

SECOND REGULAR SESSION

SENATE COMMITTEE SUBSTITUTE FOR

# SENATE BILL NO. 841

103RD GENERAL ASSEMBLY

4822S.02C

KRISTINA MARTIN, Secretary

## 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,  
2 190.098, 190.246, 191.1146, 195.417, 196.990, 198.022, 198.070,  
3 206.110, 208.662, 321.621, 332.081, 334.108, 335.081, 338.010,  
4 338.333, 338.710, and 579.060, RSMo, are repealed and thirty-  
5 seven new sections enacted in lieu thereof, to be known as  
6 sections 9.412, 9.418, 96.192, 96.196, 167.627, 167.630,  
7 190.098, 190.246, 191.708, 191.1146, 192.021, 195.417, 196.990,  
8 197.708, 198.022, 198.070, 206.110, 206.158, 208.149, 208.662,  
9 208.1400, 208.1405, 208.1410, 208.1415, 208.1420, 208.1425,  
10 210.225, 321.621, 332.081, 334.108, 335.081, 338.010, 338.333,  
11 338.710, 376.1245, 376.1280, and 579.060, to read as follows:

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

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

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

- 17           **b. A final maturity of ten years or less;**  
18           **(c) Money market investments; or**  
19           **(d) Any combination of investments described in**  
20 **paragraphs (a) to (c) of this subdivision; and**  
21           **(2) Shall invest the remaining percentage of any**  
22 **available funds not invested as allowed under subdivision**  
23 **(1) of this subsection into any investment in which the**  
24 **state treasurer is allowed to invest.**

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

- 27           (1) Receives less than **[one] three** percent of its  
28 annual revenues from municipal, county, or state taxes; and  
29           (2) Receives less than **[one] three** percent of its  
30 annual revenue from appropriated funds from the municipality  
31 in which such hospital is located.

          96.196. 1. A hospital organized under this chapter  
2 may purchase, operate or lease, as lessor or lessee, related  
3 facilities or engage in health care activities, except in  
4 counties of the third or fourth classification (other than  
5 the county in which the hospital is located) where there  
6 already exists a hospital organized pursuant to this chapter  
7 **[and chapter 205 or 206]**; provided, however, that this  
8 exception shall not prohibit the continuation of existing  
9 activities otherwise allowed by law.

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

17 purchase, operation or lease prior to implementation of the  
18 plan.

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

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

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

10 [(2)] (3) "Self-administration", a pupil's  
11 discretionary use of medication prescribed by a physician or  
12 under a written treatment plan from a physician.

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

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

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

26 (3) The pupil's physician has approved and signed a  
27 written treatment plan for managing the pupil's chronic  
28 health condition, including asthma or anaphylaxis episodes  
29 and for medication for use by the pupil. Such plan shall

30 include a statement that the pupil is capable of self-  
31 administering the medication under the treatment plan;

32 (4) The pupil's parent or guardian has completed and  
33 submitted to the school any written documentation required  
34 by the school, including the treatment plan required under  
35 subdivision (3) of this subsection and the liability  
36 statement required under subdivision (5) of this subsection;  
37 and

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

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

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

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

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

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

167.630. 1. **As used in this section, the term**  
2 **"epinephrine delivery device" has the same meaning given to**  
3 **the term in section 167.627.**

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

13           [2.] 3. To obtain [prefilled] epinephrine [auto  
14 syringes] **delivery devices** for a school district, a  
15 prescription written by a licensed physician, a physician's  
16 assistant, or nurse practitioner is required. For such  
17 prescriptions, the school district shall be designated as  
18 the patient, the nurse's name shall be required, and the  
19 prescription shall be filled at a licensed pharmacy.

20           [3.] 4. A school nurse, contracted agent trained by a  
21 nurse, or other school employee trained by and supervised by  
22 the nurse shall have the discretion to use an epinephrine  
23 [auto syringe] **delivery device** on any student the school  
24 nurse, trained employee, or trained contracted agent  
25 believes is having a life-threatening anaphylactic reaction  
26 based on the training in recognizing an acute episode of an  
27 anaphylactic reaction. The provisions of section 167.624  
28 concerning immunity from civil liability for trained

29 employees administering lifesaving methods shall apply to  
30 trained employees administering [a prefilled auto syringe]  
31 **an epinephrine delivery device** under this section. Trained  
32 contracted agents shall have immunity from civil liability  
33 for administering [a prefilled auto syringe] **an epinephrine**  
34 **delivery device** under this section.

190.098. 1. As used in this section, the term

2 "community paramedic services" means services that are:

3 (1) Provided by any entity that:

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

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

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

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

14 (4) Reflected and documented in the entity's patient  
15 care plans or protocols approved by the medical director in  
16 accordance with section 190.142.

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

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

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

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

28 [2.] 3. A community paramedic shall practice in  
29 accordance with protocols and supervisory standards  
30 established by the medical director[. A community paramedic  
31 shall provide services of a health care plan if the plan has  
32 been developed by the patient's physician or by an advanced  
33 practice registered nurse through a collaborative practice  
34 arrangement with a physician or a physician assistant  
35 through a collaborative practice arrangement with a  
36 physician and there is no duplication of services to the  
37 patient from another provider] **in collaboration with the  
38 ambulance service administrator. Patient care plans that  
39 are developed by the patient's physician, advanced practice  
40 nurse practitioner, or physician assistant shall be  
41 implemented through a collaboration with the medical  
42 director and agency.**

43 [3.] 4. (1) Any ambulance service [shall enter into a  
44 written contract to provide community paramedic services in  
45 another ambulance service area, as that term is defined in  
46 section 190.100. The contract that is agreed upon may be  
47 for an indefinite period of time, as long as it includes at  
48 least a sixty-day cancellation notice by either ambulance  
49 service] **that seeks to provide community paramedic services  
50 outside of its ambulance service area, as described in  
51 section 190.105 and administered by the department, and in  
52 the service area of another ambulance service that currently  
53 provides community paramedic services shall be required to  
54 have a memorandum of understanding with that ambulance  
55 service regarding the provision of such community paramedic  
56 services. An ambulance service that provides community  
57 paramedic services may provide community paramedic services**

58 without a memorandum of understanding in the ambulance  
59 service area of an ambulance service that is not providing  
60 community paramedic services, but the ambulance service  
61 providing community paramedic services shall provide  
62 notification to the ambulance service with emergency service  
63 responsibilities in the service area of the general  
64 community paramedic activities being performed.

65 (2) An ambulance service that provides community  
66 paramedic services and that has executed formal contracts or  
67 agreements with health care institutions, hospitals, health  
68 clinics, or insurance companies for the provision of  
69 community paramedic services shall be permitted to honor  
70 those agreements.

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

76 (4) Any emergency medical response agency seeking to  
77 provide community paramedic services within its designated  
78 response service area may do so if the ground ambulance  
79 service covering the area within which the emergency medical  
80 response agency is located does not provide community  
81 paramedic services. If such ground ambulance service does  
82 provide community paramedic services, the ground ambulance  
83 service may establish, at its sole discretion, a memorandum  
84 of understanding with the emergency medical response agency  
85 planning to offer community paramedic services in order to  
86 coordinate programs and avoid service duplication. If an  
87 emergency medical response agency is providing community  
88 paramedic services in a service area before the ground  
89 ambulance service in that service area begins offering

90 community paramedic services, the emergency medical response  
91 agency and the ground ambulance service shall establish a  
92 memorandum of understanding for the coordination of services.

