SENATE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 841

AN ACT

To repeal sections 96.192, 96.196, 167.627, 167.630, 190.098, 190.246, 191.1146, 195.417, 196.990, 198.022, 198.070, 206.110, 208.662, 321.621, 332.081, 334.108, 335.081, 338.010, 338.333, 338.710, and 579.060, RSMo, and to enact in lieu thereof thirty-seven 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, 167.627, 167.630, 190.098, 190.246, 191.1146, 195.417, 196.990, 198.022, 198.070, 206.110, 208.662, 321.621, 332.081, 334.108, 335.081, 338.010, 338.333, 338.710, and 579.060, RSMo, are repealed and thirty-seven new sections enacted in lieu thereof, to be known as sections 9.412, 9.418, 96.192, 96.196, 167.627, 167.630, 190.098, 190.246, 191.708, 191.1146, 192.021, 195.417, 196.990, 197.708, 198.022, 198.070, 206.110, 206.158, 208.149, 208.662, 208.1400, 208.1405, 208.1410, 208.1415, 208.1420, 208.1425, 210.225, 321.621, 332.081, 334.108, 335.081, 338.010, 338.333, 338.710, 376.1245, 376.1280, and 579.060, to read as follows:

9.412. The month of September each year is hereby designated as "Brain Aneurysm Awareness Month" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to raise awareness about the causes of and treatments for brain aneurysms, which affect nearly two hundred thousand people each year.

9.418. The last full week of April each year shall be known as "Infertility Awareness Week" in Missouri. Infertility is a medical condition defined by the inability

to achieve pregnancy after twelve months or more of regular, unprotected sexual activity, or the inability to carry a pregnancy to live birth, affecting millions of individuals and couples worldwide. It is estimated that approximately one in eight couples in the United States experience infertility, impacting people across all racial, ethnic, socioeconomic, and cultural backgrounds. The citizens of this state are encouraged to participate in appropriate events and activities to raise awareness about infertility to help reduce stigma, foster understanding, and promote equitable access to fertility treatments and family-building options, including assisted reproductive technologies, adoption, and surrogacy.

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.

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

(1) "Epinephrine delivery device", a single-use device used for the delivery of a premeasured dose of epinephrine into the human body;

(2) "Medication", any medicine prescribed or ordered by a physician for the treatment of asthma or anaphylaxis, including without limitation inhaled bronchodilators and **[**auto-injectible**]** epinephrine delivery devices;

[(2)**]** (3) "Self-administration", a pupil's discretionary use of medication prescribed by a physician or under a written treatment plan from a physician.

2. Each board of education and its employees and agents in this state shall grant any pupil in the school authorization for the possession and self-administration of medication to treat such pupil's chronic health condition, including but not limited to asthma or anaphylaxis if:

(1) A licensed physician prescribed or ordered such medication for use by the pupil and instructed such pupil in the correct and responsible use of such medication;

(2) The pupil has demonstrated to the pupil's licensed physician or the licensed physician's designee, and the school nurse, if available, the skill level necessary to use the medication and any device necessary to administer such medication prescribed or ordered;

(3) The pupil's physician has approved and signed a written treatment plan for managing the pupil's chronic health condition, including asthma or anaphylaxis episodes and for medication for use by the pupil. Such plan shall include a statement that the pupil is capable of self-administering the medication under the treatment plan;

(4) The pupil's parent or guardian has completed and submitted to the school any written documentation required by the school, including the treatment plan required under subdivision (3) of this subsection and the liability

statement required under subdivision (5) of this subsection; and

(5) The pupil's parent or guardian has signed a statement acknowledging that the school district and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil or the administration of such medication by school staff. Such statement shall not be construed to release the school district and its employees or agents from liability for negligence.

3. An authorization granted under subsection 2 of this section shall:

(1) Permit such pupil to possess and self-administer such pupil's medication while in school, at a school-sponsored activity, and in transit to or from school or school-sponsored activity; and

(2) Be effective only for the same school and school year for which it is granted. Such authorization shall be renewed by the pupil's parent or guardian each subsequent school year in accordance with this section.

4. Any current duplicate prescription medication, if provided by a pupil's parent or guardian or by the school, shall be kept at a pupil's school in a location at which the pupil or school staff has immediate access in the event of an asthma or anaphylaxis emergency.

5. The information described in subdivisions (3) and (4) of subsection 2 of this section shall be kept on file at the pupil's school in a location easily accessible in the event of an emergency.

