

SENATE BILL NO. 841

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR BERNSKOETTER.

4822S.011

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 forty-three new sections relating to health care, with penalty provisions.

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

Section A. Sections 96.192, 96.196, 167.627, 167.630, 190.098, 190.246, 191.1146, 195.417, 196.990, 198.022, 198.070, 206.110, 208.662, 321.621, 332.081, 334.108, 335.081, 338.010, 338.333, 338.710, and 579.060, RSMo, are repealed and forty-three new sections enacted in lieu thereof, to be known as sections 9.412, 9.418, 96.192, 96.196, 167.627, 167.630, 190.098, 190.246, 191.708, 191.1146, 192.021, 195.417, 196.990, 197.708, 198.022, 198.070, 206.110, 206.158, 208.149, 208.662, 208.1400, 208.1405, 208.1410, 208.1415, 208.1420, 208.1425, 210.225, 321.621, 332.081, 334.108, 335.081, 338.010, 338.333, 338.710, 376.417, 376.1245, 376.1280, 376.2100, 376.2102, 376.2104, 376.2106, 376.2108, and 579.060, to read as follows:

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

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.]

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

3 (1) "340B drug", the same meaning given to the term in
4 section 376.414;

5 (2) "Covered entity", any entity described in
6 subparagraphs (A) to (K) of subsection (a)(4) of Section
7 340B of the Public Health Service Act, 42 U.S.C. Section
8 256b, including any pharmacy with which such entity has
9 contracted to dispense 340B drugs on behalf of the entity;

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

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

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

15 2. A health carrier, a pharmacy benefits manager, or
16 an agent or affiliate of such health carrier or pharmacy

17 benefits manager shall not discriminate against a covered
18 entity including, but not limited to, by doing any of the
19 following:

20 (1) Reimbursing a covered entity for a quantity of a
21 340B drug in an amount less than it would pay any other
22 similarly situated pharmacy or entity that is not a covered
23 entity for such quantity of such drug on the basis that the
24 covered entity is a covered entity or that the covered
25 entity dispenses 340B drugs. The director of the department
26 of commerce and insurance shall specify by rule the
27 circumstances under which a pharmacy or entity shall be
28 deemed a "similarly situated pharmacy or entity" for
29 purposes of this subdivision;

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

37 (a) Fees, chargebacks, clawbacks, adjustments, or
38 other assessments;

39 (b) Professional dispensing fees;

40 (c) Restrictions or requirements regarding
41 participation in standard or preferred pharmacy networks;

42 (d) Requirements relating to the frequency or scope of
43 audits or to inventory management systems using generally
44 accepted accounting principles; and

45 (e) Any other restrictions, conditions, practices, or
46 policies that, as specified by the director of the
47 department of commerce and insurance, interfere with the

48 ability of a covered entity to maximize the value of
49 discounts provided under 42 U.S.C. Section 256b;

50 (3) Discriminating in reimbursement to a covered
51 entity based on the determination or indication a drug is a
52 340B drug;

53 (4) Requiring a covered entity to identify, either
54 directly or through a third party, a 340B drug;

55 (5) Refusing to cover drugs purchased under the 340B
56 drug-pricing program; or

57 (6) Requiring a covered entity to reverse, resubmit,
58 or clarify a 340B drug-pricing claim after the initial
59 adjudication unless these actions are:

60 (a) In the normal course of pharmacy business and not
61 related to 340B drug pricing; or

62 (b) Required by federal law.

63 3. The director of the department of commerce and
64 insurance shall impose a civil penalty on any health
65 carrier, pharmacy benefits manager, or agent or affiliate of
66 such health carrier or pharmacy benefits manager that
67 violates the requirements of this section. Such penalty
68 shall not exceed five thousand dollars per violation per day.

69 4. The director of the department of commerce and
70 insurance shall promulgate rules to implement the provisions
71 of this section. Any rule or portion of a rule, as that
72 term is defined in section 536.010, that is created under
73 the authority delegated in this section shall become
74 effective only if it complies with and is subject to all of
75 the provisions of chapter 536 and, if applicable, section
76 536.028. This section and chapter 536 are nonseverable and
77 if any of the powers vested with the general assembly
78 pursuant to chapter 536 to review, to delay the effective
79 date, or to disapprove and annul a rule are subsequently

80 held unconstitutional, then the grant of rulemaking
81 authority and any rule proposed or adopted after August 28,
82 2026, shall be invalid and void.

