any time an individual who obtained disabled license plates issued under this subsection no longer occupies a residence with a physically disabled person, or no longer owns a vehicle that is operated at least fifty percent of the time by a physically disabled person, such individual shall surrender the disabled license plates to the department within thirty days of becoming ineligible for their use.

8. The director shall further issue, upon request, to such applicant one, and for good cause shown, as the director may define by rule and regulations, not more than two, removable disabled windshield hanging placards for use when the disabled person is occupying a vehicle or when a vehicle not bearing the permanent handicap plate is being used to pick up, deliver, or collect the physically disabled person issued the disabled motor vehicle license plate or disabled windshield hanging placard.

9. No additional fee shall be paid to the director for the issuance of the special license plates provided in this section, except for special personalized license plates and other license plates described in this subsection. Priority for any specific set of special license plates shall be

given to the applicant who received the number in the immediately preceding license period subject to the applicant's compliance with the provisions of this section and any applicable rules or regulations issued by the director. If determined feasible by the advisory committee established in section 301.129, any special license plate issued pursuant to this section may be adapted to also include the international wheelchair accessibility symbol and the word "DISABLED" as prescribed in this section and such plate may be issued to any applicant who meets the requirements of this section and the other appropriate provision of this chapter, subject to the requirements and fees of the appropriate provision of this chapter.

10. Any physically disabled person, or the parent or guardian of any such person, or any not-for-profit group, organization, or other entity which transports more than one physically disabled person, may apply to the director of revenue for a removable windshield placard. The placard may be used in motor vehicles which do not bear the permanent handicap symbol on the license plate. Such placards must be hung from the front, middle rearview mirror of a parked motor vehicle and may not be hung from the mirror during operation. These placards may only be used during the period of time when the vehicle is being used by a disabled person, or when the vehicle is being used to pick up, deliver, or collect a disabled person, and shall be surrendered to the department, within thirty days, if a group, organization, or entity that obtained the removable windshield placard due to the transportation of more than one physically disabled person no longer transports more than one disabled person. When there is no rearview mirror, the placard shall be displayed on the dashboard on the driver's side.

11. The removable windshield placard shall conform to the specifications, in respect to size, color, and content, as set forth in federal regulations published by the Department of Transportation. The removable windshield placard shall be renewed every four years. The director may stagger the expiration dates to equalize workload. Only one removable placard may be issued to an applicant who has been issued disabled person license plates. Upon request, one additional windshield placard may be issued to an applicant who has not been issued disabled person license plates.

12. A temporary windshield placard shall be issued to any physically disabled person, or the parent or guardian of any such person who otherwise qualifies except that the physical disability, in the opinion of the physician, is not expected to exceed a period of one hundred eighty days. The temporary windshield placard shall conform to the specifications, in respect to size, color, and content, as set forth in federal regulations published by the Department of Transportation. The fee for the temporary windshield placard shall be two dollars. Upon request, and for good cause shown, one additional temporary windshield placard may be issued to an applicant. Temporary windshield placards shall be issued upon presentation of the physician's statement provided by this section and shall be displayed in the same manner as removable windshield placards. A person or entity shall be qualified to possess and display a temporary removable windshield placard for six months and the placard may be renewed once for an additional six months if a physician's statement pursuant to this section is supplied to the director of revenue at the time of renewal.

13. A windshield placard shall be renewable only by the person or entity to which the placard was originally issued. Any placard issued pursuant to this section shall

only be used when the physically disabled occupant for whom the disabled plate or placard was issued is in the motor vehicle at the time of parking or when a physically disabled person is being delivered or collected. A disabled license plate and/or a removable windshield hanging placard are not transferable and may not be used by any other person whether disabled or not.

14. At the time the disabled plates or windshield hanging placards are issued, the director shall issue a registration certificate which shall include the applicant's name, address, and other identifying information as prescribed by the director, or if issued to an agency, such agency's name and address. This certificate shall further contain the disabled license plate number or, for windshield hanging placards, the registration or identifying number stamped on the placard. The validated registration receipt given to the applicant shall serve as the registration certificate.

15. The director shall, upon issuing any disabled registration certificate for license plates and/or windshield hanging placards, provide information which explains that such plates or windshield hanging placards are nontransferable, and the restrictions explaining who and when a person or vehicle which bears or has the disabled plates or windshield hanging placards may be used or be parked in a disabled reserved parking space, and the penalties prescribed for violations of the provisions of this act.

16. (1) Except as otherwise provided in this subsection, every applicant for issuance of a disabled license plate or placard shall be required to present a new physician's statement dated no more than ninety days prior to such application, and for renewal applications a

physician's statement dated no more than ninety days prior to such application shall be required every eighth year.

(2) Notwithstanding any provision of law to the contrary, if the applicant has presented proof of disability in the form of a statement from the United States Department of Veterans Affairs verifying that the person is permanently disabled, the applicant shall not be required to provide a physician's statement for the purpose of issuance or renewal of disabled person license plates or windshield placards.

(3) Notwithstanding the provisions of paragraph (f) of subdivision (4) of subsection 1 of this section, any person seventy-five years of age or older who provided a physician's statement with the original application shall not be required to provide a physician's statement for the purpose of renewal of disabled person license plates or windshield placards.

17. The director of revenue upon receiving a physician's statement pursuant to this subsection shall check with the state board of registration for the healing arts created in section 334.120, or the Missouri state board of nursing established in section 335.021, with respect to physician's statements signed by advanced practice registered nurses, or the Missouri state board of chiropractic examiners established in section 331.090, with respect to physician's statements signed by licensed chiropractors, or **[with]** the board of optometry established in section 336.130, with respect to physician's statements signed by licensed optometrists, or the state board of podiatric medicine created in section 330.100, with respect to physician's statements signed by physicians of the foot or podiatrists, or the Missouri board of occupational therapy established in section 324.063, with respect to physician's statements signed by licensed occupational

therapists, to determine whether the physician is duly licensed and registered pursuant to law.

18. The boards shall cooperate with the director and shall supply information requested pursuant to this subsection. The director shall, in cooperation with the boards which shall assist the director, establish a list of all Missouri physicians and other authorized health care practitioners and of any other information necessary to administer this section.

19. Where the owner's application is based on the fact that the vehicle is used at least fifty percent of the time by a physically disabled person, the applicant shall submit a statement stating this fact, in addition to the physician's statement. The statement shall be signed by both the owner of the vehicle and the physically disabled person. The applicant shall be required to submit this statement with each application for license plates. No person shall willingly or knowingly submit a false statement and any such false statement shall be considered perjury and may be punishable pursuant to section 301.420.

20. The director of revenue shall retain all physicians' statements and all other documents received in connection with a person's application for disabled license plates and/or disabled windshield placards.

21. The director of revenue shall enter into reciprocity agreements with other states or the federal government for the purpose of recognizing disabled person license plates or windshield placards issued to physically disabled persons.

22. When a person to whom disabled person license plates or a removable or temporary windshield placard or both have been issued dies, the personal representative of the decedent or such other person who may come into or

otherwise take possession of the disabled license plates or disabled windshield placard shall return the same to the director of revenue under penalty of law. Failure to return such plates or placards shall constitute a class B misdemeanor.

23. The director of revenue may order any person issued disabled person license plates or windshield placards to submit to an examination by a chiropractor, osteopath, or physician, or to such other investigation as will determine whether such person qualifies for the special plates or placards.

24. If such person refuses to submit or is found to no longer qualify for special plates or placards provided for in this section, the director of revenue shall collect the special plates or placards, and shall furnish license plates to replace the ones collected as provided by this chapter.

25. In the event a removable or temporary windshield placard is lost, stolen, or mutilated, the lawful holder thereof shall, within five days, file with the director of revenue an application and an affidavit stating such fact, in order to purchase a new placard. The fee for the replacement windshield placard shall be four dollars.

26. Fraudulent application, renewal, issuance, procurement or use of disabled person license plates or windshield placards shall be a class A misdemeanor. It is a class B misdemeanor for a physician, chiropractor, podiatrist [or], optometrist, or occupational therapist to certify that an individual or family member is qualified for a license plate or windshield placard based on a disability, the diagnosis of which is outside their scope of practice or if there is no basis for the diagnosis.

332.081. 1. Notwithstanding any other provision of law to the contrary, hospitals licensed under chapter 197

shall be authorized to employ any or all of the following oral health providers:

(1) A dentist licensed under this chapter for the purpose of treating on hospital premises those patients who present with a dental condition and such treatment is necessary to ameliorate the condition for which they presented such as severe pain or tooth abscesses;

(2) An oral and maxillofacial surgeon licensed under this chapter for the purpose of treating oral conditions that need to be ameliorated as part of treating the underlying cause of the patient's medical needs including, but not limited to, head and neck cancer, HIV or AIDS, severe trauma resulting in admission to the hospital, organ transplant, diabetes, or seizure disorders. It shall be a condition of treatment that such patients are admitted to the hospital on either an in- or out-patient basis; and

(3) A maxillofacial prosthodontist licensed under this chapter for the purpose of treating and supporting patients of a head and neck cancer team or other complex care or surgical team for the fabrication of appliances following ablative surgery, surgery to correct birth anomalies, extensive radiation treatment of the head or neck, or trauma-related surgery.

