

SECOND REGULAR SESSION
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1682
100TH GENERAL ASSEMBLY

Reported from the Committee on Seniors, Families and Children, April 30, 2020, with recommendation that the Senate Committee Substitute do pass.

4231S.03C

ADRIANE D. CROUSE, Secretary.

AN ACT

To repeal sections 190.092, 190.094, 190.105, 190.143, 190.196, 191.775, 192.2000, 192.2305, 195.070, 196.990, 208.909, 208.918, 208.924, 338.220, 376.383, 376.387, 376.945, and 376.1578, RSMo, and to enact in lieu thereof twenty-nine new sections relating to health care, with penalty provisions and an emergency clause for a certain section.

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

Section A. Sections 190.092, 190.094, 190.105, 190.143, 190.196, 191.775, 192.2000, 192.2305, 195.070, 196.990, 208.909, 208.918, 208.924, 338.220, 376.383, 376.387, 376.945, and 376.1578, RSMo, are repealed and twenty-nine new sections enacted in lieu thereof, to be known as sections 9.152, 9.166, 9.182, 190.092, 190.094, 190.105, 190.143, 190.196, 190.1005, 191.116, 191.775, 192.2000, 192.2305, 195.070, 195.805, 195.830, 196.990, 196.1050, 208.909, 208.918, 208.924, 208.935, 321.621, 338.220, 376.383, 376.387, 376.393, 376.945, and 376.1578, to read as follows:

9.152. The month of May is hereby designated as "Mental Health Awareness Month". The citizens of this state are encouraged to participate in appropriate awareness and educational activities that emphasize the importance of good mental health and the effects of mental illness on Missourians.

9.166. The month of July shall be known as "Minority Mental Health Awareness Month". The citizens of this state are encouraged to observe the month with appropriate events and activities to raise

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

4 awareness of the effects of mental illness on minorities.

9.182. The month of September shall be designated as "Deaf
2 Awareness Month" and the last week of September shall be designated
3 as "Deaf Awareness Week" in Missouri. The citizens of this state are
4 encouraged to participate in appropriate activities and events to
5 commemorate the first World Congress of the World Federation of the
6 Deaf in 1951 and to increase awareness of deaf issues, people, and
7 culture.

190.092. 1. This section shall be known and may be cited as the "Public
2 Access to Automated External Defibrillator Act".

3 2. [A person or entity who acquires an automated external defibrillator
4 shall ensure that:

5 (1) Expected defibrillator users receive training by the American Red
6 Cross or American Heart Association in cardiopulmonary resuscitation and the
7 use of automated external defibrillators, or an equivalent nationally recognized
8 course in defibrillator use and cardiopulmonary resuscitation;

9 (2) The defibrillator is maintained and tested according to the
10 manufacturer's operational guidelines;

11 (3) Any person who renders emergency care or treatment on a person in
12 cardiac arrest by using an automated external defibrillator activates the
13 emergency medical services system as soon as possible; and

14 (4) Any person or entity that owns an automated external defibrillator
15 that is for use outside of a health care facility shall have a physician review and
16 approve the clinical protocol for the use of the defibrillator, review and advise
17 regarding the training and skill maintenance of the intended users of the
18 defibrillator and assure proper review of all situations when the defibrillator is
19 used to render emergency care.

20 3. Any person or entity who acquires an automated external defibrillator
21 shall notify the emergency communications district or the ambulance dispatch
22 center of the primary provider of emergency medical services where the
23 automated external defibrillator is to be located.

24 4.] A person or entity that acquires an automated external
25 defibrillator shall:

26 (1) Comply with all regulations governing the placement of an
27 automated external defibrillator;

28 (2) Ensure that the automated external defibrillator is

29 **maintained and tested according to the operation and maintenance**
30 **guidelines set forth by the manufacturer;**

31 **(3) Ensure that the automated external defibrillator is tested at**
32 **least every two years and after each use; and**

33 **(4) Ensure that an inspection is made of all automated external**
34 **defibrillators on the premises at least every ninety days for potential**
35 **issues related to the operation of the device, including a blinking light**
36 **or other obvious defect that may suggest tampering or that another**
37 **problem has arisen with the functionality of the automated external**
38 **defibrillator.**

39 **3.** Any person who gratuitously and in good faith renders emergency care
40 by use of or provision of an automated external defibrillator shall not be held
41 liable for any civil damages **or subject to any criminal penalty** as a result of
42 such care or treatment, unless the person acts in a willful and wanton or reckless
43 manner in providing the care, advice, or assistance. The person **who** or entity
44 **[who] that** provides **[appropriate]** training to the person using an automated
45 external defibrillator, the person or entity responsible for the site where the
46 automated external defibrillator is located, **and** the person or entity that owns
47 the automated external defibrillator~~], the person or entity that provided clinical~~
48 protocol for automated external defibrillator sites or programs, and the licensed
49 physician who reviews and approves the clinical protocol] shall likewise not be
50 held liable for civil damages **or subject to any criminal penalty** resulting
51 from the use of an automated external defibrillator. **[Nothing in this section shall**
52 **affect any claims brought pursuant to chapter 537 or 538.]**

53 **[5.] 4.** All basic life support ambulances and stretcher vans operated in
54 the state of Missouri shall be equipped with an automated external defibrillator
55 and be staffed by at least one individual trained in the use of an automated
56 external defibrillator.

57 **[6.] 5.** The provisions of this section shall apply in all counties within the
58 state and any city not within a county.

190.094. 1. Any ambulance licensed in this state, when used as an
2 ambulance and staffed with volunteer staff, shall be staffed with a minimum of
3 one emergency medical technician and one other crew member who may be a
4 licensed emergency medical technician, registered nurse, physician, **physician**
5 **assistant**, or someone who has an emergency medical responder certification.

6 2. When transporting a patient, at least one licensed emergency medical

7 technician, registered nurse, **physician assistant**, or physician shall be in
8 attendance with the patient in the patient compartment at all times.

9 3. For purposes of this section, "volunteer" shall mean an individual who
10 performs hours of service without promise, expectation or receipt of compensation
11 for services rendered. Compensation such as a nominal stipend per call to
12 compensate for fuel, uniforms, and training shall not nullify the volunteer status.

190.105. 1. No person, either as owner, agent or otherwise, shall furnish,
2 operate, conduct, maintain, advertise, or otherwise be engaged in or profess to be
3 engaged in the business or service of the transportation of patients by ambulance
4 in the air, upon the streets, alleys, or any public way or place of the state of
5 Missouri unless such person holds a currently valid license from the department
6 for an ambulance service issued pursuant to the provisions of sections 190.001 to
7 190.245.

8 2. No ground ambulance shall be operated for ambulance purposes, and
9 no individual shall drive, attend or permit it to be operated for such purposes in
10 the state of Missouri unless the ground ambulance is under the immediate
11 supervision and direction of a person who is holding a currently valid Missouri
12 license as an emergency medical technician. Nothing in this section shall be
13 construed to mean that a duly registered nurse [or], a duly licensed physician,
14 **or a duly licensed physician assistant** be required to hold an emergency
15 medical technician's license. **When a physician assistant is in attendance**
16 **with a patient on an ambulance, the physician assistant shall be exempt**
17 **from any mileage limitations in any collaborative practice arrangement**
18 **prescribed under law.** Each ambulance service is responsible for assuring that
19 any person driving its ambulance is competent in emergency vehicle operations
20 and has a safe driving record. Each ground ambulance shall be staffed with at
21 least two licensed individuals when transporting a patient, except as provided in
22 section 190.094. In emergency situations which require additional medical
23 personnel to assist the patient during transportation, an emergency medical
24 responder, firefighter, or law enforcement personnel with a valid driver's license
25 and prior experience with driving emergency vehicles may drive the ground
26 ambulance provided the ground ambulance service stipulates to this practice in
27 operational policies.