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

96 (6) The department shall establish regulations for the  
97 purpose of recognizing community paramedic service entities  
98 that have met the standards necessary to provide community  
99 paramedic services, including physician medical oversight,  
100 training, patient record keeping, formal relationships with  
101 primary care services where necessary, and quality  
102 improvement policies. The department shall issue an  
103 endorsement to any community paramedic service entity that  
104 meets such standards that allows the entity to provide  
105 community paramedic services for a period of five years.

106 [4.] 5. A community paramedic is subject to the  
107 provisions of sections 190.001 to 190.245 and rules  
108 promulgated under sections 190.001 to 190.245.

109 [5.] 6. No person shall hold himself or herself out as  
110 a community paramedic or provide the services of a community  
111 paramedic unless such person is certified by the department.

112 [6.] 7. The medical director shall approve the  
113 implementation of the community paramedic program.

114 [7.] 8. Any rule or portion of a rule, as that term is  
115 defined in section 536.010, that is created under the  
116 authority delegated in this section shall become effective  
117 only if it complies with and is subject to all of the  
118 provisions of chapter 536 and, if applicable, section  
119 536.028. This section and chapter 536 are nonseverable and  
120 if any of the powers vested with the general assembly  
121 pursuant to chapter 536 to review, to delay the effective

122 date, or to disapprove and annul a rule are subsequently  
123 held unconstitutional, then the grant of rulemaking  
124 authority and any rule proposed or adopted after August 28,  
125 2013, shall be invalid and void.

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

3 (1) "Eligible person, firm, organization or other  
4 entity", an ambulance service or emergency medical response  
5 agency, an emergency medical responder, or an emergency  
6 medical technician who is employed by, or an enrolled  
7 member, person, firm, organization or entity designated by,  
8 rule of the department of health and senior services in  
9 consultation with other appropriate agencies. All such  
10 eligible persons, firms, organizations or other entities  
11 shall be subject to the rules promulgated by the director of  
12 the department of health and senior services;

13 (2) "Emergency health care provider":

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

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

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

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

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

29 section shall prohibit the use of an epinephrine [auto-  
30 injector] **delivery** device:

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

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

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

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

44 3. (1) Use of an epinephrine [auto-injector] **delivery**  
45 device pursuant to this section shall be considered first  
46 aid or emergency treatment for the purpose of any law  
47 relating to liability.

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

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

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

**191.708. 1. The chief medical officer or chief  
2 medical director of the department of health and senior**

3 services, the department of mental health, or the MO  
4 HealthNet division of the department of social services, or  
5 any licensed physician acting with the express written  
6 consent of the director of any such department or division,  
7 may, within his or her scope of practice, issue:

8 (1) Nonspecific recommendations for doula services;

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

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

13 2. Any standing order issued under this section shall:

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

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

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

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

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

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

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

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

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

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

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

37 acceptable medical [interview] **evaluation** and examination  
38 for the provision of treatment by telehealth; **and**

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

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

- 49 (1) The identity of the patient;  
50 (2) The date of the evaluation;  
51 (3) The diagnosis and treatment provided, if any; and  
52 (4) Any further instructions provided to the patient.

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

11 2. Within sixty days after the end of each fiscal  
12 year, the department and the designated affiliate shall  
13 provide the general assembly with an annual report and  
14 accounting of any appropriations and grant funds received  
15 and expended by the designated affiliate pursuant to this  
16 section during the immediate prior fiscal year and may

17 **provide recommendations and suggestions for improvement in**  
18 **services provided.**

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

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

13 (1) The sole active ingredient; or

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

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

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

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

29 (1) The sole active ingredient; or

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

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

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

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

44 (1) The sole active ingredient; or

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

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

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

52 5. All packages of any compound, mixture, or  
53 preparation containing any detectable quantity of ephedrine,  
54 phenylpropanolamine, or pseudoephedrine, or any of their  
55 salts or optical isomers, or salts of optical isomers,  
56 except those that are excluded from Schedule V in subsection  
57 17 or 18 of section 195.017, shall be offered for sale only  
58 from behind a pharmacy counter where the public is not

59 permitted, and only by a registered pharmacist or registered  
60 pharmacy technician under section 195.017.

61         6. Each pharmacy shall submit information regarding  
62 sales of any compound, mixture, or preparation as specified  
63 in this section in accordance with transmission methods and  
64 frequency established by the department by regulation.

65         7. **(1) As used in this subsection, "administrator of**  
66 **the real-time electronic pseudoephedrine tracking system"**  
67 **means the entity responsible for developing, implementing,**  
68 **and maintaining the data collection system described in 19**  
69 **CSR 30-1.074 or any successor regulation.**

70         **(2) Beginning October 1, 2026, and continuing**  
71 **thereafter, any manufacturer of any compound, mixture, or**  
72 **preparation specified in this section that is sold in or**  
73 **into the state shall, on a monthly basis, pay fees to the**  
74 **administrator of the real-time electronic pseudoephedrine**  
75 **tracking system.**

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

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

83         8. No prescription shall be required for the  
84 dispensation, sale, or distribution of any drug product  
85 containing any detectable amount of ephedrine,  
86 phenylpropanolamine, or pseudoephedrine, or any of their  
87 salts or optical isomers, or salts of optical isomers, in an  
88 amount within the limits described in subsections 2, 3, and  
89 4 of this section. The superintendent of the Missouri state  
90 highway patrol shall report to the revisor of statutes and

91 the general assembly by February first when the statewide  
92 number of methamphetamine laboratory seizure incidents  
93 exceeds three hundred incidents in the previous calendar  
94 year. The provisions of this subsection shall expire on  
95 April first of the calendar year in which the revisor of  
96 statutes receives such notification.

97 [8.] 9. This section shall supersede and preempt any  
98 local ordinances or regulations, including any ordinances or  
99 regulations enacted by any political subdivision of the  
100 state. This section shall not apply to the sale of any  
101 animal feed products containing ephedrine or any naturally  
102 occurring or herbal ephedra or extract of ephedra.

103 [9.] 10. Any local ordinances or regulations enacted  
104 by any political subdivision of the state prior to August  
105 28, 2020, requiring a prescription for the dispensation,  
106 sale, or distribution of any drug product containing any  
107 detectable amount of ephedrine, phenylpropanolamine, or  
108 pseudoephedrine, or any of their salts or optical isomers,  
109 or salts of optical isomers, in an amount within the limits  
110 described in subsections 2, 3, and 4 of this section shall  
111 be void and of no effect and no such political subdivision  
112 shall maintain or enforce such ordinance or regulation.

113 [10.] 11. All logs, records, documents, and electronic  
114 information maintained for the dispensing of these products  
115 shall be open for inspection and copying by municipal,  
116 county, and state or federal law enforcement officers whose  
117 duty it is to enforce the controlled substances laws of this  
118 state or the United States.

119 [11.] 12. All persons who dispense or offer for sale  
120 pseudoephedrine and ephedrine products, except those that  
121 are excluded from Schedule V in subsection 17 or 18 of  
122 section 195.017, shall ensure that all such products are

123 located only behind a pharmacy counter where the public is  
124 not permitted.

125 [12.] 13. The penalty for a knowing or reckless  
126 violation of this section is found in section 579.060.