2. No person or other entity shall practice dentistry in Missouri or provide dental services as **[defined]** described in section 332.071 unless and until the board has issued to the person a certificate certifying that the person has been duly registered as a dentist in Missouri or the board has issued such certificate to an entity that has been duly registered to provide dental services by licensed dentists and dental hygienists and unless and until the board has issued to the person a license, to be renewed each period, as provided in this chapter, to practice dentistry

or as a dental hygienist, or has issued to the person or entity a permit, to be renewed each period, to provide dental services in Missouri. Nothing in this chapter shall be so construed as to make it unlawful for:

(1) A legally qualified physician or surgeon, who does not practice dentistry as a specialty, from extracting teeth;

(2) A dentist licensed in a state other than Missouri from making a clinical demonstration before a meeting of dentists in Missouri;

(3) Dental students in any accredited dental school to practice dentistry under the personal direction of instructors;

(4) Dental hygiene students in any accredited dental hygiene school to practice dental hygiene under the personal direction of instructors;

(5) A duly registered and licensed dental hygienist in Missouri to practice dental hygiene as defined in section 332.091;

(6) A dental assistant, certified dental assistant, or expanded functions dental assistant to be delegated duties as defined in section 332.093;

(7) A duly registered dentist or dental hygienist to teach in an accredited dental or dental hygiene school;

(8) A person who has been granted a dental faculty permit under section 332.183 to practice dentistry in the scope of his or her employment at an accredited dental school, college, or program in Missouri;

(9) A duly qualified anesthesiologist or nurse anesthetist to administer an anesthetic in connection with dental services or dental surgery;

(10) A person to practice dentistry in or for:

(a) The United States Armed Forces;

(b) The United States Public Health Service;

(c) Migrant, community, or health care for the homeless health centers provided in Section 330 of the Public Health Service Act (42 U.S.C. Section 254b);

(d) Federally qualified health centers as defined in Section 1905(1) (42 U.S.C. Section 1396d(1)) of the Social Security Act;

(e) Governmental entities, including county health departments; or

(f) The United States Veterans Bureau; or

(11) A dentist licensed in a state other than Missouri to evaluate a patient or render an oral, written, or otherwise documented dental opinion when providing testimony or records for the purpose of a civil or criminal action before any judicial or administrative proceeding of this state or other forum in this state.

3. No corporation shall practice dentistry as defined in section 332.071 unless that corporation is organized under the provisions of chapter 355 or 356 provided that a corporation organized under the provisions of chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c) (3) may only employ dentists and dental hygienists licensed in this state to render dental services to Medicaid recipients, low-income individuals who have available income below two hundred percent of the federal poverty level, and all participants in the SCHIP program, unless such limitation is contrary to or inconsistent with federal or state law or regulation. This subsection shall not apply to:

(1) A hospital licensed under chapter 197 that provides care and treatment only to children under the age of eighteen at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(2) A federally qualified health center as defined in Section 1905(1) of the Social Security Act (42 U.S.C. Section 1396d(1)), or a migrant, community, or health care for the homeless health center provided for in Section 330 of the Public Health Services Act (42 U.S.C. Section 254b) at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(3) A city or county health department organized under chapter 192 or chapter 205 at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(4) A social welfare board organized under section 205.770, a city health department operating under a city charter, or a city-county health department at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;

(5) Any entity that has received a permit from the dental board and does not receive compensation from the patient or from any third party on the patient's behalf at which a person regulated under this chapter provides dental care within the scope of his or her license or registration;
or

(6) Any hospital nonprofit corporation exempt from taxation under Section 501(c)(3) of the Internal Revenue Code, as amended, that engages in its operations and provides dental services at facilities owned by a city, county, or other political subdivision of the state, or any entity contracted with the state to provide care in a correctional center, as such term is defined in section 217.010, at which a person regulated under this chapter provides dental care within the scope of his or her license or registration.

If any of the entities exempted from the requirements of this subsection are unable to provide services to a patient due to the lack of a qualified provider and a referral to another entity is made, the exemption shall extend to the person or entity that subsequently provides services to the patient.

4. No unincorporated organization shall practice dentistry as defined in section 332.071 unless such organization is exempt from federal taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and provides dental treatment without compensation from the patient or any third party on their behalf as a part of a broader program of social services including food distribution. Nothing in this chapter shall prohibit organizations under this subsection from employing any person regulated by this chapter.

5. A dentist shall not enter into a contract that allows a person who is not a dentist to influence or interfere with the exercise of the dentist's independent professional judgment.

6. A not-for-profit corporation organized under the provisions of chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3), an unincorporated organization operating pursuant to subsection 4 of this section, or any other person should not direct or interfere or attempt to direct or interfere with a licensed dentist's professional judgment and competent practice of dentistry. Nothing in this subsection shall be so construed as to make it unlawful for not-for-profit organizations to enforce employment contracts, corporate policy and procedure manuals, or quality improvement or assurance requirements.

7. All entities defined in subsection 3 of this section and those exempted under subsection 4 of this

section shall apply for a permit to employ dentists and dental hygienists licensed in this state to render dental services, and the entity shall apply for the permit in writing on forms provided by the Missouri dental board. The board shall not charge a fee of any kind for the issuance or renewal of such permit. The provisions of this subsection shall not apply to a federally qualified health center as defined in Section 1905(1) of the Social Security Act (42 U.S.C. Section 1396d(1)).

8. Any entity that obtains a permit to render dental services in this state is subject to discipline pursuant to section 332.321. If the board concludes that the person or entity has committed an act or is engaging in a course of conduct that would be grounds for disciplinary action, the board may file a complaint before the administrative hearing commission. The board may refuse to issue or renew the permit of any entity for one or any combination of causes stated in subsection 2 of section 332.321. The board shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of his or her right to file a complaint with the administrative hearing commission as provided by chapter 621.

9. A federally qualified health center as defined in Section 1905(1) of the Social Security Act (42 U.S.C. Section 1396d(1)) shall register with the board. The information provided to the board as part of the registration shall include the name of the health center, the nonprofit status of the health center, sites where dental services will be provided, and the names of all persons employed by, or contracting with, the health center who are required to hold a license pursuant to this chapter. The registration shall be renewed every twenty-four months. The board shall not charge a fee of any kind

for the issuance or renewal of the registration. The registration of the health center shall not be subject to discipline pursuant to section 332.321. Nothing in this subsection shall prohibit disciplinary action against a licensee of this chapter who is employed by, or contracts with, such health center for the actions of the licensee in connection with such employment or contract.

10. The board may promulgate rules and regulations to ensure not-for-profit corporations are rendering care to the patient populations as set forth herein, including requirements for covered not-for-profit corporations to report patient census data to the board. The provisions of this subsection shall not apply to a federally qualified health center as defined in Section 1905(1) of the Social Security Act (42 U.S.C. Section 1396d(1)).

11. All not-for-profit corporations organized or operated pursuant to the provisions of chapter 355 and qualifying as an organization under 26 U.S.C. Section 501(c)(3), or the requirements relating to migrant, community, or health care for the homeless health centers provided in Section 330 of the Public Health Service Act (42 U.S.C. Section 254b) and federally qualified health centers as defined in Section 1905(1) (42 U.S.C. Section 1396d(1)) of the Social Security Act, that employ persons who practice dentistry or dental hygiene in this state shall do so in accordance with the relevant laws of this state except to the extent that such laws are contrary to, or inconsistent with, federal statute or regulation.

332.700. SECTION 1. TITLE AND PURPOSE

This statute shall be known and cited as the Dentist and Dental Hygienist Compact. The purposes of this Compact are to facilitate the interstate practice of dentistry and dental hygiene and improve public access to dentistry and

dental hygiene services by providing Dentists and Dental Hygienists licensed in a Participating State the ability to practice in Participating States in which they are not licensed. The Compact does this by establishing a pathway for Dentists and Dental Hygienists licensed in a Participating State to obtain a Compact Privilege that authorizes them to practice in another Participating State in which they are not licensed. The Compact enables Participating States to protect the public health and safety with respect to the practice of such Dentists and Dental Hygienists, through the State's authority to regulate the practice of dentistry and dental hygiene in the State. The Compact:

A. Enables Dentists and Dental Hygienists who qualify for a Compact Privilege to practice in other Participating States without satisfying burdensome and duplicative requirements associated with securing a License to practice in those States;

B. Promotes mobility and addresses workforce shortages through each Participating State's acceptance of a Compact Privilege to practice in that State;

C. Increases public access to qualified, licensed Dentists and Dental Hygienists by creating a responsible, streamlined pathway for Licensees to practice in Participating States;

D. Enhances the ability of Participating States to protect the public's health and safety;

E. Does not interfere with licensure requirements established by a Participating State;

F. Facilitates the sharing of licensure and disciplinary information among Participating States;

G. Requires Dentists and Dental Hygienists who practice in a Participating State pursuant to a Compact

Privilege to practice within the Scope of Practice
authorized in that State;

H. Extends the authority of a Participating State to
regulate the practice of dentistry and dental hygiene within
its borders to Dentists and Dental Hygienists who practice
in the State through a Compact Privilege;

I. Promotes the cooperation of Participating States in
regulating the practice of dentistry and dental hygiene
within those States;

J. Facilitates the relocation of military members and
their spouses who are licensed to practice dentistry or
dental hygiene;

SECTION 2. DEFINITIONS

As used in this Compact, unless the context requires
otherwise, the following definitions shall apply:

A. "Active Military Member" means any person with full-
time duty status in the armed forces of the United States,
including members of the National Guard and Reserve.

