

SENATE SUBSTITUTE  
FOR  
SENATE COMMITTEE SUBSTITUTE  
FOR  
SENATE BILL NO. 841

AN ACT

To repeal sections 96.192, 96.196, 167.627, 167.630, 190.098, 190.165, 190.246, 191.1146, 192.020, 192.2400, 192.2435, 193.245, 195.417, 196.990, 198.022, 206.110, 208.146, 208.215, 208.662, 210.110, 301.142, 321.621, 324.009, 332.081, 334.108, 335.081, 338.010, 338.333, 338.710, 345.050, 376.1000, 376.1012, 376.1017, 376.1183, 579.060, 590.192, and 632.305, RSMo, and to enact in lieu thereof sixty-five new sections relating to health care, with penalty provisions.

---

---

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

Section A. Sections 96.192, 96.196, 167.627, 167.630,  
2 190.098, 190.165, 190.246, 191.1146, 192.020, 192.2400,  
3 192.2435, 193.245, 195.417, 196.990, 198.022, 206.110, 208.146,  
4 208.215, 208.662, 210.110, 301.142, 321.621, 324.009, 332.081,  
5 334.108, 335.081, 338.010, 338.333, 338.710, 345.050, 376.1000,  
6 376.1012, 376.1017, 376.1183, 579.060, 590.192, and 632.305,  
7 RSMo, are repealed and sixty-five new sections enacted in lieu  
8 thereof, to be known as sections 9.021, 9.025, 9.238, 9.412,  
9 9.418, 9.502, 96.192, 96.196, 167.627, 167.630, 190.098,  
10 190.165, 190.246, 191.117, 191.708, 191.1146, 192.020, 192.021,  
11 192.2155, 192.2400, 192.2435, 193.245, 195.417, 195.1000,  
12 196.990, 197.708, 198.022, 206.110, 206.158, 208.146, 208.149,  
13 208.215, 208.270, 208.662, 208.1400, 208.1405, 208.1410,  
14 208.1415, 208.1420, 208.1425, 210.110, 210.225, 301.142,  
15 321.621, 324.009, 332.081, 334.108, 335.081, 338.010, 338.333,

16 338.710, 345.050, 376.417, 376.1000, 376.1012, 376.1017,  
17 376.1183, 376.1245, 376.1280, 376.1758, 376.1765, 407.3007,  
18 579.060, 590.192, and 632.305, to read as follows:

2 9.021. The last full week of September each year shall  
3 be known as "Frontotemporal Degeneration (FTD) Awareness  
4 Week" in Missouri. Frontotemporal degeneration, also  
5 frequently referred to as frontotemporal dementia,  
6 represents a group of brain disorders caused by degeneration  
7 of the frontal or temporal lobes of the brain, representing  
8 the most common form of dementia for people under the age of  
9 sixty. The citizens of this state are encouraged to  
10 participate in appropriate events and activities that will  
11 increase awareness of frontotemporal degeneration, to  
12 support programs of research and education surrounding  
13 frontotemporal degeneration, and to support individuals and  
families impacted by frontotemporal degeneration.

2 9.025. The month of January is hereby designated as  
3 "Blood Donor Awareness Month". It is recommended to the  
4 people of this state that the month be appropriately  
5 observed through activities that increase awareness of the  
6 importance of blood donation. The state deems blood and  
7 blood products to be a critical resource and a vital public  
8 health asset that must be readily available at all times.

2 9.238. The month of September is hereby designated as  
3 "Pediatric Cancer Awareness Month" in Missouri. Pediatric  
4 cancers are the leading cause of death from disease among  
5 children in the United States. The citizens of the state of  
6 Missouri are encouraged to participate in events that honor  
7 and support families who have been impacted by pediatric  
8 cancer, raise awareness, and fund research into pediatric  
cancer prevention, diagnosis, and treatment.

2 9.412. The month of September each year is hereby  
designated as "Brain Aneurysm Awareness Month" in Missouri.

3 The citizens of this state are encouraged to participate in  
4 appropriate events and activities to raise awareness about  
5 the causes of and treatments for brain aneurysms, which  
6 affect nearly two hundred thousand people each year.

2 9.418. The last full week of April each year shall be  
3 known as "Infertility Awareness Week" in Missouri.

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

2 9.502. March twenty-sixth of each year is hereby  
3 designated as "Pediatric Acute-Onset Neuropsychiatric  
4 Syndrome (PANS)/Pediatric Autoimmune Neuropsychiatric  
5 Disorder Associated with Streptococcus (PANDAS) Awareness  
6 Day". The citizens of this state are encouraged to  
7 participate in appropriate events and activities to raise  
8 PANS/PANDAS awareness.

2 96.192. 1. The board of trustees of any hospital  
3 authorized under subsection 2 of this section, and  
4 established and organized under the provisions of sections  
5 96.150 to 96.229[, ]:

5 (1) May invest up to [twenty-five] fifty percent of  
6 the hospital's "available funds", defined in this section as

7 funds not required for immediate disbursement in obligations  
8 or for the operation of the hospital [in any United States  
9 investment grade fixed income funds or any diversified stock  
10 funds, or both.], into:

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

13 (b) Bonds that have:

14 a. One of the five highest long-term ratings or the  
15 highest short-term rating issued by a nationally recognized  
16 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 system", a single-use device  
4 or system used for the delivery of a premeasured dose of  
5 epinephrine 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 systems;

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 or system necessary to  
25 administer such 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 system" 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 systems at the school. The nurse  
10 shall recommend to the school board the number of  
11 [prefilled] epinephrine [auto syringes] delivery systems  
12 that the school should maintain.

13 [2.] 3. To obtain [prefilled] epinephrine [auto  
14 syringes] delivery systems 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 system 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 system under this section. Trained  
32 contracted agents shall have immunity from civil liability  
33 for administering [a prefilled auto syringe] an epinephrine  
34 delivery system 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.

38 [3.] 4. (1) Any ambulance service shall enter into a  
39 written contract with another ambulance service provider to  
40 provide community paramedic services in [another] their  
41 ambulance service area, as that term is defined in section  
42 190.100. The contract that is agreed upon may be for an  
43 indefinite period of time, as long as it includes at least a  
44 sixty-day cancellation notice by either ambulance service.

45 (2) The department shall establish regulations for the  
46 purpose of recognizing community paramedic service entities  
47 that have met the standards necessary to provide community  
48 paramedic services, including physician medical oversight,  
49 training, patient recordkeeping, formal relationships with  
50 primary care services where necessary, and quality  
51 improvement policies. The department shall issue an  
52 endorsement to any community paramedic service entity that  
53 meets such standards that allows the entity to provide  
54 community paramedic services for a period of five years.

55           [4.] 5. A community paramedic is subject to the  
56 provisions of sections 190.001 to 190.245 and rules  
57 promulgated under sections 190.001 to 190.245.

58           [5.] 6. No person shall hold himself or herself out as  
59 a community paramedic or provide the services of a community  
60 paramedic unless such person is certified by the department.

61           [6.] 7. The medical director shall approve the  
62 implementation of the community paramedic program.

63           [7.] 8. Any rule or portion of a rule, as that term is  
64 defined in section 536.010, that is created under the  
65 authority delegated in this section shall become effective  
66 only if it complies with and is subject to all of the  
67 provisions of chapter 536 and, if applicable, section  
68 536.028. This section and chapter 536 are nonseverable and  
69 if any of the powers vested with the general assembly  
70 pursuant to chapter 536 to review, to delay the effective  
71 date, or to disapprove and annul a rule are subsequently  
72 held unconstitutional, then the grant of rulemaking  
73 authority and any rule proposed or adopted after August 28,  
74 2013, shall be invalid and void.

          190.165. 1. The department may refuse to issue or  
2 deny renewal of any endorsement, certificate, permit or  
3 license required pursuant to sections [190.100] 190.098 to  
4 190.245 for failure to comply with the provisions of  
5 sections [190.100] 190.098 to 190.245 or any lawful  
6 regulations promulgated by the department to implement its  
7 provisions as described in subsection 2 of this section.  
8 The department shall notify the applicant in writing of the  
9 reasons for the refusal and shall advise the applicant of  
10 his or her right to file a complaint with the administrative  
11 hearing commission as provided by chapter 621.

12           2. The department may cause a complaint to be filed  
13 with the administrative hearing commission as provided by

14 chapter 621 against any holder of any endorsement,  
15 certificate, permit or license required by sections  
16 [190.100] 190.098 to 190.245 or any person who has failed to  
17 renew or has surrendered his or her certificate, permit or  
18 license for failure to comply with the provisions of  
19 sections [190.100] 190.098 to 190.245 or any lawful  
20 regulations promulgated by the department to implement such  
21 sections. Those regulations shall be limited to the  
22 following:

23 (1) Use or unlawful possession of any controlled  
24 substance, as defined in chapter 195, or alcoholic beverage  
25 to an extent that such use impairs a person's ability to  
26 perform the work of any activity licensed or regulated by  
27 sections [190.100] 190.098 to 190.245;

28 (2) Being finally adjudicated and found guilty, or  
29 having entered a plea of guilty or nolo contendere, in a  
30 criminal prosecution under the laws of any state or of the  
31 United States, for any offense reasonably related to the  
32 qualifications, functions or duties of any activity licensed  
33 or regulated pursuant to sections [190.100] 190.098 to  
34 190.245, for any offense an essential element of which is  
35 fraud, dishonesty or an act of violence, or for any offense  
36 involving moral turpitude, whether or not sentence is  
37 imposed;

38 (3) Use of fraud, deception, misrepresentation or  
39 bribery in securing any endorsement, certificate, permit or  
40 license issued pursuant to sections [190.100] 190.098 to  
41 190.245 or in obtaining permission to take any examination  
42 given or required pursuant to sections [190.100] 190.098 to  
43 190.245;

44 (4) Obtaining or attempting to obtain any fee, charge,  
45 tuition or other compensation by fraud, deception or  
46 misrepresentation;

47 (5) Incompetency, misconduct, gross negligence, fraud,  
48 misrepresentation or dishonesty in the performance of the  
49 functions or duties of any activity licensed or regulated by  
50 sections [190.100] 190.098 to 190.245;

51 (6) Violation of, or assisting or enabling any person  
52 to violate, any provision of sections [190.100] 190.098 to  
53 190.245, or of any lawful rule or regulation adopted by the  
54 department pursuant to sections [190.100] 190.098 to 190.245;

55 (7) Impersonation of any person holding [a] an  
56 endorsement, certificate, permit or license or allowing any  
57 person to use his or her endorsement, certificate, permit,  
58 license or diploma from any school;

59 (8) Disciplinary action against the holder of a  
60 license or other right to practice any activity regulated by  
61 sections [190.100] 190.098 to 190.245 granted by another  
62 state, territory, federal agency or country upon grounds for  
63 which revocation or suspension is authorized in this state;

64 (9) For an individual being finally adjudged insane or  
65 incompetent by a court of competent jurisdiction;

66 (10) Assisting or enabling any person to practice or  
67 offer to practice any activity licensed or regulated by  
68 sections [190.100] 190.098 to 190.245 who is not licensed  
69 and currently eligible to practice pursuant to sections  
70 [190.100] 190.098 to 190.245;

71 (11) Issuance of [a] an endorsement, certificate,  
72 permit or license based upon a material mistake of fact;

73 (12) Violation of any professional trust, confidence,  
74 or legally protected privacy rights of a patient by means of  
75 an unauthorized or unlawful disclosure;

76 (13) Use of any advertisement or solicitation which is  
77 false, misleading or deceptive to the general public or  
78 persons to whom the advertisement or solicitation is  
79 primarily directed;

80 (14) Violation of the drug laws or rules and  
81 regulations of this state, any other state or the federal  
82 government;

83 (15) Refusal of any applicant or licensee to respond  
84 to reasonable department of health and senior services'  
85 requests for necessary information to process an application  
86 or to determine license status or license eligibility;

87 (16) Any conduct or practice which is or might be  
88 harmful or dangerous to the mental or physical health or  
89 safety of a patient or the public;

90 (17) Repeated acts of negligence or recklessness in  
91 the performance of the functions or duties of any activity  
92 licensed or regulated by sections ~~[190.100]~~ 190.098 to  
93 190.245.

94 3. If the department conducts investigations, the  
95 department, prior to interviewing a licensee who is the  
96 subject of the investigation, shall explain to the licensee  
97 that he or she has the right to:

98 (1) Consult legal counsel or have legal counsel  
99 present;

100 (2) Have anyone present whom he or she deems to be  
101 necessary or desirable; and

102 (3) Refuse to answer any question or refuse to provide  
103 or sign any written statement.

104 The assertion of any right listed in this subsection shall  
105 not be deemed by the department to be a failure to cooperate  
106 with any department investigation.

107 4. After the filing of such complaint, the proceedings  
108 shall be conducted in accordance with the provisions of  
109 chapter 621. Upon a finding by the administrative hearing  
110 commission that the grounds, provided in subsection 2 of  
111 this section, for disciplinary action are met, the

112 department may, singly or in combination, censure or place  
113 the person named in the complaint on probation on such terms  
114 and conditions as the department deems appropriate for a  
115 period not to exceed five years, or may suspend, for a  
116 period not to exceed three years, or revoke the license,  
117 endorsement, certificate, or permit. Notwithstanding any  
118 provision of law to the contrary, the department shall be  
119 authorized to impose a suspension or revocation as a  
120 disciplinary action only if it first files the requisite  
121 complaint with the administrative hearing commission. The  
122 administrative hearing commission shall hear all relevant  
123 evidence on remediation activities of the licensee and shall  
124 make a recommendation to the department of health and senior  
125 services as to licensure disposition based on such evidence.

126         5. An individual whose license has been revoked shall  
127 wait one year from the date of revocation to apply for  
128 relicensure. Relicensure shall be at the discretion of the  
129 department after compliance with all the requirements of  
130 sections [190.100] 190.098 to 190.245 relative to the  
131 licensing of an applicant for the first time. Any  
132 individual whose license has been revoked twice within a ten-  
133 year period shall not be eligible for relicensure.

134         6. The department may notify the proper licensing  
135 authority of any other state in which the person whose  
136 license was suspended or revoked was also licensed of the  
137 suspension or revocation.

138         7. Any person, organization, association or  
139 corporation who reports or provides information to the  
140 department pursuant to the provisions of sections [190.100]  
141 190.098 to 190.245 and who does so in good faith shall not  
142 be subject to an action for civil damages as a result  
143 thereof.