167.630. 1. <u>As used in this section, the term "epinephrine delivery device" has the same meaning given to the term in section 167.627.</u>

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

[2.**]** 3. To obtain **[**prefilled**]** epinephrine **[**auto syringes**]** delivery devices for a school district, a prescription written by a licensed physician, a physician's assistant, or nurse practitioner is required. For such prescriptions, the school district shall be designated as the patient, the nurse's name shall be required, and the prescription shall be filled at a licensed pharmacy.

[3.**]** 4. A school nurse, contracted agent trained by a nurse, or other school employee trained by and supervised by the nurse shall have the discretion to use an epinephrine **[**auto syringe**]** delivery device on any student the school nurse, trained employee, or trained contracted agent believes is having a life-threatening anaphylactic reaction based on the training in recognizing an acute episode of an anaphylactic reaction. The provisions of section 167.624 concerning immunity from civil liability for trained employees administering lifesaving methods shall apply to trained employees administering **[**a prefilled auto syringe**]** an epinephrine delivery device under this section. Trained contracted agents shall have immunity from civil liability for administering **[**a prefilled auto syringe**]** an epinephrine delivery device under this section.

190.098. 1. As used in this section, the term "community paramedic services" means services that are:

(1) Provided by any entity that:

(a) Employs licensed paramedics who are certified as community paramedics by the department; and

(b) Has received an endorsement by the department as a community paramedic service entity;

(2) Provided in a nonemergent setting, independent of a 911 system or emergency summons;

(3) Consistent with the training and education, as well as within the scope of skill and practice, of the personnel and with the supervisory standard approved by the medical director; and

(4) Reflected and documented in the entity's patient care plans or protocols approved by the medical director in accordance with 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] in collaboration with the ambulance service administrator. Patient care plans that are developed by the patient's physician, advanced practice nurse practitioner, or physician assistant shall be implemented through a collaboration with the medical director and agency.

[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] that seeks to provide community paramedic services outside of its ambulance service area, as described in section 190.105 and administered by the department, and in the service area of another ambulance service that currently provides community paramedic services shall be required to have a memorandum of understanding with that ambulance service regarding the provision of such community paramedic services. An ambulance service that provides community paramedic services may provide community paramedic services without a memorandum of understanding in the ambulance service area of an ambulance service that is not providing community paramedic services, but the ambulance service providing community paramedic services shall provide notification to the ambulance service with emergency service responsibilities in the service area of the general community paramedic activities being performed.

(2) An ambulance service that provides community paramedic services and that has executed formal contracts or agreements with health care institutions, hospitals, health clinics, or insurance companies for the provision of

community paramedic services shall be permitted to honor those agreements.

(3) For sustained services provided outside the county of the ambulance services primary 911 response territory where another licensed ambulance service also offers community paramedic services, the community paramedic program shall coordinate with the local ambulance service.

(4) Any emergency medical response agency seeking to provide community paramedic services within its designated response service area may do so if the ground ambulance service covering the area within which the emergency medical response agency is located does not provide community paramedic services. If such ground ambulance service does provide community paramedic services, the ground ambulance service may establish, at its sole discretion, a memorandum of understanding with the emergency medical response agency planning to offer community paramedic services in order to coordinate programs and avoid service duplication. If an emergency medical response agency is providing community paramedic services in a service area before the ground ambulance service in that service area begins offering community paramedic services, the emergency medical response agency and the ground ambulance service shall establish a memorandum of understanding for the coordination of services.

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

(6) The department shall establish regulations for the purpose of recognizing community paramedic service entities that have met the standards necessary to provide community paramedic services, including physician medical oversight, training, patient record keeping, formal relationships with primary care services where necessary, and quality

improvement policies. The department shall issue an endorsement to any community paramedic service entity that meets such standards that allows 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.

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

(1) "Eligible person, firm, organization or other entity", an ambulance service or emergency medical response agency, an emergency medical responder, or an emergency medical technician who is employed by, or an enrolled member, person, firm, organization or entity designated by, rule of the department of health and senior services in consultation with other appropriate agencies. All such

eligible persons, firms, organizations or other entities shall be subject to the rules promulgated by the director of the department of health and senior services;

(2) "Emergency health care provider":

(a) A physician licensed pursuant to chapter 334 with knowledge and experience in the delivery of emergency care; or

(b) A hospital licensed pursuant to chapter 197 that provides emergency care;

(3) "Epinephrine delivery device", a single-use device used for the delivery of a premeasured dose of epinephrine into the human body.