B. "Adverse Action" means disciplinary action or
encumbrance imposed on a License or Compact Privilege by a
State Licensing Authority.

C. "Alternative Program" means a non-disciplinary
monitoring or practice remediation process applicable to a
Dentist or Dental Hygienist approved by a State Licensing
Authority of a Participating State in which the Dentist or
Dental Hygienist is licensed. This includes, but is not
limited to, programs to which Licensees with substance abuse
or addiction issues are referred in lieu of Adverse Action.

D. "Clinical Assessment" means examination or process,
required for licensure as a Dentist or Dental Hygienist as
applicable, that provides evidence of clinical competence in
dentistry or dental hygiene.

E. "Commissioner" means the individual appointed by a Participating State to serve as the member of the Commission for that Participating State.

F. "Compact" means this Dentist and Dental Hygienist Compact.

G. "Compact Privilege" means the authorization granted by a Remote State to allow a Licensee from a Participating State to practice as a Dentist or Dental Hygienist in a Remote State.

H. "Continuing Professional Development" means a requirement, as a condition of License renewal to provide evidence of successful participation in educational or professional activities relevant to practice or area of work.

I. "Criminal Background Check" means the submission of fingerprints or other biometric-based information for a License applicant for the purpose of obtaining that applicant's criminal history record information, as defined in 28 C.F.R. § 20.3(d) from the Federal Bureau of Investigation and the State's criminal history record repository as defined in 28 C.F.R. § 20.3(f).

J. "Data System" means the Commission's repository of information about Licensees, including but not limited to examination, licensure, investigative, Compact Privilege, Adverse Action, and Alternative Program.

K. "Dental Hygienist" means an individual who is licensed by a State Licensing Authority to practice dental hygiene.

L. "Dentist" means an individual who is licensed by a State Licensing Authority to practice dentistry.

M. "Dentist and Dental Hygienist Compact Commission" or "Commission" means a joint government agency established by this Compact comprised of each State that has enacted the

Compact and a national administrative body comprised of a Commissioner from each State that has enacted the Compact.

N. "Encumbered License" means a License that a State Licensing Authority has limited in any way other than through an Alternative Program.

O. "Executive Board" means the Chair, Vice Chair, Secretary and Treasurer and any other Commissioners as may be determined by Commission Rule or bylaw.

P. "Jurisprudence Requirement" means the assessment of an individual's knowledge of the laws and Rules governing the practice of dentistry or dental hygiene, as applicable, in a State.

Q. "License" means current authorization by a State, other than authorization pursuant to a Compact Privilege, or other privilege, for an individual to practice as a Dentist or Dental Hygienist in that State.

R. "Licensee" means an individual who holds an unrestricted License from a Participating State to practice as a Dentist or Dental Hygienist in that State.

S. "Model Compact" the model for the Dentist and Dental Hygienist Compact on file with the Council of State Governments or other entity as designated by the Commission.

T. "Participating State" means a State that has enacted the Compact and been admitted to the Commission in accordance with the provisions herein and Commission Rules.

U. "Qualifying License" means a License that is not an Encumbered License issued by a Participating State to practice dentistry or dental hygiene.

V. "Remote State" means a Participating State where a Licensee who is not licensed as a Dentist or Dental Hygienist is exercising or seeking to exercise the Compact Privilege.

W. "Rule" means a regulation promulgated by an entity that has the force of law.

X. "Scope of Practice" means the procedures, actions, and processes a Dentist or Dental Hygienist licensed in a State is permitted to undertake in that State and the circumstances under which the Licensee is permitted to undertake those procedures, actions and processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established through means, including, but not limited to, statute, regulations, case law, and other processes available to the State Licensing Authority or other government agency.

Y. "Significant Investigative Information" means information, records, and documents received or generated by a State Licensing Authority pursuant to an investigation for which a determination has been made that there is probable cause to believe that the Licensee has violated a statute or regulation that is considered more than a minor infraction for which the State Licensing Authority could pursue Adverse Action against the Licensee.

Z. "State" means any state, commonwealth, district, or territory of the United States of America that regulates the practices of dentistry and dental hygiene.

AA. "State Licensing Authority" means an agency or other entity of a State that is responsible for the licensing and regulation of Dentists or Dental Hygienists.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

A. In order to join the Compact and thereafter continue as a Participating State, a State must:

1. Enact a compact that is not materially different from the Model Compact as determined in accordance with Commission Rules;

2. Participate fully in the Commission's Data System;

3. Have a mechanism in place for receiving and investigating complaints about its Licensees and License applicants;

4. Notify the Commission, in compliance with the terms of the Compact and Commission Rules, of any Adverse Action or the availability of Significant Investigative Information regarding a Licensee and License applicant;

5. Fully implement a Criminal Background Check requirement, within a time frame established by Commission Rule, by receiving the results of a qualifying Criminal Background Check;

6. Comply with the Commission Rules applicable to a Participating State;

7. Accept the National Board Examinations of the Joint Commission on National Dental Examinations or another examination accepted by Commission Rule as a licensure examination;

8. Accept for licensure that applicants for a Dentist License graduate from a predoctoral dental education program accredited by the Commission on Dental Accreditation, or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;

9. Accept for licensure that applicants for a Dental Hygienist License graduate from a dental hygiene education program accredited by the Commission on Dental Accreditation or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs;

10. Require for licensure that applicants successfully complete a Clinical Assessment;

11. Have Continuing Professional Development requirements as a condition for License renewal; and

12. Pay a participation fee to the Commission as established by Commission Rule.

B. Providing alternative pathways for an individual to obtain an unrestricted License does not disqualify a State from participating in the Compact.

C. When conducting a Criminal Background Check the State Licensing Authority shall:

1. Consider that information in making a licensure decision;

2. Maintain documentation of completion of the Criminal Background Check and background check information to the extent allowed by State and federal law; and

3. Report to the Commission whether it has completed the Criminal Background Check and whether the individual was granted or denied a License.

D. A Licensee of a Participating State who has a Qualifying License in that State and does not hold an Encumbered License in any other Participating State, shall be issued a Compact Privilege in a Remote State in accordance with the terms of the Compact and Commission Rules. If a Remote State has a Jurisprudence Requirement a Compact Privilege will not be issued to the Licensee unless the Licensee has satisfied the Jurisprudence Requirement.

SECTION 4. COMPACT PRIVILEGE

A. To obtain and exercise the Compact Privilege under the terms and provisions of the Compact, the Licensee shall:

1. Have a Qualifying License as a Dentist or Dental Hygienist in a Participating State;

2. Be eligible for a Compact Privilege in any Remote State in accordance with D, G and H of this section;

3. Submit to an application process whenever the Licensee is seeking a Compact Privilege;
4. Pay any applicable Commission and Remote State fees for a Compact Privilege in the Remote State;
5. Meet any Jurisprudence Requirement established by a Remote State in which the Licensee is seeking a Compact Privilege;
6. Have passed a National Board Examination of the Joint Commission on National Dental Examinations or another examination accepted by Commission Rule;
7. For a Dentist, have graduated from a predoctoral dental education program accredited by the Commission on Dental Accreditation, or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs, leading to the Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.) degree;
8. For a Dental Hygienist, have graduated from a dental hygiene education program accredited by the Commission on Dental Accreditation or another accrediting agency recognized by the United States Department of Education for the accreditation of dentistry and dental hygiene education programs;
9. Have successfully completed a Clinical Assessment for licensure;
10. Report to the Commission Adverse Action taken by any non-Participating State when applying for a Compact Privilege and, otherwise, within thirty (30) days from the date the Adverse Action is taken;
11. Report to the Commission when applying for a Compact Privilege the address of the Licensee's primary residence and thereafter immediately report to the

Commission any change in the address of the Licensee's primary residence; and

12. Consent to accept service of process by mail at the Licensee's primary residence on record with the Commission with respect to any action brought against the Licensee by the Commission or a Participating State, and consent to accept service of a subpoena by mail at the Licensee's primary residence on record with the Commission with respect to any action brought or investigation conducted by the Commission or a Participating State.

B. The Licensee must comply with the requirements of subsection A of this section to maintain the Compact Privilege in the Remote State. If those requirements are met, the Compact Privilege will continue as long as the Licensee maintains a Qualifying License in the State through which the Licensee applied for the Compact Privilege and pays any applicable Compact Privilege renewal fees.

C. A Licensee providing dentistry or dental hygiene in a Remote State under the Compact Privilege shall function within the Scope of Practice authorized by the Remote State for a Dentist or Dental Hygienist licensed in that State.