144           8. The department of health and senior services may  
145 suspend any certificate, permit or license required pursuant  
146 to sections [~~190.100~~] 190.098 to 190.245 simultaneously with  
147 the filing of the complaint with the administrative hearing  
148 commission as set forth in subsection 2 of this section, if  
149 the department finds that there is an imminent threat to the  
150 public health. The notice of suspension shall include the  
151 basis of the suspension and notice of the right to appeal  
152 such suspension. The licensee may appeal the decision to  
153 suspend the license, endorsement, certificate, or permit to  
154 the department. The appeal shall be filed within ten days  
155 from the date of the filing of the complaint. A hearing  
156 shall be conducted by the department within ten days from  
157 the date the appeal is filed. The suspension shall continue  
158 in effect until the conclusion of the proceedings, including  
159 review thereof, unless sooner withdrawn by the department,  
160 dissolved by a court of competent jurisdiction or stayed by  
161 the administrative hearing commission.

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 system", a single-use device  
20 or system used for the delivery of a premeasured dose of  
21 epinephrine into the human body.

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

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

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 devices] delivery systems pursuant to this section shall  
39 use, maintain and dispose of such [devices] systems in  
40 accordance with the rules of the department; and

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

44 3. (1) Use of an epinephrine [auto-injector device]  
45 delivery system pursuant to this section shall be considered

46 first 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 device] delivery system pursuant  
50 to this section shall not constitute the unlawful practice  
51 of medicine or the unlawful practice of a profession.

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

191.117. 1. This section shall be known and may be  
2 cited as the "Lori Zena Baker Act".

3 2. There is hereby established in the department of  
4 health and senior services a "Sickle Cell Standing  
5 Committee" as a subcommittee of the Missouri genetic  
6 advisory committee. The committee shall consist of the  
7 following members:

8 (1) One member who is a licensed physician with  
9 experience in the diagnosis and treatment of sickle cell  
10 disease and who shall serve as chair of the committee;

11 (2) One member who has sickle cell disease or is a  
12 family member of a person with sickle cell disease;

13 (3) One member with expertise in sickle cell disease  
14 research;

15 (4) One member from a leading sickle cell disease  
16 organization;

17 (5) One member with expertise in minority health; and

18 (6) One member from each of the hemoglobinopathy  
19 center that contracts with the department.

20           3. The members of the committee shall be appointed by  
21 the director of the department of health and senior  
22 services. Members shall serve on the committee without  
23 compensation or reimbursement for expenses incurred.

24           4. The committee shall:

25           (1) Assess the impact of sickle cell disease on urban  
26 communities in the state of Missouri;

27           (2) Examine the existing services and resources  
28 addressing the needs of persons with sickle cell disease; and

29           (3) Develop recommendations to provide educational  
30 services to schools on the traits of sickle cell disease and  
31 its effects.

32           5. The committee shall include an examination of the  
33 following in its assessment and recommendations required  
34 under subsection 4 of this section:

35           (1) Trends in state sickle cell disease populations  
36 and their needs, including, but not limited to, the state's  
37 role in providing assistance;

38           (2) Existing services and resources; and

39           (3) Needed state policies or responses, including, but  
40 not limited to, directions for the provision of clear and  
41 coordinated services and supports to persons living with  
42 sickle cell disease and strategies to address any identified  
43 gaps in services.

44           6. The committee shall hold a minimum of one meeting  
45 at three urban regions in the state to seek public input.

46           7. The committee shall submit a report of its findings  
47 and any recommendations to the general assembly and the  
48 governor no later than December 31, 2027.

49           8. After December 31, 2027, the committee shall  
50 continue to meet at the request of the chair and at a  
51 minimum of one time annually for the purpose of continuing  
52 the study of sickle cell disease in this state, the impact

53 of the committee recommendations, and to provide an annual  
54 supplemental report on the findings to the governor and the  
55 general assembly.

191.708. 1. The chief medical officer or chief  
2 medical director of the department of health and senior  
3 services or the MO HealthNet division of the department of  
4 social services, or any licensed physician acting with the  
5 express written consent of the director of any such  
6 department or division, may, within his or her scope of  
7 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 nonemergency pregnancy termination or for  
12 controlled substances, that is promulgated by rule in  
13 compliance with chapter 536.

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

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

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

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

23 3. The chief medical officer, chief medical director,  
24 or other authorized and licensed physician described in  
25 subsection 1 of this section shall be immune from criminal  
26 prosecution, disciplinary action from his or her  
27 professional licensing board, and civil liability for  
28 issuing a medical standing order or recommendation in  
29 accordance with this section, including for any outcome  
30 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.

192.020. 1. It shall be the general duty and  
2 responsibility of the department of health and senior  
3 services to safeguard the health of the people in the state  
4 and all its subdivisions. It shall make a study of the  
5 causes and prevention of diseases. It shall designate those  
6 diseases which are infectious, contagious, communicable or  
7 dangerous in their nature and shall make and enforce  
8 adequate orders, findings, rules and regulations to prevent  
9 the spread of such diseases and to determine the prevalence  
10 of such diseases within the state. It shall have power and  
11 authority, with approval of the director of the department,  
12 to make such orders, findings, rules and regulations as will  
13 prevent the entrance of infectious, contagious and  
14 communicable diseases into the state.

15           2. The department of health and senior services shall  
16 include in its list of [communicable or infectious] diseases  
17 which must be reported to the department methicillin-  
18 resistant staphylococcus aureus (MRSA), carbapenem-resistant  
19 enterobacteriaceae (CRE) as specified by the department,  
20 [and] vancomycin-resistant enterococcus (VRE), and alpha-gal  
21 syndrome.

22           3. (1) A laboratory blood test result for alpha-gal  
23 immunoglobulin E that yields a level consistent with  
24 sensitization to alpha-gal by laboratory standards, as  
25 established by the current national case definition, shall  
26 be reported to the department within seven days. The  
27 laboratory that generates the test results shall be  
28 responsible for submitting the report. The test results  
29 shall be submitted using an electronic laboratory reporting  
30 system to be developed by the department.

31           (2) Subject to appropriation, the department may  
32 follow up on reported cases of alpha-gal immunoglobulin E  
33 blood test results by applying an appropriate random  
34 sampling method to ascertain case status, using the current  
35 national case definition of alpha-gal syndrome. Reporting  
36 under this subdivision shall commence no later than six  
37 months after August 28, 2026.

38           (3) The department shall submit an annual report to  
39 the Centers for Disease Control and Prevention summarizing  
40 its findings related to the reporting and incidence of alpha-  
41 gal syndrome.

192.021. 1. The department of health and senior  
2 services shall be authorized to contract directly with a  
3 Missouri affiliate of a national public health association  
4 or public health institute, or a similar or successor  
5 entity, in order to assist in carrying out its duties to  
6 promote the health and wellbeing of the residents of this

7 state. Such contracts may include, but not be limited to,  
8 efforts to assist in the delivery of health services to  
9 residents throughout the state and the administration of  
10 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.

192.2155. 1. The division of senior and disability  
2 services within the department of health and senior services  
3 shall establish a dementia services coordinator as a full-  
4 time position.

5 2. The dementia services coordinator shall:

6 (1) Evaluate the coordination of dementia services  
7 within this state;

8 (2) Coordinate information resources affecting  
9 Missourians living with dementia and their caregivers. Such  
10 coordination shall include, but not be limited to:

11 (a) Using data to improve dementia service delivery  
12 for persons with Alzheimer's disease or related dementia;

13 (b) Establishing and maintaining relationships with  
14 other agencies, providers, and organizations within the  
15 state in order to meet the needs of affected populations and  
16 prevent the duplication of services;

17 (c) Supporting the provision of dementia-specific  
18 staff training across all relevant state agencies, including  
19 law enforcement, the department of health and senior  
20 services, and other organizations; and

- 21           (d) Recommending strategies to improve coordination of  
22 dementia-related services and resources provided by public  
23 and private entities;
- 24           (3) Streamline all applicable state government  
25 services to increase efficiency and improve access to  
26 dementia services;
- 27           (4) Identify any duplicated services;
- 28           (5) Identify grant opportunities to expand the scope  
29 of dementia services and apply for appropriate grant  
30 opportunities;
- 31           (6) Complete other duties relevant to supporting  
32 policy development to enhance the quality of life for  
33 persons affected by dementia and their caregivers;
- 34           (7) Promote public and professional awareness and  
35 education of dementia and access to needed services and  
36 programs; and
- 37           (8) Monitor data concerning the impact of dementia in  
38 Missouri.

192.2400. As used in sections 192.2400 to 192.2505,  
2 the following terms mean:

- 3           (1) "Abuse", the infliction of physical, sexual, or  
4 emotional injury or harm including financial exploitation by  
5 any person, firm, or corporation and bullying;
- 6           (2) "Bullying", intimidation or harassment that causes  
7 a reasonable person to fear for his or her physical safety  
8 or property and may consist of physical actions including  
9 gestures; cyberbullying; oral, electronic, or written  
10 communication; and any threat of retaliation for reporting  
11 of such acts;
- 12           (3) "Court", the circuit court;
- 13           (4) "Department", the department of health and senior  
14 services;

15 (5) "Director", director of the department of health  
16 and senior services or his or her designees;

17 (6) "Eligible adult", a person sixty years of age or  
18 older who is unable to protect his or her own interests or  
19 adequately perform or obtain services which are necessary to  
20 meet his or her essential human needs or an adult with a  
21 disability, as defined in section 192.2005, between the ages  
22 of eighteen and fifty-nine who is unable to protect his or  
23 her own interests or adequately perform or obtain services  
24 which are necessary to meet his or her essential human needs;

25 (7) "Home health agency", the same meaning as such  
26 term is defined in section 197.400;

27 (8) "Home health agency employee", a person employed  
28 by a home health agency;

29 (9) "Home health patient", an eligible adult who is  
30 receiving services through any home health agency;

31 (10) "In-home services client", an eligible adult who  
32 is receiving services in his or her private residence  
33 through any in-home services provider agency;

34 (11) "In-home services employee", a person employed by  
35 an in-home services provider agency;

36 (12) "In-home services provider agency", a business  
37 entity under contract with the department or with a Medicaid  
38 participation agreement, which employs persons to deliver  
39 any kind of services provided for eligible adults in their  
40 private homes;

41 (13) "Least restrictive environment", a physical  
42 setting where protective services for the eligible adult and  
43 accommodation is provided in a manner no more restrictive of  
44 an individual's personal liberty and no more intrusive than  
45 necessary to achieve care and treatment objectives;

46 (14) "Likelihood of serious physical harm", one or  
47 more of the following:

48 (a) A substantial risk that physical harm to an  
49 eligible adult will occur because of his or her failure or  
50 inability to provide for his or her essential human needs as  
51 evidenced by acts or behavior which has caused such harm or  
52 which gives another person probable cause to believe that  
53 the eligible adult will sustain such harm;

54 (b) A substantial risk that physical harm will be  
55 inflicted by an eligible adult upon himself or herself, as  
56 evidenced by recent credible threats, acts, or behavior  
57 which has caused such harm or which places another person in  
58 reasonable fear that the eligible adult will sustain such  
59 harm;

60 (c) A substantial risk that physical harm will be  
61 inflicted by another upon an eligible adult as evidenced by  
62 recent acts or behavior which has caused such harm or which  
63 gives another person probable cause to believe the eligible  
64 adult will sustain such harm;

65 (d) A substantial risk that further physical harm will  
66 occur to an eligible adult who has suffered physical injury,  
67 neglect, sexual or emotional abuse, or other maltreatment or  
68 wasting of his or her financial resources by another person;

69 (15) "Multidisciplinary adult protection team", a team  
70 of two or more persons recognized by the department who  
71 facilitate the identification, investigation, prosecution,  
72 prevention, and treatment of offenses against eligible  
73 adults and who supplement any protective services provided  
74 by the department. In addition to department designees,  
75 such teams may include, but shall not be limited to,  
76 representatives from the following entities:

77 (a) A prosecuting attorney's office or a circuit  
78 attorney's office;

79 (b) Law enforcement agencies;

80 (c) Medical or health care providers, including long-  
81 term care facilities;

82 (d) Mental health care providers;

83 (e) Community-based or government agencies that, in  
84 some capacity, participate in the prevention, investigation,  
85 identification, treatment, or provision of care or needed  
86 resources related to the abuse or neglect of eligible adults  
87 and that are necessary for the review of cases;

88 (f) Guardians or conservators, as described in chapter  
89 475; and

90 (g) Financial institutions or forensic accounting  
91 agencies qualified to review financial matters in order to  
92 identify financial abuse;

93 (16) "Neglect", the failure to provide services to an  
94 eligible adult by any person, firm or corporation with a  
95 legal or contractual duty to do so, when such failure  
96 presents either an imminent danger to the health, safety, or  
97 welfare of the client or a substantial probability that  
98 death or serious physical harm would result;

99 [(16)] (17) "Protective services", services provided  
100 by the state or other governmental or private organizations  
101 or individuals which are necessary for the eligible adult to  
102 meet his or her essential human needs.

192.2435. 1. Reports made pursuant to sections  
2 192.2400 to 192.2470 shall be confidential and shall not be  
3 deemed a public record and shall not be subject to the  
4 provisions of section 109.180 or chapter 610.

5 2. Such reports shall be accessible for examination  
6 and copying only to the following persons or offices, or to  
7 their designees:

8 (1) The department or any person or agency designated  
9 by the department;

10 (2) The attorney general;

11 (3) The department of mental health for persons  
12 referred to that department;

13 (4) The department of social services for persons  
14 referred to that department;

15 (5) Any appropriate law enforcement agency; [and]  
16 (6) Any member of a multidisciplinary adult protection  
17 team when acting in the member's official capacity as a  
18 representative of a participating entity; and

19 [(5)] (7) The eligible adult or such adult's legal  
20 guardian.

21 3. The name of the reporter shall not be disclosed  
22 unless:

23 (1) It is provided to the department of mental health  
24 for investigating reported incidents of abuse and neglect of  
25 vulnerable persons, as defined in section 630.005; or

26 (2) (a) Such reporter specifically authorizes  
27 disclosure of his name; and

28 [(2)] (b) The department determines that disclosure of  
29 the name of the reporter is necessary in order to prevent  
30 further harm to an eligible adult.

31 4. Notwithstanding any other provision of law to the  
32 contrary, members of a multidisciplinary adult protection  
33 team may make available to members of the team all  
34 information and records that are appropriate and necessary  
35 to conduct team activities for the benefit of the eligible  
36 adult. The case information received by members of the  
37 multidisciplinary adult protection team shall be maintained  
38 as confidential and any person to whom information is  
39 released under this section is prohibited from using or  
40 releasing the information except in the proper performance  
41 of the person's official duties. Any member of the  
42 multidisciplinary adult protection team may share  
43 information that is acquired in the team member's

44 professional capacity with other members of the  
45 multidisciplinary adult protection team to assist the team  
46 in its function for the benefit of the eligible adult.

47 5. Any person who violates the provisions of this  
48 section, or who permits or encourages the unauthorized  
49 dissemination of information contained in the central  
50 registry and in reports and records made pursuant to  
51 sections 192.2400 to 192.2470, shall be guilty of a class A  
52 misdemeanor.