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

3 (1) "Administer", the direct application of an  
4 epinephrine [auto-injector] **delivery device** to the body of  
5 an individual;

6 (2) "Authorized entity", any entity or organization at  
7 or in connection with which allergens capable of causing  
8 anaphylaxis may be present including, but not limited to,  
9 qualified first responders, as such term is defined in  
10 section 321.621, **facilities licensed under chapter 198,**  
11 **restaurants, recreation camps, youth sports leagues, child**  
12 **care facilities,** amusement parks, and sports arenas.

13 "Authorized entity" shall not include any public school or  
14 public charter school;

15 (3) "Epinephrine [auto-injector] **delivery device**", a  
16 single-use device used for the [automatic injection]  
17 **delivery** of a premeasured dose of epinephrine into the human  
18 body;

19 (4) "Physician", a physician licensed in this state  
20 under chapter 334;

21 (5) "Provide", the supply of one or more epinephrine  
22 [auto-injectors] **delivery devices** to an individual;

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

25 2. A physician may prescribe epinephrine [auto-  
26 injectors] **delivery devices** in the name of an authorized  
27 entity for use in accordance with this section, and  
28 pharmacists, physicians, and other persons authorized to

29 dispense prescription medications may dispense epinephrine  
30 **[auto-injectors] delivery devices** under a prescription  
31 issued in the name of an authorized entity.

32 3. An authorized entity may acquire and stock a supply  
33 of epinephrine **[auto-injectors] delivery devices** under a  
34 prescription issued in accordance with this section. Such  
35 epinephrine **[auto-injectors] delivery devices** shall be  
36 stored in a location readily accessible in an emergency and  
37 in accordance with the epinephrine **[auto-injector's]**  
38 **delivery device's** instructions for use and any additional  
39 requirements established by the department of health and  
40 senior services by rule. An authorized entity shall  
41 designate employees or agents who have completed the  
42 training required under this section to be responsible for  
43 the storage, maintenance, and general oversight of  
44 epinephrine **[auto-injectors] delivery devices** acquired by  
45 the authorized entity.

46 4. An authorized entity that acquires a supply of  
47 epinephrine **[auto-injectors] delivery devices** under a  
48 prescription issued in accordance with this section shall  
49 ensure that:

50 (1) Expected epinephrine **[auto-injector] delivery**  
51 **device** users receive training in recognizing symptoms of  
52 severe allergic reactions including anaphylaxis and the use  
53 of epinephrine **[auto-injectors] delivery devices** from a  
54 nationally recognized organization experienced in training  
55 laypersons in emergency health treatment or another entity  
56 or person approved by the department of health and senior  
57 services;

58 (2) All epinephrine **[auto-injectors] delivery devices**  
59 are maintained and stored according to the epinephrine **[auto-**  
60 **injector's] delivery device's** instructions for use;

61           (3) Any person who provides or administers an  
62 epinephrine **[auto-injector] delivery device** to an individual  
63 who the person believes in good faith is experiencing  
64 anaphylaxis activates the emergency medical services system  
65 as soon as possible; and

66           (4) A proper review of all situations in which an  
67 epinephrine **[auto-injector] delivery device** is used to  
68 render emergency care is conducted.

69           5. Any authorized entity that acquires a supply of  
70 epinephrine **[auto-injectors] delivery devices** under a  
71 prescription issued in accordance with this section shall  
72 notify the emergency communications district or the  
73 ambulance dispatch center of the primary provider of  
74 emergency medical services where the epinephrine **[auto-**  
75 **injectors] delivery devices** are to be located within the  
76 entity's facility.

77           6. No person shall provide or administer an  
78 epinephrine **[auto-injector] delivery device** to any  
79 individual who is under eighteen years of age without the  
80 verbal consent of a parent or guardian who is present at the  
81 time when provision or administration of the epinephrine  
82 **[auto-injector] delivery device** is needed. Provided,  
83 however, that a person may provide or administer an  
84 epinephrine **[auto-injector] delivery device** to such an  
85 individual without the consent of a parent or guardian if  
86 the parent or guardian is not physically present and the  
87 person reasonably believes the individual shall be in  
88 imminent danger without the provision or administration of  
89 the epinephrine **[auto-injector] delivery device**.

90           7. The following persons and entities shall not be  
91 liable for any injuries or related damages that result from  
92 the administration or self-administration of an epinephrine

93 [auto-injector] **delivery device** in accordance with this  
94 section that may constitute ordinary negligence:

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

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

100 (3) A physician that prescribes epinephrine [auto-  
101 injectors] **delivery devices** to an authorized entity; or

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

104 Such immunity does not apply to acts or omissions  
105 constituting a reckless disregard for the safety of others  
106 or willful or wanton conduct. The administration of an  
107 epinephrine [auto-injector] **delivery device** in accordance  
108 with this section shall not be considered the practice of  
109 medicine. The immunity from liability provided under this  
110 subsection is in addition to and not in lieu of that  
111 provided under section 537.037. An authorized entity  
112 located in this state shall not be liable for any injuries  
113 or related damages that result from the provision or  
114 administration of an epinephrine [auto-injector] **delivery**  
115 **device** by its employees or agents outside of this state if  
116 the entity or its employee or agent is not liable for such  
117 injuries or related damages under the laws of the state in  
118 which such provision or administration occurred. No trained  
119 person who is in compliance with this section and who in  
120 good faith and exercising reasonable care fails to  
121 administer an epinephrine [auto-injector] **delivery device**  
122 shall be liable for such failure.

123           8. All basic life support ambulances and stretcher  
124 vans operated in the state shall be equipped with  
125 epinephrine [auto-injectors] **delivery devices** and be staffed  
126 by at least one individual trained in the use of epinephrine  
127 [auto-injectors] **delivery devices**.

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

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

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

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

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

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

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

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

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

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

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

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

38           3. The department may inspect any facility and any  
39 records and may make copies of records, at the facility, at  
40 the department's own expense, required to be maintained by  
41 sections 198.003 to 198.096 or by the rules and regulations  
42 promulgated thereunder at any time if a license has been  
43 issued to or an application for a license has been filed by  
44 the operator of such facility. Copies of any records  
45 requested by the department shall be prepared by the staff

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

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

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

75 **6. (1) In lieu of any inspection required by sections**  
76 **198.003 to 198.186, the department may accept, in whole or**  
77 **in part, written reports of the survey of any state or**

78 federal agency, or of any professional accrediting agency,  
79 if such survey is:

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

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

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

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

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

198.070. 1. When any adult day care worker;  
2 chiropractor; Christian Science practitioner; coroner;  
3 dentist; embalmer; employee of the departments of social  
4 services, mental health, or health and senior services;  
5 employee of a local area agency on aging or an organized  
6 area agency on aging program; funeral director; home health  
7 agency or home health agency employee; hospital and clinic  
8 personnel engaged in examination, care, or treatment of  
9 persons; in-home services owner, provider, operator, or  
10 employee; law enforcement officer; long-term care facility  
11 administrator or employee; medical examiner; medical

12 resident or intern; mental health professional; minister;  
13 nurse; nurse practitioner; optometrist; other health  
14 practitioner; peace officer; pharmacist; physical therapist;  
15 physician; physician's assistant; podiatrist; probation or  
16 parole officer; psychologist; social worker; or other person  
17 with the care of a person sixty years of age or older or an  
18 eligible adult, as defined in section 192.2400, has  
19 reasonable cause to believe that a resident of a facility  
20 has been abused or neglected, he or she shall immediately  
21 report or cause a report to be made to the department.