2. Possession and use of epinephrine **[**auto-injector**]** delivery devices shall be limited as follows:

(1) No person shall use an epinephrine **[**auto-injector**]** delivery device unless such person has successfully completed a training course in the use of epinephrine **[**auto-injector**]** delivery devices approved by the director of the department of health and senior services. Nothing in this section shall prohibit the use of an epinephrine **[**auto-injector**]** delivery device:

(a) By a health care professional licensed or certified by this state who is acting within the scope of his or her practice; or

(b) By a person acting pursuant to a lawful prescription;

(2) Every person, firm, organization and entity authorized to possess and use epinephrine **[**auto-injector**]** delivery devices pursuant to this section shall use, maintain and dispose of such devices in accordance with the rules of the department; and

(3) Every use of an epinephrine [auto-injector] delivery device pursuant to this section shall immediately be reported to the emergency health care provider.

3. (1) Use of an epinephrine [auto-injector] delivery device pursuant to this section shall be considered first aid or emergency treatment for the purpose of any law relating to liability.

(2) Purchase, acquisition, possession or use of an epinephrine [auto-injector] delivery device pursuant to this section shall not constitute the unlawful practice of medicine or the unlawful practice of a profession.

(3) Any person otherwise authorized to sell or provide an epinephrine [auto-injector] delivery device may sell or provide it to a person authorized to possess it pursuant to this section.

4. Any person, firm, organization or entity that violates the provisions of this section is guilty of a class B misdemeanor.

191.708. 1. The chief medical officer or chief medical director of the department of health and senior services, the department of mental health, or the MO HealthNet division of the department of social services, or any licensed physician acting with the express written consent of the director of any such department or division, may, within his or her scope of practice, issue:

(1) Nonspecific recommendations for doula services;

(2) A medical standing order for prenatal vitamins; or

(3) A medical standing order for any other purpose, other than for controlled substances, that is promulgated by rule in compliance with chapter 536.

2. Any standing order issued under this section shall:

(1) Be made available on the relevant department's website while in effect;

(2) Terminate upon removal of the issuing medical professional's authority under this section by vacancy of his or her position or otherwise; and

(3) If not terminated sooner under subdivision (2) of this subsection, expire within one year of issuance unless renewed.

3. The chief medical officer, chief medical director, or other authorized and licensed physician described in subsection 1 of this section shall be immune from criminal prosecution, disciplinary action from his or her professional licensing board, and civil liability for issuing a medical standing order or recommendation in accordance with this section, including for any outcome related to the standing order or recommendation.

191.1146. 1. Physicians licensed under chapter 334 who use telemedicine shall ensure that a properly established physician-patient relationship exists with the person who receives the telemedicine services. The physician-patient relationship may be established by:

(1) An in-person encounter through a medical **[**interview**]** evaluation and physical examination;

(2) Consultation with another physician, or that physician's delegate, who has an established relationship with the patient and an agreement with the physician to participate in the patient's care; or

(3) A telemedicine encounter, if the standard of care does not require an in-person encounter, and in accordance with evidence-based standards of practice and telemedicine practice guidelines that address the clinical and technological aspects of telemedicine.

2. In order to establish a physician-patient relationship through telemedicine:

(1) The technology utilized shall be sufficient to establish an informed diagnosis as though the medical **[**interview**]** evaluation and, if required to meet the standard of care, the physical examination has been performed in person; **[**and**]**

(2) Prior to providing treatment, including issuing prescriptions or physician certifications under Article XIV of the Missouri Constitution, a physician who uses telemedicine shall **[**interview**]** evaluate the patient, collect or review the patient's relevant medical history, and perform an examination sufficient for the diagnosis and treatment of the patient. **[**A**]** Any questionnaire completed by the patient, whether via the internet or telephone, shall be reviewed by the treating health care professional, as defined in section 376.1350, and shall include such information sufficient to provide the information as though the medical evaluation has been performed in person, otherwise such questionnaire does not constitute an acceptable medical **[**interview**]** evaluation and examination for the provision of treatment by telehealth; and

(3) Any provider that uses a questionnaire to establish a physician-patient relationship through telemedicine shall be employed or contracted with a business entity that is licensed to provide health care in this state.

3. A health care provider, utilizing a medical evaluation questionnaire completed by the patient by way of the internet or telephone, shall provide a written report to the patient's primary health care provider within fourteen days of evaluation, if provided by the patient, that contains:

(1) The identity of the patient;

(2) The date of the evaluation;

(3) The diagnosis and treatment provided, if any; and

(4) Any further instructions provided to the patient.