53 **[5.]** 6. The department shall maintain a central  
54 registry capable of receiving and maintaining reports  
55 received in a manner that facilitates rapid access and  
56 recall of the information reported, and of subsequent  
57 investigations and other relevant information. The  
58 department shall electronically record any telephone report  
59 of suspected abuse and neglect received by the department  
60 and such recorded reports shall be retained by the  
61 department for a period of one year after recording.

62 **[6.]** 7. Although reports to the central registry may  
63 be made anonymously, the department shall in all cases,  
64 after obtaining relevant information regarding the alleged  
65 abuse or neglect, attempt to obtain the name and address of  
66 any person making a report.

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

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

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

14           [(3)] (2) To a qualified applicant as provided in  
15 section 193.255;

16           [(4)] (3) Copies of death records over fifty years old  
17 may be disclosed upon request.

          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 (5) The fees required under this subsection shall be  
84 assessed against each manufacturer solely on the basis of  
85 sales transactions involving that manufacturer's own  
86 compounds, mixtures, or preparations sold in or into the  
87 state. No manufacturer shall be assessed fees based upon  
88 transactions attributable to the compounds, mixtures, or  
89 preparations of any other manufacturer.

90           8. No prescription shall be required for the  
91 dispensation, sale, or distribution of any drug product  
92 containing any detectable amount of ephedrine,  
93 phenylpropanolamine, or pseudoephedrine, or any of their  
94 salts or optical isomers, or salts of optical isomers, in an  
95 amount within the limits described in subsections 2, 3, and  
96 4 of this section. The superintendent of the Missouri state  
97 highway patrol shall report to the revisor of statutes and  
98 the general assembly by February first when the statewide  
99 number of methamphetamine laboratory seizure incidents  
100 exceeds three hundred incidents in the previous calendar  
101 year. The provisions of this subsection shall expire on  
102 April first of the calendar year in which the revisor of  
103 statutes receives such notification.

104           [8.] 9. This section shall supersede and preempt any  
105 local ordinances or regulations, including any ordinances or  
106 regulations enacted by any political subdivision of the  
107 state. This section shall not apply to the sale of any  
108 animal feed products containing ephedrine or any naturally  
109 occurring or herbal ephedra or extract of ephedra.

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

120           [10.] 11. All logs, records, documents, and electronic  
121 information maintained for the dispensing of these products  
122 shall be open for inspection and copying by municipal,

123 county, and state or federal law enforcement officers whose  
124 duty it is to enforce the controlled substances laws of this  
125 state or the United States.

126 [11.] 12. All persons who dispense or offer for sale  
127 pseudoephedrine and ephedrine products, except those that  
128 are excluded from Schedule V in subsection 17 or 18 of  
129 section 195.017, shall ensure that all such products are  
130 located only behind a pharmacy counter where the public is  
131 not permitted.

132 [12.] 13. The penalty for a knowing or reckless  
133 violation of this section is found in section 579.060.

195.1000. Notwithstanding any other provision of law,  
2 ivermectin tablets and hydroxychloroquine tablets shall be  
3 available to the public through over-the-counter purchase in  
4 this state without a prescription or consultation with a  
5 pharmacist or other health care professional.

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 system 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 system", a  
16 single-use device or system used for the [automatic

17 injection] delivery of a premeasured dose of epinephrine  
18 into the human 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 systems to an individual;

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

25 2. A physician may prescribe epinephrine [auto-  
26 injectors] delivery systems 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 systems 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 systems under a  
34 prescription issued in accordance with this section. Such  
35 epinephrine [auto-injectors] delivery systems shall be  
36 stored in a location readily accessible in an emergency and  
37 in accordance with the epinephrine [auto-injector's]  
38 delivery system'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 systems acquired by  
45 the authorized entity.

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

50 (1) Expected epinephrine [auto-injector] delivery  
51 system users receive training in recognizing symptoms of  
52 severe allergic reactions including anaphylaxis and the use  
53 of epinephrine [auto-injectors] delivery systems 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 systems  
59 are maintained and stored according to the epinephrine [auto-  
60 injector's] delivery system's instructions for use;

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

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

77 6. No person shall provide or administer an  
78 epinephrine [auto-injector] delivery system 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 system is needed. Provided,

83 however, that a person may provide or administer an  
84 epinephrine [auto-injector] delivery system 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 system.

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 system 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 systems and  
97 its employees, agents, and other trained persons;

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

100 (3) A physician that prescribes epinephrine [auto-  
101 injectors] delivery systems 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 system 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 system 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 system  
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 systems and be staffed  
126 by at least one individual trained in the use of epinephrine  
127 [auto-injectors] delivery systems.

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, IS A SERIOUS CRIME AND  
8 WILL BE PROSECUTED TO THE FULLEST 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; and

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 or sections 198.525 to 198.528 for  
77 residential care facilities and assisted living facilities,  
78 the department may accept, in whole or in part, written  
79 reports of the survey of any state or federal agency, or of  
80 any professional accrediting agency, if such survey is:

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

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

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

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

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

100 (5) If a facility that is exempted from an annual  
101 inspection under this subsection has one or more violations  
102 of a class I standard, as described in section 198.085, such  
103 facility shall be subject to a full survey by the state  
104 under this section.

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  
2 district authorized under subsection 2 of this section, and

3 established and organized under the provisions of this  
4 chapter:

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

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

11 (b) Bonds that have:

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

15 b. A final maturity of ten years or less;

16 (c) Money market investments; or

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

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

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

208.146. 1. The program established under this  
2 section shall be known as the "Ticket to Work Health  
3 Assurance Program". Subject to appropriations and in  
4 accordance with the federal Ticket to Work and Work  
5 Incentives Improvement Act of 1999 (TWWIIA), Public Law 106-  
6 170, the medical assistance provided for in section 208.151  
7 may be paid for a person who is employed and who:

8 (1) Except for earnings, meets the definition of  
9 disabled under the Supplemental Security Income Program or

10 meets the definition of an employed individual with a  
11 medically improved disability under TWWIIA;

12 (2) Has earned income, as defined in subsection 2 of  
13 this section;

14 (3) Meets the asset limits in subsection 3 of this  
15 section; and

16 (4) Has income, as determined in subsection 3 of this  
17 section, that does not exceed two hundred fifty percent of  
18 the federal poverty level, excluding any earned income of  
19 the worker with a disability between two hundred fifty and  
20 three hundred percent of the federal poverty level.

21 2. For income to be considered earned income for  
22 purposes of this section, the department of social services  
23 shall document that Medicare and Social Security taxes are  
24 withheld from such income. Self-employed persons shall  
25 provide proof of payment of Medicare and Social Security  
26 taxes for income to be considered earned.

27 3. (1) For purposes of determining eligibility under  
28 this section, the available asset limit and the definition  
29 of available assets shall be the same as those used to  
30 determine MO HealthNet eligibility for permanent and totally  
31 disabled individuals under subdivision (24) of subsection 1  
32 of section 208.151 except for:

33 (a) Medical savings accounts limited to deposits of  
34 earned income and earnings on such income while a  
35 participant in the program created under this section with a  
36 value not to exceed five thousand dollars per year;

37 (b) Independent living accounts limited to deposits of  
38 earned income and earnings on such income while a  
39 participant in the program created under this section with a  
40 value not to exceed five thousand dollars per year. For  
41 purposes of this section, an "independent living account"  
42 means an account established and maintained to provide

43 savings for transportation, housing, home modification, and  
44 personal care services and assistive devices associated with  
45 such person's disability; and

46 (c) Retirement accounts including, but not limited to,  
47 individual accounts, 401(k) plans, 403(b) plans, Keogh  
48 plans, and pension plans, provided that income from such  
49 accounts be calculated as income under subdivision (4) of  
50 subsection 1 of this section.

51 (2) To determine income, the following shall be  
52 disregarded:

53 (a) The first fifty thousand dollars of earned income  
54 of the person's spouse;

55 (b) A twenty dollar standard deduction;

56 (c) Health insurance premiums;

57 (d) A seventy-five dollar a month standard deduction  
58 for the disabled worker's dental and optical insurance when  
59 the total dental and optical insurance premiums are less  
60 than seventy-five dollars;

61 (e) All Supplemental Security Income payments, and the  
62 first fifty dollars of SSDI payments; and

63 (f) A standard deduction for impairment-related  
64 employment expenses equal to one-half of the disabled  
65 worker's earned income.

66 4. Any person whose income exceeds one hundred percent  
67 of the federal poverty level shall pay a premium for  
68 participation in the medical assistance provided in this  
69 section. Such premium shall be:

70 (1) For a person whose income is more than one hundred  
71 percent but less than one hundred fifty percent of the  
72 federal poverty level, four percent of income at one hundred  
73 percent of the federal poverty level;

74 (2) For a person whose income equals or exceeds one  
75 hundred fifty percent but is less than two hundred percent

76 of the federal poverty level, four percent of income at one  
77 hundred fifty percent of the federal poverty level;

78 (3) For a person whose income equals or exceeds two  
79 hundred percent but less than two hundred fifty percent of  
80 the federal poverty level, five percent of income at two  
81 hundred percent of the federal poverty level;

82 (4) For a person whose income equals or exceeds two  
83 hundred fifty percent up to and including three hundred  
84 percent of the federal poverty level, six percent of income  
85 at two hundred fifty percent of the federal poverty level.

86 5. Recipients of services through this program shall  
87 report any change in income or household size within ten  
88 days of the occurrence of such change. An increase in  
89 premiums resulting from a reported change in income or  
90 household size shall be effective with the next premium  
91 invoice that is mailed to a person after due process  
92 requirements have been met. A decrease in premiums shall be  
93 effective the first day of the month immediately following  
94 the month in which the change is reported.

95 6. If an eligible person's employer offers employer-  
96 sponsored health insurance and the department of social  
97 services determines that it is more cost effective, such  
98 person shall participate in the employer-sponsored  
99 insurance. The department shall pay such person's portion  
100 of the premiums, co-payments, and any other costs associated  
101 with participation in the employer-sponsored health  
102 insurance. If the department elects to pay such person's  
103 employer-sponsored insurance costs under this subsection,  
104 the medical assistance provided under this section shall be  
105 provided to an eligible person as a secondary or  
106 supplemental policy for only personal care assistance  
107 services, as defined in section 208.900, and related costs

108 and nonemergency medical transportation to any employer-  
109 sponsored benefits that may be available to such person.

110 7. The department of social services shall provide to  
111 the general assembly an annual report that identifies the  
112 number of participants in the program and describes the  
113 outreach and education efforts to increase awareness and  
114 enrollment in the program.

115 8. The department of social services shall submit such  
116 state plan amendments and waivers to the Centers for  
117 Medicare and Medicaid Services of the federal Department of  
118 Health and Human Services as the department determines are  
119 necessary to implement the provisions of this section.

120 [9. The provisions of this section shall expire August  
121 28, 2025.]

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

3 (1) "Clinical pathology services", professional  
4 medical services provided by a licensed physician that  
5 involve the use of medical judgment, that contribute  
6 directly to the diagnosis, care, and treatment of individual  
7 patients, and that are necessary for every laboratory test  
8 run in a high-complexity laboratory environment;

9 (2) "Hospital-based pathologist", a licensed physician  
10 specializing in pathology who provides clinical pathology  
11 services for the laboratory within a hospital;

12 (3) "MO HealthNet", the Medicaid program administered  
13 by the state of Missouri in accordance with federal and  
14 state law;

15 (4) "Professional component of clinical pathology  
16 services", the portion of each clinical pathology service in  
17 a high-complexity laboratory environment that involves the  
18 physician's use of medical judgment in interpreting and

19 supervising laboratory tests and that excludes the technical  
20 component of the laboratory test.

21 2. The professional component of clinical pathology  
22 services provided by a hospital-based pathologist shall be  
23 recognized as distinct physician services by the MO  
24 HealthNet program.

25 3. The MO HealthNet program shall reimburse the  
26 professional component of clinical pathology services  
27 provided to MO HealthNet participants.

28 4. The reimbursement amount for the professional  
29 component of clinical pathology services shall be set at no  
30 less than thirty percent of the approved MO HealthNet  
31 Independent Lab - Technical Component fee schedule.

32 5. Payment for the professional component of clinical  
33 pathology services shall be made directly to the licensed  
34 physician providing the services or to the entity the  
35 licensed physician has assigned the right to receive payment  
36 for the services provided.

37 6. If a state plan amendment is determined by the  
38 department of social services to be required, the department  
39 of social services shall timely submit such amendment. If  
40 such amendment is not approved, the department shall make  
41 all reasonable efforts to obtain federal approval, including  
42 resubmission, modification, or pursuit of any alternative  
43 lawful mechanism necessary to implement reimbursement  
44 consistent with this section. Nothing in this subsection  
45 shall be construed to relieve the department of its  
46 obligation to implement reimbursement to the fullest extent  
47 permitted under state and federal authority.

48 7. The department of social services shall promulgate  
49 all necessary rules and regulations for the administration  
50 of this section. Any rule or portion of a rule, as that  
51 term is defined in section 536.010, that is created under

52 the authority delegated in this section shall become  
53 effective only if it complies with and is subject to all of  
54 the provisions of chapter 536 and, if applicable, section  
55 536.028. This section and chapter 536 are nonseverable and  
56 if any of the powers vested with the general assembly  
57 pursuant to chapter 536 to review, to delay the effective  
58 date, or to disapprove and annul a rule are subsequently  
59 held unconstitutional, then the grant of rulemaking  
60 authority and any rule proposed or adopted after August 28,  
61 2026, shall be invalid and void.