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 with an elevated risk of opioid misuse, it shall be
18 unlawful for a health benefit plan to:

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

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

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

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

 376.2100. 1. Except as otherwise provided in
2 subsection 1 of section 376.2108, as used in sections
3 376.2100 to 376.2108, terms shall have the same meanings as
4 are ascribed to them under section 376.1350.

5 2. As used in sections 376.2100 to 376.2108, the
6 following terms mean:

7 (1) "Evaluation period", any consecutive twelve months;

8 (2) "Value-based care agreement", a contractual
9 agreement between a health care provider, either directly or
10 indirectly through a health care provider group or
11 organization, and a health carrier that:

12 (a) Incentivizes or rewards providers based on one or
13 more of the following:

14 a. Quality of care;

15 b. Safety;

16 c. Patient outcomes;

17 d. Efficiency;

18 e. Cost reduction; or

19 f. Other factors; and

20 (b) May, but is not required to, include shared
21 financial risk and rewards based on performance metrics.

376.2102. 1. Except as otherwise provided in this
2 section, beginning January 1, 2027, a health carrier or
3 utilization review entity shall not require a health care
4 provider to obtain prior authorization for a health care
5 service unless the health carrier or utilization review
6 entity makes a determination that in the most recent
7 evaluation period the health carrier or utilization review
8 entity has approved or would have approved less than ninety
9 percent of the prior authorization requests submitted by
10 that provider for that health care service.

11 2. Beginning January 1, 2027, a health carrier or
12 utilization review entity shall not require a health care
13 provider to obtain prior authorization for any health care
14 services unless the health carrier or utilization review
15 entity makes a determination that in the most recent

16 evaluation period the health carrier or utilization review
17 entity has approved or would have approved less than ninety
18 percent of all prior authorization requests submitted by
19 that provider for health care services.

20 3. (1) Beginning January 1, 2027, a health carrier or
21 utilization review entity may elect to have a hospital, as
22 that term is defined in section 197.020, determine which of
23 the following conditions that such hospital will comply with
24 to obtain an exemption from prior authorization requirements
25 under subsections 1 and 2 of this section:

26 (a) The hospital entering into, either directly or
27 indirectly through a health care provider group or
28 organization a value-based care agreement with the health
29 carrier;

30 (b) The hospital's score of three or higher on the
31 Centers for Medicare and Medicaid Services Five-Star Quality
32 Rating System, 42 CFR 412.190, or its successor rating
33 system; or

34 (c) At least ninety-one percent of the hospital's
35 prior authorization requests submitted for purposes of
36 eligibility for subsections 1 or 2 of this section were
37 approved or would have been approved by the health carrier
38 or utilization review entity.

39 (2) Critical access hospitals and hospitals that do
40 not participate in the Centers for Medicare and Medicaid
41 Services Five-Star Quality Rating System, or its successor
42 rating system, shall be exempt from the provisions of this
43 subsection.

44 4. The exemption from prior authorization requirements
45 described in subsections 1, 2, and 3 of this section shall
46 not include:

47 (1) Pharmacy services, not to exceed the amount of one
48 hundred thousand dollars;

49 (2) Imaging services, not to exceed the amount of one
50 hundred thousand dollars;

51 (3) Cosmetic procedures that are not medically
52 necessary; or

53 (4) Investigative or experimental treatments.

54 5. The amount of the limitations described in
55 subdivisions (1) and (2) of subsection 4 of this section
56 shall be increased every year, rounded to the nearest
57 thousand dollars, beginning January 1, 2028, based on the
58 Consumer Price Index for All Urban Consumers for the United
59 States (CPI-U), or its successor index, as such index is
60 defined and officially reported by the U.S. Department of
61 Labor, or its successor agency.

62 6. In making a determination under this section, the
63 health carrier or utilization review entity shall not count:

64 (1) Any prior authorization requests denied by a
65 health carrier or utilization review entity and being
66 appealed by the health care provider; or

67 (2) Any request made by a health care provider for a
68 service that is not included in the health carrier's benefit
69 plan;

70 but shall count as approved any prior authorization request
71 that was denied by a health carrier or utilization review
72 entity but that was subsequently authorized.