192.021. 1. The department of health and senior services shall be authorized to contract directly with an entity on a qualified vendor list composed of Missouri affiliates of national public health associations or public health institutes in order to assist in carrying out its duties to promote the health and wellbeing of the residents of this state. Such contracts may include, but not be limited to, efforts to assist in the delivery of health services to residents throughout the state and the administration of grant funds and related programs.

2. Within sixty days after the end of each fiscal year, the department and the designated affiliate shall provide the general assembly with an annual report and accounting of any appropriations and grant funds received and expended by the designated affiliate pursuant to this section during the immediate prior fiscal year and may provide recommendations and suggestions for improvement in services provided.

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, 2026, 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**]** delivery device 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] delivery device", a single-use device used for the [automatic injection] delivery 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] delivery devices to an individual;

(6) "Self-administration", a person's discretionary use of an epinephrine [auto-injector] delivery device.

2. A physician may prescribe epinephrine [auto-injectors] delivery devices 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] delivery devices 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] delivery devices under a prescription issued in accordance with this section. Such epinephrine [auto-injectors] delivery devices shall be stored in a location readily accessible in an emergency and in accordance with the epinephrine [auto-injector's] delivery device'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] delivery devices acquired by the authorized entity.

4. An authorized entity that acquires a supply of epinephrine [auto-injectors] delivery devices under a

prescription issued in accordance with this section shall ensure that:

(1) Expected epinephrine **[**auto-injector**]** delivery device users receive training in recognizing symptoms of severe allergic reactions including anaphylaxis and the use of epinephrine **[**auto-injectors**]** delivery devices 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**]** delivery devices are maintained and stored according to the epinephrine **[**auto-injector's**]** delivery device's instructions for use;

(3) Any person who provides or administers an epinephrine **[**auto-injector**]** delivery device 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**]** delivery device is used to render emergency care is conducted.

5. Any authorized entity that acquires a supply of epinephrine **[**auto-injectors**]** delivery devices 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**]** delivery devices are to be located within the entity's facility.

6. No person shall provide or administer an epinephrine **[**auto-injector**]** delivery device 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**]** delivery device is needed. Provided, however, that a person may provide or administer an epinephrine **[**auto-injector**]** delivery device 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**]** delivery device.

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**]** delivery device in accordance with this section that may constitute ordinary negligence:

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

(2) Any person who uses an epinephrine **[**auto-injector**]** delivery device made available under this section;

(3) A physician that prescribes epinephrine **[**auto-injectors**]** delivery devices 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**]** delivery device 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**]** delivery device 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**]** delivery device 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**]** delivery devices and be staffed by at least one individual trained in the use of epinephrine **[**auto-injectors**]** delivery devices.

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.

197.708. Each hospital shall display in a prominent place within the waiting rooms of the emergency department and the labor and delivery department a printed sign with the following text in all capital letters: "WARNING: ASSAULTING A HEALTH CARE PROFESSIONAL WHO IS ENGAGED IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES, INCLUDING STRIKING A HEALTH CARE PROFESSIONAL WITH ANY BODILY FLUID, IS A SERIOUS CRIME AND WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.".

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 by sections 198.003 to 198.186, the department may accept, in whole or in part, written reports of the survey of any state or federal agency, or of any professional accrediting agency, if such survey is:

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

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

(2) Failure by a residential care facility or assisted living facility to maintain an accredited status by a recognized accrediting entity shall result in the assisted living facility or residential care facility being subject to an inspection pursuant to section 198.525.

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

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

198.070. 1. When any adult day care worker; chiropractor; Christian Science practitioner; coroner; dentist; embalmer; employee of the departments of social services, mental health, or health and senior services; employee of a local area agency on aging or an organized

area agency on aging program; funeral director; home health agency or home health agency employee; hospital and clinic personnel engaged in examination, care, or treatment of persons; in-home services owner, provider, operator, or employee; law enforcement officer; long-term care facility administrator or employee; medical examiner; medical resident or intern; mental health professional; minister; nurse; nurse practitioner; optometrist; other health practitioner; peace officer; pharmacist; physical therapist; physician; physician's assistant; podiatrist; probation or parole officer; psychologist; social worker; or other person with the care of a person sixty years of age or older or an eligible adult, as defined in section 192.2400, has reasonable cause to believe that a resident of a facility has been abused or neglected, he or she shall immediately report or cause a report to be made to the department.