208.215. 1. MO HealthNet is payer of last resort  
2 unless otherwise specified by law. When any person,  
3 corporation, institution, public agency or private agency is  
4 liable, either pursuant to contract or otherwise, to a  
5 participant receiving public assistance on account of  
6 personal injury to or disability or disease or benefits  
7 arising from a health insurance plan to which the  
8 participant may be entitled, payments made by the department  
9 of social services or MO HealthNet division shall be a debt  
10 due the state and recoverable from the liable party or  
11 participant for all payments made on behalf of the  
12 participant and the debt due the state shall not exceed the  
13 payments made from MO HealthNet benefits provided under  
14 sections 208.151 to 208.158 and section 208.162 and section  
15 208.204 on behalf of the participant, minor or estate for  
16 payments on account of the injury, disease, or disability or  
17 benefits arising from a health insurance program to which  
18 the participant may be entitled. Any health benefit plan as  
19 defined in section 376.1350, third-party administrator,  
20 administrative service organization, and pharmacy benefits  
21 manager shall process and pay all properly submitted medical  
22 assistance subrogation claims or MO HealthNet subrogation

23 claims using standard electronic transactions or paper claim  
24 forms:

25 (1) For a period of three years from the date services  
26 were provided or rendered; however, an entity:

27 (a) Shall respond to any inquiry by the state  
28 regarding a claim for payment for any health care item or  
29 service not later than sixty days after receiving any such  
30 inquiry;

31 (b) Shall not be required to reimburse for items or  
32 services which are not covered under MO HealthNet;

33 [(b)] (c) Shall not deny a claim submitted by the  
34 state solely on the basis of the date of submission of the  
35 claim, the type or format of the claim form, failure to  
36 present proper documentation of coverage at the point of  
37 sale, or failure to provide prior authorization for the item  
38 or service for which the claim is being submitted, except  
39 that such shall not apply to the original Medicare fee-for-  
40 service program under Parts A and B of Subchapter XVIII of  
41 42 U.S.C. Chapter 7, a Medicare Advantage plan offered by a  
42 Medicare Advantage organization under Part C of such  
43 subchapter, a reasonable cost reimbursement plan under 42  
44 U.S.C. 1395mm, a health care prepayment plan under 42 U.S.C.  
45 1395l, or a prescription drug plan offered by a PDP sponsor  
46 under Part D of Subchapter XVIII of 42 U.S.C. Chapter 7 with  
47 regards to prior authorizations;

48 [(c)] (d) Shall not be required to reimburse for items  
49 or services for which a claim was previously submitted to  
50 the health benefit plan, third-party administrator,  
51 administrative service organization, or pharmacy benefits  
52 manager by the health care provider or the participant and  
53 the claim was properly denied by the health benefit plan,  
54 third-party administrator, administrative service  
55 organization, or pharmacy benefits manager for procedural

56 reasons, except for timely filing, type or format of the  
57 claim form, failure to present proper documentation of  
58 coverage at the point of sale, or failure to obtain prior  
59 authorization;

60 (e) Shall accept authorization provided by the state  
61 that the item or service is covered under the state plan or  
62 waiver of such plan for such individual, as if such  
63 authorization were the prior authorization made by the third  
64 party for such item or service, except that such shall not  
65 apply to the original Medicare fee-for-service program under  
66 Parts A and B of Subchapter XVIII of 42 U.S.C. Chapter 7, a  
67 Medicare Advantage plan offered by a Medicare Advantage  
68 organization under Part C of such subchapter, a reasonable  
69 cost reimbursement plan under 42 U.S.C. 1395mm, a health  
70 care prepayment plan under 42 U.S.C. 1395l, or a  
71 prescription drug plan offered by a PDP sponsor under Part D  
72 of Subchapter XVIII of 42 U.S.C. Chapter 7;

73 [(d)] (f) Shall not be required to reimburse for items  
74 or services which are not covered under or were not covered  
75 under the plan offered by the entity against which a claim  
76 for subrogation has been filed; and

77 [(e)] (g) Shall reimburse for items or services to the  
78 same extent that the entity would have been liable as if it  
79 had been properly billed at the point of sale, and the  
80 amount due is limited to what the entity would have paid as  
81 if it had been properly billed at the point of sale; and

82 (2) If any action by the state to enforce its rights  
83 with respect to such claim is commenced within six years of  
84 the state's submission of such claim.

85 2. The department of social services, MO HealthNet  
86 division, or its contractor may maintain an appropriate  
87 action to recover funds paid by the department of social  
88 services or MO HealthNet division or its contractor that are

89 due under this section in the name of the state of Missouri  
90 against the person, corporation, institution, public agency,  
91 or private agency liable to the participant, minor or estate.

92 3. Any participant, minor, guardian, conservator,  
93 personal representative, estate, including persons entitled  
94 under section 537.080 to bring an action for wrongful death  
95 who pursues legal rights against a person, corporation,  
96 institution, public agency, or private agency liable to that  
97 participant or minor for injuries, disease or disability or  
98 benefits arising from a health insurance plan to which the  
99 participant may be entitled as outlined in subsection 1 of  
100 this section shall upon actual knowledge that the department  
101 of social services or MO HealthNet division has paid MO  
102 HealthNet benefits as defined by this chapter promptly  
103 notify the MO HealthNet division as to the pursuit of such  
104 legal rights.

105 4. Every applicant or participant by application  
106 assigns his right to the department of social services or MO  
107 HealthNet division of any funds recovered or expected to be  
108 recovered to the extent provided for in this section. All  
109 applicants and participants, including a person authorized  
110 by the probate code, shall cooperate with the department of  
111 social services, MO HealthNet division in identifying and  
112 providing information to assist the state in pursuing any  
113 third party who may be liable to pay for care and services  
114 available under the state's plan for MO HealthNet benefits  
115 as provided in sections 208.151 to 208.159 and sections  
116 208.162 and 208.204. All applicants and participants shall  
117 cooperate with the agency in obtaining third-party resources  
118 due to the applicant, participant, or child for whom  
119 assistance is claimed. Failure to cooperate without good  
120 cause as determined by the department of social services, MO  
121 HealthNet division in accordance with federally prescribed

122 standards shall render the applicant or participant  
123 ineligible for MO HealthNet benefits under sections 208.151  
124 to 208.159 and sections 208.162 and 208.204. A participant  
125 who has notice or who has actual knowledge of the  
126 department's rights to third-party benefits who receives any  
127 third-party benefit or proceeds for a covered illness or  
128 injury is either required to pay the division within sixty  
129 days after receipt of settlement proceeds the full amount of  
130 the third-party benefits up to the total MO HealthNet  
131 benefits provided or to place the full amount of the third-  
132 party benefits in a trust account for the benefit of the  
133 division pending judicial or administrative determination of  
134 the division's right to third-party benefits.

135         5. Every person, corporation or partnership who acts  
136 for or on behalf of a person who is or was eligible for MO  
137 HealthNet benefits under sections 208.151 to 208.159 and  
138 sections 208.162 and 208.204 for purposes of pursuing the  
139 applicant's or participant's claim which accrued as a result  
140 of a nonoccupational or nonwork-related incident or  
141 occurrence resulting in the payment of MO HealthNet benefits  
142 shall notify the MO HealthNet division upon agreeing to  
143 assist such person and further shall notify the MO HealthNet  
144 division of any institution of a proceeding, settlement or  
145 the results of the pursuit of the claim and give thirty  
146 days' notice before any judgment, award, or settlement may  
147 be satisfied in any action or any claim by the applicant or  
148 participant to recover damages for such injuries, disease,  
149 or disability, or benefits arising from a health insurance  
150 program to which the participant may be entitled.

151         6. Every participant, minor, guardian, conservator,  
152 personal representative, estate, including persons entitled  
153 under section 537.080 to bring an action for wrongful death,  
154 or his attorney or legal representative shall promptly

155 notify the MO HealthNet division of any recovery from a  
156 third party and shall immediately reimburse the department  
157 of social services, MO HealthNet division, or its contractor  
158 from the proceeds of any settlement, judgment, or other  
159 recovery in any action or claim initiated against any such  
160 third party. A judgment, award, or settlement in an action  
161 by a participant to recover damages for injuries or other  
162 third-party benefits in which the division has an interest  
163 may not be satisfied without first giving the division  
164 notice and a reasonable opportunity to file and satisfy the  
165 claim or proceed with any action as otherwise permitted by  
166 law.

167         7. The department of social services, MO HealthNet  
168 division or its contractor shall have a right to recover the  
169 amount of payments made to a provider under this chapter  
170 because of an injury, disease, or disability, or benefits  
171 arising from a health insurance plan to which the  
172 participant may be entitled for which a third party is or  
173 may be liable in contract, tort or otherwise under law or  
174 equity. Upon request by the MO HealthNet division, all  
175 third-party payers shall provide the MO HealthNet division  
176 with information contained in a 270/271 Health Care  
177 Eligibility Benefits Inquiry and Response standard  
178 transaction mandated under the federal Health Insurance  
179 Portability and Accountability Act, except that third-party  
180 payers shall not include accident-only, specified disease,  
181 disability income, hospital indemnity, or other fixed  
182 indemnity insurance policies.

183         8. The department of social services or MO HealthNet  
184 division shall have a lien upon any moneys to be paid by any  
185 insurance company or similar business enterprise, person,  
186 corporation, institution, public agency or private agency in  
187 settlement or satisfaction of a judgment on any claim for

188 injuries or disability or disease benefits arising from a  
189 health insurance program to which the participant may be  
190 entitled which resulted in medical expenses for which the  
191 department or MO HealthNet division made payment. This lien  
192 shall also be applicable to any moneys which may come into  
193 the possession of any attorney who is handling the claim for  
194 injuries, or disability or disease or benefits arising from  
195 a health insurance plan to which the participant may be  
196 entitled which resulted in payments made by the department  
197 or MO HealthNet division. In each case, a lien notice shall  
198 be served by certified mail or registered mail, upon the  
199 party or parties against whom the applicant or participant  
200 has a claim, demand or cause of action. The lien shall  
201 claim the charge and describe the interest the department or  
202 MO HealthNet division has in the claim, demand or cause of  
203 action. The lien shall attach to any verdict or judgment  
204 entered and to any money or property which may be recovered  
205 on account of such claim, demand, cause of action or suit  
206 from and after the time of the service of the notice.

207 9. On petition filed by the department, or by the  
208 participant, or by the defendant, the court, on written  
209 notice of all interested parties, may adjudicate the rights  
210 of the parties and enforce the charge. The court may  
211 approve the settlement of any claim, demand or cause of  
212 action either before or after a verdict, and nothing in this  
213 section shall be construed as requiring the actual trial or  
214 final adjudication of any claim, demand or cause of action  
215 upon which the department has charge. The court may  
216 determine what portion of the recovery shall be paid to the  
217 department against the recovery. In making this  
218 determination the court shall conduct an evidentiary hearing  
219 and shall consider competent evidence pertaining to the  
220 following matters:

221 (1) The amount of the charge sought to be enforced  
222 against the recovery when expressed as a percentage of the  
223 gross amount of the recovery; the amount of the charge  
224 sought to be enforced against the recovery when expressed as  
225 a percentage of the amount obtained by subtracting from the  
226 gross amount of the recovery the total attorney's fees and  
227 other costs incurred by the participant incident to the  
228 recovery; and whether the department should, as a matter of  
229 fairness and equity, bear its proportionate share of the  
230 fees and costs incurred to generate the recovery from which  
231 the charge is sought to be satisfied;

232 (2) The amount, if any, of the attorney's fees and  
233 other costs incurred by the participant incident to the  
234 recovery and paid by the participant up to the time of  
235 recovery, and the amount of such fees and costs remaining  
236 unpaid at the time of recovery;

237 (3) The total hospital, doctor and other medical  
238 expenses incurred for care and treatment of the injury to  
239 the date of recovery therefor, the portion of such expenses  
240 theretofore paid by the participant, by insurance provided  
241 by the participant, and by the department, and the amount of  
242 such previously incurred expenses which remain unpaid at the  
243 time of recovery and by whom such incurred, unpaid expenses  
244 are to be paid;

245 (4) Whether the recovery represents less than  
246 substantially full recompense for the injury and the  
247 hospital, doctor and other medical expenses incurred to the  
248 date of recovery for the care and treatment of the injury,  
249 so that reduction of the charge sought to be enforced  
250 against the recovery would not likely result in a double  
251 recovery or unjust enrichment to the participant;

252 (5) The age of the participant and of persons  
253 dependent for support upon the participant, the nature and

254 permanency of the participant's injuries as they affect not  
255 only the future employability and education of the  
256 participant but also the reasonably necessary and  
257 foreseeable future material, maintenance, medical  
258 rehabilitative and training needs of the participant, the  
259 cost of such reasonably necessary and foreseeable future  
260 needs, and the resources available to meet such needs and  
261 pay such costs;

262 (6) The realistic ability of the participant to repay  
263 in whole or in part the charge sought to be enforced against  
264 the recovery when judged in light of the factors enumerated  
265 above.

266 10. The burden of producing evidence sufficient to  
267 support the exercise by the court of its discretion to  
268 reduce the amount of a proven charge sought to be enforced  
269 against the recovery shall rest with the party seeking such  
270 reduction. The computerized records of the MO HealthNet  
271 division, certified by the director or his or her designee,  
272 shall be prima facie evidence of proof of moneys expended  
273 and the amount of the debt due the state.

274 11. The court may reduce and apportion the  
275 department's or MO HealthNet division's lien proportionate  
276 to the recovery of the claimant. The court may consider the  
277 nature and extent of the injury, economic and noneconomic  
278 loss, settlement offers, comparative negligence as it  
279 applies to the case at hand, hospital costs, physician  
280 costs, and all other appropriate costs. The department or  
281 MO HealthNet division shall pay its pro rata share of the  
282 attorney's fees based on the department's or MO HealthNet  
283 division's lien as it compares to the total settlement  
284 agreed upon. This section shall not affect the priority of  
285 an attorney's lien under section 484.140. The charges of  
286 the department or MO HealthNet division or contractor

287 described in this section, however, shall take priority over  
288 all other liens and charges existing under the laws of the  
289 state of Missouri with the exception of the attorney's lien  
290 under such statute.

291 12. Whenever the department of social services or MO  
292 HealthNet division has a statutory charge under this section  
293 against a recovery for damages incurred by a participant  
294 because of its advancement of any assistance, such charge  
295 shall not be satisfied out of any recovery until the  
296 attorney's claim for fees is satisfied, regardless of  
297 whether an action based on participant's claim has been  
298 filed in court. Nothing herein shall prohibit the director  
299 from entering into a compromise agreement with any  
300 participant, after consideration of the factors in  
301 subsections 9 to 13 of this section.