28 3. No license shall be required for an ambulance service, or for the
29 attendant of an ambulance, which:

30 (1) Is rendering assistance in the case of an emergency, major catastrophe

31 or any other unforeseen event or series of events which jeopardizes the ability of
32 the local ambulance service to promptly respond to emergencies; or

33 (2) Is operated from a location or headquarters outside of Missouri in
34 order to transport patients who are picked up beyond the limits of Missouri to
35 locations within or outside of Missouri, but no such outside ambulance shall be
36 used to pick up patients within Missouri for transportation to locations within
37 Missouri, except as provided in subdivision (1) of this subsection.

38 4. The issuance of a license pursuant to the provisions of sections 190.001
39 to 190.245 shall not be construed so as to authorize any person to provide
40 ambulance services or to operate any ambulances without a franchise in any city
41 not within a county or in a political subdivision in any county with a population
42 of over nine hundred thousand inhabitants, or a franchise, contract or mutual-aid
43 agreement in any other political subdivision which has enacted an ordinance
44 making it unlawful to do so.

45 5. Sections 190.001 to 190.245 shall not preclude the adoption of any law,
46 ordinance or regulation not in conflict with such sections by any city not within
47 a county, or at least as strict as such sections by any county, municipality or
48 political subdivision except that no such regulations or ordinances shall be
49 adopted by a political subdivision in a county with a population of over nine
50 hundred thousand inhabitants except by the county's governing body.

51 6. In a county with a population of over nine hundred thousand
52 inhabitants, the governing body of the county shall set the standards for all
53 ambulance services which shall comply with subsection 5 of this section. All such
54 ambulance services must be licensed by the department. The governing body of
55 such county shall not prohibit a licensed ambulance service from operating in the
56 county, as long as the ambulance service meets county standards.

57 7. An ambulance service or vehicle when operated for the purpose of
58 transporting persons who are sick, injured, or otherwise incapacitated shall not
59 be treated as a common or contract carrier under the jurisdiction of the Missouri
60 division of motor carrier and railroad safety.

61 8. Sections 190.001 to 190.245 shall not apply to, nor be construed to
62 include, any motor vehicle used by an employer for the transportation of such
63 employer's employees whose illness or injury occurs on private property, and not
64 on a public highway or property, nor to any person operating such a motor
65 vehicle.

66 9. A political subdivision that is authorized to operate a licensed

67 ambulance service may establish, operate, maintain and manage its ambulance
68 service, and select and contract with a licensed ambulance service. Any political
69 subdivision may contract with a licensed ambulance service.

70 10. Except as provided in subsections 5 and 6, nothing in section 67.300,
71 or subsection 2 of section 190.109, shall be construed to authorize any
72 municipality or county which is located within an ambulance district or a fire
73 protection district that is authorized to provide ambulance service to promulgate
74 laws, ordinances or regulations related to the provision of ambulance
75 services. This provision shall not apply to any municipality or county which
76 operates an ambulance service established prior to August 28, 1998.

77 11. Nothing in section 67.300 or subsection 2 of section 190.109 shall be
78 construed to authorize any municipality or county which is located within an
79 ambulance district or a fire protection district that is authorized to provide
80 ambulance service to operate an ambulance service without a franchise in an
81 ambulance district or a fire protection district that is authorized to provide
82 ambulance service which has enacted an ordinance making it unlawful to do
83 so. This provision shall not apply to any municipality or county which operates
84 an ambulance service established prior to August 28, 1998.

85 12. No provider of ambulance service within the state of Missouri which
86 is licensed by the department to provide such service shall discriminate regarding
87 treatment or transportation of emergency patients on the basis of race, sex, age,
88 color, religion, sexual preference, national origin, ancestry, handicap, medical
89 condition or ability to pay.

90 13. No provision of this section, other than subsections 5, 6, 10 and 11 of
91 this section, is intended to limit or supersede the powers given to ambulance
92 districts pursuant to this chapter or to fire protection districts pursuant to
93 chapter 321, or to counties, cities, towns and villages pursuant to chapter 67.

94 14. Upon the sale or transfer of any ground ambulance service ownership,
95 the owner of such service shall notify the department of the change in ownership
96 within thirty days of such sale or transfer. After receipt of such notice, the
97 department shall conduct an inspection of the ambulance service to verify
98 compliance with the licensure standards of sections 190.001 to 190.245.

190.143. 1. Notwithstanding any other provisions of law, the department
2 may grant a ninety-day temporary emergency medical technician license to all
3 levels of emergency medical technicians who meet the following:

4 (1) Can demonstrate that they have, or will have, employment requiring

5 an emergency medical technician license;

6 (2) Are not currently licensed as an emergency medical technician in
7 Missouri or have been licensed as an emergency medical technician in Missouri
8 and fingerprints need to be submitted to the Federal Bureau of Investigation to
9 verify the existence or absence of a criminal history, or they are currently
10 licensed and the license will expire before a verification can be completed of the
11 existence or absence of a criminal history;

12 (3) Have submitted a complete application upon such forms as prescribed
13 by the department in rules adopted pursuant to sections 190.001 to 190.245;

14 (4) Have not been disciplined pursuant to sections 190.001 to 190.245 and
15 rules promulgated pursuant to sections 190.001 to 190.245;

16 (5) Meet all the requirements of rules promulgated pursuant to sections
17 190.001 to 190.245.

18 2. A temporary emergency medical technician license shall only authorize
19 the license to practice while under the immediate supervision of a licensed
20 emergency medical technician, registered nurse, **physician assistant**, or
21 physician who is currently licensed, without restrictions, to practice in Missouri.

22 3. A temporary emergency medical technician license shall automatically
23 expire either ninety days from the date of issuance or upon the issuance of a
24 five-year emergency medical technician license.

190.196. 1. No employer shall knowingly employ or permit any employee
2 to perform any services for which a license, certificate or other authorization is
3 required by sections 190.001 to 190.245, or by rules adopted pursuant to sections
4 190.001 to 190.245, unless and until the person so employed possesses all
5 licenses, certificates or authorizations that are required.

6 2. Any person or entity that employs or supervises a person's activities as
7 an emergency medical responder, emergency medical dispatcher, emergency
8 medical technician, registered nurse, **physician assistant**, or physician shall
9 cooperate with the department's efforts to monitor and enforce compliance by
10 those individuals subject to the requirements of sections 190.001 to 190.245.

11 3. Any person or entity who employs individuals licensed by the
12 department pursuant to sections 190.001 to 190.245 shall report to the
13 department within seventy-two hours of their having knowledge of any charges
14 filed against a licensee in their employ for possible criminal action involving the
15 following felony offenses:

16 (1) Child abuse or sexual abuse of a child;

17 (2) Crimes of violence; or

18 (3) Rape or sexual abuse.