2. (1) The report shall contain the name and address of the facility, the name of the resident, information regarding the nature of the abuse or neglect, the name of the complainant, and any other information which might be helpful in an investigation.

(2) In the event of suspected sexual assault of the resident, in addition to the report to be made to the department, a report shall be made to the appropriate local law enforcement agency in accordance with federal law under the provisions of 42 U.S.C. Section 1320b-25.

3. Any person required in subsection 1 of this section to report or cause a report to be made to the department who knowingly fails to make a report within a reasonable time after the act of abuse or neglect as required in this subsection is guilty of a class A misdemeanor.

4. In addition to the penalties imposed by this section, any administrator who knowingly conceals any act of

abuse or neglect resulting in death or serious physical injury, as defined in section 556.061, is guilty of a class E felony.

5. In addition to those persons required to report pursuant to subsection 1 of this section, any other person having reasonable cause to believe that a resident has been abused or neglected may report such information to the department.

6. Upon receipt of a report, the department shall initiate an investigation within twenty-four hours and, as soon as possible during the course of the investigation, shall notify the resident's next of kin or responsible party of the report and the investigation and further notify them whether the report was substantiated or unsubstantiated unless such person is the alleged perpetrator of the abuse or neglect. As provided in section 192.2425, substantiated reports of elder abuse shall be promptly reported by the department to the appropriate law enforcement agency and prosecutor.

7. If the investigation indicates possible abuse or neglect of a resident, the investigator shall refer the complaint together with the investigator's report to the department director or the director's designee for appropriate action. If, during the investigation or at its completion, the department has reasonable cause to believe that immediate removal is necessary to protect the resident from abuse or neglect, the department or the local prosecuting attorney may, or the attorney general upon request of the department shall, file a petition for temporary care and protection of the resident in a circuit court of competent jurisdiction. The circuit court in which the petition is filed shall have equitable jurisdiction to issue an ex parte order granting the department authority

for the temporary care and protection of the resident, for a period not to exceed thirty days.

8. Reports shall be confidential, as provided pursuant to section 192.2500.

9. Anyone, except any person who has abused or neglected a resident in a facility, who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from the report shall be immune from any civil or criminal liability for making such a report or for testifying except for liability for perjury, unless such person acted negligently, recklessly, in bad faith or with malicious purpose. It is a crime under section 565.189 for any person to knowingly file a false report of elder abuse or neglect.

10. Within five working days after a report required to be made pursuant to this section is received, the person making the report shall be notified in writing of its receipt and of the initiation of the investigation.

11. No person who directs or exercises any authority in a facility shall evict, harass, dismiss or retaliate against a resident or employee because such resident or employee or any member of such resident's or employee's family has made a report of any violation or suspected violation of laws, ordinances or regulations applying to the facility which the resident, the resident's family or an employee has reasonable cause to believe has been committed or has occurred. Through the existing department information and referral telephone contact line, residents, their families and employees of a facility shall be able to obtain information about their rights, protections and options in cases of eviction, harassment, dismissal or retaliation due to a report being made pursuant to this section.

12. Any person who abuses or neglects a resident of a facility is subject to criminal prosecution under section 565.184.

13. The department shall maintain the employee disqualification list and place on the employee disqualification list the names of any persons who are or have been employed in any facility and who have been finally determined by the department pursuant to section 192.2490 to have knowingly or recklessly abused or neglected a resident. For purposes of this section only, "knowingly" and "recklessly" shall have the meanings that are ascribed to them in this section. A person acts "knowingly" with respect to the person's conduct when a reasonable person should be aware of the result caused by his or her conduct. A person acts "recklessly" when the person consciously disregards a substantial and unjustifiable risk that the person's conduct will result in serious physical injury and such disregard constitutes a gross deviation from the standard of care that a reasonable person would exercise in the situation.

14. The timely self-reporting of incidents to the central registry by a facility shall continue to be investigated in accordance with department policy, and shall not be counted or reported by the department as a hot-line call but rather a self-reported incident. If the self-reported incident results in a regulatory violation, such incident shall be reported as a substantiated report.

15. If a facility that is exempted from an annual inspection under subsection 6 of section 198.022 has one or more violations of a class I standard, as described in section 198.085, then such facility shall be subject to a full survey by the state under section 198.022.

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, 2026, shall be invalid and void.