302 13. This section shall be inapplicable to any claim,  
303 demand or cause of action arising under the workers'  
304 compensation act, chapter 287. From funds recovered  
305 pursuant to this section the federal government shall be  
306 paid a portion thereof equal to the proportionate part  
307 originally provided by the federal government to pay for MO  
308 HealthNet benefits to the participant or minor involved.  
309 The department or MO HealthNet division shall enforce TEFRA  
310 liens, 42 U.S.C. Section 1396p, as authorized by federal law  
311 and regulation on permanently institutionalized  
312 individuals. The department or MO HealthNet division shall  
313 have the right to enforce TEFRA liens, 42 U.S.C. Section  
314 1396p, as authorized by federal law and regulation on all  
315 other institutionalized individuals. For the purposes of  
316 this subsection, "permanently institutionalized individuals"  
317 includes those people who the department or MO HealthNet  
318 division determines cannot reasonably be expected to be  
319 discharged and return home, and "property" includes the

320 homestead and all other personal and real property in which  
321 the participant has sole legal interest or a legal interest  
322 based upon co-ownership of the property which is the result  
323 of a transfer of property for less than the fair market  
324 value within thirty months prior to the participant's  
325 entering the nursing facility. The following provisions  
326 shall apply to such liens:

327 (1) The lien shall be for the debt due the state for  
328 MO HealthNet benefits paid or to be paid on behalf of a  
329 participant. The amount of the lien shall be for the full  
330 amount due the state at the time the lien is enforced;

331 (2) The MO HealthNet division shall file for record,  
332 with the recorder of deeds of the county in which any real  
333 property of the participant is situated, a written notice of  
334 the lien. The notice of lien shall contain the name of the  
335 participant and a description of the real estate. The  
336 recorder shall note the time of receiving such notice, and  
337 shall record and index the notice of lien in the same manner  
338 as deeds of real estate are required to be recorded and  
339 indexed. The director or the director's designee may  
340 release or discharge all or part of the lien and notice of  
341 the release shall also be filed with the recorder. The  
342 department of social services, MO HealthNet division, shall  
343 provide payment to the recorder of deeds the fees set for  
344 similar filings in connection with the filing of a lien and  
345 any other necessary documents;

346 (3) No such lien may be imposed against the property  
347 of any individual prior to the individual's death on account  
348 of MO HealthNet benefits paid except:

349 (a) In the case of the real property of an individual:

350 a. Who is an inpatient in a nursing facility,  
351 intermediate care facility for the intellectually disabled,  
352 or other medical institution, if such individual is

353 required, as a condition of receiving services in such  
354 institution, to spend for costs of medical care all but a  
355 minimal amount of his or her income required for personal  
356 needs; and

357         b. With respect to whom the director of the MO  
358 HealthNet division or the director's designee determines,  
359 after notice and opportunity for hearing, that he cannot  
360 reasonably be expected to be discharged from the medical  
361 institution and to return home. The hearing, if requested,  
362 shall proceed under the provisions of chapter 536 before a  
363 hearing officer designated by the director of the MO  
364 HealthNet division; or

365         (b) Pursuant to the judgment of a court on account of  
366 benefits incorrectly paid on behalf of such individual;

367         (4) No lien may be imposed under paragraph (b) of  
368 subdivision (3) of this subsection on such individual's home  
369 if one or more of the following persons is lawfully residing  
370 in such home:

371             (a) The spouse of such individual;

372             (b) Such individual's child who is under twenty-one  
373 years of age, or is blind or permanently and totally  
374 disabled; or

375             (c) A sibling of such individual who has an equity  
376 interest in such home and who was residing in such  
377 individual's home for a period of at least one year  
378 immediately before the date of the individual's admission to  
379 the medical institution;

380         (5) Any lien imposed with respect to an individual  
381 pursuant to subparagraph b. of paragraph (a) of subdivision  
382 (3) of this subsection shall dissolve upon that individual's  
383 discharge from the medical institution and return home.

384         14. The debt due the state provided by this section is  
385 subordinate to the lien provided by section 484.130 or

386 section 484.140, relating to an attorney's lien and to the  
387 participant's expenses of the claim against the third party.

388 15. Application for and acceptance of MO HealthNet  
389 benefits under this chapter shall constitute an assignment  
390 to the department of social services or MO HealthNet  
391 division of any rights to support for the purpose of medical  
392 care as determined by a court or administrative order and of  
393 any other rights to payment for medical care.

394 16. All participants receiving benefits as defined in  
395 this chapter shall cooperate with the state by reporting to  
396 the family support division or the MO HealthNet division,  
397 within thirty days, any occurrences where an injury to their  
398 persons or to a member of a household who receives MO  
399 HealthNet benefits is sustained, on such form or forms as  
400 provided by the family support division or MO HealthNet  
401 division.

402 17. If a person fails to comply with the provision of  
403 any judicial or administrative decree or temporary order  
404 requiring that person to maintain medical insurance on or be  
405 responsible for medical expenses for a dependent child,  
406 spouse, or ex-spouse, in addition to other remedies  
407 available, that person shall be liable to the state for the  
408 entire cost of the medical care provided pursuant to  
409 eligibility under any public assistance program on behalf of  
410 that dependent child, spouse, or ex-spouse during the period  
411 for which the required medical care was provided. Where a  
412 duty of support exists and no judicial or administrative  
413 decree or temporary order for support has been entered, the  
414 person owing the duty of support shall be liable to the  
415 state for the entire cost of the medical care provided on  
416 behalf of the dependent child or spouse to whom the duty of  
417 support is owed.

418 18. The department director or the director's designee  
419 may compromise, settle or waive any such claim in whole or  
420 in part in the interest of the MO HealthNet program.  
421 Notwithstanding any provision in this section to the  
422 contrary, the department of social services, MO HealthNet  
423 division is not required to seek reimbursement from a liable  
424 third party on claims for which the amount it reasonably  
425 expects to recover will be less than the cost of recovery or  
426 for which recovery efforts will not be cost-effective. Cost-  
427 effectiveness is determined based on the following:

- 428 (1) Actual and legal issues of liability as may exist  
429 between the participant and the liable party;  
430 (2) Total funds available for settlement; and  
431 (3) An estimate of the cost to the division of  
432 pursuing its claim.

208.270. 1. This section shall be known and may be  
2 cited as the "Food is Medicine Act".

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

4 (1) "Medically tailored groceries", a selection of  
5 groceries, including but not limited to fruits, vegetables,  
6 grains, beans, lean proteins, or dairy, that is prescribed  
7 by a registered dietitian or qualified clinical team for  
8 individuals who are able to prepare food. Such groceries  
9 may be specifically selected by a registered dietitian or  
10 qualified clinical team, or selected by a participant from a  
11 pantry in accordance with dietary recommendations set by a  
12 registered dietitian or qualified clinical team;

13 (2) "Medically tailored meals", meals used to meet the  
14 specific dietary needs of individuals living with one or  
15 more chronic conditions or diet-related conditions. Such  
16 meals are prescribed by a registered dietitian or qualified  
17 clinical team and home-delivered for individuals who are not  
18 able to prepare food on their own;

19           (3) "Produce prescriptions", the prescription of  
20 fruits, vegetables, or other healthy foods with no added  
21 fats, sugars, or salts to at-risk patients by a registered  
22 dietitian or qualified clinical team, typically in the form  
23 of coupons or vouchers for local farmers' markets, grocery  
24 stores, or mobile markets.

25           3. The department of social services shall apply to  
26 the Centers for Medicare and Medicaid Services of the  
27 federal Department of Health and Human Services for a  
28 Section 1115 demonstration waiver to implement the "Food is  
29 Medicine" program for the purpose of providing nutritional  
30 support through the MO HealthNet program. The food is  
31 medicine program shall be designed to improve health  
32 outcomes for MO HealthNet participants with nutrition-  
33 related chronic diseases through nutrition services and to  
34 reduce the need for medical care for those participants.

35           4. Nutrition services covered under this program may  
36 include, but shall not be limited to, the following:

- 37           (1) Case management;  
38           (2) Nutrition counseling; and  
39           (3) Food provisions prescribed by a registered  
40 dietitian or qualified clinical team, including:  
41           (a) Medically tailored groceries;  
42           (b) Medically tailored meals; and  
43           (c) Produce prescriptions.

44           5. Whenever feasible, the MO HealthNet division shall  
45 prioritize the inclusion of community-based organizations  
46 and local growers to support the purchase of locally grown  
47 food in nutrition prescriptions.

48           6. The department of social services shall promulgate  
49 all necessary rules and regulations for the administration  
50 of this section. Any rule or portion of a rule, as that  
51 term is defined in section 536.010, that is created under

52 the authority delegated in this section shall become  
53 effective only if it complies with and is subject to all of  
54 the provisions of chapter 536 and, if applicable, section  
55 536.028. This section and chapter 536 are nonseverable and  
56 if any of the powers vested with the general assembly  
57 pursuant to chapter 536 to review, to delay the effective  
58 date, or to disapprove and annul a rule are subsequently  
59 held unconstitutional, then the grant of rulemaking  
60 authority and any rule proposed or adopted after August 28,  
61 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.

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

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

3 (1) "Community navigation services", services that  
4 connect pregnant women and their families with available  
5 resources using a community-based approach including, but  
6 not limited to, an approach that promotes healthy, live

7 births and understands the services and supports available  
8 to pregnant and postpartum women receiving MO HealthNet  
9 benefits and facilitates access to those resources based  
10 upon an assessment of social service needs;

11 (2) "Doula", a birth worker who:

12 (a) Provides health education, advocacy, and physical,  
13 emotional, and nonmedical support during the prenatal,  
14 intrapartum, and postpartum periods, for pregnant and  
15 postpartum women before, during, and after childbirth,  
16 including support during miscarriage and stillbirth, with  
17 the goal of achieving healthy, live births;

18 (b) Is a trained certified professional but is not a  
19 licensed or clinical provider; and

20 (c) Does not require supervision in the performance of  
21 the activities described in paragraph (a) of this  
22 subdivision;

23 (3) "Doula care", physical, emotional, and other  
24 nonmedical care provided by a doula during the prenatal,  
25 intrapartum, and postpartum periods; presence of a doula  
26 during labor and delivery; and doula support for miscarriage  
27 and stillbirth;

28 (4) "Doula services", health education, advocacy, and  
29 physical, emotional, and nonmedical support provided during  
30 the prenatal and intrapartum periods, and after childbirth,  
31 including throughout the postpartum period;

32 (5) "Eligible participant", any pregnant woman who is  
33 eligible for MO HealthNet benefits and requests doula  
34 services;

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

37 (7) "Intrapartum", the period of pregnancy during  
38 labor and delivery, miscarriage, and stillbirth. Services

39 provided during this period are rendered to the pregnant  
40 woman;

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

46 (9) "Postpartum", the one-year period after a  
47 pregnancy ends;

48 (10) "Postpartum support session", any session  
49 provided during the postpartum period that is designed to  
50 help a woman understand what to expect, identify normal  
51 experiences, communicate concerns to providers, transition  
52 back to well-woman care, engage in family planning,  
53 participate in screening for postpartum depression, engage  
54 in parenting education and skills development, and  
55 transition to other insurance as necessary;

56 (11) "Prenatal", the period of pregnancy before labor  
57 or childbirth. Services provided during this period are  
58 rendered to the pregnant woman;

59 (12) "Prenatal support session", any session provided  
60 during the prenatal period that is aimed at enhancing health  
61 literacy, covering what to expect during pregnancy and  
62 childbirth, identifying normal experiences, communicating  
63 concerns to providers, and discussing nutrition, exercise,  
64 tobacco cessation, and self-monitoring of existing health  
65 risks or conditions;

66 (13) "Support session", any prenatal, intrapartum, or  
67 postpartum support session.

208.1410. Any eligible participant shall be entitled  
2 to MO HealthNet coverage of the following doula care and  
3 doula services:

4           (1) A combined total of at least six support  
5 sessions. A participant who needs more than six support  
6 sessions shall be entitled to up to ten additional support  
7 sessions for a combined total of sixteen support sessions;

8           (2) One birth attendance. Coverage for attendance at  
9 a scheduled cesarean section delivery shall be allowed under  
10 this subdivision;

11           (3) Up to two visits for general education and support  
12 on lactation at any time during the prenatal and postpartum  
13 periods; and

14           (4) Community navigation services, except that any  
15 community navigation services provided outside any visit or  
16 session billed under subdivisions (1) to (3) of this section  
17 shall be billed only up to ten times total over the course  
18 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.

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

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

8 208.1425. The MO HealthNet division shall promulgate  
9 all necessary rules and regulations for the administration  
10 of sections 208.1400 to 208.1425. Any rule or portion of a  
11 rule, as that term is defined in section 536.010, that is  
12 created under the authority delegated in this section shall  
13 become effective only if it complies with and is subject to  
14 all of the provisions of chapter 536 and, if applicable,  
15 section 536.028. This section and chapter 536 are  
16 nonseverable and if any of the powers vested with the  
17 general assembly pursuant to chapter 536 to review, to delay  
18 the effective date, or to disapprove and annul a rule are  
19 subsequently held unconstitutional, then the grant of  
20 rulemaking authority and any rule proposed or adopted after  
21 August 28, 2026, shall be invalid and void.

2 210.110. As used in sections 210.109 to 210.165, and  
3 sections 210.180 to 210.183, the following terms mean:

4 (1) "Abuse", any physical injury, sexual abuse, or  
5 emotional abuse inflicted on a child other than by  
6 accidental means by those responsible for the child's care,  
7 custody, and control, except that discipline including  
8 spanking, administered in a reasonable manner, shall not be  
9 construed to be abuse. Victims of abuse shall also include  
any victims of sex trafficking or severe forms of

10 trafficking as those terms are defined in 22 U.S.C. Section  
11 7102, as amended;

12 (2) "Assessment and treatment services for children",  
13 an approach to be developed by the children's division which  
14 will recognize and treat the specific needs of at-risk and  
15 abused or neglected children. The developmental and medical  
16 assessment may be a broad physical, developmental, and  
17 mental health screening [to be completed within thirty days  
18 of a child's entry into custody and] that shall be in  
19 accordance with the time frames set forth under paragraphs  
20 (a) and (b) of this subdivision and the periodicity schedule  
21 set forth by the American Academy of Pediatrics thereafter  
22 as long as the child remains in care. Screenings may be  
23 offered at a centralized location and shall include, at a  
24 minimum, the following:

25 (a) Within seventy-two hours upon entry into custody,  
26 a [complete] physical to be performed by a [pediatrician]  
27 physician or nurse practitioner familiar with the effects of  
28 abuse [and] or neglect on young children. The physician or  
29 nurse practitioner who performs the physical under this  
30 paragraph shall also request the child's past medical  
31 records, and a foster family of the child shall have access  
32 to all medical records under this paragraph. If medical  
33 records indicate that an evaluation has been completed and  
34 such evaluation indicated a need for developmental,  
35 behavioral, and emotional treatment, best efforts shall be  
36 made to provide or, if such treatment is being provided,  
37 continue such care with the current provider or another  
38 provider if such provider is not available. Any person  
39 receiving such request shall fulfill the request within  
40 thirty days of placement. No vaccine shall be administered  
41 during the physical without the consent of the biological  
42 parent; and

43           (b) Within thirty days of the physical under paragraph  
44 (a) of this subdivision, a referral for a developmental,  
45 behavioral, and emotional screening in addition to early  
46 periodic screening, diagnosis, and treatment services,  
47 including a core set of standardized and recognized  
48 instruments as well as interviews with the child and  
49 appropriate caregivers. The screening battery may be  
50 performed by a licensed mental health professional familiar  
51 with the effects of abuse [and] or neglect on young children  
52 or a primary care physician using a standardized assessment  
53 tool, who will then serve as the liaison between all service  
54 providers in ensuring that needed services are provided.  
55 Such treatment services may include in-home services, out-of-  
56 home placement, intensive twenty-four-hour treatment  
57 services, family counseling, parenting training and other  
58 best practices.