19 4. Any licensee who has charges filed against him or her for the felony
20 offenses in subsection 3 of this section shall report such an occurrence to the
21 department within seventy-two hours of the charges being filed.

22 5. The department will monitor these reports for possible licensure action
23 authorized pursuant to section 190.165.

**190.1005. Notwithstanding any other provision of law to the
2 contrary, any training or course in cardiopulmonary resuscitation shall
3 also include instruction on the proper use of automated external
4 defibrillators. Such training or course shall follow the standards
5 created by the American Red Cross or the American Heart Association,
6 or equivalent evidence-based standards from a nationally recognized
7 organization.**

**191.116. 1. There is hereby established in the department of
2 health and senior services the "Alzheimer's State Plan Task Force". The
3 task force shall consist of twenty-one members, as follows:**

4 (1) **The lieutenant governor, or his or her designee, who shall
5 serve as chair of the task force;**

6 (2) **The directors of the departments of health and senior
7 services, social services, and mental health, or their designees;**

8 (3) **One member of the house of representatives to be appointed
9 by the speaker of the house of representatives;**

10 (4) **One member of the senate to be appointed by the president
11 pro tempore of the senate;**

12 (5) **One member who has early-stage Alzheimer's disease or a
13 related dementia;**

14 (6) **One member who is a family caregiver of a person with
15 Alzheimer's disease or a related dementia;**

16 (7) **One member who is a licensed physician with experience in
17 the diagnosis, treatment, and research of Alzheimer's disease;**

18 (8) **One member from the office of state ombudsman for long-
19 term care facility residents;**

20 (9) **One member representing residential long-term care;**

21 (10) **One member representing the home care profession;**

22 (11) **One member representing the adult day services profession;**

23 (12) **One member representing the area agencies on aging;**

- 24 **(13) One member with expertise in minority health;**
- 25 **(14) One member representing the law enforcement community;**
- 26 **(15) One member from the department of higher education and**
27 **workforce development with knowledge of workforce training;**
- 28 **(16) Two members representing voluntary health organizations**
29 **in Alzheimer's disease care, support, and research, which may include**
30 **the Greater Missouri Chapter of the Alzheimer's Association and the**
31 **Heart of America Chapter of the Alzheimer's Association;**
- 32 **(17) One member representing licensed skilled nursing facilities;**
33 **and**
- 34 **(18) One member representing Missouri veterans' homes.**
- 35 **2. The members of the task force, other than the lieutenant**
36 **governor, members from the general assembly, and department and**
37 **division directors, shall be appointed by the governor with the advice**
38 **and consent of the senate. Members shall serve on the task force**
39 **without compensation.**
- 40 **3. The task force shall assess all state programs that address**
41 **Alzheimer's disease and update and maintain an integrated state plan**
42 **to overcome the challenges caused by Alzheimer's disease. The state**
43 **plan shall include implementation steps and recommendations for**
44 **priority actions based on this assessment. The task force's actions shall**
45 **include, but shall not be limited to, the following:**
- 46 **(1) Assess the current and future impact of Alzheimer's disease**
47 **on residents of the state of Missouri;**
- 48 **(2) Examine the existing services and resources addressing the**
49 **needs of persons with Alzheimer's disease and their families and**
50 **caregivers;**
- 51 **(3) Develop recommendations to respond to the escalating public**
52 **health crisis regarding Alzheimer's disease;**
- 53 **(4) Ensure the inclusion of ethnic and racial populations that**
54 **have a higher risk for Alzheimer's disease or are least likely to receive**
55 **care in clinical, research, and service efforts, with the purpose of**
56 **decreasing health disparities in Alzheimer's disease treatment;**
- 57 **(5) Identify opportunities for the state of Missouri to coordinate**
58 **with federal government entities to integrate and inform the fight**
59 **against Alzheimer's disease;**
- 60 **(6) Provide information and coordination of Alzheimer's disease**

61 **research and services across all state agencies;**

62 **(7) Examine dementia-specific training requirements across**
63 **health care, adult protective services workers, law enforcement, and all**
64 **other areas in which staff are involved with the delivery of care to**
65 **those with Alzheimer's disease and other dementias; and**

66 **(8) Develop strategies to increase the diagnostic rate of**
67 **Alzheimer's disease in Missouri.**

68 **4. The task force shall deliver a report of recommendations to**
69 **the governor and members of the general assembly no later than June**
70 **1, 2021.**

71 **5. The task force shall continue to meet at the request of the**
72 **chair and at a minimum of one time annually for the purpose of**
73 **evaluating the implementation and impact of the task force**
74 **recommendations and shall provide annual supplemental report**
75 **updates on the findings to the governor and the general assembly.**

76 **6. The provisions of this section shall expire on December 31,**
77 **2026.**

191.775. No person shall smoke or otherwise use tobacco [or], tobacco
2 products, **or vapor products, as such term is defined in section 407.925,**
3 in any indoor area of a public elementary or secondary school building or
4 educational facility, excluding institutions of higher education, or on buses used
5 solely to transport students to or from school or to transport students to or from
6 any place for educational purposes. Any school board of any school district may
7 set policy on the permissible uses of tobacco products **or vapor products** in any
8 other nonclassroom or nonstudent occupant facility, and on the school grounds or
9 outdoor facility areas as the school board deems proper. [Any person who violates
10 the provisions of this section shall be guilty of an infraction.]

192.2000. 1. The "Division of Aging" is hereby transferred from the
2 department of social services to the department of health and senior services by
3 a type I transfer as defined in the Omnibus State Reorganization Act of
4 1974. The department shall aid and assist the elderly and low-income disabled
5 adults living in the state of Missouri to secure and maintain maximum economic
6 and personal independence and dignity. The department shall regulate adult
7 long-term care facilities pursuant to the laws of this state and rules and
8 regulations of federal and state agencies, to safeguard the lives and rights of
9 residents in these facilities.

10 2. In addition to its duties and responsibilities enumerated pursuant to
11 other provisions of law, the department shall:

12 (1) Serve as advocate for the elderly by promoting a comprehensive,
13 coordinated service program through administration of Older Americans Act
14 (OAA) programs (Title III) P.L. 89-73, (42 U.S.C. Section 3001, et seq.), as
15 amended;

16 (2) Assure that an information and referral system is developed and
17 operated for the elderly, including information on home and community based
18 services;

19 (3) Provide technical assistance, planning and training to local area
20 agencies on aging;

21 (4) Contract with the federal government to conduct surveys of long-term
22 care facilities certified for participation in the Title XVIII program;

23 (5) Conduct medical review (inspections of care) activities such as
24 utilization reviews, independent professional reviews, and periodic medical
25 reviews to determine medical and social needs for the purpose of eligibility for
26 Title XIX, and for level of care determination;

27 (6) Certify long-term care facilities for participation in the Title XIX
28 program;

29 (7) Conduct a survey and review of compliance with P.L. 96-566 Sec.
30 505(d) for Supplemental Security Income recipients in long-term care facilities
31 and serve as the liaison between the Social Security Administration and the
32 department of health and senior services concerning Supplemental Security
33 Income beneficiaries;

34 (8) Review plans of proposed long-term care facilities before they are
35 constructed to determine if they meet applicable state and federal construction
36 standards;