D. A Licensee providing dentistry or dental hygiene pursuant to a Compact Privilege in a Remote State is subject to that State's regulatory authority. A Remote State may, in accordance with due process and that State's laws, by Adverse Action revoke or remove a Licensee's Compact Privilege in the Remote State for a specific period of time and impose fines or take any other necessary actions to protect the health and safety of its citizens. If a Remote State imposes an Adverse Action against a Compact Privilege that limits the Compact Privilege, that Adverse Action applies to all Compact Privileges in all Remote States. A Licensee whose Compact Privilege in a Remote State is

removed for a specified period of time is not eligible for a Compact Privilege in any other Remote State until the specific time for removal of the Compact Privilege has passed and all encumbrance requirements are satisfied.

E. If a License in a Participating State is an Encumbered License, the Licensee shall lose the Compact Privilege in a Remote State and shall not be eligible for a Compact Privilege in any Remote State until the License is no longer encumbered.

F. Once an Encumbered License in a Participating State is restored to good standing, the Licensee must meet the requirements of subsection A of this section to obtain a Compact Privilege in a Remote State.

G. If a Licensee's Compact Privilege in a Remote State is removed by the Remote State, the individual shall lose or be ineligible for the Compact Privilege in any Remote State until the following occur:

1. The specific period of time for which the Compact Privilege was removed has ended; and

2. All conditions for removal of the Compact Privilege have been satisfied.

H. Once the requirements of subsection G of this section have been met, the Licensee must meet the requirements in subsection A of this section to obtain a Compact Privilege in a Remote State.

SECTION 5. ACTIVE MILITARY MEMBER OR THEIR SPOUSES

An Active Military Member and their spouse shall not be required to pay to the Commission for a Compact Privilege the fee otherwise charged by the Commission. If a Remote State chooses to charge a fee for a Compact Privilege, it may choose to charge a reduced fee or no fee to an Active Military Member and their spouse for a Compact Privilege.

SECTION 6. ADVERSE ACTIONS

A. A Participating State in which a Licensee is licensed shall have exclusive authority to impose Adverse Action against the Qualifying License issued by that Participating State.

B. A Participating State may take Adverse Action based on the Significant Investigative Information of a Remote State, so long as the Participating State follows its own procedures for imposing Adverse Action.

C. Nothing in this Compact shall override a Participating State's decision that participation in an Alternative Program may be used in lieu of Adverse Action and that such participation shall remain non-public if required by the Participating State's laws. Participating States must require Licensees who enter any Alternative Program in lieu of discipline to agree not to practice pursuant to a Compact Privilege in any other Participating State during the term of the Alternative Program without prior authorization from such other Participating State.

D. Any Participating State in which a Licensee is applying to practice or is practicing pursuant to a Compact Privilege may investigate actual or alleged violations of the statutes and regulations authorizing the practice of dentistry or dental hygiene in any other Participating State in which the Dentist or Dental Hygienist holds a License or Compact Privilege.

E. A Remote State shall have the authority to:

1. Take Adverse Actions as set forth in Section 4.D against a Licensee's Compact Privilege in the State;

2. In furtherance of its rights and responsibilities under the Compact and the Commission's Rules issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a State Licensing Authority

in a Participating State for the attendance and testimony of witnesses, or the production of evidence from another Participating State, shall be enforced in the latter State by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the State where the witnesses or evidence are located; and

3. If otherwise permitted by State law, recover from the Licensee the costs of investigations and disposition of cases resulting from any Adverse Action taken against that Licensee.

F. Joint Investigations

1. In addition to the authority granted to a Participating State by its Dentist or Dental Hygienist licensure act or other applicable State law, a Participating State may jointly investigate Licensees with other Participating States.

2. Participating States shall share any Significant Investigative Information, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

G. Authority to Continue Investigation

1. After a Licensee's Compact Privilege in a Remote State is terminated, the Remote State may continue an investigation of the Licensee that began when the Licensee had a Compact Privilege in that Remote State.

2. If the investigation yields what would be Significant Investigative Information had the Licensee continued to have a Compact Privilege in that Remote State, the Remote State shall report the presence of such

information to the Data System as required by Section 8.B.6 as if it was Significant Investigative Information.

SECTION 7. ESTABLISHMENT AND OPERATION OF THE COMMISSION

A. The Compact Participating States hereby create and establish a joint government agency whose membership consists of all Participating States that have enacted the Compact. The Commission is an instrumentality of the Participating States acting jointly and not an instrumentality of any one State. The Commission shall come into existence on or after the effective date of the Compact as set forth in Section 11A.

B. Participation, Voting, and Meetings

1. Each Participating State shall have and be limited to one (1) Commissioner selected by that Participating State's State Licensing Authority or, if the State has more than one State Licensing Authority, selected collectively by the State Licensing Authorities.

2. The Commissioner shall be a member or designee of such Authority or Authorities.

3. The Commission may by Rule or bylaw establish a term of office for Commissioners and may by Rule or bylaw establish term limits.

4. The Commission may recommend to a State Licensing Authority or Authorities, as applicable, removal or suspension of an individual as the State's Commissioner.

5. A Participating State's State Licensing Authority, or Authorities, as applicable, shall fill any vacancy of its Commissioner on the Commission within sixty (60) days of the vacancy.

6. Each Commissioner shall be entitled to one vote on all matters that are voted upon by the Commission.

7. The Commission shall meet at least once during each calendar year. Additional meetings may be held as set forth in the bylaws. The Commission may meet by telecommunication, video conference or other similar electronic means.

C. The Commission shall have the following powers:

1. Establish the fiscal year of the Commission;

2. Establish a code of conduct and conflict of interest policies;

3. Adopt Rules and bylaws;

4. Maintain its financial records in accordance with the bylaws;

5. Meet and take such actions as are consistent with the provisions of this Compact, the Commission's Rules, and the bylaws;

6. Initiate and conclude legal proceedings or actions in the name of the Commission, provided that the standing of any State Licensing Authority to sue or be sued under applicable law shall not be affected;

7. Maintain and certify records and information provided to a Participating State as the authenticated business records of the Commission, and designate a person to do so on the Commission's behalf;

8. Purchase and maintain insurance and bonds;

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

10. Conduct an annual financial review;

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

qualifications of personnel, and other related personnel matters;

12. As set forth in the Commission Rules, charge a fee to a Licensee for the grant of a Compact Privilege in a Remote State and thereafter, as may be established by Commission Rule, charge the Licensee a Compact Privilege renewal fee for each renewal period in which that Licensee exercises or intends to exercise the Compact Privilege in that Remote State. Nothing herein shall be construed to prevent a Remote State from charging a Licensee a fee for a Compact Privilege or renewals of a Compact Privilege, or a fee for the Jurisprudence Requirement if the Remote State imposes such a requirement for the grant of a Compact Privilege;

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

14. Lease, purchase, retain, own, hold, improve, or use any property, real, personal, or mixed, or any undivided interest therein;

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

16. Establish a budget and make expenditures;

17. Borrow money;

18. Appoint committees, including standing committees, which may be composed of members, State regulators, State legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;

19. Provide and receive information from, and cooperate with, law enforcement agencies;

20. Elect a Chair, Vice Chair, Secretary and Treasurer and such other officers of the Commission as provided in the Commission's bylaws;

21. Establish and elect an Executive Board;

22. Adopt and provide to the Participating States an annual report;

23. Determine whether a State's enacted compact is materially different from the Model Compact language such that the State would not qualify for participation in the Compact; and

24. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact.

D. Meetings of the Commission

1. All meetings of the Commission that are not closed pursuant to this subsection shall be open to the public. Notice of public meetings shall be posted on the Commission's website at least thirty (30) days prior to the public meeting.

2. Notwithstanding subsection D.1 of this section, the Commission may convene an emergency public meeting by providing at least twenty-four (24) hours prior notice on the Commission's website, and any other means as provided in the Commission's Rules, for any of the reasons it may dispense with notice of proposed rulemaking under Section 9.L. The Commission's legal counsel shall certify that one of the reasons justifying an emergency public meeting has been met.

3. Notice of all Commission meetings shall provide the time, date, and location of the meeting, and if the meeting is to be held or accessible via telecommunication, video conference, or other electronic means, the notice shall

include the mechanism for access to the meeting through such means.

4. The Commission may convene in a closed, non-public meeting for the Commission to receive legal advice or to discuss:

a. Non-compliance of a Participating State with its obligations under the Compact;

b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current or threatened discipline of a Licensee or Compact Privilege holder by the Commission or by a Participating State's Licensing Authority;

d. Current, threatened, or reasonably anticipated litigation;

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

f. Accusing any person of a crime or formally censuring any person;

g. Trade secrets or commercial or financial information that is privileged or confidential;

h. Information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

i. Investigative records compiled for law enforcement purposes;

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

k. Legal advice;

1. Matters specifically exempted from disclosure to the public by federal or Participating State law; and

m. Other matters as promulgated by the Commission by Rule.

5. If a meeting, or portion of a meeting, is closed, the presiding officer shall state that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes.

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

E. Financing of the Commission

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

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

3. The Commission may levy on and collect an annual assessment from each Participating State and impose fees on Licensees of Participating States when a Compact Privilege is granted, to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each fiscal year for which sufficient revenue is not provided by other sources. The aggregate annual assessment amount for Participating States shall be

allocated based upon a formula that the Commission shall promulgate by Rule.