22       2. (1) The report shall contain the name and address  
23 of the facility, the name of the resident, information  
24 regarding the nature of the abuse or neglect, the name of  
25 the complainant, and any other information which might be  
26 helpful in an investigation.

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

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

37       4. In addition to the penalties imposed by this  
38 section, any administrator who knowingly conceals any act of  
39 abuse or neglect resulting in death or serious physical  
40 injury, as defined in section 556.061, is guilty of a class  
41 E felony.

42       5. In addition to those persons required to report  
43 pursuant to subsection 1 of this section, any other person

44 having reasonable cause to believe that a resident has been  
45 abused or neglected may report such information to the  
46 department.

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

58         7. If the investigation indicates possible abuse or  
59 neglect of a resident, the investigator shall refer the  
60 complaint together with the investigator's report to the  
61 department director or the director's designee for  
62 appropriate action. If, during the investigation or at its  
63 completion, the department has reasonable cause to believe  
64 that immediate removal is necessary to protect the resident  
65 from abuse or neglect, the department or the local  
66 prosecuting attorney may, or the attorney general upon  
67 request of the department shall, file a petition for  
68 temporary care and protection of the resident in a circuit  
69 court of competent jurisdiction. The circuit court in which  
70 the petition is filed shall have equitable jurisdiction to  
71 issue an ex parte order granting the department authority  
72 for the temporary care and protection of the resident, for a  
73 period not to exceed thirty days.

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

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

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

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

105           12. Any person who abuses or neglects a resident of a  
106 facility is subject to criminal prosecution under section  
107 565.184.

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

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

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

206.110. 1. A hospital district, both within and  
2 outside such district, except in counties of the third or  
3 fourth classification (other than within the district

4 boundaries) where there already exists a hospital organized  
5 pursuant to [chapters 96, 205 or] this chapter; provided,  
6 however, that this exception shall not prohibit the  
7 continuation or expansion of existing activities otherwise  
8 allowed by law, shall have and exercise the following  
9 governmental powers, and all other powers incidental,  
10 necessary, convenient or desirable to carry out and  
11 effectuate the express powers:

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

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

28 (3) To operate, maintain and manage a hospital and  
29 hospital facilities, and to make and enter into contracts,  
30 for the use, operation or management of a hospital or  
31 hospital facilities; to engage in health care activities;  
32 and to make and enter into leases of equipment and real  
33 property, a hospital or hospital facilities, as lessor or  
34 lessee, regardless of the duration of such lease; and to  
35 provide rules and regulations for the operation, management

36 or use of a hospital or hospital facilities. Any agreement  
37 entered into pursuant to this subsection pertaining to the  
38 lease of the hospital shall have a definite termination date  
39 as negotiated by the parties, but this shall not preclude  
40 the trustees from entering into a renewal of the agreement  
41 with the same or other parties pertaining to the same or  
42 other subjects upon such terms and conditions as the parties  
43 may agree;

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

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

56 (6) To employ or enter into contracts for the  
57 employment of any person, firm, or corporation, and for  
58 professional services, necessary or desirable for the  
59 accomplishment of the corporate objects of the district or  
60 the proper administration, management, protection or control  
61 of its property;

62 (7) To maintain the hospital for the benefit of the  
63 inhabitants of the area comprising the district who are  
64 sick, injured, or maimed regardless of race, creed or color,  
65 and to adopt such reasonable rules and regulations as may be  
66 necessary to render the use of the hospital of the greatest  
67 benefit to the greatest number; to exclude from the use of

68 the hospital all persons who willfully disregard any of the  
69 rules and regulations so established; to extend the  
70 privileges and use of the hospital to persons residing  
71 outside the area of the district upon such terms and  
72 conditions as the board of directors prescribes by its rules  
73 and regulations;

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

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

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

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

93 4. Nothing in this section or in other provisions of  
94 this chapter shall be construed to authorize the district or  
95 board to establish or enforce any regulation or rule in  
96 respect to hospitalization or the operation or maintenance  
97 of such hospital or any hospital facilities within its  
98 jurisdiction which is in conflict with any federal or state  
99 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

8 include, but are not limited to, hematology, microbiology,  
9 immunology, clinical chemistry, molecular pathology, and  
10 other laboratory-based diagnostic procedures;

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

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

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

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

30 4. (1) If the fee for the professional component of  
31 clinical pathology services is paid for professional  
32 services provided by a pathologist employed by the hospital  
33 where the clinical pathology services are rendered to  
34 covered MO HealthNet patients, the professional fee shall be  
35 paid directly to the hospital.

36 (2) If the fee for the professional component of  
37 clinical pathology services is paid for professional  
38 services provided by a pathologist who is not employed by  
39 the hospital where clinical pathology services are rendered

40 to covered MO HealthNet patients, the professional fee shall  
41 be paid directly to the third party providing the services.

42 5. The department of social services shall promulgate  
43 all necessary rules and regulations for the administration  
44 of this section. Any rule or portion of a rule, as that  
45 term is defined in section 536.010, that is created under  
46 the authority delegated in this section shall become  
47 effective only if it complies with and is subject to all of  
48 the provisions of chapter 536 and, if applicable, section  
49 536.028. This section and chapter 536 are nonseverable and  
50 if any of the powers vested with the general assembly  
51 pursuant to chapter 536 to review, to delay the effective  
52 date, or to disapprove and annul a rule are subsequently  
53 held unconstitutional, then the grant of rulemaking  
54 authority and any rule proposed or adopted after August 28,  
55 2026, shall be invalid and void.

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

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

17 the federal poverty level, or the equivalent modified  
18 adjusted gross income, unless the income eligibility is set  
19 lower by the general assembly through appropriations. In  
20 calculating family size as it relates to income eligibility,  
21 the family shall include, in addition to other family  
22 members, the unborn child, or in the case of a mother with a  
23 multiple pregnancy, all unborn children.

24 3. Coverage for an unborn child enrolled in the show-  
25 me healthy babies program shall include all prenatal care  
26 and pregnancy-related services that benefit the health of  
27 the unborn child and that promote healthy labor, delivery,  
28 and birth, **including childbirth education classes**. Coverage  
29 need not include services that are solely for the benefit of  
30 the pregnant mother, that are unrelated to maintaining or  
31 promoting a healthy pregnancy, and that provide no benefit  
32 to the unborn child. However, the department may include  
33 pregnancy-related assistance as defined in 42 U.S.C. Section  
34 139711.

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

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

46 6. (1) Pregnancy-related and postpartum coverage for  
47 the mother shall begin on the day the pregnancy ends and  
48 extend through the last day of the month that includes the

49 sixtieth day after the pregnancy ends, unless otherwise  
50 prohibited by law or unless otherwise limited by the general  
51 assembly through appropriations. The department may include  
52 pregnancy-related assistance as defined in 42 U.S.C. Section  
53 139711.