73 7. In making a determination under this section, the
74 health carrier or utilization review entity shall use either
75 the provider's national provider identifier or a taxpayer
76 identification number. Such designation shall remain unless
77 requested to be changed by the provider.

78 8. The exemption from prior authorization requirements
79 described in subsections 1, 2, and 3 of this section may be
80 subject to internal auditing of the most recent consecutive
81 six months, up to a maximum of two times per year, by the
82 health carrier or utilization review entity and may be
83 rescinded if:

84 (1) Such carrier or utilization review entity
85 determines that the carrier or utilization review entity
86 would have approved less than ninety percent of prior
87 authorization requests for a health care service that the
88 provider was exempt from the prior authorization requirement
89 under subsection 1 of this section;

90 (2) Such carrier or utilization review entity
91 determines that the carrier or utilization review entity
92 would have approved less than ninety percent of all prior
93 authorization requests if the provider was exempt from the
94 prior authorization requirement under subsection 2 of this
95 section; or

96 (3) There has been an increase in the provision of
97 exempt procedures by a health care provider of more than
98 fifty percent or more than twenty procedures, whichever
99 amount is greater.

100 9. The exemption described in subsections 1, 2, and 3
101 of this section shall be null and void upon a determination
102 that the health care provider has been found by a court of
103 law to have civilly or criminally engaged in any fraud or
104 abuse after the exemption is granted by a health carrier or
105 utilization review entity.

106 10. A health carrier or utilization review entity may
107 require health care providers in the health carrier's or
108 utilization review entity's network to use an online portal
109 to submit requests for prior authorization.

110 11. No adverse determination shall be finalized under
111 subsections 1, 2, 3, or 8 unless reviewed by a clinical peer.

112 12. Any patient who has received prior authorization
113 for the coverage of a ninety-day supply of medication whose
114 health coverage plan changes following such authorization
115 shall be permitted a ninety-day grace period from the date
116 of such change in order to determine whether such patient's
117 new plan covers the previously authorized medication or
118 whether prior authorization is required.

 376.2104. 1. The health carrier or utilization review
2 entity shall notify the health care provider no later than
3 twenty-five days after any determination made under section
4 376.2102. The notification shall include the statistics,
5 data, and any supporting documentation for making the
6 determination for the relevant evaluation period.

7 2. The health carrier or utilization review entity
8 shall establish a process for health care providers to
9 appeal any determinations made under section 376.2102.

10 3. The health carrier or utilization review entity
11 shall maintain an online portal to allow health care
12 providers to access all prior authorization decisions,
13 including determinations made under section 376.2102. For
14 health care providers subject to prior authorizations, the
15 portal shall include the status of each prior authorization
16 request, all notifications to the health care provider, the
17 dates the health care provider received such notifications,
18 and any other information relevant to the determination.

 376.2106. No health carrier or utilization review
2 entity shall deny or reduce payment to a health care
3 provider for a health care service for which the provider
4 has a prior authorization unless the provider:

5 (1) Knowingly and materially misrepresented the health
6 care service in a request for payment submitted to the
7 health carrier or utilization review entity with the
8 specific intent to deceive and obtain an unlawful payment
9 from the carrier or entity; or

10 (2) Failed to substantially perform the health care
11 service.

376.2108. 1. The provisions of sections 376.2100 to
2 376.2108 shall not apply to MO HealthNet, except that a
3 Medicaid managed care organization as defined in section
4 208.431 shall be considered a health carrier for purposes of
5 sections 376.2100 to 376.2108.

6 2. The provisions of sections 376.2100 to 376.2108
7 shall not apply to health care providers who have not
8 participated in a health benefit plan offered by the health
9 carrier for at least one full evaluation period.

10 3. Nothing in sections 376.2100 to 376.2108 shall be
11 construed to:

12 (1) Authorize a health care provider to provide a
13 health care service outside the scope of his or her
14 applicable license; or

15 (2) Require a health carrier or utilization review
16 entity to pay for a health care service described in
17 subdivision (1) of this subsection.

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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