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

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the financial review and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the Commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the Commission.

F. The Executive Board

1. The Executive Board shall have the power to act on behalf of the Commission according to the terms of this Compact. The powers, duties, and responsibilities of the Executive Board shall include:

a. Overseeing the day-to-day activities of the administration of the Compact including compliance with the provisions of the Compact and the Commission's Rules and bylaws;

b. Recommending to the Commission changes to the Rules or bylaws, changes to this Compact legislation, fees charged to Compact Participating States, fees charged to Licensees, and other fees;

c. Ensuring Compact administration services are appropriately provided, including by contract;

d. Preparing and recommending the budget;

e. Maintaining financial records on behalf of the Commission;

f. Monitoring Compact compliance of Participating States and providing compliance reports to the Commission;

g. Establishing additional committees as necessary;

h. Exercising the powers and duties of the Commission during the interim between Commission meetings, except for adopting or amending Rules, adopting or amending bylaws, and exercising any other powers and duties expressly reserved to the Commission by Rule or bylaw; and

i. Other duties as provided in the Rules or bylaws of the Commission.

2. The Executive Board shall be composed of up to seven (7) members:

a. The Chair, Vice Chair, Secretary and Treasurer of the Commission and any other members of the Commission who serve on the Executive Board shall be voting members of the Executive Board; and

b. Other than the Chair, Vice Chair, Secretary, and Treasurer, the Commission may elect up to three (3) voting members from the current membership of the Commission.

3. The Commission may remove any member of the Executive Board as provided in the Commission's bylaws.

4. The Executive Board shall meet at least annually.

a. An Executive Board meeting at which it takes or intends to take formal action on a matter shall be open to the public, except that the Executive Board may meet in a closed, non-public session of a public meeting when dealing with any of the matters covered under subsection D.4.

b. The Executive Board shall give five (5) business days' notice of its public meetings, posted on its website and as it may otherwise determine to provide notice to

persons with an interest in the public matters the Executive Board intends to address at those meetings.

5. The Executive Board may hold an emergency meeting when acting for the Commission to:

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

b. Prevent a loss of Commission or Participating State funds; or

c. Protect public health and safety.

G. Qualified Immunity, Defense, and Indemnification

1. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.

2. The Commission shall defend any member, officer, executive director, employee, and representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or as determined by the Commission that the person against whom the claim is made

had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining their own counsel at their own expense; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. Notwithstanding subsection G.1 of this section, should any member, officer, executive director, employee, or representative of the Commission be held liable for the amount of any settlement or judgment arising out of any actual or alleged act, error, or omission that occurred within the scope of that individual's employment, duties, or responsibilities for the Commission, or that the person to whom that individual is liable had a reasonable basis for believing occurred within the scope of the individual's employment, duties, or responsibilities for the Commission, the Commission shall indemnify and hold harmless such individual, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of the individual.

4. Nothing herein shall be construed as a limitation on the liability of any Licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable State laws.

5. Nothing in this Compact shall be interpreted to waive or otherwise abrogate a Participating State's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act, or any other State or federal antitrust or anticompetitive law or regulation.

6. Nothing in this Compact shall be construed to be a waiver of sovereign immunity by the Participating States or by the Commission.

SECTION 8. DATA SYSTEM

A. The Commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system containing licensure, Adverse Action, and the presence of Significant Investigative Information on all Licensees and applicants for a License in Participating States.

B. Notwithstanding any other provision of State law to the contrary, a Participating State shall submit a uniform data set to the Data System on all individuals to whom this Compact is applicable as required by the Rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Adverse Actions against a Licensee, License applicant or Compact Privilege and information related thereto;

4. Non-confidential information related to Alternative Program participation, the beginning and ending dates of such participation, and other information related to such participation;

5. Any denial of an application for licensure, and the reason(s) for such denial (excluding the reporting of any criminal history record information where prohibited by law);

6. The presence of Significant Investigative Information; and

7. Other information that may facilitate the administration of this Compact or the protection of the public, as determined by the Rules of the Commission.

C. The records and information provided to a Participating State pursuant to this Compact or through the Data System, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a Participating State.

D. Significant Investigative Information pertaining to a Licensee in any Participating State will only be available to other Participating States.

E. It is the responsibility of the Participating States to monitor the database to determine whether Adverse Action has been taken against a Licensee or License applicant. Adverse Action information pertaining to a Licensee or License applicant in any Participating State will be available to any other Participating State.

F. Participating States contributing information to the Data System may designate information that may not be shared with the public without the express permission of the contributing State.

G. Any information submitted to the Data System that is subsequently expunged pursuant to federal law or the laws of the Participating State contributing the information shall be removed from the Data System.

SECTION 9. RULEMAKING

A. The Commission shall promulgate reasonable Rules in order to effectively and efficiently implement and administer the purposes and provisions of the Compact. A Commission Rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the Rule is invalid because the Commission exercised its rulemaking authority in a manner that is beyond the scope and purposes of the Compact, or the powers granted

hereunder, or based upon another applicable standard of review.

B. The Rules of the Commission shall have the force of law in each Participating State, provided however that where the Rules of the Commission conflict with the laws of the Participating State that establish the Participating State's Scope of Practice as held by a court of competent jurisdiction, the Rules of the Commission shall be ineffective in that State to the extent of the conflict.

C. The Commission shall exercise its Rulemaking powers pursuant to the criteria set forth in this section and the Rules adopted thereunder. Rules shall become binding as of the date specified by the Commission for each Rule.

D. If a majority of the legislatures of the Participating States rejects a Commission Rule or portion of a Commission Rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, within four (4) years of the date of adoption of the Rule, then such Rule shall have no further force and effect in any Participating State or to any State applying to participate in the Compact.

E. Rules shall be adopted at a regular or special meeting of the Commission.

F. Prior to adoption of a proposed Rule, the Commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions, and arguments.

G. Prior to adoption of a proposed Rule by the Commission, and at least thirty (30) days in advance of the meeting at which the Commission will hold a public hearing on the proposed Rule, the Commission shall provide a Notice of Proposed Rulemaking:

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

2. To persons who have requested notice of the Commission's notices of proposed rulemaking; and

3. In such other way(s) as the Commission may by Rule specify.

H. The Notice of Proposed Rulemaking shall include:

1. The time, date, and location of the public hearing at which the Commission will hear public comments on the proposed Rule and, if different, the time, date, and location of the meeting where the Commission will consider and vote on the proposed Rule;

2. If the hearing is held via telecommunication, video conference, or other electronic means, the Commission shall include the mechanism for access to the hearing in the Notice of Proposed Rulemaking;

3. The text of the proposed Rule and the reason therefor;

4. A request for comments on the proposed Rule from any interested person; and

5. The manner in which interested persons may submit written comments.

I. All hearings will be recorded. A copy of the recording and all written comments and documents received by the Commission in response to the proposed Rule shall be available to the public.

J. Nothing in this section shall be construed as requiring a separate hearing on each Commission Rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

K. The Commission shall, by majority vote of all Commissioners, take final action on the proposed Rule based on the rulemaking record.

1. The Commission may adopt changes to the proposed Rule provided the changes do not enlarge the original purpose of the proposed Rule.

2. The Commission shall provide an explanation of the reasons for substantive changes made to the proposed Rule as well as reasons for substantive changes not made that were recommended by commenters.

3. The Commission shall determine a reasonable effective date for the Rule. Except for an emergency as provided in subsection L, the effective date of the Rule shall be no sooner than thirty (30) days after the Commission issuing the notice that it adopted or amended the Rule.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency Rule with 24 hours' notice, with opportunity to comment, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the Rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the Rule. For the purposes of this provision, an emergency Rule is one that must be adopted immediately in order to:

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

2. Prevent a loss of Commission or Participating State funds;

3. Meet a deadline for the promulgation of a Rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted Rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors.

Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a Rule. A challenge shall be made in writing and delivered to the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

N. No Participating State's rulemaking requirements shall apply under this Compact.

SECTION 10. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight

1. The executive and judicial branches of State government in each Participating State shall enforce this Compact and take all actions necessary and appropriate to implement the Compact.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a Licensee for professional malpractice, misconduct or any such similar matter.

3. The Commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the Compact or Commission Rule and shall have standing to intervene in such a proceeding for all

purposes. Failure to provide the Commission service of process shall render a judgment or order void as to the Commission, this Compact, or promulgated Rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a Participating State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated Rules, the Commission shall provide written notice to the defaulting State. The notice of default shall describe the default, the proposed means of curing the default, and any other action that the Commission may take, and shall offer training and specific technical assistance regarding the default.

2. The Commission shall provide a copy of the notice of default to the other Participating States.

C. If a State in default fails to cure the default, the defaulting State may be terminated from the Compact upon an affirmative vote of a majority of the Commissioners, and all rights, privileges and benefits conferred on that State by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending State of obligations or liabilities incurred during the period of default.

D. Termination of participation in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting State's legislature, the defaulting State's State Licensing Authority or Authorities, as applicable, and each of the Participating States' State Licensing Authority or Authorities, as applicable.