37 (9) Provide consultation to long-term care facilities in all areas governed
38 by state and federal regulations;

39 (10) Serve as the central state agency with primary responsibility for the
40 planning, coordination, development, and evaluation of policy, programs, and
41 services for elderly persons in Missouri consistent with the provisions of
42 subsection 1 of this section and serve as the designated state unit on aging, as
43 defined in the Older Americans Act of 1965;

44 (11) Develop long-range state plans for programs, services, and activities
45 for elderly and handicapped persons. State plans should be revised annually and

46 should be based on area agency on aging plans, statewide priorities, and state
47 and federal requirements;

48 (12) Receive and disburse all federal and state funds allocated to the
49 division and solicit, accept, and administer grants, including federal grants, or
50 gifts made to the division or to the state for the benefit of elderly persons in this
51 state;

52 (13) Serve, within government and in the state at large, as an advocate
53 for elderly persons by holding hearings and conducting studies or investigations
54 concerning matters affecting the health, safety, and welfare of elderly persons and
55 by assisting elderly persons to assure their rights to apply for and receive
56 services and to be given fair hearings when such services are denied;

57 (14) Conduct research and other appropriate activities to determine the
58 needs of elderly persons in this state, including, but not limited to, their needs
59 for social and health services, and to determine what existing services and
60 facilities, private and public, are available to elderly persons to meet those needs;

61 (15) Maintain and serve as a clearinghouse for up-to-date information and
62 technical assistance related to the needs and interests of elderly persons and
63 persons with Alzheimer's disease or related dementias, including information on
64 the home and community based services program, dementia-specific training
65 materials and dementia-specific trainers. Such dementia-specific information and
66 technical assistance shall be maintained and provided in consultation with
67 agencies, organizations and/or institutions of higher learning with expertise in
68 dementia care;

69 (16) **Provide information and support to persons with Alzheimer's**
70 **disease and related dementias by establishing a family support group**
71 **in every county;**

72 (17) Provide area agencies on aging with assistance in applying for
73 federal, state, and private grants and identifying new funding sources;

74 [(17)] (18) Determine area agencies on aging annual allocations for Title
75 XX and Title III of the Older Americans Act expenditures;

76 [(18)] (19) Provide transportation services, home-delivered and congregate
77 meals, in-home services, counseling and other services to the elderly and low-
78 income handicapped adults as designated in the Social Services Block Grant
79 Report, through contract with other agencies, and shall monitor such agencies to
80 ensure that services contracted for are delivered and meet standards of quality
81 set by the division;

82 [(19)] **(20)** Monitor the process pursuant to the federal Patient Self-
83 determination Act, 42 U.S.C. Section 1396a (w), in long-term care facilities by
84 which information is provided to patients concerning durable powers of attorney
85 and living wills.

86 3. The department may withdraw designation of an area agency on aging
87 only when it can be shown the federal or state laws or rules have not been
88 complied with, state or federal funds are not being expended for the purposes for
89 which they were intended, or the elderly are not receiving appropriate services
90 within available resources, and after consultation with the director of the area
91 agency on aging and the area agency board. Withdrawal of any particular
92 program of services may be appealed to the director of the department of health
93 and senior services and the governor. In the event that the division withdraws
94 the area agency on aging designation in accordance with the Older Americans
95 Act, the department shall administer the services to clients previously performed
96 by the area agency on aging until a new area agency on aging is designated.

97 4. Any person hired by the department of health and senior services after
98 August 13, 1988, to conduct or supervise inspections, surveys or investigations
99 pursuant to chapter 198 shall complete at least one hundred hours of basic
100 orientation regarding the inspection process and applicable rules and statutes
101 during the first six months of employment. Any such person shall annually, on
102 the anniversary date of employment, present to the department evidence of
103 having completed at least twenty hours of continuing education in at least two of
104 the following categories: communication techniques, skills development, resident
105 care, or policy update. The department of health and senior services shall by rule
106 describe the curriculum and structure of such continuing education.

107 5. The department may issue and promulgate rules to enforce, implement
108 and effectuate the powers and duties established in this section and sections
109 198.070 and 198.090 and sections 192.2400 and 192.2475 to 192.2500. Any rule
110 or portion of a rule, as that term is defined in section 536.010, that is created
111 under the authority delegated in this section shall become effective only if it
112 complies with and is subject to all of the provisions of chapter 536 and, if
113 applicable, section 536.028. This section and chapter 536 are nonseverable and
114 if any of the powers vested with the general assembly pursuant to chapter 536 to
115 review, to delay the effective date or to disapprove and annul a rule are
116 subsequently held unconstitutional, then the grant of rulemaking authority and
117 any rule proposed or adopted after August 28, 2001, shall be invalid and void.

118 6. Home and community based services is a program, operated and
119 coordinated by the department of health and senior services, which informs
120 individuals of the variety of care options available to them when they may need
121 long-term care.

122 7. The division shall maintain minimum dementia-specific training
123 requirements for employees involved in the delivery of care to persons with
124 Alzheimer's disease or related dementias who are employed by skilled nursing
125 facilities, intermediate care facilities, residential care facilities, agencies
126 providing in-home care services authorized by the division of aging, adult day-
127 care programs, independent contractors providing direct care to persons with
128 Alzheimer's disease or related dementias and the division of aging. Such training
129 shall be incorporated into new employee orientation and ongoing in-service
130 curricula for all employees involved in the care of persons with dementia. The
131 department of health and senior services shall maintain minimum dementia-
132 specific training requirements for employees involved in the delivery of care to
133 persons with Alzheimer's disease or related dementias who are employed by home
134 health and hospice agencies licensed by chapter 197. Such training shall be
135 incorporated into the home health and hospice agency's new employee orientation
136 and ongoing in-service curricula for all employees involved in the care of persons
137 with dementia. The dementia training need not require additional hours of
138 orientation or ongoing in-service. Training shall include at a minimum, the
139 following:

140 (1) For employees providing direct care to persons with Alzheimer's
141 disease or related dementias, the training shall include an overview of
142 Alzheimer's disease and related dementias, communicating with persons with
143 dementia, behavior management, promoting independence in activities of daily
144 living, and understanding and dealing with family issues;

145 (2) For other employees who do not provide direct care for, but may have
146 daily contact with, persons with Alzheimer's disease or related dementias, the
147 training shall include an overview of dementias and communicating with persons
148 with dementia.

149 As used in this subsection, the term "employee" includes persons hired as
150 independent contractors. The training requirements of this subsection shall not
151 be construed as superceding any other laws or rules regarding dementia-specific
152 training.

192.2305. 1. There is hereby established within the department of health

2 and senior services the "Office of State Ombudsman for Long-Term Care Facility
3 Residents", for the purpose of helping to assure the adequacy of care received by
4 residents of long-term care facilities **and Missouri veterans' homes, as**
5 **defined in section 42.002**, and to improve the quality of life experienced by
6 them, in accordance with the federal Older Americans Act, 42 U.S.C. Section
7 3001, et seq.

8 2. The office shall be administered by the state ombudsman, who shall
9 devote his or her entire time to the duties of his or her position.

10 3. The office shall establish and implement procedures for receiving,
11 processing, responding to, and resolving complaints made by or on behalf of
12 residents of long-term care facilities **and Missouri veterans' homes** relating
13 to action, inaction, or decisions of providers, or their representatives, of long-term
14 care services, of public agencies or of social service agencies, which may adversely
15 affect the health, safety, welfare or rights of such residents.