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

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

calculating family size as it relates to income eligibility, the family shall include, in addition to other family members, the unborn child, or in the case of a mother with a multiple pregnancy, all unborn children.

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

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

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

6. (1) Pregnancy-related and postpartum coverage for the mother shall begin on the day the pregnancy ends and extend through the last day of the month that includes the sixtieth day after the pregnancy ends, unless otherwise prohibited by law or unless otherwise limited by the general assembly through appropriations. The department may include

pregnancy-related assistance as defined in 42 U.S.C. Section 1397ll.

(2) (a) Subject to approval of any necessary state plan amendments or waivers, beginning on July 6, 2023, mothers eligible to receive coverage under this section shall receive medical assistance benefits during the pregnancy and during the twelve-month period that begins on the last day of the woman's pregnancy and ends on the last day of the month in which such twelve-month period ends, consistent with the provisions of 42 U.S.C. Section 1397gg(e)(1)(J). The department shall seek any necessary state plan amendments or waivers to implement the provisions of this subdivision when the number of ineligible MO HealthNet participants removed from the program in 2023 pursuant to section 208.239 exceeds the projected number of beneficiaries likely to enroll in benefits in 2023 under this subdivision and subdivision (28) of subsection 1 of section 208.151, as determined by the department, by at least one hundred individuals.

(b) The provisions of this subdivision shall remain in effect for any period of time during which the federal authority under 42 U.S.C. Section 1397gg(e)(1)(J), as amended, or any successor statutes or implementing regulations, is in effect.

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

8. The department shall provide information about the show-me healthy babies program to maternity homes as defined in section 135.600, pregnancy resource centers as defined in section 135.630, and other similar agencies and programs in

the state that assist unborn children and their mothers. The department shall consider allowing such agencies and programs to assist in the enrollment of unborn children in the program, and in making determinations about presumptive eligibility and verification of the pregnancy.

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

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

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

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

(3) The change in the proportion of unborn children who receive care in the first trimester of pregnancy due to a lack of waiting periods, by allowing presumptive

eligibility, or by removal of other barriers, and any resulting or projected decrease in health problems and other problems for unborn children and women throughout pregnancy; at labor, delivery, and birth; and during infancy and childhood;

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

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

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

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

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

208.1400. Sections 208.1400 to 208.1425 shall be known and may be cited as the "Missouri Doula Reimbursement Act".

208.1405. For purposes of sections 208.1400 to 208.1425, the following terms mean:

(1) "Community-based network", a network that is representative of a community or significant segments of a community and engaged in meeting that community's needs in the area of social, human, or health services;

(2) "Community navigation services", services that connect pregnant individuals and their families with available resources using a community-based approach including, but not limited to, an approach that understands the services and supports available to pregnant and postpartum individuals receiving MO HealthNet benefits and facilitates access to those resources based upon an assessment of social service needs;

(3) "Doula", a trained professional providing continuous physical, emotional, and informational support to a pregnant individual, from the prenatal, the intrapartum, and up to the first twelve months of the postpartum periods. Doulas also provide assistance by referring pregnant individuals to community-based networks and certified and licensed perinatal professionals in multiple disciplines;

(4) "Doula services", services provided by a doula;

(5) "Fee-for-service", a payment model where services are unbundled and paid for separately;

(6) "Intrapartum", the period of pregnancy during labor and delivery or childbirth. Services provided during this period are rendered to the pregnant individual;

(7) "Managed care", the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations that accept a set per member per month (capitation) payment for these services;

(8) "Postpartum", the one-year period after a pregnancy ends;

(9) "Prenatal", the period of pregnancy before labor or childbirth. Services provided during this period are rendered to the pregnant individual.

208.1410. The following doula services shall be covered by the MO HealthNet program:

(1) A combined total of six prenatal and postpartum support sessions;

(2) One birth attendance;

(3) Up to two visits for general consultation on lactation at any time during the prenatal and postpartum periods; and

(4) Community navigation services, except that any community navigation services provided outside any visit or session billed under subdivisions (1) to (3) of this section shall be billed only up to ten times total over the course of the pregnancy and postpartum period.