E. A State that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

F. Upon the termination of a State's participation in this Compact, that State shall immediately provide notice to all Licensees of the State, including Licensees of other Participating States issued a Compact Privilege to practice within that State, of such termination. The terminated State shall continue to recognize all Compact Privileges then in effect in that State for a minimum of one hundred eighty (180) days after the date of said notice of termination.

G. The Commission shall not bear any costs related to a State that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting State.

H. The defaulting State may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

I. Dispute Resolution

1. Upon request by a Participating State, the Commission shall attempt to resolve disputes related to the Compact that arise among Participating States and between Participating States and non-Participating States.

2. The Commission shall promulgate a Rule providing for both mediation and binding dispute resolution for disputes as appropriate.

J. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions of this Compact and the Commission's Rules.

2. By majority vote, the Commission may initiate legal action against a Participating State in default in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its promulgated Rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or the defaulting Participating State's law.

3. A Participating State may initiate legal action against the Commission in the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its promulgated Rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

4. No individual or entity other than a Participating State may enforce this Compact against the Commission.

SECTION 11. EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the seventh Participating State.

1. On or after the effective date of the Compact, the Commission shall convene and review the enactment of each of

the States that enacted the Compact prior to the Commission convening ("Charter Participating States") to determine if the statute enacted by each such Charter Participating State is materially different than the Model Compact.

a. A Charter Participating State whose enactment is found to be materially different from the Model Compact shall be entitled to the default process set forth in Section 10.

b. If any Participating State is later found to be in default, or is terminated or withdraws from the Compact, the Commission shall remain in existence and the Compact shall remain in effect even if the number of Participating States should be less than seven (7).

2. Participating States enacting the Compact subsequent to the Charter Participating States shall be subject to the process set forth in Section 7.C.23 to determine if their enactments are materially different from the Model Compact and whether they qualify for participation in the Compact.

3. All actions taken for the benefit of the Commission or in furtherance of the purposes of the administration of the Compact prior to the effective date of the Compact or the Commission coming into existence shall be considered to be actions of the Commission unless specifically repudiated by the Commission.

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

B. Any Participating State may withdraw from this Compact by enacting a statute repealing that State's enactment of the Compact.

1. A Participating State's withdrawal shall not take effect until one hundred eighty (180) days after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Licensing Authority or Authorities to comply with the investigative and Adverse Action reporting requirements of this Compact prior to the effective date of withdrawal.

3. Upon the enactment of a statute withdrawing from this Compact, the State shall immediately provide notice of such withdrawal to all Licensees within that State. Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing State shall continue to recognize all Compact Privileges to practice within that State granted pursuant to this Compact for a minimum of one hundred eighty (180) days after the date of such notice of withdrawal.

C. Nothing contained in this Compact shall be construed to invalidate or prevent any licensure agreement or other cooperative arrangement between a Participating State and a non-Participating State that does not conflict with the provisions of this Compact.

D. This Compact may be amended by the Participating States. No amendment to this Compact shall become effective and binding upon any Participating State until it is enacted into the laws of all Participating States.

SECTION 12. CONSTRUCTION AND SEVERABILITY

A. This Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes, and the implementation and administration of the Compact. Provisions of the Compact expressly

authorizing or requiring the promulgation of Rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

B. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is held by a court of competent jurisdiction to be contrary to the constitution of any Participating State, a State seeking participation in the Compact, or of the United States, or the applicability thereof to any government, agency, person or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this Compact and the applicability thereof to any other government, agency, person or circumstance shall not be affected thereby.

C. Notwithstanding subsection B of this section, the Commission may deny a State's participation in the Compact or, in accordance with the requirements of Section 10.B, terminate a Participating State's participation in the Compact, if it determines that a constitutional requirement of a Participating State is a material departure from the Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any Participating State, the Compact shall remain in full force and effect as to the remaining Participating States and in full force and effect as to the Participating State affected as to all severable matters.

SECTION 13. CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS

A. Nothing herein shall prevent or inhibit the enforcement of any other law of a Participating State that is not inconsistent with the Compact.

B. Any laws, statutes, regulations, or other legal requirements in a Participating State in conflict with the Compact are superseded to the extent of the conflict.

C. All permissible agreements between the Commission and the Participating States are binding in accordance with their terms.

335.081. So long as the person involved does not represent or hold himself or herself out as a nurse licensed to practice in this state, no provision of sections 335.011 to 335.096 shall be construed as prohibiting:

(1) The practice of any profession for which a license is required and issued pursuant to the laws of this state by a person duly licensed to practice that profession;

(2) The services rendered by technicians, nurses' aides or their equivalent trained and employed in public or private hospitals and licensed long-term care facilities except the services rendered in licensed long-term care facilities shall be limited to administering medication, excluding injectable medications other than:

(a) Insulin;

(b) Subcutaneous injectable medications to treat diabetes as ordered by an individual legally authorized to prescribe such medications; and

(c) Epinephrine auto-injectors ordered for stock supply in accordance with section 196.990 or prescribed for a resident's individual use by an individual legally authorized to prescribe such epinephrine auto-injectors. Expected epinephrine auto-injector users shall receive training set forth in section 196.990. As used in this paragraph, the term "epinephrine auto-injector" means a single-use device used for the automatic injection of a premeasured dose of epinephrine into the human body or

another epinephrine delivery system approved by the United States Food and Drug Administration for public use;

(3) The providing of nursing care by friends or members of the family of the person receiving such care;

(4) The incidental care of the sick, aged, or infirm by domestic servants or persons primarily employed as housekeepers;

(5) The furnishing of nursing assistance in the case of an emergency situation;

(6) The practice of nursing under proper supervision:

(a) As a part of the course of study by students enrolled in approved schools of professional nursing or in schools of practical nursing;

(b) By graduates of accredited nursing programs pending the results of the first licensing examination or ninety days after graduation, whichever first occurs;

(c) A graduate nurse who is prevented from attending the first licensing examination following graduation by reason of active duty in the military may practice as a graduate nurse pending the results of the first licensing examination scheduled by the board following the release of such graduate nurse from active military duty or pending the results of the first licensing examination taken by the graduate nurse while involved in active military service whichever comes first;

(7) The practice of nursing in this state by any legally qualified nurse duly licensed to practice in another state whose engagement requires such nurse to accompany and care for a patient temporarily residing in this state for a period not to exceed six months;

(8) The practice of any legally qualified nurse who is employed by the government of the United States or any bureau, division or agency thereof, while in the discharge

of his or her official duties or to the practice of any legally qualified nurse serving in the Armed Forces of the United States while stationed within this state;

(9) Nonmedical nursing care of the sick with or without compensation when done in connection with the practice of the religious tenets of any church by adherents thereof, as long as they do not engage in the practice of nursing as defined in sections 335.011 to 335.096;

(10) The practice of any legally qualified and licensed nurse of another state, territory, or foreign country whose responsibilities include transporting patients into, out of, or through this state while actively engaged in patient transport that does not exceed forty-eight hours in this state.

338.010. 1. The "practice of pharmacy" includes:

(1) The interpretation, implementation, and evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section 353, and the receipt, transmission, or handling of such orders or facilitating the dispensing of such orders;

(2) The designing, initiating, implementing, and monitoring of a medication therapeutic plan in accordance with the provisions of this section;

(3) The compounding, dispensing, labeling, and administration of drugs and devices pursuant to medical prescription orders;

(4) The ordering and administration of vaccines approved or authorized by the U.S. Food and Drug Administration, excluding vaccines for cholera, monkeypox, Japanese encephalitis, typhoid, rabies, yellow fever, tick-borne encephalitis, anthrax, tuberculosis, dengue, Hib, polio, rotavirus, smallpox, chikungunya, and any vaccine approved after January 1, [2023] 2025, to persons at least

seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is older, pursuant to joint promulgation of rules established by the board of pharmacy and the state board of registration for the healing arts unless rules are established under a state of emergency as described in section 44.100;

(5) The participation in drug selection according to state law and participation in drug utilization reviews;

(6) The proper and safe storage of drugs and devices and the maintenance of proper records thereof;

(7) Consultation with patients and other health care practitioners, and veterinarians and their clients about legend drugs, about the safe and effective use of drugs and devices;

(8) The prescribing and dispensing of any nicotine replacement therapy product under section 338.665;

(9) The dispensing of HIV postexposure prophylaxis pursuant to section 338.730; and

(10) The offering or performing of those acts, services, operations, or transactions necessary in the conduct, operation, management and control of a pharmacy.

2. No person shall engage in the practice of pharmacy unless he or she is licensed under the provisions of this chapter.

3. This chapter shall not be construed to prohibit the use of auxiliary personnel under the direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This assistance in no way is intended to relieve the pharmacist from his or her responsibilities for compliance with this chapter and he or she will be responsible for the actions of the auxiliary personnel acting in his or her assistance.

4. This chapter shall not be construed to prohibit or interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary medicine only for use in animals, or the practice of optometry in accordance with and as provided in sections 195.070 and 336.220 in the compounding, administering, prescribing, or dispensing of his or her own prescriptions.

5. A pharmacist with a certificate of medication therapeutic plan authority may provide medication therapy services pursuant to a written protocol from a physician licensed under chapter 334 to patients who have established a physician-patient relationship, as described in subdivision (1) of subsection 1 of section 191.1146, with the protocol physician. The written protocol authorized by this section shall come only from the physician and shall not come from a nurse engaged in a collaborative practice arrangement under section 334.104, or from a physician assistant engaged in a collaborative practice arrangement under section 334.735.