16 4. The department shall establish and implement procedures for
17 resolution of complaints. The ombudsman or representatives of the office shall
18 have the authority to:

19 (1) Enter any long-term care facility **or Missouri veterans' homes** and
20 have access to residents of the facility at a reasonable time and in a reasonable
21 manner. The ombudsman shall have access to review resident records, if given
22 permission by the resident or the resident's legal guardian. Residents of the
23 facility shall have the right to request, deny, or terminate visits with an
24 ombudsman;

25 (2) Make the necessary inquiries and review such information and records
26 as the ombudsman or representative of the office deems necessary to accomplish
27 the objective of verifying these complaints.

28 5. The office shall acknowledge complaints, report its findings, make
29 recommendations, gather and disseminate information and other material, and
30 publicize its existence.

31 6. The ombudsman may recommend to the relevant governmental agency
32 changes in the rules and regulations adopted or proposed by such governmental
33 agency which do or may adversely affect the health, safety, welfare, or civil or
34 human rights of any resident in a facility. The office shall analyze and monitor
35 the development and implementation of federal, state and local laws, regulations
36 and policies with respect to long-term care facilities and services **and Missouri**
37 **veterans' homes** in the state and shall recommend to the department changes

38 in such laws, regulations and policies deemed by the office to be appropriate.

39 7. The office shall promote community contact and involvement with
40 residents of facilities through the use of volunteers and volunteer programs
41 directed by the regional ombudsman coordinators.

42 8. The office shall develop and establish by regulation of the department
43 statewide policies and standards for implementing the activities of the
44 ombudsman program, including the qualifications and the training of regional
45 ombudsman coordinators and ombudsman volunteers.

46 9. The office shall develop and propose programs for use, training and
47 coordination of volunteers in conjunction with the regional ombudsman
48 coordinators and may:

49 (1) Establish and conduct recruitment programs for volunteers;

50 (2) Establish and conduct training seminars, meetings and other programs
51 for volunteers; and

52 (3) Supply personnel, written materials and such other reasonable
53 assistance, including publicizing their activities, as may be deemed necessary.

54 10. The regional ombudsman coordinators and ombudsman volunteers
55 shall have the authority to report instances of abuse and neglect to the
56 ombudsman hotline operated by the department.

57 11. If the regional ombudsman coordinator or volunteer finds that a
58 nursing home administrator is not willing to work with the ombudsman program
59 to resolve complaints, the state ombudsman shall be notified. The department
60 shall establish procedures by rule in accordance with chapter 536 for
61 implementation of this subsection.

62 12. The office shall prepare and distribute to each facility written notices
63 which set forth the address and telephone number of the office, a brief
64 explanation of the function of the office, the procedure to follow in filing a
65 complaint and other pertinent information.

66 13. The administrator of each facility shall ensure that such written
67 notice is given to every resident or the resident's guardian upon admission to the
68 facility and to every person already in residence, or to his or her guardian. The
69 administrator shall also post such written notice in a conspicuous, public place
70 in the facility in the number and manner set forth in the regulations adopted by
71 the department.

72 14. The office shall inform residents, their guardians or their families of
73 their rights and entitlements under state and federal laws and rules and

74 regulations by means of the distribution of educational materials and group
75 meetings.

195.070. 1. A physician, podiatrist, dentist, a registered optometrist
2 certified to administer pharmaceutical agents as provided in section 336.220, or
3 an assistant physician in accordance with section 334.037 or a physician assistant
4 in accordance with section 334.747 in good faith and in the course of his or her
5 professional practice only, may prescribe, administer, and dispense controlled
6 substances or he or she may cause the same to be administered or dispensed by
7 an individual as authorized by statute.

8 2. An advanced practice registered nurse, as defined in section 335.016,
9 but not a certified registered nurse anesthetist as defined in subdivision (8) of
10 section 335.016, who holds a certificate of controlled substance prescriptive
11 authority from the board of nursing under section 335.019 and who is delegated
12 the authority to prescribe controlled substances under a collaborative practice
13 arrangement under section 334.104 may prescribe any controlled substances
14 listed in Schedules III, IV, and V of section 195.017, and may have restricted
15 authority in Schedule II. Prescriptions for Schedule II medications prescribed by
16 an advanced practice registered nurse who has a certificate of controlled
17 substance prescriptive authority are restricted to only those medications
18 containing hydrocodone. However, no such certified advanced practice registered
19 nurse shall prescribe controlled substance for his or her own self or
20 family. Schedule III narcotic controlled substance and Schedule II - hydrocodone
21 prescriptions shall be limited to a one hundred twenty-hour supply without refill.

22 3. A veterinarian, in good faith and in the course of the veterinarian's
23 professional practice only, and not for use by a human being, may prescribe,
24 administer, and dispense controlled substances and the veterinarian may cause
25 them to be administered by an assistant or orderly under his or her direction and
26 supervision.

27 4. A practitioner shall not accept any portion of a controlled substance
28 unused by a patient, for any reason, if such practitioner did not originally
29 dispense the drug, except:

30 **(1) When the controlled substance is delivered to the practitioner**
31 **to administer to the patient for whom the medication is prescribed as**
32 **authorized by federal law. Practitioners shall maintain records and**
33 **secure the medication as required by this chapter and regulations**
34 **promulgated pursuant to this chapter; or**

35 **(2)** As provided in section 195.265.

36 5. An individual practitioner shall not prescribe or dispense a controlled
37 substance for such practitioner's personal use except in a medical emergency.

195.805. 1. No edible marijuana-infused product sold in Missouri
2 **pursuant to Article XIV of the Missouri Constitution shall be designed,**
3 **produced, or marketed in a manner that is designed to appeal to**
4 **persons under eighteen years of age, including, but not limited to, the**
5 **following:**

6 **(1) Candies, including gummies, lollipops, cotton candy, or any**
7 **product using the word "candy" or "candies" on the label; or**

8 **(2) Products in the shape of a human, animal, or fruit, including**
9 **realistic, artistic, caricature, or cartoon renderings. However,**
10 **geometric shapes, including, but not limited to, circles, squares,**
11 **rectangles, and triangles, shall be permitted.**

12 **2. Any licensed or certified entity regulated by the department**
13 **of health and senior services pursuant to Article XIV of the Missouri**
14 **Constitution found to have violated the provisions of this section shall**
15 **be subject to department sanctions, including an administrative**
16 **penalty, in accordance with the regulations promulgated by the**
17 **department pursuant to Article XIV of the Missouri Constitution.**

18 **3. Each individually wrapped edible marijuana-infused product**
19 **containing any amount of tetrahydrocannabinols (THC) shall be**
20 **stamped or the package or wrapping otherwise labeled with a diamond**
21 **containing the letters "THC" and the number of milligrams of THC in**
22 **that individually wrapped product.**

23 **4. The department shall promulgate rules and regulations**
24 **regarding edible marijuana-infused products designed to appeal to**
25 **persons under eighteen years of age, as well as promulgate rules and**
26 **regulations to establish a process by which a licensed or certified**
27 **entity may seek approval of an edible product design, package, or label**
28 **prior to such product's manufacture or sale in order to determine**
29 **compliance with the provisions of this section and any rules**
30 **promulgated pursuant to this section. Any rule or portion of a rule, as**
31 **that term is defined in section 536.010 that is created under the**
32 **authority delegated in this section shall become effective only if it**
33 **complies with and is subject to all of the provisions of chapter 536 and,**
34 **if applicable, section 536.028. This section and chapter 536 are**

35 nonseverable and if any of the powers vested with the general assembly
36 pursuant to chapter 536 to review, to delay the effective date, or to
37 disapprove and annul a rule are subsequently held unconstitutional,
38 then the grant of rulemaking authority and any rule proposed or
39 adopted after August 28, 2020, shall be invalid and void.