54 (2) (a) Subject to approval of any necessary state  
55 plan amendments or waivers, beginning on July 6, 2023,  
56 mothers eligible to receive coverage under this section  
57 shall receive medical assistance benefits during the  
58 pregnancy and during the twelve-month period that begins on  
59 the last day of the woman's pregnancy and ends on the last  
60 day of the month in which such twelve-month period ends,  
61 consistent with the provisions of 42 U.S.C. Section  
62 1397gg(e) (1) (J). The department shall seek any necessary  
63 state plan amendments or waivers to implement the provisions  
64 of this subdivision when the number of ineligible MO  
65 HealthNet participants removed from the program in 2023  
66 pursuant to section 208.239 exceeds the projected number of  
67 beneficiaries likely to enroll in benefits in 2023 under  
68 this subdivision and subdivision (28) of subsection 1 of  
69 section 208.151, as determined by the department, by at  
70 least one hundred individuals.

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

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

81           8. The department shall provide information about the  
82 show-me healthy babies program to maternity homes as defined  
83 in section 135.600, pregnancy resource centers as defined in  
84 section 135.630, and other similar agencies and programs in  
85 the state that assist unborn children and their mothers.  
86 The department shall consider allowing such agencies and  
87 programs to assist in the enrollment of unborn children in  
88 the program, and in making determinations about presumptive  
89 eligibility and verification of the pregnancy.

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

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

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

110           (2) The efficacy in providing services to unborn  
111 children through managed care organizations, group or  
112 individual health insurance providers or premium assistance,

113 or through other nontraditional arrangements of providing  
114 health care;

115 (3) The change in the proportion of unborn children  
116 who receive care in the first trimester of pregnancy due to  
117 a lack of waiting periods, by allowing presumptive  
118 eligibility, or by removal of other barriers, and any  
119 resulting or projected decrease in health problems and other  
120 problems for unborn children and women throughout pregnancy;  
121 at labor, delivery, and birth; and during infancy and  
122 childhood;

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

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

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

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

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

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

          208.1405. For purposes of sections 208.1400 to  
2 208.1425, the following terms mean:

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

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

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

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

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

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

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

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

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

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

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

5           (2) One birth attendance;

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

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

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

4           (1) Is enrolled as a MO HealthNet provider;

5           (2) Is eighteen years of age or older;

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

8 (4) Either:

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

13 (b) Received training from a source not described in  
14 paragraph (a) of this subdivision, or from multiple sources,  
15 whose curriculum meets the guidelines established under  
16 paragraph (a) of this subdivision as verified by a public  
17 roster maintained by a statewide organization composed of  
18 doula trainers from three or more independent, well-  
19 established doula training organizations located in Missouri  
20 whose purpose includes the validation of core competencies  
21 of training.

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

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

208.1425. The MO HealthNet division shall promulgate  
2 all necessary rules and regulations for the administration  
3 of sections 208.1400 to 208.1425. Any rule or portion of a  
4 rule, as that term is defined in section 536.010, that is  
5 created under the authority delegated in this section shall  
6 become effective only if it complies with and is subject to  
7 all of the provisions of chapter 536 and, if applicable,  
8 section 536.028. This section and chapter 536 are  
9 nonseverable and if any of the powers vested with the  
10 general assembly pursuant to chapter 536 to review, to delay

11 the effective date, or to disapprove and annul a rule are  
12 subsequently held unconstitutional, then the grant of  
13 rulemaking authority and any rule proposed or adopted after  
14 August 28, 2026, shall be invalid and void.

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

3 2. (1) Before July 1, 2028, each licensed child care  
4 provider shall adopt a policy on allergy prevention and  
5 response with priority given to addressing potentially  
6 deadly food-borne allergies. Such policy shall contain, but  
7 shall not be limited to, the following elements:

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

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

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

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

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

26 (f) Coordinating with the department of elementary and  
27 secondary education, local health authorities, and other  
28 appropriate entities to ensure efficient promulgation of

29 accurate information and to ensure that existing child care  
30 facility safety and environmental policies do not conflict.

31 (2) Such policies may contain information from or  
32 links to child care facility allergy prevention information  
33 furnished by the Food Allergy Research & Education  
34 organization or equivalent organization with a medical  
35 advisory board that has allergy specialists.

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

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

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

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

17 (3) "Qualified first responder agencies" [shall mean],  
18 any state or local law enforcement agency, fire department,  
19 or ambulance service that provides documented training to  
20 its staff related to the administration of epinephrine [auto-

21 **injector] delivery** devices in an apparent anaphylactic  
22 reaction.

23         2. The director of the department of health and senior  
24 services, if a licensed physician, may issue a statewide  
25 standing order for epinephrine **[auto-injector] delivery**  
26 devices for adult patients to fire protection districts in  
27 nonmetropolitan areas in Missouri as such areas are  
28 determined according to the United States Census Bureau's  
29 American Community Survey, based on the most recent of five-  
30 year period estimate data in which the final year of the  
31 estimate ends in either zero or five. If the director of  
32 the department of health and senior services is not a  
33 licensed physician, the department of health and senior  
34 services may employ or contract with a licensed physician  
35 who may issue such a statewide order with the express  
36 consent of the director.

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

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

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

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

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

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

62           4. (1) Use of an epinephrine [auto-injector] **delivery**  
63 device pursuant to this section shall be considered first  
64 aid or emergency treatment for the purpose of any law  
65 relating to liability.

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

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

74           5. (1) There is hereby created in the state treasury  
75 the "Epinephrine [Auto-injector] **Delivery** Devices for Fire  
76 Personnel Fund", which shall consist of [money collected  
77 under this section] **moneys appropriated to the fund.** The  
78 state treasurer shall be custodian of the fund. In  
79 accordance with sections 30.170 and 30.180, the state  
80 treasurer may approve disbursements. The moneys in the fund  
81 as set forth in this section shall be subject to  
82 appropriation by the general assembly for the particular  
83 purpose for which collected. The fund shall be a dedicated  
84 fund and money in the fund shall be used solely by the

85 department of health and senior services for the purposes of  
86 providing epinephrine [auto-injector] **delivery** devices for  
87 adult patients to qualified first responder agencies as used  
88 in this section.

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

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

332.081. 1. Notwithstanding any other provision of  
2 law to the contrary, hospitals licensed under chapter 197  
3 shall be authorized to employ any or all of the following  
4 oral health providers:

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

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

19 (3) A maxillofacial prosthodontist licensed under this  
20 chapter for the purpose of treating and supporting patients

21 of a head and neck cancer team or other complex care or  
22 surgical team for the fabrication of appliances following  
23 ablative surgery, surgery to correct birth anomalies,  
24 extensive radiation treatment of the head or neck, or trauma-  
25 related surgery.

26         2. No person or other entity shall practice dentistry  
27 in Missouri or provide dental services as **[defined]**  
28 **described** in section 332.071 unless and until the board has  
29 issued to the person a certificate certifying that the  
30 person has been duly registered as a dentist in Missouri or  
31 the board has issued such certificate to an entity that has  
32 been duly registered to provide dental services by licensed  
33 dentists and dental hygienists and unless and until the  
34 board has issued to the person a license, to be renewed each  
35 period, as provided in this chapter, to practice dentistry  
36 or as a dental hygienist, or has issued to the person or  
37 entity a permit, to be renewed each period, to provide  
38 dental services in Missouri. Nothing in this chapter shall  
39 be so construed as to make it unlawful for:

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

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

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

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

51 (5) A duly registered and licensed dental hygienist in  
52 Missouri to practice dental hygiene as defined in section  
53 332.091;

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

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

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

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

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

67 (a) The United States Armed Forces;

68 (b) The United States Public Health Service;

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

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

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

77 (f) The United States Veterans Bureau; or

78 (11) A dentist licensed in a state other than Missouri  
79 to evaluate a patient or render an oral, written, or  
80 otherwise documented dental opinion when providing testimony  
81 or records for the purpose of a civil or criminal action

82 before any judicial or administrative proceeding of this  
83 state or other forum in this state.