6. Nothing in this section shall be construed as to prevent any person, firm or corporation from owning a pharmacy regulated by sections 338.210 to 338.315, provided that a licensed pharmacist is in charge of such pharmacy.

7. Nothing in this section shall be construed to apply to or interfere with the sale of nonprescription drugs and the ordinary household remedies and such drugs or medicines as are normally sold by those engaged in the sale of general merchandise.

8. No health carrier as defined in chapter 376 shall require any physician with which they contract to enter into a written protocol with a pharmacist for medication therapeutic services.

9. This section shall not be construed to allow a pharmacist to diagnose or independently prescribe pharmaceuticals.

10. The state board of registration for the healing arts, under section 334.125, and the state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the use of protocols for medication therapy services. Such rules shall require protocols to include provisions allowing for timely communication between the pharmacist and the protocol physician or similar body authorized by this section, and any other patient protection provisions deemed appropriate by both boards. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither board shall separately promulgate rules regulating the use of protocols for medication therapy services. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2007, shall be invalid and void.

11. The state board of pharmacy may grant a certificate of medication therapeutic plan authority to a licensed pharmacist who submits proof of successful completion of a board-approved course of academic clinical study beyond a bachelor of science in pharmacy, including but not limited to clinical assessment skills, from a

nationally accredited college or university, or a certification of equivalence issued by a nationally recognized professional organization and approved by the board of pharmacy.

12. Any pharmacist who has received a certificate of medication therapeutic plan authority may engage in the designing, initiating, implementing, and monitoring of a medication therapeutic plan as defined by a written protocol from a physician that may be specific to each patient for care by a pharmacist.

13. Nothing in this section shall be construed to allow a pharmacist to make a therapeutic substitution of a pharmaceutical prescribed by a physician unless authorized by the written protocol or the physician's prescription order.

14. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or an equivalent title means a person who has received a doctor's degree in veterinary medicine from an accredited school of veterinary medicine or holds an Educational Commission for Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary Medical Association (AVMA).

15. In addition to other requirements established by the joint promulgation of rules by the board of pharmacy and the state board of registration for the healing arts:

(1) A pharmacist shall administer vaccines by protocol in accordance with treatment guidelines established by the Centers for Disease Control and Prevention (CDC);

(2) A pharmacist who is administering a vaccine shall request a patient to remain in the pharmacy a safe amount of time after administering the vaccine to observe any adverse

reactions. Such pharmacist shall have adopted emergency treatment protocols.

16. In addition to other requirements by the board, a pharmacist shall receive additional training as required by the board and evidenced by receiving a certificate from the board upon completion, and shall display the certification in his or her pharmacy where vaccines are delivered.

17. A pharmacist shall inform the patient that the administration of a vaccine will be entered into the ShowMeVax system, as administered by the department of health and senior services. The patient shall attest to the inclusion of such information in the system by signing a form provided by the pharmacist. If the patient indicates that he or she does not want such information entered into the ShowMeVax system, the pharmacist shall provide a written report within fourteen days of administration of a vaccine to the patient's health care provider, if provided by the patient, containing:

- (1) The identity of the patient;
- (2) The identity of the vaccine or vaccines administered;
- (3) The route of administration;
- (4) The anatomic site of the administration;
- (5) The dose administered; and
- (6) The date of administration.

18. A pharmacist licensed under this chapter may order and administer vaccines approved or authorized by the U.S. Food and Drug Administration to address a public health need, as lawfully authorized by the state or federal government, or a department or agency thereof, during a state or federally declared public health emergency.

338.200. 1. [In the event a pharmacist is unable to obtain refill authorization from the prescriber due to

death, incapacity, or] When the pharmacist is unable to obtain refill authorization from the prescriber, including due to death or incapacity of the prescriber, a pharmacist may dispense an emergency supply of medication if:

(1) In the pharmacist's professional judgment, interruption of therapy might reasonably produce undesirable health consequences;

(2) The pharmacy previously dispensed or refilled a prescription from the applicable prescriber for the same patient and medication;

(3) The medication dispensed is not a controlled substance;

(4) The pharmacist informs the patient or the patient's agent either verbally, electronically, or in writing at the time of dispensing that authorization of a prescriber is required for future refills; and

(5) The pharmacist documents the emergency dispensing in the patient's prescription record, as provided by the board by rule.

2. (1) If the pharmacist is unable to obtain refill authorization from the prescriber, the amount dispensed shall be limited to the amount determined by the pharmacist within his or her professional judgment as needed for the emergency period, provided the amount dispensed shall not exceed a [seven-day] ninety-day supply.

(2) In the event of prescriber death or incapacity or inability of the prescriber to provide medical services, the amount dispensed shall not exceed a [thirty-day] ninety-day supply.

3. Pharmacists or permit holders dispensing an emergency supply pursuant to this section shall promptly notify the prescriber or the prescriber's office of the emergency dispensing, as required by the board by rule.

4. An emergency supply may not be dispensed pursuant to this section if the pharmacist has knowledge that the prescriber has otherwise prohibited or restricted emergency dispensing for the applicable patient.

5. The determination to dispense an emergency supply of medication under this section shall only be made by a pharmacist licensed by the board.

6. The board shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.

338.333. 1. Except as otherwise provided by the board of pharmacy by rule in the event of an emergency or to alleviate a supply shortage, no person or distribution outlet shall act as a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. The board may grant temporary licenses when the wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider first applies for a license to operate within the state. Temporary licenses shall remain valid until such time as the board shall find that the applicant meets or fails to meet the requirements for

regular licensure. No license shall be issued or renewed for a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider, unless such drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider meets the requirements of section 338.335.

2. An agent or employee of any licensed or registered wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider need not seek licensure under this section and may lawfully possess pharmaceutical drugs, if the agent or employee is acting in the usual course of his or her business or employment.

3. The board may permit out-of-state wholesale drug distributors, drug outsourcers, third-party logistics [provider] providers, or out-of-state pharmacy distributors to be licensed as required by sections 338.210 to 338.370 on the basis of reciprocity to the extent that the entity both:

(1) Possesses a valid license granted by another state pursuant to legal standards comparable to those which must be met by a wholesale drug distributor, pharmacy distributor, drug [outsourcers] outsourcer, or third-party logistics provider of this state as prerequisites for obtaining a license under the laws of this state. If a state license is not issued by their resident state, out-of-state wholesale drug distributors and third-party logistics providers with a current and valid drug distributor accreditation from the National Association of Boards of

Pharmacy or its successor may be eligible for licensure as provided by the board by rule; and

(2) Distributes into Missouri from a state which would extend reciprocal treatment under its own laws to a wholesale drug distributor, pharmacy distributor, drug outsourcers, or third-party logistics provider of this state.

338.710. 1. There is hereby created in the Missouri board of pharmacy the "RX Cares for Missouri Program". The goal of the program shall be to promote medication safety and to prevent prescription drug abuse, misuse, and diversion in Missouri.

2. The board, in consultation with the department, shall be authorized to expend, allocate, or award funds appropriated to the board to private or public entities to develop or provide programs or education to promote medication safety or to suppress or prevent prescription drug abuse, misuse, and diversion in the state of Missouri. In no case shall the authorization include, nor the funds be expended for, any state prescription drug monitoring program including, but not limited to, such as are defined in 38 CFR 1.515. Funds disbursed to a state agency under this section may enhance, but shall not supplant, funds otherwise appropriated to such state agency.

3. The board shall be the administrative agency responsible for implementing the program in consultation with the department. The board and the department may enter into interagency agreements between themselves to allow the department to assist in the management or operation of the program. The board may award funds directly to the department to implement, manage, develop, or provide programs or education pursuant to the program.

4. After a full year of program operation, the board shall prepare and submit an evaluation report to the

governor and the general assembly describing the operation of the program and the funds allocated. [Unless otherwise authorized by the general assembly, the program shall expire on August 28, 2026.]

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

(1) "340B drug", the same meaning given to the term in section 376.414;

(2) "Covered entity", any entity described in subparagraphs (A) to (K) of subsection (a)(4) of Section 340B of the Public Health Service Act, 42 U.S.C. Section 256b, including any pharmacy with which such entity has contracted to dispense 340B drugs on behalf of the entity;

(3) "Health carrier", the same meaning given to the term in section 376.1350;

(4) "Pharmacy", an entity licensed under chapter 338;

(5) "Pharmacy benefits manager", the same meaning given to the term in section 376.388.