195.830. 1. The department of health and senior services shall
2 require all officers, managers, contractors, employees, and other
3 support staff of licensed or certified medical marijuana facilities, and
4 all owners of such medical marijuana facilities who will have access to
5 the facilities or to the facilities' medical marijuana, to submit
6 fingerprints to the Missouri state highway patrol for the purpose of
7 conducting a state and federal fingerprint-based criminal background
8 check.

9 2. The department may require that such fingerprint submissions
10 be made as part of a medical marijuana facility application for
11 licensure or certification, a medical marijuana facility application for
12 renewal of licensure or certification, and an individual's application for
13 an identification card authorizing that individual to be an owner,
14 officer, manager, contractor, employee, or other support staff of a
15 medical marijuana facility.

16 3. Fingerprint cards and any required fees shall be sent to the
17 Missouri state highway patrol's central repository. The fingerprints
18 shall be used for searching the state criminal records repository and
19 shall also be forwarded to the Federal Bureau of Investigation for a
20 federal criminal records search under section 43.540. The Missouri
21 state highway patrol shall notify the department of any criminal
22 history record information or lack of criminal history record
23 information discovered on the individual. Notwithstanding the
24 provisions of section 610.120 to the contrary, all records related to any
25 criminal history information discovered shall be accessible and
26 available to the department.

27 4. For purposes of this section, a "medical marijuana facility"
28 shall include a medical marijuana cultivation facility, a medical
29 marijuana dispensary facility, a medical marijuana-infused products
30 manufacturing facility, and a medical marijuana testing facility, as
31 such terms are defined in Section 1 of Article XIV of the Missouri
32 Constitution, or any facility licensed or certified by the department

33 under the authority of Article XIV.

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

2 (1) "Administer", the direct application of an epinephrine auto-injector to
3 the body of an individual;

4 (2) "Authorized entity", any entity or organization at or in connection with
5 which allergens capable of causing anaphylaxis may be present including, but not
6 limited to, **qualified first responders, as such term is defined in section**
7 **321.621**, restaurants, recreation camps, youth sports leagues, amusement parks,
8 and sports arenas. "Authorized entity" shall not include any public school or
9 public charter school;

10 (3) "Epinephrine auto-injector", a single-use device used for the automatic
11 injection of a premeasured dose of epinephrine into the human body;

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

13 (5) "Provide", the supply of one or more epinephrine auto-injectors to an
14 individual;

15 (6) "Self-administration", a person's discretionary use of an epinephrine
16 auto-injector.

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

22 3. An authorized entity may acquire and stock a supply of epinephrine
23 auto-injectors under a prescription issued in accordance with this section. Such
24 epinephrine auto-injectors shall be stored in a location readily accessible in an
25 emergency and in accordance with the epinephrine auto-injector's instructions for
26 use and any additional requirements established by the department of health and
27 senior services by rule. An authorized entity shall designate employees or agents
28 who have completed the training required under this section to be responsible for
29 the storage, maintenance, and general oversight of epinephrine auto-injectors
30 acquired by the authorized entity.

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

34 (1) Expected epinephrine auto-injector users receive training in
35 recognizing symptoms of severe allergic reactions including anaphylaxis and the

36 use of epinephrine auto-injectors from a nationally recognized organization
37 experienced in training laypersons in emergency health treatment or another
38 entity or person approved by the department of health and senior services;

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

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

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

46 5. Any authorized entity that acquires a supply of epinephrine
47 auto-injectors under a prescription issued in accordance with this section shall
48 notify the emergency communications district or the ambulance dispatch center
49 of the primary provider of emergency medical services where the epinephrine
50 auto-injectors are to be located within the entity's facility.

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

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

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

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

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

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

71 Such immunity does not apply to acts or omissions constituting a reckless

72 disregard for the safety of others or willful or wanton conduct. The
73 administration of an epinephrine auto-injector in accordance with this section
74 shall not be considered the practice of medicine. The immunity from liability
75 provided under this subsection is in addition to and not in lieu of that provided
76 under section 537.037. An authorized entity located in this state shall not be
77 liable for any injuries or related damages that result from the provision or
78 administration of an epinephrine auto-injector by its employees or agents outside
79 of this state if the entity or its employee or agent is not liable for such injuries
80 or related damages under the laws of the state in which such provision or
81 administration occurred. No trained person who is in compliance with this
82 section and who in good faith and exercising reasonable care fails to administer
83 an epinephrine auto-injector shall be liable for such failure.

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

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

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

**196.1050. 1. The proceeds of any monetary settlement or portion
2 of a global settlement between the attorney general of the state and any
3 drug manufacturers, distributors, or combination thereof to resolve an
4 opioid-related cause of action against such drug manufacturers,
5 distributors, or combination thereof in a state or federal court shall
6 only be utilized to pay for opioid addiction treatment and prevention
7 services and health care and law enforcement costs related to opioid
8 addiction treatment and prevention. Under no circumstances shall
9 such settlement moneys be utilized to fund other services, programs, or
10 expenses not reasonably related to opioid addiction treatment and
11 prevention.**

12 **2. (1) There is hereby established in the state treasury the
13 "Opioid Addiction Treatment and Recovery Fund", which shall consist
14 of the proceeds of any settlement described in subsection 1 of this
15 section, as well as any funds appropriated by the general assembly, or
16 gifts, grants, donations, or bequests. The state treasurer shall be
17 custodian of the fund. In accordance with sections 30.170 and 30.180,**

18 **the state treasurer may approve disbursements. The fund shall be a**
19 **dedicated fund and money in the fund shall be used by the department**
20 **of mental health, the department of health and senior services, the**
21 **department of social services, and the department of public safety for**
22 **the purposes set forth in subsection 1 of this section.**

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

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

208.909. 1. Consumers receiving personal care assistance services shall
2 be responsible for:

3 (1) Supervising their personal care attendant;
4 (2) Verifying wages to be paid to the personal care attendant;
5 (3) Preparing and submitting time sheets, signed by both the consumer
6 and personal care attendant, to the vendor on a biweekly basis;

7 (4) Promptly notifying the department within ten days of any changes in
8 circumstances affecting the personal care assistance services plan or in the
9 consumer's place of residence;

10 (5) Reporting any problems resulting from the quality of services rendered
11 by the personal care attendant to the vendor. If the consumer is unable to resolve
12 any problems resulting from the quality of service rendered by the personal care
13 attendant with the vendor, the consumer shall report the situation to the
14 department; [and]

15 (6) Providing the vendor with all necessary information to complete
16 required paperwork for establishing the employer identification number;

17 **(7) Allowing the vendor to comply with its quality assurance and**
18 **supervision process, which shall include, but not be limited to, annual**
19 **face-to-face home visits and monthly case management activities; and**