84 3. No corporation shall practice dentistry as defined  
85 in section 332.071 unless that corporation is organized  
86 under the provisions of chapter 355 or 356 provided that a  
87 corporation organized under the provisions of chapter 355  
88 and qualifying as an organization under 26 U.S.C. Section  
89 501(c)(3) may only employ dentists and dental hygienists  
90 licensed in this state to render dental services to Medicaid  
91 recipients, low-income individuals who have available income  
92 below two hundred percent of the federal poverty level, and  
93 all participants in the SCHIP program, unless such  
94 limitation is contrary to or inconsistent with federal or  
95 state law or regulation. This subsection shall not apply to:

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

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

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

113 (4) A social welfare board organized under section  
114 205.770, a city health department operating under a city  
115 charter, or a city-county health department at which a  
116 person regulated under this chapter provides dental care  
117 within the scope of his or her license or registration;

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

124 (6) Any hospital nonprofit corporation exempt from  
125 taxation under Section 501(c)(3) of the Internal Revenue  
126 Code, as amended, that engages in its operations and  
127 provides dental services at facilities owned by a city,  
128 county, or other political subdivision of the state, **or any**  
129 **entity contracted with the state to provide care in a**  
130 **correctional center, as such term is defined in section**  
131 **217.010**, at which a person regulated under this chapter  
132 provides dental care within the scope of his or her license  
133 or registration.

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

140 4. No unincorporated organization shall practice  
141 dentistry as defined in section 332.071 unless such  
142 organization is exempt from federal taxation under Section  
143 501(c)(3) of the Internal Revenue Code of 1986, as amended,

144 and provides dental treatment without compensation from the  
145 patient or any third party on their behalf as a part of a  
146 broader program of social services including food  
147 distribution. Nothing in this chapter shall prohibit  
148 organizations under this subsection from employing any  
149 person regulated by this chapter.

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

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

165         7. All entities defined in subsection 3 of this  
166 section and those exempted under subsection 4 of this  
167 section shall apply for a permit to employ dentists and  
168 dental hygienists licensed in this state to render dental  
169 services, and the entity shall apply for the permit in  
170 writing on forms provided by the Missouri dental board. The  
171 board shall not charge a fee of any kind for the issuance or  
172 renewal of such permit. The provisions of this subsection  
173 shall not apply to a federally qualified health center as  
174 defined in Section 1905(1) of the Social Security Act (42  
175 U.S.C. Section 1396d(1)).

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

189           9. A federally qualified health center as defined in  
190 Section 1905(1) of the Social Security Act (42 U.S.C.  
191 Section 1396d(1)) shall register with the board. The  
192 information provided to the board as part of the  
193 registration shall include the name of the health center,  
194 the nonprofit status of the health center, sites where  
195 dental services will be provided, and the names of all  
196 persons employed by, or contracting with, the health center  
197 who are required to hold a license pursuant to this  
198 chapter. The registration shall be renewed every twenty-  
199 four months. The board shall not charge a fee of any kind  
200 for the issuance or renewal of the registration. The  
201 registration of the health center shall not be subject to  
202 discipline pursuant to section 332.321. Nothing in this  
203 subsection shall prohibit disciplinary action against a  
204 licensee of this chapter who is employed by, or contracts  
205 with, such health center for the actions of the licensee in  
206 connection with such employment or contract.

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

215           11. All not-for-profit corporations organized or  
216 operated pursuant to the provisions of chapter 355 and  
217 qualifying as an organization under 26 U.S.C. Section  
218 501(c) (3), or the requirements relating to migrant,  
219 community, or health care for the homeless health centers  
220 provided in Section 330 of the Public Health Service Act (42  
221 U.S.C. Section 254b) and federally qualified health centers  
222 as defined in Section 1905(1) (42 U.S.C. Section 1396d(1))  
223 of the Social Security Act, that employ persons who practice  
224 dentistry or dental hygiene in this state shall do so in  
225 accordance with the relevant laws of this state except to  
226 the extent that such laws are contrary to, or inconsistent  
227 with, federal statute or regulation.

          334.108. 1. Prior to prescribing any drug, controlled  
2 substance, or other treatment through telemedicine, as  
3 defined in section 191.1145, or the internet, a physician  
4 shall establish a valid physician-patient relationship as  
5 described in section 191.1146. This relationship shall  
6 include:

7           (1) Obtaining a reliable medical history and, **if**  
8 **required to meet the standard of care**, performing a physical  
9 examination of the patient, adequate to establish the  
10 diagnosis for which the drug is being prescribed and to

11 identify underlying conditions or contraindications to the  
12 treatment recommended or provided;

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

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

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

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

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

27 (1) A hospital as defined in section 197.020;

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

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

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

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

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

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

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

42           3. No health care provider, as defined in section  
43 376.1350, shall prescribe any drug, controlled substance, or  
44 other treatment to a patient based solely on an evaluation  
45 **[over the telephone] through telemedicine;** except that, a  
46 physician or such physician's on-call designee, or an  
47 advanced practice registered nurse, a physician assistant,  
48 or an assistant physician in a collaborative practice  
49 arrangement with such physician, may prescribe any drug,  
50 controlled substance, or other treatment that is within his  
51 or her scope of practice to a patient based solely on a  
52 **[telephone] telemedicine** evaluation if a previously  
53 established and ongoing physician-patient relationship  
54 exists between such physician and the patient being treated.

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

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

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

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

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

14 (a) Insulin;

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

18 (c) **Epinephrine delivery devices ordered for stock**  
19 **supply in accordance with section 196.990 or prescribed for**  
20 **a resident's individual use by an individual legally**  
21 **authorized to prescribe such epinephrine delivery devices.**  
22 **Expected epinephrine delivery device users shall receive**  
23 **training set forth in section 196.990. As used in this**  
24 **paragraph, the term "epinephrine delivery device" means a**  
25 **single-use device used for the delivery of a premeasured**  
26 **dose of epinephrine into the human body;**

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

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

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

34 (6) The practice of nursing under proper supervision:

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

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

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

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

55           (8) The practice of any legally qualified nurse who is  
56 employed by the government of the United States or any  
57 bureau, division or agency thereof, while in the discharge  
58 of his or her official duties or to the practice of any  
59 legally qualified nurse serving in the Armed Forces of the  
60 United States while stationed within this state;

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

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

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

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

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

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

13          (4) The ordering and administration of vaccines  
14 approved or authorized by the U.S. Food and Drug  
15 Administration, excluding vaccines for cholera, monkeypox,  
16 Japanese encephalitis, typhoid, rabies, yellow fever, tick-  
17 borne encephalitis, anthrax, tuberculosis, dengue, Hib,  
18 polio, rotavirus, smallpox, **chikungunya**, and any vaccine  
19 approved after January 1, [2023] 2026, to persons at least  
20 seven years of age or the age recommended by the Centers for  
21 Disease Control and Prevention, whichever is older, pursuant  
22 to joint promulgation of rules established by the board of  
23 pharmacy and the state board of registration for the healing  
24 arts unless rules are established under a state of emergency  
25 as described in section 44.100;

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

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

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

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

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

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

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

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

52           4. This chapter shall not be construed to prohibit or  
53 interfere with any legally registered practitioner of  
54 medicine, dentistry, or podiatry, or veterinary medicine  
55 only for use in animals, or the practice of optometry in  
56 accordance with and as provided in sections 195.070 and

57 336.220 in the compounding, administering, prescribing, or  
58 dispensing of his or her own prescriptions.