208.1415. A doula shall be eligible for participation as a provider of doula services covered by the MO HealthNet program only if the doula:

(1) Is enrolled as a MO HealthNet provider;

(2) Is eighteen years of age or older;

(3) Holds liability insurance as an individual or through a supervising organization; and

(4) Either:

(a) Possesses a current certificate issued by a national or Missouri-based doula training organization whose curriculum meets guidelines established by the MO HealthNet division by rule; or

(b) Received training from a source not described in paragraph (a) of this subdivision, or from multiple sources, whose curriculum meets the guidelines established under

paragraph (a) of this subdivision as verified by a public roster maintained by a statewide organization composed of doula trainers from three or more independent, well-established doula training organizations located in Missouri whose purpose includes the validation of core competencies of training.

208.1420. 1. Once enrolled as a MO HealthNet provider, a doula shall be eligible to enroll as a provider with fee-for-service and managed care payers affiliated with the MO HealthNet program.

2. Doula services shall be reimbursed on a fee-for-service schedule.

208.1425. The MO HealthNet division shall promulgate all necessary rules and regulations for the administration of sections 208.1400 to 208.1425. 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, 2026, shall be invalid and void.

210.225. 1. This section shall be known and may be cited as "Elijah's Law".

2. (1) Before July 1, 2028, 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:

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

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

(c) 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;

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

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

(f) Coordinating with the department of elementary and secondary education, 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 Research & Education organization or equivalent organization with a medical advisory board that has allergy specialists.

3. The department of elementary and secondary education shall, in cooperation with any appropriate professional association, develop a model policy or policies before July 1, 2027.

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

(1) "Epinephrine delivery device", a single-use device used for the delivery of a premeasured dose of epinephrine into the human body;

(2) "Qualified first responder" **[**shall mean**]**, any state and local law enforcement agency staff, fire department personnel, fire district personnel, or licensed emergency medical technician who is acting under the directives and established protocols of a medical director who comes in contact with a person suffering from an anaphylactic reaction and who has received training in recognizing and responding to anaphylactic reactions and the administration of epinephrine **[**auto-injector**]** delivery devices to a person suffering from an apparent anaphylactic reaction**[**.**]**;

(3) "Qualified first responder agencies" **[**shall mean**]**, any state or local law enforcement agency, fire department, or ambulance service that provides documented training to its staff related to the administration of epinephrine **[**auto-injector**]** delivery devices in an apparent anaphylactic reaction.

2. The director of the department of health and senior services, if a licensed physician, may issue a statewide standing order for epinephrine **[**auto-injector**]** delivery devices for adult patients to fire protection districts in nonmetropolitan areas in Missouri as such areas are determined according to the United States Census Bureau's American Community Survey, based on the most recent of five-year period estimate data in which the final year of the estimate ends in either zero or five. If the director of the department of health and senior services is not a licensed physician, the department of health and senior

services may employ or contract with a licensed physician who may issue such a statewide order with the express consent of the director.

3. Possession and use of epinephrine **[**auto-injector**]** delivery devices for adult patients shall be limited as follows:

(1) No person shall use an epinephrine **[**auto-injector**]** delivery device pursuant to this section unless such person has successfully completed a training course in the use of epinephrine **[**auto-injector**]** delivery devices for adult patients approved by the director of the department of health and senior services. Nothing in this section shall prohibit the use of an epinephrine **[**auto-injector**]** delivery device:

(a) By a health care professional licensed or certified by this state who is acting within the scope of his or her practice; or

(b) By a person acting pursuant to a lawful prescription;

(2) Every person, firm, organization and entity authorized to possess and use epinephrine **[**auto-injector**]** delivery devices for adult patients pursuant to this section shall use, maintain and dispose of such devices for adult patients in accordance with the rules of the department; and

(3) Every use of an epinephrine **[**auto-injector**]** delivery device pursuant to this section shall immediately be reported to the emergency health care provider as defined in section 190.246.

4. (1) Use of an epinephrine **[**auto-injector**]** delivery device pursuant to this section shall be considered first aid or emergency treatment for the purpose of any law relating to liability.

(2) Purchase, acquisition, possession or use of an epinephrine **[**auto-injector**]** delivery device pursuant to this section shall not constitute the unlawful practice of medicine or the unlawful practice of a profession.

(3) Any person otherwise authorized to sell or provide an epinephrine **[**auto-injector**]** delivery device may sell or provide it to a person authorized to possess it pursuant to this section.

5. (1) There is hereby created in the state treasury the "Epinephrine **[**Auto-injector**]** Delivery Devices for Fire Personnel Fund", which shall consist of **[**money collected under this section**]** moneys appropriated to the fund. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The moneys in the fund as set forth in this section shall be subject to appropriation by the general assembly for the particular purpose for which collected. The fund shall be a dedicated fund and money in the fund shall be used solely by the department of health and senior services for the purposes of providing epinephrine **[**auto-injector**]** delivery devices for adult patients to qualified first responder agencies as used in this section.