20 **(8) Report to the department significant changes in their health**
21 **and ability to self-direct care.**

22 2. Participating vendors shall be responsible for:

23 (1) Collecting time sheets or reviewing reports of delivered services and
24 certifying the accuracy thereof;

25 (2) The Medicaid reimbursement process, including the filing of claims

26 and reporting data to the department as required by rule;

27 (3) Transmitting the individual payment directly to the personal care
28 attendant on behalf of the consumer;

29 (4) Monitoring the performance of the personal care assistance services
30 plan. **Such monitoring shall occur during the annual face-to-face home**
31 **visit under section 208.918. The vendor shall document whether**
32 **services are being provided to the consumer as set forth in the plan of**
33 **care. If the attendant was not providing services as set forth in the**
34 **plan of care, the vendor shall notify the department and the**
35 **department may suspend services to the consumer; and**

36 (5) **Report to the department significant changes in the**
37 **consumer's health or ability to self-direct care.**

38 3. No state or federal financial assistance shall be authorized or expended
39 to pay for services provided to a consumer under sections 208.900 to 208.927, if
40 the primary benefit of the services is to the household unit, or is a household task
41 that the members of the consumer's household may reasonably be expected to
42 share or do for one another when they live in the same household, unless such
43 service is above and beyond typical activities household members may reasonably
44 provide for another household member without a disability.

45 4. No state or federal financial assistance shall be authorized or expended
46 to pay for personal care assistance services provided by a personal care attendant
47 who has not undergone the background screening process under section 192.2495.
48 If the personal care attendant has a disqualifying finding under section 192.2495,
49 no state or federal assistance shall be made, unless a good cause waiver is first
50 obtained from the department in accordance with section 192.2495.

51 5. (1) All vendors shall, by July 1, 2015, have, maintain, and use a
52 telephone tracking system for the purpose of reporting and verifying the delivery
53 of consumer-directed services as authorized by the department of health and
54 senior services or its designee. [Use of such a system prior to July 1, 2015, shall
55 be voluntary.] The telephone tracking system shall be used to process payroll for
56 employees and for submitting claims for reimbursement to the MO HealthNet
57 division. At a minimum, the telephone tracking system shall:

58 (a) Record the exact date services are delivered;

59 (b) Record the exact time the services begin and exact time the services
60 end;

61 (c) Verify the telephone number from which the services are registered;

62 (d) Verify that the number from which the call is placed is a telephone
63 number unique to the client;

64 (e) Require a personal identification number unique to each personal care
65 attendant;

66 (f) Be capable of producing reports of services delivered, tasks performed,
67 client identity, beginning and ending times of service and date of service in
68 summary fashion that constitute adequate documentation of service; and

69 (g) Be capable of producing reimbursement requests for consumer
70 approval that assures accuracy and compliance with program expectations for
71 both the consumer and vendor.

72 (2) [The department of health and senior services, in collaboration with
73 other appropriate agencies, including centers for independent living, shall
74 establish telephone tracking system pilot projects, implemented in two regions of
75 the state, with one in an urban area and one in a rural area. Each pilot project
76 shall meet the requirements of this section and section 208.918. The department
77 of health and senior services shall, by December 31, 2013, submit a report to the
78 governor and general assembly detailing the outcomes of these pilot projects. The
79 report shall take into consideration the impact of a telephone tracking system on
80 the quality of the services delivered to the consumer and the principles of
81 self-directed care.

82 (3) As new technology becomes available, the department may allow use
83 of a more advanced tracking system, provided that such system is at least as
84 capable of meeting the requirements of this subsection.

85 [(4)] (3) The department of health and senior services shall promulgate
86 by rule the minimum necessary criteria of the telephone tracking system. Any
87 rule or portion of a rule, as that term is defined in section 536.010, that is created
88 under the authority delegated in this section shall become effective only if it
89 complies with and is subject to all of the provisions of chapter 536 and, if
90 applicable, section 536.028. This section and chapter 536 are nonseverable and
91 if any of the powers vested with the general assembly pursuant to chapter 536 to
92 review, to delay the effective date, or to disapprove and annul a rule are
93 subsequently held unconstitutional, then the grant of rulemaking authority and
94 any rule proposed or adopted after August 28, 2010, shall be invalid and void.

95 [6. In the event that a consensus between centers for independent living
96 and representatives from the executive branch cannot be reached, the telephony
97 report issued to the general assembly and governor shall include a minority

98 report which shall detail those elements of substantial dissent from the main
99 report.

100 7. No interested party, including a center for independent living, shall be
101 required to contract with any particular vendor or provider of telephony services
102 nor bear the full cost of the pilot program.]

208.918. 1. In order to qualify for an agreement with the department, the
2 vendor shall have a philosophy that promotes the consumer's ability to live
3 independently in the most integrated setting or the maximum community
4 inclusion of persons with physical disabilities, and shall demonstrate the ability
5 to provide, directly or through contract, the following services:

6 (1) Orientation of consumers concerning the responsibilities of being an
7 employer[,] **and** supervision of personal care attendants including the
8 preparation and verification of time sheets. **Such orientation shall include**
9 **notifying customers that falsification of attendant visit verification**
10 **records shall be considered fraud and shall be reported to the**
11 **department. Such orientation shall take place in the presence of the**
12 **personal care attendant, to the fullest extent possible;**

13 (2) Training for consumers about the recruitment and training of personal
14 care attendants;

15 (3) Maintenance of a list of persons eligible to be a personal care
16 attendant;

17 (4) Processing of inquiries and problems received from consumers and
18 personal care attendants;

19 (5) Ensuring the personal care attendants are registered with the family
20 care safety registry as provided in sections 210.900 to [210.937] **210.936**; and

21 (6) The capacity to provide fiscal conduit services through a telephone
22 tracking system by the date required under section 208.909.

23 2. In order to maintain its agreement with the department, a vendor shall
24 comply with the provisions of subsection 1 of this section and shall:

25 (1) Demonstrate sound fiscal management as evidenced on accurate
26 quarterly financial reports and **an annual financial statement** audit [submitted
27 to the department] **performed by a certified public accountant if the**
28 **vendor's annual gross revenue is two hundred thousand dollars or more**
29 **or, if the vendor's annual gross revenue is less than two hundred**
30 **thousand dollars, an annual financial statement audit or annual**
31 **financial statement review performed by a certified public**

32 **accountant. Such reports, audits, and reviews shall be completed and**
33 **made available upon request to the department; [and]**

34 (2) Demonstrate a positive impact on consumer outcomes regarding the
35 provision of personal care assistance services as evidenced on accurate quarterly
36 and annual service reports submitted to the department;

37 (3) Implement a quality assurance and supervision process that ensures
38 program compliance and accuracy of records, **including, but not limited to:**

39 (a) **The department of health and senior services shall**
40 **promulgate by rule a consumer-directed services division provider**
41 **certification manager course; and**

42 (b) **The vendor shall perform ongoing monitoring of the**
43 **provision of services in the plan of care and shall assess the quality of**
44 **care being delivered. Such monitoring shall include at least one annual**
45 **face-to-face visit and may include electronic monitoring, telephone**
46 **checks, written case notes, or other department-approved**
47 **methods. The ongoing monitoring shall not preclude the vendor's**
48 **responsibility of ongoing diligence of case management activity**
49 **oversight;**