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

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

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

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

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

87 10. The state board of registration for the healing  
88 arts, under section 334.125, and the state board of

89 pharmacy, under section 338.140, shall jointly promulgate  
90 rules regulating the use of protocols for medication therapy  
91 services. Such rules shall require protocols to include  
92 provisions allowing for timely communication between the  
93 pharmacist and the protocol physician or similar body  
94 authorized by this section, and any other patient protection  
95 provisions deemed appropriate by both boards. In order to  
96 take effect, such rules shall be approved by a majority vote  
97 of a quorum of each board. Neither board shall separately  
98 promulgate rules regulating the use of protocols for  
99 medication therapy services. Any rule or portion of a rule,  
100 as that term is defined in section 536.010, that is created  
101 under the authority delegated in this section shall become  
102 effective only if it complies with and is subject to all of  
103 the provisions of chapter 536 and, if applicable, section  
104 536.028. This section and chapter 536 are nonseverable and  
105 if any of the powers vested with the general assembly  
106 pursuant to chapter 536 to review, to delay the effective  
107 date, or to disapprove and annul a rule are subsequently  
108 held unconstitutional, then the grant of rulemaking  
109 authority and any rule proposed or adopted after August 28,  
110 2007, shall be invalid and void.

111 11. The state board of pharmacy may grant a  
112 certificate of medication therapeutic plan authority to a  
113 licensed pharmacist who submits proof of successful  
114 completion of a board-approved course of academic clinical  
115 study beyond a bachelor of science in pharmacy, including  
116 but not limited to clinical assessment skills, from a  
117 nationally accredited college or university, or a  
118 certification of equivalence issued by a nationally  
119 recognized professional organization and approved by the  
120 board of pharmacy.

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

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

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

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

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

146           (2) A pharmacist who is administering a vaccine shall  
147 request a patient to remain in the pharmacy a safe amount of  
148 time after administering the vaccine to observe any adverse  
149 reactions. Such pharmacist shall have adopted emergency  
150 treatment protocols.

151           16. In addition to other requirements by the board, a  
152 pharmacist shall receive additional training as required by

153 the board and evidenced by receiving a certificate from the  
154 board upon completion, and shall display the certification  
155 in his or her pharmacy where vaccines are delivered.

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

- 167 (1) The identity of the patient;  
168 (2) The identity of the vaccine or vaccines  
169 administered;  
170 (3) The route of administration;  
171 (4) The anatomic site of the administration;  
172 (5) The dose administered; and  
173 (6) The date of administration.

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

338.333. 1. Except as otherwise provided by the board  
2 of pharmacy by rule in the event of an emergency or to  
3 alleviate a supply shortage, no person or distribution  
4 outlet shall act as a wholesale drug distributor, pharmacy  
5 distributor, drug outsourcer, or third-party logistics

6 provider without first obtaining license to do so from the  
7 Missouri board of pharmacy and paying the required fee. The  
8 board may grant temporary licenses when the wholesale drug  
9 distributor, pharmacy distributor, drug outsourcer, or third-  
10 party logistics provider first applies for a license to  
11 operate within the state. Temporary licenses shall remain  
12 valid until such time as the board shall find that the  
13 applicant meets or fails to meet the requirements for  
14 regular licensure. No license shall be issued or renewed  
15 for a wholesale drug distributor, pharmacy distributor, drug  
16 outsourcer, or third-party logistics provider to operate  
17 unless the same shall be operated in a manner prescribed by  
18 law and according to the rules and regulations promulgated  
19 by the board of pharmacy with respect thereto. Separate  
20 licenses shall be required for each distribution site owned  
21 or operated by a wholesale drug distributor, pharmacy  
22 distributor, drug outsourcer, or third-party logistics  
23 provider, unless such drug distributor, pharmacy  
24 distributor, drug outsourcer, or third-party logistics  
25 provider meets the requirements of section 338.335.

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

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

37           (1) Possesses a valid license granted by another state  
38 pursuant to legal standards comparable to those which must  
39 be met by a wholesale drug distributor, pharmacy  
40 distributor, drug [outsourcers] **outsourcer**, or third-party  
41 logistics provider of this state as prerequisites for  
42 obtaining a license under the laws of this state. **If a**  
43 **state license is not issued by their resident state, out-of-**  
44 **state wholesale drug distributors and third-party logistics**  
45 **providers with a current and valid drug distributor**  
46 **accreditation from the National Association of Boards of**  
47 **Pharmacy or its successor may be eligible for licensure as**  
48 **provided by the board by rule; and**

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

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

6           2. The board, in consultation with the department,  
7 shall be authorized to expend, allocate, or award funds  
8 appropriated to the board to private or public entities to  
9 develop or provide programs or education to promote  
10 medication safety or to suppress or prevent prescription  
11 drug abuse, misuse, and diversion in the state of Missouri.  
12 In no case shall the authorization include, nor the funds be  
13 expended for, any state prescription drug monitoring program  
14 including, but not limited to, such as are defined in 38 CFR  
15 1.515. Funds disbursed to a state agency under this section

16 may enhance, but shall not supplant, funds otherwise  
17 appropriated to such state agency.

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

26 4. After a full year of program operation, the board  
27 shall prepare and submit an evaluation report to the  
28 governor and the general assembly describing the operation  
29 of the program and the funds allocated. [Unless otherwise  
30 authorized by the general assembly, the program shall expire  
31 on August 28, 2026.]

**376.1245. 1. As used in this section, the following  
2 terms mean:**

3 (1) "Anesthesia time", the period during which an  
4 anesthesia practitioner is present with the patient,  
5 starting when the anesthesia practitioner begins to prepare  
6 the patient for anesthesia services in the operating room or  
7 an equivalent area and ending when the anesthesia  
8 practitioner is no longer furnishing anesthesia services to  
9 the patient because the patient may be placed safely under  
10 postoperative or postanesthesia care. The term "anesthesia  
11 time" includes, if counted by the anesthesia practitioner,  
12 blocks of time around an interruption in anesthesia time  
13 provided the anesthesia practitioner is furnishing  
14 continuous anesthesia care within the time periods around  
15 the interruption;

16           (2) "Anesthesia time units", time units recognized  
17 with appropriate time intervals that do not exceed fifteen  
18 minutes in length for each interval and that, taken  
19 together, represent the total anesthesia time for a  
20 particular anesthesia service;

21           (3) "Excepted benefit plan", the same meaning given to  
22 the term in section 376.998;

23           (4) "Health benefit plan", the same meaning given to  
24 the term in section 376.1350. The term "health benefit  
25 plan" shall also include MO HealthNet, the children's health  
26 insurance program authorized under chapter 208, the Missouri  
27 consolidated health care plan established under chapter 103,  
28 and any other state-sponsored health insurance program;

29           (5) "Health carrier", the same meaning given to the  
30 term in section 376.1350. The term "health carrier" shall  
31 also include the MO HealthNet division and any Medicaid  
32 managed care organization as defined in section 208.431;

33           (6) "Payment of anesthesia services", an amount paid  
34 for anesthesia services:

35           (a) Determined by using prevailing medical coding and  
36 billing standards in the professional medical billing  
37 community, such as the Current Procedural Terminology code  
38 book published by the American Medical Association, the  
39 Medicare Claims Processing Manual, or guidance from  
40 nationally recognized anesthesia organizations; and

41           (b) Calculated as the product obtained by multiplying  
42 the following together:

43           a. The sum of the base units for the appropriate  
44 medical code plus anesthesia time units; and

45           b. An anesthesia conversion factor that is defined in  
46 the individual contract between the health carrier or health  
47 benefit plan and the anesthesia practitioner or group.