(2) Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

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

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(l) (42 U.S.C. Section 1396d(l)) 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(l) of the Social Security Act (42 U.S.C. Section 1396d(l)), 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(l) of the Social Security Act (42 U.S.C. Section 1396d(l)).

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(l) of the Social Security Act (42 U.S.C. Section 1396d(l)) 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(l) of the Social Security Act (42 U.S.C. Section 1396d(l)).

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(l) (42 U.S.C. Section 1396d(l)) 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.

334.108. 1. Prior to prescribing any drug, controlled substance, or other treatment through telemedicine, as defined in section 191.1145, or the internet, a physician shall establish a valid physician-patient relationship as

described in section 191.1146. This relationship shall include:

(1) Obtaining a reliable medical history and, if required to meet the standard of care, performing a physical examination of the patient, adequate to establish the diagnosis for which the drug is being prescribed and to identify underlying conditions or contraindications to the treatment recommended or provided;

(2) Having sufficient **[**dialogue**]** exchange with the patient regarding treatment options and the risks and benefits of treatment or treatments;

(3) If appropriate, following up with the patient to assess the therapeutic outcome;

(4) Maintaining a contemporaneous medical record that is readily available to the patient and, subject to the patient's consent, to the patient's other health care professionals; and

(5) Maintaining the electronic prescription information as part of the patient's medical record.

2. The requirements of subsection 1 of this section may be satisfied by the prescribing physician's designee when treatment is provided in:

(1) A hospital as defined in section 197.020;

(2) A hospice program as defined in section 197.250;

(3) Home health services provided by a home health agency as defined in section 197.400;

(4) Accordance with a collaborative practice agreement as **[**defined**]** described in section 334.104;

(5) Conjunction with a physician assistant licensed pursuant to section 334.738;

(6) Conjunction with an assistant physician licensed under section 334.036;

(7) Consultation with another physician who has an ongoing physician-patient relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications; or

(8) On-call or cross-coverage situations.

3. No health care provider, as defined in section 376.1350, shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an evaluation **[**over the telephone**]** through telemedicine; except that, a physician or such physician's on-call designee, or an advanced practice registered nurse, a physician assistant, or an assistant physician in a collaborative practice arrangement with such physician, may prescribe any drug, controlled substance, or other treatment that is within his or her scope of practice to a patient based solely on a **[**telephone**]** telemedicine evaluation if a previously established and ongoing physician-patient relationship exists between such physician and the patient being treated.

4. No health care provider shall prescribe any drug, controlled substance, or other treatment to a patient **[**based solely on an internet request or an internet questionnaire**]** in the absence of a proper provider-patient relationship, as described in section 191.1146.

5. Medical records of any drug, controlled substance, or other treatment prescribed through telemedicine, as defined in section 191.1145, shall be collected, stored, and maintained in accordance with the Health Insurance Portability and Accountability Act of 1996, which allows for the sharing of protected health information for continuity of care between health care providers for treatment, payment, and health care operations.

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 delivery devices 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 delivery devices. Expected epinephrine delivery device users shall receive training set forth in section 196.990. As used in this paragraph, the term "epinephrine delivery device" means a single-use device used for the delivery of a premeasured dose of epinephrine into the human body;

(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**]** 2026, 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.

338.333. 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.**]**

376.1245. 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.

376.1280. 1. As used in this section, the following terms mean:

(1) "Acute pain", pain that results from disease, accidental or intentional trauma, or other causes, that a

health care provider reasonably expects to last thirty days or fewer;

(2) "Enrollee", the same meaning given to the term in section 376.1350;

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

(4) "Health care professional", the same meaning given to the term in section 376.1350.

2. Notwithstanding any provision of law to the contrary, when a licensed health care professional acting within the scope of his or her license prescribes a nonopioid medication for the treatment of acute pain to a patient, it shall be unlawful for a health benefit plan to:

(1) Deny coverage of the nonopioid prescription drug in favor of an opioid prescription drug;

(2) Require the patient to try an opioid prescription drug before providing coverage of the nonopioid prescription drug; or

(3) Require a higher level of cost-sharing for the nonopioid prescription drug than for an opioid prescription drug.

3. This section shall apply to health benefit plans delivered, issued for delivery, continued, or renewed on or after January 1, 2027.

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.