2. A health carrier, a pharmacy benefits manager, or an agent or affiliate of such health carrier or pharmacy benefits manager shall not discriminate against a covered entity including, but not limited to, by doing any of the following:

(1) Reimbursing a covered entity for a quantity of a 340B drug in an amount less than it would pay any other similarly situated pharmacy or entity that is not a covered entity for such quantity of such drug on the basis that the covered entity is a covered entity or that the covered entity dispenses 340B drugs. The director of the department of commerce and insurance shall specify by rule the circumstances under which a pharmacy or entity shall be deemed a "similarly situated pharmacy or entity" for purposes of this subdivision;

(2) Imposing any terms or conditions on covered entities that differ from such terms or conditions applied to other similarly situated entities or pharmacies that are not covered entities on the basis that the covered entity is a covered entity or that the covered entity dispenses 340B drugs including, but not limited to, terms or conditions with respect to any of the following:

(a) Fees, chargebacks, clawbacks, adjustments, or other assessments;

(b) Professional dispensing fees;

(c) Restrictions or requirements regarding participation in standard or preferred pharmacy networks;

(d) Requirements relating to the frequency or scope of audits or to inventory management systems using generally accepted accounting principles; and

(e) Any other restrictions, conditions, practices, or policies that, as specified by the director of the department of commerce and insurance, interfere with the ability of a covered entity to maximize the value of discounts provided under 42 U.S.C. Section 256b;

(3) Discriminating in reimbursement to a covered entity based on the determination or indication a drug is a 340B drug;

(4) Requiring a covered entity to identify, either directly or through a third party, a 340B drug;

(5) Refusing to cover drugs purchased under the 340B drug-pricing program; or

(6) Requiring a covered entity to reverse, resubmit, or clarify a 340B drug-pricing claim after the initial adjudication unless these actions are:

(a) In the normal course of pharmacy business and not related to 340B drug pricing; or

(b) Required by federal law.

3. The director of the department of commerce and insurance shall impose a civil penalty on any health carrier, pharmacy benefits manager, or agent or affiliate of such health carrier or pharmacy benefits manager that violates the requirements of this section. Such penalty shall not exceed five thousand dollars per violation per day.

4. The director of the department of commerce and insurance shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2025, shall be invalid and void.

376.1240. 1. For purposes of this section, terms shall have the same meanings as ascribed to them in section 376.1350, and the term "self-administered hormonal contraceptive" shall mean a drug that is composed of one or more hormones and that is approved by the Food and Drug Administration to prevent pregnancy, excluding emergency contraception. Nothing in this section shall be construed to apply to medications approved by the Food and Drug Administration to terminate an existing pregnancy.

2. Any health benefit plan delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2026, that provides coverage for self-administered hormonal contraceptives shall provide coverage

to reimburse a health care provider or dispensing entity for the dispensing of a supply of self-administered hormonal contraceptives intended to last up to one year.

3. The coverage required under this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the health benefit plan.

376.1245. 1. As used in this section, the following terms mean:

(1) "Anesthesia time", the period during which an anesthesia practitioner is present with the patient, starting when the anesthesia practitioner begins to prepare the patient for anesthesia services in the operating room or an equivalent area and ending when the anesthesia practitioner is no longer furnishing anesthesia services to the patient because the patient may be placed safely under postoperative or postanesthesia care. The term "anesthesia time" includes, if counted by the anesthesia practitioner, blocks of time around an interruption in anesthesia time provided the anesthesia practitioner is furnishing continuous anesthesia care within the time periods around the interruption;

(2) "Anesthesia time units", time units recognized with appropriate time intervals that do not exceed fifteen minutes in length for each interval and that, taken together, represent the total anesthesia time for a particular anesthesia service;

(3) "Excepted benefit plan", the same meaning given to the term in section 376.998;

(4) "Health benefit plan", the same meaning given to the term in section 376.1350. The term "health benefit plan" shall also include MO HealthNet, the children's health insurance program authorized under chapter 208, the Missouri

consolidated health care plan established under chapter 103, and any other state-sponsored health insurance program;

(5) "Health carrier", the same meaning given to the term in section 376.1350. The term "health carrier" shall also include the MO HealthNet division and any Medicaid managed care organization as defined in section 208.431;

(6) "Payment of anesthesia services", an amount paid for anesthesia services:

(a) Determined by using prevailing medical coding and billing standards in the professional medical billing community, such as the Current Procedural Terminology code book published by the American Medical Association, the Medicare Claims Processing Manual, or guidance from nationally recognized anesthesia organizations; and

(b) Calculated as the product obtained by multiplying the following together:

a. The sum of the base units for the appropriate medical code plus anesthesia time units; and

b. An anesthesia conversion factor that is defined in the individual contract between the health carrier or health benefit plan and the anesthesia practitioner or group.

2. No health carrier or health benefit plan shall establish, implement, or enforce any policy, practice, or procedure that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure.

3. No health carrier or health benefit plan shall establish, implement, or enforce any policy, practice, or procedure that restricts or excludes all anesthesia time in calculating the payment of anesthesia services.

4. Excepted benefit plans shall be subject to the requirements of this section.

579.060. 1. A person commits the offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs if he or she knowingly:

(1) Sells, distributes, dispenses, or otherwise provides any number of packages of any drug product containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts, optical isomers, or salts of optical isomers, in a total amount greater than seven and two-tenths grams to the same individual within a thirty-day period, unless the amount is dispensed, sold, or distributed pursuant to a valid prescription; or

(2) Purchases, receives, or otherwise acquires within a thirty-day period any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers in a total amount greater than seven and two-tenths grams, without regard to the number of transactions, unless the amount is purchased, received, or acquired pursuant to a valid prescription; or

(3) Purchases, receives, or otherwise acquires within a twenty-four-hour period any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers in a total amount greater than three and six-tenths grams, without regard to the number of transactions, unless the amount is purchased, received, or acquired pursuant to a valid prescription; or

(4) Sells, distributes, dispenses, or otherwise provides any number of packages of any drug product containing detectable amounts of ephedrine,

phenylpropanolamine, or pseudoephedrine, or any of their salts, optical isomers, or salts of optical isomers, in a total amount greater than ~~forty-three~~ sixty-one and two-tenths grams to the same individual within a twelve-month period, unless the amount is dispensed, sold, or distributed pursuant to a valid prescription; or

(5) Purchases, receives, or otherwise acquires within a twelve-month period any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers in a total amount greater than ~~forty-three~~ sixty-one and two-tenths grams, without regard to the number of transactions, unless the amount is purchased, received, or acquired pursuant to a valid prescription; or

(6) Dispenses or offers drug products that are not excluded from Schedule V in subsection 17 or 18 of section 195.017 and that contain detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts, optical isomers, or salts of optical isomers, without ensuring that such products are located behind a pharmacy counter where the public is not permitted and that such products are dispensed by a registered pharmacist or pharmacy technician under subsection 11 of section 195.017; or

(7) Holds a retail sales license issued under chapter 144 and knowingly sells or dispenses packages that do not conform to the packaging requirements of section 195.418.

2. A pharmacist, intern pharmacist, or registered pharmacy technician commits the offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs if he or she knowingly:

(1) Sells, distributes, dispenses, or otherwise provides any number of packages of any drug product containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in a total amount greater than three and six-tenth grams to the same individual within a twenty-four hour period, unless the amount is dispensed, sold, or distributed pursuant to a valid prescription; or

(2) Fails to submit information under subsection 13 of section 195.017 and subsection 6 of section 195.417 about the sales of any compound, mixture, or preparation of products containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts, optical isomers, or salts of optical isomers, in accordance with transmission methods and frequency established by the department of health and senior services; or

(3) Fails to implement and maintain an electronic log, as required by subsection 12 of section 195.017, of each transaction involving any detectable quantity of pseudoephedrine, its salts, isomers, or salts of optical isomers or ephedrine, its salts, optical isomers, or salts of optical isomers; or

(4) Sells, distributes, dispenses or otherwise provides to an individual under eighteen years of age without a valid prescription any number of packages of any drug product containing any detectable quantity of pseudoephedrine, its salts, isomers, or salts of optical isomers, or ephedrine, its salts or optical isomers, or salts of optical isomers.

3. Any person who violates the packaging requirements of section 195.418 and is considered the general owner or

operator of the outlet where ephedrine, pseudoephedrine, or phenylpropanolamine products are available for sale shall not be penalized if he or she documents that an employee training program was in place to provide the employee who made the unlawful retail sale with information on the state and federal regulations regarding ephedrine, pseudoephedrine, or phenylpropanolamine.

4. A manufacturer commits the offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs if he or she knowingly fails to pay the fees required under subsection 7 of section 195.417.

5. The offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs is a class A misdemeanor.

[192.769. 1. On completion of a mammogram, a mammography facility certified by the United States Food and Drug Administration (FDA) or by a certification agency approved by the FDA shall provide to the patient the following notice:

"If your mammogram demonstrates that you have dense breast tissue, which could hide abnormalities, and you have other risk factors for breast cancer that have been identified, you might benefit from supplemental screening tests that may be suggested by your ordering physician. Dense breast tissue, in and of itself, is a relatively common condition. Therefore, this information is not provided to cause undue concern, but rather to raise your awareness and to promote discussion with your physician regarding the presence of other risk factors, in addition to dense breast tissue. A report of your mammography results will be sent to you and your physician. You should contact your physician if you have any questions or concerns regarding this report."

2. Nothing in this section shall be construed to create a duty of care beyond the

duty to provide notice as set forth in this section.

3. The information required by this section or evidence that a person violated this section is not admissible in a civil, judicial, or administrative proceeding.

4. A mammography facility is not required to comply with the requirements of this section until January 1, 2015.]