59 Children whose screenings indicate an area of concern may  
60 complete a comprehensive, in-depth health, psychodiagnostic,  
61 or developmental assessment within sixty days of entry into  
62 custody;

63           (3) "Central registry", a registry of persons where  
64 the division has found probable cause to believe prior to  
65 August 28, 2004, or by a preponderance of the evidence after  
66 August 28, 2004, or a court has substantiated through court  
67 adjudication that the individual has committed child abuse  
68 or neglect or the person has pled guilty or has been found  
69 guilty of a crime pursuant to section 565.020, 565.021,  
70 565.023, 565.024, 565.050, 566.030, 566.060, or 567.050 if  
71 the victim is a child less than eighteen years of age, or  
72 any other crime pursuant to chapter 566 if the victim is a  
73 child less than eighteen years of age and the perpetrator is  
74 twenty-one years of age or older, a crime under section

75 568.020, 568.030, 568.045, 568.050, 568.060, 568.080,  
76 568.090, 573.023, 573.025, 573.035, 573.037, 573.040,  
77 573.200, or 573.205, or an attempt to commit any such  
78 crimes. Any persons placed on the registry prior to August  
79 28, 2004, shall remain on the registry for the duration of  
80 time required by section 210.152;

81 (4) "Child", any person, regardless of physical or  
82 mental condition, under eighteen years of age;

83 (5) "Children's services providers and agencies", any  
84 public, quasi-public, or private entity with the appropriate  
85 and relevant training and expertise in delivering services  
86 to children and their families as determined by the  
87 children's division, and capable of providing direct  
88 services and other family services for children in the  
89 custody of the children's division or any such entities or  
90 agencies that are receiving state moneys for such services;

91 (6) "Director", the director of the Missouri  
92 children's division within the department of social services;

93 (7) "Division", the Missouri children's division  
94 within the department of social services;

95 (8) "Family assessment and services", an approach to  
96 be developed by the children's division which will provide  
97 for a prompt assessment of a child who has been reported to  
98 the division as a victim of abuse or neglect by a person  
99 responsible for that child's care, custody or control and of  
100 that child's family, including risk of abuse and neglect  
101 and, if necessary, the provision of community-based services  
102 to reduce the risk and support the family;

103 (9) "Family support team meeting" or "team meeting", a  
104 meeting convened by the division or children's services  
105 provider in behalf of the family and/or child for the  
106 purpose of determining service and treatment needs,  
107 determining the need for placement and developing a plan for

108 reunification or other permanency options, determining the  
109 appropriate placement of the child, evaluating case  
110 progress, and establishing and revising the case plan;

111 (10) "Investigation", the collection of physical and  
112 [verbal] oral evidence to determine if a child has been  
113 abused or neglected;

114 (11) "Jail or detention center personnel", employees  
115 and volunteers working in any premises or institution where  
116 incarceration, evaluation, care, treatment or rehabilitation  
117 is provided to persons who are being held under custody of  
118 the law;

119 (12) "Neglect", failure to provide, by those  
120 responsible for the care, custody, and control of the child,  
121 the proper or necessary support, education as required by  
122 law, nutrition or medical, surgical, or any other care  
123 necessary for the child's well-being, except that neglect  
124 shall not be found by virtue of the sole fact that a person  
125 allows a child to engage in independent activities without  
126 adult supervision including, but not limited to, traveling  
127 to or from school or nearby locations by bicycle or on foot,  
128 playing outdoors, or remaining at home for a reasonable  
129 period of time, provided such activities are appropriate  
130 based on the child's age, maturity, and physical and mental  
131 abilities, and the lack of adult supervision does not  
132 constitute conduct that is so grossly negligent as to  
133 endanger the health or safety of the child. Victims of  
134 neglect shall also include any victims of sex trafficking or  
135 severe forms of trafficking as those terms are defined in 22  
136 U.S.C. Section 7102, as amended;

137 (13) "Preponderance of the evidence", that degree of  
138 evidence that is of greater weight or more convincing than  
139 the evidence which is offered in opposition to it or

140 evidence which as a whole shows the fact to be proved to be  
141 more probable than not;

142 (14) "Probable cause", available facts when viewed in  
143 the light of surrounding circumstances which would cause a  
144 reasonable person to believe a child was abused or neglected;

145 (15) "Report", the communication of an allegation of  
146 child abuse or neglect to the division pursuant to section  
147 210.115;

148 (16) "Those responsible for the care, custody, and  
149 control of the child", includes, but is not limited to:

150 (a) The parents or legal guardians of a child;

151 (b) Other members of the child's household;

152 (c) Those exercising supervision over a child for any  
153 part of a twenty-four-hour day;

154 (d) Any adult person who has access to the child based  
155 on relationship to the parents of the child or members of  
156 the child's household or the family;

157 (e) Any person who takes control of the child by  
158 deception, force, or coercion; or

159 (f) School personnel, contractors, and volunteers, if  
160 the relationship with the child was established through the  
161 school or through school-related activities, even if the  
162 alleged abuse or neglect occurred outside of school hours or  
163 off school grounds.

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

4 2. (1) Before July 1, 2028, each licensed child care  
5 provider shall adopt a policy on allergy prevention and  
6 response with priority given to addressing potentially  
7 deadly foodborne allergies. Such policy shall contain, but  
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. Adoption of a policy on allergy prevention and  
37 response in accordance with this section is required for  
38 licensure as a child care provider.

39           4. The department of elementary and secondary  
40 education shall, in cooperation with any appropriate

41 professional association, develop a model policy or policies  
42 before July 1, 2027.

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

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

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

6 (3) "Other authorized health care practitioner"  
7 includes advanced practice registered nurses licensed  
8 pursuant to chapter 335, physician assistants licensed  
9 pursuant to chapter 334, chiropractors licensed pursuant to  
10 chapter 331, podiatrists licensed pursuant to chapter 330,  
11 assistant physicians, physical therapists licensed pursuant  
12 to chapter 334, occupational therapists licensed pursuant to  
13 chapter 324, and optometrists licensed pursuant to chapter  
14 336;

15 (4) "Physically disabled", a natural person who is  
16 blind, as defined in section 8.700, or a natural person with  
17 medical disabilities [which prohibits, limits, or severely  
18 impairs one's] that prohibit, limit, or severely impair the  
19 person's ability to ambulate or walk, as determined by a  
20 licensed physician or other authorized health care  
21 practitioner as follows:

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

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

30 (c) Is restricted by a respiratory or other disease to  
31 such an extent that the person's forced respiratory

32 expiratory volume for one second, when measured by  
33 spirometry, is less than one liter, or the arterial oxygen  
34 tension is less than sixty mm/hg on room air at rest; or  
35 (d) Uses portable oxygen; or  
36 (e) Has a cardiac condition to the extent that the  
37 person's functional limitations are classified in severity  
38 as class III or class IV according to standards set by the  
39 American Heart Association; or  
40 (f) Except as otherwise provided in subdivision (3) of  
41 subsection 16 of this section, a person's age, in and of  
42 itself, shall not be a factor in determining whether such  
43 person is physically disabled or is otherwise entitled to  
44 disabled license plates and/or disabled windshield hanging  
45 placards within the meaning of sections 301.141 to 301.143;  
46 (5) "Physician", a person licensed to practice  
47 medicine pursuant to chapter 334;  
48 (6) "Physician's statement", a statement personally  
49 signed by a duly authorized person which certifies that a  
50 person is disabled as defined in this section;  
51 (7) "Temporarily disabled person", a disabled person  
52 as defined in this section whose disability or incapacity is  
53 expected to last no more than one hundred eighty days;  
54 (8) "Temporary windshield placard", a placard to be  
55 issued to persons who are temporarily disabled persons as  
56 defined in this section, certification of which shall be  
57 indicated on the physician's statement;  
58 (9) "Windshield placard", a placard to be issued to  
59 persons who are physically disabled as defined in this  
60 section, certification of which shall be indicated on the  
61 physician's statement.  
62 2. Other authorized health care practitioners may  
63 furnish to a physically disabled or temporarily disabled  
64 person a physician's statement for only those physical

65 health care conditions for which such health care  
66 practitioner is legally authorized to diagnose and treat.

67 3. A physician's statement shall:

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

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

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

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

76 4. If it is the professional opinion of the physician  
77 or other authorized health care practitioner issuing the  
78 statement that the physical disability of the applicant,  
79 user, or member of the applicant's household is permanent,  
80 it shall be noted on the statement. Otherwise, the  
81 physician or other authorized health care practitioner shall  
82 note on the statement the anticipated length of the  
83 disability, which shall determine the expiration date for  
84 the temporary windshield placard, and which period shall not  
85 exceed one hundred eighty days. If the physician or health  
86 care practitioner fails to record an expiration date on the  
87 physician's statement, the director shall issue a temporary  
88 windshield placard for a period of thirty days.

89 5. A physician or other authorized health care  
90 practitioner who issues or signs a physician's statement so  
91 that disabled plates or a disabled windshield placard may be  
92 obtained shall maintain in such disabled person's medical  
93 chart documentation that such a certificate has been issued,  
94 the date the statement was signed, the diagnosis or  
95 condition which existed that qualified the person as  
96 physically disabled pursuant to this section, and [shall

97 contain] sufficient documentation so as to objectively  
98 confirm that such condition exists.

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

107         7. Owners of motor vehicles who are residents of the  
108 state of Missouri, and who are physically disabled, owners  
109 of motor vehicles operated at least fifty percent of the  
110 time by a physically disabled person, or owners of motor  
111 vehicles used to primarily transport physically disabled  
112 members of the owner's household may obtain disabled person  
113 license plates. Such owners, upon application to the  
114 director accompanied by the documents and fees provided for  
115 in this section, a current physician's statement which has  
116 been issued within ninety days [proceeding] preceding the  
117 date the application is made, and proof of compliance with  
118 the state motor vehicle laws relating to registration and  
119 licensing of motor vehicles, shall be issued motor vehicle  
120 license plates for vehicles, other than commercial vehicles  
121 with a gross weight in excess of twenty-four thousand  
122 pounds, upon which shall be inscribed the international  
123 wheelchair accessibility symbol and the word "DISABLED" in  
124 addition to a combination of letters and numbers. Such  
125 license plates shall be made with fully reflective material  
126 with a common color scheme and design, shall be clearly  
127 visible at night, and shall be aesthetically attractive, as  
128 prescribed by section 301.130. If at any time an individual  
129 who obtained disabled license plates issued under this

130 subsection no longer occupies a residence with a physically  
131 disabled person, or no longer owns a vehicle that is  
132 operated at least fifty percent of the time by a physically  
133 disabled person, such individual shall surrender the  
134 disabled license plates to the department within thirty days  
135 of becoming ineligible for their use.

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

145 9. No additional fee shall be paid to the director for  
146 the issuance of the special license plates provided in this  
147 section, except for special personalized license plates and  
148 other license plates described in this subsection. Priority  
149 for any specific set of special license plates shall be  
150 given to the applicant who received the number in the  
151 immediately preceding license period subject to the  
152 applicant's compliance with the provisions of this section  
153 and any applicable rules or regulations issued by the  
154 director. If determined feasible by the advisory committee  
155 established in section ~~[301.129]~~ 301.125, any special  
156 license plate issued pursuant to this section may be adapted  
157 to also include the international wheelchair accessibility  
158 symbol and the word "DISABLED" as prescribed in this section  
159 and such plate may be issued to any applicant who meets the  
160 requirements of this section and the other appropriate  
161 provision of this chapter, subject to the requirements and  
162 fees of the appropriate provision of this chapter.

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

183           11. The removable windshield placard shall conform to  
184 the specifications, in respect to size, color, and content,  
185 as set forth in federal regulations published by the  
186 Department of Transportation. The removable windshield  
187 placard shall be renewed every [four] eight years. The  
188 department shall have the authority to automatically renew  
189 current valid disabled placards for a duration of eight  
190 years, or for the duration that correlates with the disabled  
191 person's current physician's statement expiration date,  
192 until all permanent disabled placards are on an eight-year  
193 cycle. The director may stagger the expiration dates to  
194 equalize workload. Only one removable placard may be issued  
195 to an applicant who has been issued disabled person license

196 plates. Upon request, one additional windshield placard may  
197 be issued to an applicant who has not been issued disabled  
198 person license plates.

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

219         13. A windshield placard shall be renewable only by  
220 the person or entity to which the placard was originally  
221 issued. Any placard issued pursuant to this section shall  
222 only be used when the physically disabled occupant for whom  
223 the disabled plate or placard was issued is in the motor  
224 vehicle at the time of parking or when a physically disabled  
225 person is being delivered or collected. A disabled license  
226 plate and/or a removable windshield hanging placard are not  
227 transferable and may not be used by any other person whether  
228 disabled or not.

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

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

250           16. (1) Except as otherwise provided in this  
251 subsection, every applicant for issuance of a disabled  
252 license plate or placard shall be required to present a new  
253 physician's statement dated no more than ninety days prior  
254 to such application, and for renewal applications a  
255 physician's statement dated no more than ninety days prior  
256 to such application shall be required every eighth year.

257           (2) Notwithstanding any provision of law to the  
258 contrary, if the applicant has presented proof of disability  
259 in the form of a statement from the United States Department  
260 of Veterans Affairs verifying that the person is permanently  
261 disabled, the applicant shall not be required to provide a

262 physician's statement for the purpose of issuance or renewal  
263 of disabled person license plates or windshield placards.

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

271 17. The director of revenue upon receiving a  
272 physician's statement pursuant to this [subsection] section  
273 shall check with the state board of registration for the  
274 healing arts created in section 334.120, or the Missouri  
275 state board of nursing established in section 335.021, with  
276 respect to [physician's] physicians' statements signed by  
277 advanced practice registered nurses, or the Missouri state  
278 board of chiropractic examiners established in section  
279 331.090, with respect to [physician's] physicians'  
280 statements signed by licensed chiropractors, or [with] the  
281 board of optometry established in section 336.130, with  
282 respect to [physician's] physicians' statements signed by  
283 licensed optometrists, or the state board of occupational  
284 therapy established in section 324.063, with respect to  
285 physicians' statements signed by licensed occupational  
286 therapists, or the state board of podiatric medicine  
287 [created] established in section 330.100, with respect to  
288 [physician's] physicians' statements signed by physicians of  
289 the foot or podiatrists to determine whether the physician  
290 is duly licensed and registered pursuant to law.

291 18. The boards shall cooperate with the director and  
292 shall supply information requested pursuant to this  
293 [subsection] section. The director shall, in cooperation  
294 with the boards which shall assist the director, establish a

295 list of all Missouri physicians and other authorized health  
296 care practitioners and of any other information necessary to  
297 administer this section.

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

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

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

318 22. When a person to whom disabled person license  
319 plates or a removable or temporary windshield placard or  
320 both have been issued dies, the personal representative of  
321 the decedent or such other person who may come into or  
322 otherwise take possession of the disabled license plates or  
323 disabled windshield placard shall return the same to the  
324 director of revenue under penalty of law. Failure to return  
325 such plates or placards shall constitute a class B  
326 misdemeanor.