48           2. No health carrier or health benefit plan shall  
49 establish, implement, or enforce any policy, practice, or  
50 procedure that imposes a time limit for the payment of  
51 anesthesia services provided during a medical or surgical  
52 procedure.

53           3. No health carrier or health benefit plan shall  
54 establish, implement, or enforce any policy, practice, or  
55 procedure that restricts or excludes all anesthesia time in  
56 calculating the payment of anesthesia services.

57           4. Excepted benefit plans shall be subject to the  
58 requirements of this section.

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

3           (1) "Acute pain", pain that results from disease,  
4 accidental or intentional trauma, or other causes, that a  
5 health care provider reasonably expects to last thirty days  
6 or fewer;

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

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

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

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

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

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

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

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

579.060. 1. A person commits the offense of unlawful  
2 sale, distribution, or purchase of over-the-counter  
3 methamphetamine precursor drugs if he or she knowingly:

4           (1) Sells, distributes, dispenses, or otherwise  
5 provides any number of packages of any drug product  
6 containing detectable amounts of ephedrine,  
7 phenylpropanolamine, or pseudoephedrine, or any of their  
8 salts, optical isomers, or salts of optical isomers, in a  
9 total amount greater than seven and two-tenths grams to the  
10 same individual within a thirty-day period, unless the  
11 amount is dispensed, sold, or distributed pursuant to a  
12 valid prescription; or

13           (2) Purchases, receives, or otherwise acquires within  
14 a thirty-day period any number of packages of any drug  
15 product containing any detectable amount of ephedrine,  
16 phenylpropanolamine, or pseudoephedrine, or any of their  
17 salts or optical isomers, or salts of optical isomers in a  
18 total amount greater than seven and two-tenths grams,  
19 without regard to the number of transactions, unless the  
20 amount is purchased, received, or acquired pursuant to a  
21 valid prescription; or

22           (3) Purchases, receives, or otherwise acquires within  
23 a twenty-four-hour period any number of packages of any drug

24 product containing any detectable amount of ephedrine,  
25 phenylpropanolamine, or pseudoephedrine, or any of their  
26 salts or optical isomers, or salts of optical isomers in a  
27 total amount greater than three and six-tenths grams,  
28 without regard to the number of transactions, unless the  
29 amount is purchased, received, or acquired pursuant to a  
30 valid prescription; or

31 (4) Sells, distributes, dispenses, or otherwise  
32 provides any number of packages of any drug product  
33 containing detectable amounts of ephedrine,  
34 phenylpropanolamine, or pseudoephedrine, or any of their  
35 salts, optical isomers, or salts of optical isomers, in a  
36 total amount greater than [forty-three] **sixty-one** and two-  
37 tenths grams to the same individual within a twelve-month  
38 period, unless the amount is dispensed, sold, or distributed  
39 pursuant to a valid prescription; or

40 (5) Purchases, receives, or otherwise acquires within  
41 a twelve-month period any number of packages of any drug  
42 product containing any detectable amount of ephedrine,  
43 phenylpropanolamine, or pseudoephedrine, or any of their  
44 salts or optical isomers, or salts of optical isomers in a  
45 total amount greater than [forty-three] **sixty-one** and two-  
46 tenths grams, without regard to the number of transactions,  
47 unless the amount is purchased, received, or acquired  
48 pursuant to a valid prescription; or

49 (6) Dispenses or offers drug products that are not  
50 excluded from Schedule V in subsection 17 or 18 of section  
51 195.017 and that contain detectable amounts of ephedrine,  
52 phenylpropanolamine, or pseudoephedrine, or any of their  
53 salts, optical isomers, or salts of optical isomers, without  
54 ensuring that such products are located behind a pharmacy  
55 counter where the public is not permitted and that such

56 products are dispensed by a registered pharmacist or  
57 pharmacy technician under subsection 11 of section 195.017;  
58 or

59 (7) Holds a retail sales license issued under chapter  
60 144 and knowingly sells or dispenses packages that do not  
61 conform to the packaging requirements of section 195.418.

62 2. A pharmacist, intern pharmacist, or registered  
63 pharmacy technician commits the offense of unlawful sale,  
64 distribution, or purchase of over-the-counter  
65 methamphetamine precursor drugs if he or she knowingly:

66 (1) Sells, distributes, dispenses, or otherwise  
67 provides any number of packages of any drug product  
68 containing detectable amounts of ephedrine,  
69 phenylpropanolamine, or pseudoephedrine, or any of their  
70 salts or optical isomers, or salts of optical isomers, in a  
71 total amount greater than three and six-tenth grams to the  
72 same individual within a twenty-four hour period, unless the  
73 amount is dispensed, sold, or distributed pursuant to a  
74 valid prescription; or

75 (2) Fails to submit information under subsection 13 of  
76 section 195.017 and subsection 6 of section 195.417 about  
77 the sales of any compound, mixture, or preparation of  
78 products containing detectable amounts of ephedrine,  
79 phenylpropanolamine, or pseudoephedrine, or any of their  
80 salts, optical isomers, or salts of optical isomers, in  
81 accordance with transmission methods and frequency  
82 established by the department of health and senior services;  
83 or

84 (3) Fails to implement and maintain an electronic log,  
85 as required by subsection 12 of section 195.017, of each  
86 transaction involving any detectable quantity of  
87 pseudoephedrine, its salts, isomers, or salts of optical

88 isomers or ephedrine, its salts, optical isomers, or salts  
89 of optical isomers; or

90 (4) Sells, distributes, dispenses or otherwise  
91 provides to an individual under eighteen years of age  
92 without a valid prescription any number of packages of any  
93 drug product containing any detectable quantity of  
94 pseudoephedrine, its salts, isomers, or salts of optical  
95 isomers, or ephedrine, its salts or optical isomers, or  
96 salts of optical isomers.

97 3. Any person who violates the packaging requirements  
98 of section 195.418 and is considered the general owner or  
99 operator of the outlet where ephedrine, pseudoephedrine, or  
100 phenylpropanolamine products are available for sale shall  
101 not be penalized if he or she documents that an employee  
102 training program was in place to provide the employee who  
103 made the unlawful retail sale with information on the state  
104 and federal regulations regarding ephedrine,  
105 pseudoephedrine, or phenylpropanolamine.

106 4. **A manufacturer commits the offense of unlawful**  
107 **sale, distribution, or purchase of over-the-counter**  
108 **methamphetamine precursor drugs if he or she knowingly fails**  
109 **to pay the fees required under subsection 7 of section**  
110 **195.417.**

111 5. The offense of unlawful sale, distribution, or  
112 purchase of over-the-counter methamphetamine precursor drugs  
113 is a class A misdemeanor.

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