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

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

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

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

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

3           (1) "Epinephrine delivery system", a single-use device  
4 or system used for the delivery of a premeasured dose of  
5 epinephrine 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 devices]  
15 delivery systems to a person suffering from an apparent  
16 anaphylactic 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 devices] delivery systems in an apparent  
22 anaphylactic 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 devices]  
26 delivery systems for adult patients to fire protection  
27 districts in nonmetropolitan areas in Missouri as such areas  
28 are determined according to the United States Census  
29 Bureau's American Community Survey, based on the most recent  
30 of five-year period estimate data in which the final year of  
31 the estimate ends in either zero or five. If the director  
32 of 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 devices] delivery systems for adult patients shall be  
39 limited as follows:

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

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 devices] delivery systems for adult patients pursuant to  
56 this section shall use, maintain and dispose of such  
57 [devices] systems for adult patients in accordance with the  
58 rules of the department; and

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

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

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

71 (3) Any person otherwise authorized to sell or provide  
72 an epinephrine [auto-injector device] delivery system may

73 sell or provide it to a person authorized to possess it  
74 pursuant to this section.

75 5. (1) There is hereby created in the state treasury  
76 the "Epinephrine [Auto-injector Devices] Delivery Systems  
77 for Fire Personnel Fund", which shall consist of [money  
78 collected under this section] moneys appropriated to the  
79 fund. The state treasurer shall be custodian of the fund.  
80 In accordance with sections 30.170 and 30.180, the state  
81 treasurer may approve disbursements. The moneys in the fund  
82 as set forth in this section shall be subject to  
83 appropriation by the general assembly for the particular  
84 purpose for which collected. The fund shall be a dedicated  
85 fund and money in the fund shall be used solely by the  
86 department of health and senior services for the purposes of  
87 providing epinephrine [auto-injector devices] delivery  
88 systems for adult patients to qualified first responder  
89 agencies as used in this section.

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

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

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

3 (1) "License", a license, certificate, registration,  
4 permit, accreditation, or military occupational speciality  
5 that enables a person to legally practice an occupation or  
6 profession in a particular jurisdiction;

7 (2) "Military", the Armed Forces of the United States  
8 including the Air Force, Army, Coast Guard, Marine Corps,

9 Navy, Space Force, National Guard and any other military  
10 branch that is designated by Congress as part of the Armed  
11 Forces of the United States, and all reserve components and  
12 auxiliaries. Such term also includes the military reserves  
13 and militia of any United States territory or state;

14 (3) "Missouri law enforcement officer", any person  
15 employed by or otherwise serving in a position for the state  
16 or a local governmental entity in the state of Missouri as a  
17 police officer, peace officer certified under chapter 590,  
18 auxiliary police officer, sheriff, sheriff's deputy, member  
19 of the patrol as that term is defined in section 43.010, or  
20 in some like position involving the enforcement of the law  
21 and protection of the public interest at the risk of that  
22 person's life and who is a permanent resident of the state  
23 of Missouri or who is domiciled in the state of Missouri;

24 (4) "Nonresident military or law enforcement spouse":

25 (a) A nonresident spouse of an active duty member of  
26 the Armed Forces of the United States who has been  
27 transferred or is scheduled to be transferred to the state  
28 of Missouri, or who has been transferred or is scheduled to  
29 be transferred to an adjacent state and is or will be  
30 domiciled in the state of Missouri, or has moved to the  
31 state of Missouri on a permanent change-of-station basis; or

32 (b) A nonresident spouse of a person residing outside  
33 the state of Missouri who has accepted an offer of  
34 employment from and with the state or a local governmental  
35 entity in the state of Missouri and who will become a  
36 Missouri law enforcement officer upon the commencement of  
37 such employment;

38 (5) "Oversight body", any board, department, agency,  
39 or office of a jurisdiction that issues licenses;

40 (6) "Resident military or law enforcement spouse", a  
41 spouse of an active duty member of the Armed Forces of the

42 United States who has been transferred or is scheduled to be  
43 transferred to the state of Missouri or an adjacent state  
44 and who is a permanent resident of the state of Missouri,  
45 who is domiciled in the state of Missouri, or who has  
46 Missouri as his or her home of record, or a spouse of a  
47 Missouri law enforcement officer.

48         2. Any person who holds a valid current license issued  
49 by another state, a branch or unit of the military, a  
50 territory of the United States, or the District of Columbia,  
51 and who has been licensed for at least one year in such  
52 other jurisdiction, may submit an application for a license  
53 in Missouri in the same occupation or profession, and at the  
54 same practice level, for which he or she holds the current  
55 license, along with proof of current licensure and proof of  
56 licensure for at least one year in the other jurisdiction,  
57 to the relevant oversight body in this state.

58         3. The oversight body in this state shall:

59         (1) Within six months of receiving an application  
60 described in subsection 2 of this section, waive any  
61 examination, educational, or experience requirements for  
62 licensure in this state for the applicant if it determines  
63 that there were minimum education requirements and, if  
64 applicable, work experience and clinical supervision  
65 requirements in effect and the other [state] jurisdiction  
66 verifies that the person met those requirements in order to  
67 be licensed or certified in that [state] jurisdiction. An  
68 oversight body that administers an examination on laws of  
69 this state as part of its licensing application requirement  
70 may require an applicant to take and pass an examination  
71 specific to the laws of this state; or

72         (2) Within thirty days of receiving an application  
73 described in subsection 2 of this section from a nonresident  
74 military or law enforcement spouse or a resident military or

75 law enforcement spouse, waive any examination, educational,  
76 or experience requirements for licensure in this state for  
77 the applicant and issue such applicant a license under this  
78 section if such applicant otherwise meets the requirements  
79 of this section.

80 4. (1) The oversight body shall not waive any  
81 examination, educational, or experience requirements for any  
82 applicant who has had his or her license revoked by an  
83 oversight body outside the state; who is currently under  
84 investigation, who has a complaint pending, or who is  
85 currently under disciplinary action, except as provided in  
86 subdivision (2) of this subsection, with an oversight body  
87 outside the state; who does not hold a license in good  
88 standing with an oversight body outside the state; who has a  
89 criminal record that would disqualify him or her for  
90 licensure in Missouri; or who does not hold a valid current  
91 license in the other jurisdiction on the date the oversight  
92 body receives his or her application under this section.

93 (2) If another jurisdiction has taken disciplinary  
94 action against an applicant, the oversight body shall  
95 determine if the cause for the action was corrected and the  
96 matter resolved. If the matter has not been resolved by  
97 that jurisdiction, the oversight body may deny a license  
98 until the matter is resolved.

99 5. Nothing in this section shall prohibit the  
100 oversight body from denying a license to an applicant under  
101 this section for any reason described in any section  
102 associated with the occupation or profession for which the  
103 applicant seeks a license.

104 6. Any person who is licensed under the provisions of  
105 this section shall be subject to the applicable oversight  
106 body's jurisdiction and all rules and regulations pertaining  
107 to the practice of the licensed occupation or profession in

108 this state. Any health care provider licensed under the  
109 provisions of this section shall be deemed fully licensed to  
110 practice in this state and may provide telehealth services  
111 as described in section 191.1145 to the same extent and in  
112 the same manner as a health care provider who received his  
113 or her license without a waiver of any requirements.

114 7. This section shall not be construed to waive any  
115 requirement for an applicant to pay any fees, post any bonds  
116 or surety bonds, or submit proof of insurance associated  
117 with the license the applicant seeks.

118 8. This section shall not apply to business,  
119 professional, or occupational licenses issued or required by  
120 political subdivisions.

121 9. The provisions of this section shall not impede an  
122 oversight body's authority to require an applicant to submit  
123 fingerprints as part of the application process.

124 10. The provisions of this section shall not be  
125 construed to alter the authority granted by, or any  
126 requirements promulgated pursuant to, any  
127 interjurisdictional or interstate compacts adopted by  
128 Missouri statute or any reciprocity agreements with other  
129 states in effect, and whenever possible this section shall  
130 be interpreted so as to imply no conflict between it and any  
131 compact, or any reciprocity agreements with other states in  
132 effect.

133 11. Notwithstanding any other provision of law, a  
134 license issued under this section shall be valid only in  
135 this state and shall not make a licensee eligible to be part  
136 of an interstate compact. An applicant who is licensed in  
137 another state pursuant to an interstate compact shall not be  
138 eligible for licensure by an oversight body under the  
139 provisions of this section.

140           12. The provisions of this section shall not apply to  
141 any occupation set forth in subsection 6 of section 290.257,  
142 or any electrical contractor licensed under sections 324.900  
143 to 324.945.

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

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(l) of the Social Security Act (42 U.S.C.  
191 Section 1396d(l)) 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 systems 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 systems.  
22 Expected epinephrine delivery system users shall receive  
23 training set forth in section 196.990. As used in this  
24 paragraph, the term "epinephrine delivery system" means a  
25 single-use device or system used for the delivery of a  
26 premeasured 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, as of January 1, 2026, or thereafter,  
16 excluding vaccines for cholera, monkeypox, Japanese  
17 encephalitis, typhoid, rabies, yellow fever, tick-borne  
18 encephalitis, anthrax, tuberculosis, dengue, Hib, polio,  
19 rotavirus, smallpox, [and any vaccine approved after January  
20 1, 2023] or any vaccine that is not jointly included by  
21 joint rules promulgated by the board of pharmacy and the  
22 state board of registration for the healing arts, to persons

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

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

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

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

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

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

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

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

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

55           4. This chapter shall not be construed to prohibit or  
56 interfere with any legally registered practitioner of  
57 medicine, dentistry, or podiatry, or veterinary medicine  
58 only for use in animals, or the practice of optometry in  
59 accordance with and as provided in sections 195.070 and  
60 336.220 in the compounding, administering, prescribing, or  
61 dispensing of his or her own prescriptions.

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

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

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

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

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

90           10. The state board of registration for the healing  
91 arts, under section 334.125, and the state board of  
92 pharmacy, under section 338.140, shall jointly promulgate  
93 rules regulating the use of protocols for medication therapy  
94 services. Such rules shall require protocols to include  
95 provisions allowing for timely communication between the  
96 pharmacist and the protocol physician or similar body  
97 authorized by this section, and any other patient protection  
98 provisions deemed appropriate by both boards. In order to  
99 take effect, such rules shall be approved by a majority vote  
100 of a quorum of each board. Neither board shall separately  
101 promulgate rules regulating the use of protocols for  
102 medication therapy services. Any rule or portion of a rule,  
103 as that term is defined in section 536.010, that is created  
104 under the authority delegated in this section shall become  
105 effective only if it complies with and is subject to all of  
106 the provisions of chapter 536 and, if applicable, section  
107 536.028. This section and chapter 536 are nonseverable and  
108 if any of the powers vested with the general assembly  
109 pursuant to chapter 536 to review, to delay the effective  
110 date, or to disapprove and annul a rule are subsequently  
111 held unconstitutional, then the grant of rulemaking  
112 authority and any rule proposed or adopted after August 28,  
113 2007, shall be invalid and void.

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

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

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

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

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

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

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

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

152 reactions. Such pharmacist shall have adopted emergency  
153 treatment protocols.

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

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

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

177 18. A pharmacist licensed under this chapter may order  
178 and administer vaccines approved or authorized by the U.S.  
179 Food and Drug Administration to address a public health  
180 need, as lawfully authorized by the state or federal  
181 government, or a department or agency thereof, during a  
182 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.]

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

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

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

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

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

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.

376.1000. 1. As used in sections 376.1000 to  
2 376.1045, a "multiple employer self-insured health plan" is

3 any plan or arrangement which is not fully insured and which  
4 is either:

5 (1) Offered by a staff or employee leasing company; or

6 (2) Established or maintained for the purpose of  
7 offering or providing health, dental or short-term  
8 disability benefits to employees of two or more employers  
9 and to two or more self-employed individuals, each with at  
10 least one common-law employee, and their dependents.

11 2. A plan or arrangement is considered fully insured  
12 only if an insurer licensed to transact business in this  
13 state retains the ultimate responsibility for all benefits  
14 payable by a contract or policy of insurance.

376.1012. Funds collected from the participating  
2 employers under multiple employer self-insured health plans  
3 shall be held in trust subject to the following requirements:

4 (1) A board of trustees elected by participating  
5 employers shall serve as fund managers on behalf of  
6 participants. Trustees shall be plan participants. No  
7 participating employer may be represented by more than one  
8 trustee. No trustee may represent more than one employer. A  
9 minimum of three and a maximum of seven trustees may be  
10 elected. Trustees may not receive remuneration but they may  
11 be reimbursed for actual and reasonable expenses incurred in  
12 connection with duties as trustee. A trustee may not be an  
13 agent, or broker for or an owner, officer or employee of any  
14 third-party administrator, insurance agency or insurer  
15 utilized by the plan. The trustees shall have the authority  
16 to approve applications of association members for  
17 participation in the arrangement and to contract with a  
18 licensed third-party administrator to administer the day-to-  
19 day affairs of the plan;

20 (2) Each trustee shall be bonded in an amount of not  
21 less than one hundred fifty thousand dollars by a licensed  
22 insurer;

23 (3) Investment of plan funds is subject to the same  
24 restrictions which are applicable to insurers pursuant to  
25 sections 376.291 to 376.307; provided, however, that no  
26 foreign plan shall be exempt under section 376.310 from the  
27 investment laws of this state unless such plan is subject to  
28 laws in its state of domicile which are substantially  
29 similar to sections 376.1032 to 376.1045. All investments  
30 shall be managed by a bank or other investment entity  
31 licensed to operate in Missouri;

32 (4) Trustees, on behalf of the plan, shall file an  
33 annual report with the director of the department of  
34 commerce and insurance by March first [showing the condition  
35 and affairs of the plan as of the preceding thirty-first day  
36 of December. The report shall be made on forms prescribed  
37 by the director. The report shall summarize the financial  
38 condition of the fund, itemize collections from  
39 participating employers, detail all fund expenditures and  
40 provide any additional information which the director  
41 requires] in compliance with section 375.041. More frequent  
42 reports may be required at the discretion of the director.  
43 The plan shall also prepare and file an RBC report with the  
44 director in compliance with section 375.1252 as it applies  
45 to health organizations, and the provisions of section  
46 375.1267 shall apply to such RBC reports.

376.1017. 1. A plan shall establish loss reserves for  
2 all incurred losses, both reported and unreported, and for  
3 unearned premiums.

4 2. A plan also shall establish a surplus account equal  
5 to the greater of the following:

6 (1) [Three times the average paid monthly premium  
7 during the plan's most recent fund year;

8 (2) For plans which do not yet have one fund year's  
9 experience, three times estimated monthly premium; or

10 (3)] Six hundred thousand dollars; or

11 (2) An amount equal to two times the authorized  
12 control level risk-based capital, as that term is defined in  
13 section 375.1250.

376.1183. 1. For purposes of this section, the  
2 following terms mean:

3 (1) "Cost-sharing requirement", any deductible,  
4 coinsurance, co-payment, or maximum limitation on the  
5 application of such deductible, coinsurance, co-payment, or  
6 similar out-of-pocket expense;

7 (2) "Diagnostic breast examination", any medically  
8 necessary and appropriate examination of the breast,  
9 including such an examination using diagnostic mammography,  
10 contrast enhanced mammography, breast magnetic resonance  
11 imaging, or breast ultrasound, that is:

12 (a) Used to evaluate an abnormality seen or suspected  
13 from a screening examination for breast cancer; or

14 (b) Used to evaluate an abnormality detected by  
15 another means of examination;

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

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

20 (5) "Supplemental breast examination", any medically  
21 necessary and appropriate examination of the breast,  
22 including such an examination using breast magnetic  
23 resonance imaging or breast ultrasound, contrast enhanced  
24 mammography, that is:

25 (a) Used to screen for breast cancer when there is no  
26 abnormality seen or suspected; [and]

27 (b) Based on personal or family medical history or any  
28 additional factors that may increase the patient's risk of  
29 breast cancer; and

30 (c) Other factors are present that may increase the  
31 insured's risk of breast cancer, including heterogeneous or  
32 extremely dense breasts.

33 2. Each health carrier or health benefit plan that  
34 offers or issues health benefit plans that are delivered,  
35 issued for delivery, continued, or renewed in this state on  
36 or after January 1, 2024, and that provide coverage for  
37 diagnostic breast examinations, coverage for supplemental  
38 breast examinations, coverage required under section  
39 376.782, or any combination of such coverages shall not  
40 impose any cost-sharing requirements with respect to any  
41 such coverage.

42 3. If, under federal law, application of the  
43 requirement under subsection 2 of this section would result  
44 in health savings account ineligibility under Section 223 of  
45 the Internal Revenue Code, the requirement under subsection  
46 2 of this section shall apply to health savings account-  
47 qualified high deductible health plans with respect to the  
48 deductible of such a plan after the enrollee has satisfied  
49 the minimum deductible under Section 223, except with  
50 respect to items or services that are preventive care under  
51 Section 223(c)(2)(C) of the Internal Revenue Code, in which  
52 case the requirement of subsection 2 of this section shall  
53 apply regardless of whether the minimum deductible under  
54 Section 223 has been satisfied.

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. If there is an  
11 interruption in anesthesia, the term "anesthesia time"  
12 includes blocks of time around the interruption in  
13 anesthesia, provided the anesthesia practitioner is  
14 furnishing continuous anesthesia care within the time  
15 periods around 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 modifying units;  
45 and

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

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

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

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

60 5. This section shall not apply to anesthesia services  
61 provided by a dentist in a dental office.

62 6. Nothing in this section shall be construed in a way  
63 to allow for any health care provider to commit fraudulent  
64 acts.

65 7. Nothing in this section shall be construed in a way  
66 to permit those who are currently unable to bill for health  
67 care services to bill for health care services.

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

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

(2) "Chronic pain", pain that is a persistent and long-lasting condition characterized by discomfort or pain that lasts for more than twelve weeks, often persisting beyond the expected healing time. It may result from various causes including, but not limited to, injury, surgery, nerve damage, or underlying medical conditions;

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

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

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

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

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

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

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

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

36 4. The provisions of this section related to the  
37 treatment of acute pain shall only be applicable when  
38 multiple nonopioid medications are approved by the U.S. Food  
39 and Drug Administration and indicated for the treatment of  
40 acute pain.

41 5. The provisions of this section related to the  
42 treatment of chronic pain shall only be applicable when  
43 multiple nonopioid medications are approved by the U.S. Food  
44 and Drug Administration and indicated for the treatment of  
45 chronic pain.

376.1758. 1. For purposes of this section, the  
2 following terms mean:

3 (1) "Doula", an individual who has been trained to  
4 provide doula services;

5 (2) "Doula services", services that provide a stable  
6 source of psychosocial support and education throughout the  
7 perinatal period as well as during and after childbirth.

8 2. The department of health and senior services shall  
9 review and approve doula registration to allow for health  
10 insurance reimbursement of doula services.

11 3. The department of health and senior services shall  
12 create the criteria for the doula registration application.

13 4. The department of health and senior services shall  
14 promulgate all necessary rules and regulations for the  
15 administration of this section. Any rule or portion of a  
16 rule, as that term is defined in section 536.010, that is  
17 created under the authority delegated in this section shall  
18 become effective only if it complies with and is subject to  
19 all of the provisions of chapter 536 and, if applicable,  
20 section 536.028. This section and chapter 536 are

21 nonseverable and if any of the powers vested with the  
22 general assembly pursuant to chapter 536 to review, to delay  
23 the effective date, or to disapprove and annul a rule are  
24 subsequently held unconstitutional, then the grant of  
25 rulemaking authority and any rule proposed or adopted after  
26 August 28, 2026, shall be invalid and void.

376.1765. 1. As used in this section, the following  
2 terms mean:

3 (1) "Doula", the same meaning given to the term in  
4 section 208.1430;

5 (2) "Doula services", services provided by a doula  
6 that provide a stable source of psychosocial support and  
7 education throughout the perinatal period as well as during  
8 and after childbirth;

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

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

13 2. Each health carrier or health benefit plan that  
14 offers or issues health benefit plans that are delivered,  
15 issued for delivery, continued, or renewed in this state on  
16 or after January 1, 2027, shall provide coverage of doula  
17 services.

18 3. This section shall not apply to a supplemental  
19 insurance policy, including a life care contract, accident-  
20 only policy, specified disease policy, hospital policy  
21 providing a fixed daily benefit only, Medicare supplement  
22 policy, long-term care policy, short-term major medical  
23 policy of six months' or less duration, or any other  
24 supplemental policy as determined by the director of the  
25 department of commerce and insurance.

407.3007. 1. As used in this section, the following  
2 terms mean:

3           (1) "Artificial intelligence" or "AI":

4           (a) Any artificial system that performs tasks under  
5 varying and unpredictable circumstances without significant  
6 human oversight or that can learn from experience and  
7 improve performance when exposed to data sets;

8           (b) An artificial system developed in computer  
9 software, physical hardware, or other computer systems that  
10 solves tasks requiring human-like perception, cognition,  
11 planning, learning, communication, or physical action;

12           (c) An artificial system designed to think or act like  
13 a human, including cognitive architectures and neural  
14 networks;

15           (d) A set of techniques, including machine learning,  
16 that is designed to approximate a cognitive task; or

17           (e) An artificial system designed to act rationally,  
18 including an intelligent software agent or embodied robot  
19 that achieves goals using perception, planning, reasoning,  
20 learning, communicating, decision-making, and acting;

21           (2) "Mental health professional", the same as defined  
22 in section 632.005. The term "mental health professional"  
23 shall also include any person licensed in a profession  
24 regulated under chapter 337.

25           2. Any person or entity that develops or deploys  
26 artificial intelligence in the state shall not advertise or  
27 represent to the public that the AI is or is able to act as  
28 a mental health professional or is capable of providing  
29 therapy services, psychotherapy services, or a mental health  
30 diagnosis.

31           3. Any violation of this section shall be considered  
32 an unlawful practice under the Missouri merchandising  
33 practices act under this chapter.

34           4. The attorney general shall enforce the provisions  
35 of this section. Any individual may report violations of

36 this section to the attorney general. If the attorney  
37 general finds that a violation occurred, the attorney  
38 general shall commence a civil action in a court of  
39 competent jurisdiction. If the court finds that a violation  
40 occurred, the court may grant damages, civil penalties,  
41 injunctive relief, attorney's fees, and any such other  
42 relief the court finds appropriate. Notwithstanding section  
43 407.100 to the contrary, civil penalties shall be as follows:

- 44 (1) Ten thousand dollars for the first violation; or  
45 (2) Twenty thousand dollars for any subsequent  
46 violation.

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.

590.192. 1. There is hereby established the "Critical  
2 Incident Stress Management Program" within the department of  
3 public safety. The program shall provide services for peace  
4 officers and first responders to assist in coping with  
5 stress and potential psychological trauma resulting from a  
6 response to a critical incident or emotionally difficult  
7 event. Such services may include consultation, risk

8 assessment, education, intervention, and other crisis  
9 intervention services provided by the department to peace  
10 officers and first responders affected by a critical  
11 incident. For purposes of this section, a "critical  
12 incident" shall mean any event outside the usual realm of  
13 human experience that is markedly distressing or evokes  
14 reactions of intense fear, helplessness, or horror and  
15 involves the perceived threat to a person's physical  
16 integrity or the physical integrity of someone else. For  
17 purposes of this section, the term "first responder" shall  
18 have the same meaning as first responder in section 190.1010.

19 2. All peace officers and first responders shall be  
20 required to meet with a program service provider once every  
21 three to five years for a mental health check-in, or a  
22 department established behavioral health or mental health  
23 program that meets the requirements of subsection 1 of this  
24 section which shall satisfy this requirement. The program  
25 service provider shall send a notification to the peace  
26 officer's commanding officer, or first responder's  
27 commanding officer, or first responder's director or  
28 supervisor that he or she completed such check-in.

29 3. Any information disclosed by a peace officer or  
30 first responder shall be privileged and shall not be used as  
31 evidence in criminal, administrative, or civil proceedings  
32 against the peace officer or first responder unless:

33 (1) A program representative reasonably believes the  
34 disclosure is necessary to prevent harm to a person who  
35 received services or to prevent harm to another person;

36 (2) The person who received the services provides  
37 written consent to the disclosure; or

38 (3) The person receiving services discloses  
39 information that is required to be reported under mandatory  
40 reporting laws.

41           4. (1) There is hereby created in the state treasury  
42 the "988 Public Safety Fund", which shall consist of moneys  
43 appropriated by the general assembly. The state treasurer  
44 shall be custodian of the fund. In accordance with sections  
45 30.170 and 30.180, the state treasurer may approve  
46 disbursements. The fund shall be a dedicated fund and  
47 moneys in the fund shall be used solely by the department of  
48 public safety for the purposes of providing services for  
49 peace officers and first responders to assist in coping with  
50 stress and potential psychological trauma resulting from a  
51 response to a critical incident or emotionally difficult  
52 event pursuant to subsection 1 of this section. Such  
53 services may include consultation, risk assessment,  
54 education, intervention, and other crisis intervention  
55 services provided by the department to peace officers or  
56 first responders affected by a critical incident. The  
57 director of public safety may prescribe rules and  
58 regulations necessary to carry out the provisions of this  
59 section. Any rule or portion of a rule, as that term is  
60 defined in section 536.010, that is created under the  
61 authority delegated in this section shall become effective  
62 only if it complies with and is subject to all of the  
63 provisions of chapter 536 and, if applicable, section  
64 536.028. This section and chapter 536 are nonseverable and  
65 if any of the powers vested with the general assembly  
66 pursuant to chapter 536 to review, to delay the effective  
67 date, or to disapprove and annul a rule are subsequently  
68 held unconstitutional, then the grant of rulemaking  
69 authority and any rule proposed or adopted after August 28,  
70 2021, shall be invalid and void.

71           (2) Notwithstanding the provisions of section 33.080  
72 to the contrary, any moneys remaining in the fund at the end

73 of the biennium shall not revert to the credit of the  
74 general revenue fund.

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

632.305. 1. An application for detention for  
2 evaluation and treatment at a mental health facility may be  
3 executed by any adult person, who need not be an attorney or  
4 represented by an attorney, on a form provided by the court  
5 for such purpose, and shall allege under oath[, without a  
6 notarization requirement,] that the applicant has reason to  
7 believe that the respondent is suffering from a mental  
8 disorder and presents a likelihood of serious harm to  
9 himself or herself or to others. The application shall  
10 specify the factual information on which such belief is  
11 based and should contain the names and addresses of all  
12 persons known to the applicant who have knowledge of such  
13 facts through personal observation.

14 2. The filing of a written application in court by any  
15 adult person, who need not be an attorney or represented by  
16 an attorney, shall authorize the applicant to bring the  
17 matter before the court on an ex parte basis to determine  
18 whether the respondent should be taken into custody and  
19 transported to a mental health facility. The application  
20 may be filed in the court having probate jurisdiction in any  
21 county where the respondent may be found. If the court  
22 finds that there is probable cause, either upon testimony  
23 under oath or upon a review of affidavits, declarations, or  
24 other supporting documentation, to believe that the  
25 respondent may be suffering from a mental disorder and  
26 presents a likelihood of serious harm to himself or herself  
27 or others, it shall direct a peace officer to take the

28 respondent into custody and transport him or her to a mental  
29 health facility for detention for evaluation and treatment  
30 for a period not to exceed ninety-six hours unless further  
31 detention and treatment is authorized pursuant to this  
32 chapter. Nothing herein shall be construed to prohibit the  
33 court, in the exercise of its discretion, from giving the  
34 respondent an opportunity to be heard.

35         3. A peace officer may take a person into custody for  
36 detention for evaluation and treatment at a mental health  
37 facility for a period not to exceed ninety-six hours only  
38 when such peace officer has reasonable cause to believe that  
39 such person is suffering from a mental disorder and that the  
40 likelihood of serious harm by such person to himself or  
41 herself or others is imminent unless such person is  
42 immediately taken into custody. Upon arrival at the mental  
43 health facility, the peace officer who conveyed such person  
44 or caused him or her to be conveyed shall either present the  
45 application for detention for evaluation and treatment upon  
46 which the court has issued a finding of probable cause and  
47 the respondent was taken into custody or complete an  
48 application for initial detention for evaluation and  
49 treatment for a period not to exceed ninety-six hours which  
50 shall be based upon his or her own personal observations or  
51 investigations and shall contain the information required in  
52 subsection 1 of this section.

53         4. If a person presents himself or herself or is  
54 presented by others to a mental health facility and a  
55 licensed physician, a registered professional nurse or a  
56 mental health professional designated by the head of the  
57 facility and approved by the department for such purpose has  
58 reasonable cause to believe that the person is mentally  
59 disordered and presents an imminent likelihood of serious  
60 harm to himself or herself or others unless he or she is

61 accepted for detention, the licensed physician, the mental  
62 health professional or the registered professional nurse  
63 designated by the facility and approved by the department  
64 may complete an application for detention for evaluation and  
65 treatment for a period not to exceed ninety-six hours. The  
66 application shall be based on his or her own personal  
67 observations or investigation and shall contain the  
68 information required in subsection 1 of this section.

69 5. (1) No notarization shall be required for an  
70 application, or for any affidavits, declarations, or other  
71 documents supporting an application, completed or executed  
72 by:

73 (a) A peace officer under subsection 3 of this section;

74 (b) A licensed physician, mental health professional,  
75 or registered professional nurse under subsection 4 of this  
76 section; or

77 (c) An employee acting on behalf of a hospital, as  
78 defined in section 197.020, under subsections 1 and 2 of  
79 this section.

80 (2) The application and any affidavits, declarations,  
81 or other documents supporting the application shall be  
82 subject to the provisions of section 492.060 allowing for  
83 declaration under penalty of perjury.