50 (4) Comply with all provisions of sections 208.900 to 208.927, and the
51 regulations promulgated thereunder; **and**

52 (5) **Maintain a business location which shall comply with any and**
53 **all applicable city, county, state, and federal requirements.**

54 **3. No state or federal funds shall be authorized or expended to**
55 **pay for personal care assistance services under sections 208.900 to**
56 **208.927 if any direct employee of the consumer-directed services vendor**
57 **conducts the face-to-face home visit of a consumer for whom such**
58 **employee is also the personal care attendant, unless such person**
59 **provides services solely on a temporary basis on no more than three**
60 **days in a thirty-day period.**

208.924. 1. A consumer's personal care assistance services may be
2 discontinued under circumstances such as the following:

3 (1) The department learns of circumstances that require closure of a
4 consumer's case, including one or more of the following: death, admission into a
5 long-term care facility, no longer needing service, or inability of the consumer to
6 consumer-direct personal care assistance service;

7 (2) The consumer has falsified records; **provided false information of**

8 **his or her condition, functional capacity, or level of care needs; or**
9 **committed fraud;**

10 (3) The consumer is noncompliant with the plan of care. Noncompliance
11 requires persistent actions by the consumer which negate the services provided
12 in the plan of care;

13 (4) The consumer or member of the consumer's household threatens or
14 abuses the personal care attendant or vendor to the point where their welfare is
15 in jeopardy and corrective action has failed;

16 (5) The maintenance needs of a consumer are unable to continue to be met
17 because the plan of care hours exceed availability; and

18 (6) The personal care attendant is not providing services as set forth in
19 the personal care assistance services plan and attempts to remedy the situation
20 have been unsuccessful.

21 **2. The personal care attendant shall report to the department if**
22 **he or she witnesses significant deterioration of the health of the**
23 **consumer or if he or she has a belief that the consumer is no longer**
24 **capable of self-directed care.**

208.935. Subject to appropriations, the department of health and
2 **senior services shall develop, or contract with a state agency or third**
3 **party to develop an interactive assessment tool, which may include**
4 **mobile as well as centralized functionality, for utilization when**
5 **implementing the assessment and authorization process for MO**
6 **HealthNet home and community-based services authorized by the**
7 **division of senior and disability services.**

321.621. 1. For the purposes of this section, "qualified first
2 **responder" shall mean any state and local law enforcement agency staff,**
3 **fire department personnel, fire district personnel, or licensed**
4 **emergency medical technician who is acting under the directives and**
5 **established protocols of a medical director of a local licensed ground**
6 **ambulance service licensed under section 190.109 who comes in contact**
7 **with a person suffering from an anaphylactic reaction and who has**
8 **received training in recognizing and responding to anaphylactic**
9 **reactions and the administration of epinephrine auto-injector devices**
10 **to a person suffering from an apparent anaphylactic**
11 **reaction. "Qualified first responder agencies" shall mean any state or**
12 **local law enforcement agency, fire department, or ambulance service**

13 that provides documented training to its staff related to the
14 administration of epinephrine auto-injector devices in an apparent
15 anaphylactic reaction.

16 2. The department of health and senior services shall issue
17 epinephrine auto-injector devices for adult patients to fire protection
18 districts in nonmetropolitan areas in Missouri as such areas are
19 determined according to the United States Census Bureau's American
20 Community Survey, based on the most recent of five-year period
21 estimate data in which the final year of the estimate ends in either zero
22 or five.

23 3. Possession and use of epinephrine auto-injector devices for
24 adult patients shall be limited as follows:

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

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

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

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

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

41 4. (1) Use of an epinephrine auto-injector device pursuant to this
42 section shall be considered first aid or emergency treatment for the
43 purpose of any law relating to liability.

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

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

50 **5. (1) There is hereby created in the state treasury the**
51 **"Epinephrine Auto-injector Devices for Fire Personnel Fund", which**
52 **shall consist of money collected under this section. The state treasurer**
53 **shall be custodian of the fund. In accordance with sections 30.170 and**
54 **30.180, the state treasurer may approve disbursements. The moneys in**
55 **the fund as set forth in this section shall be subject to appropriation by**
56 **the general assembly for the particular purpose for which**
57 **collected. The fund shall be a dedicated fund and money in the fund**
58 **shall be used solely by the department of health and senior services for**
59 **the purposes of providing epinephrine auto-injector devices for adult**
60 **patients to qualified first responder agencies as used in this section.**

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

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

 338.220. 1. It shall be unlawful for any person, copartnership,
2 association, corporation or any other business entity to open, establish, operate,
3 or maintain any pharmacy as defined by statute without first obtaining a permit
4 or license to do so from the Missouri board of pharmacy. A permit shall not be
5 required for an individual licensed pharmacist to perform nondispensing activities
6 outside of a pharmacy, as provided by the rules of the board. A permit shall not
7 be required for an individual licensed pharmacist to administer drugs, vaccines,
8 and biologicals by protocol, as permitted by law, outside of a pharmacy. The
9 following classes of pharmacy permits or licenses are hereby established:

- 10 (1) Class A: Community/ambulatory;
- 11 (2) Class B: Hospital pharmacy;
- 12 (3) Class C: Long-term care;
- 13 (4) Class D: Nonsterile compounding;
- 14 (5) Class E: Radio pharmaceutical;
- 15 (6) Class F: Renal dialysis;
- 16 (7) Class G: Medical gas;
- 17 (8) Class H: Sterile product compounding;
- 18 (9) Class I: Consultant services;
- 19 (10) Class J: Shared service;

- 20 (11) Class K: Internet;
21 (12) Class L: Veterinary;
22 (13) Class M: Specialty (bleeding disorder);
23 (14) Class N: Automated dispensing system (health care facility);
24 (15) Class O: Automated dispensing system (ambulatory care);
25 (16) Class P: Practitioner office/clinic;
26 **(17) Class Q: Charitable pharmacy.**

27 2. Application for such permit or license shall be made upon a form
28 furnished to the applicant; shall contain a statement that it is made under oath
29 or affirmation and that its representations are true and correct to the best
30 knowledge and belief of the person signing same, subject to the penalties of
31 making a false affidavit or declaration; and shall be accompanied by a permit or
32 license fee. The permit or license issued shall be renewable upon payment of a
33 renewal fee. Separate applications shall be made and separate permits or
34 licenses required for each pharmacy opened, established, operated, or maintained
35 by the same owner.

36 3. All permits, licenses or renewal fees collected pursuant to the
37 provisions of sections 338.210 to 338.370 shall be deposited in the state treasury
38 to the credit of the Missouri board of pharmacy fund, to be used by the Missouri
39 board of pharmacy in the enforcement of the provisions of sections 338.210 to
40 338.370, when appropriated for that purpose by the general assembly.

41 4. Class L: veterinary permit shall not be construed to prohibit or
42 interfere with any legally registered practitioner of veterinary medicine in the
43 compounding, administering, prescribing, or dispensing of their own
44 prescriptions, or medicine, drug, or pharmaceutical product to be used for
45 animals.

46 5. Except for any legend drugs under 21 U.S.C. Section 353, the provisions
47 of this section shall not apply to the sale, dispensing, or filling of a
48 pharmaceutical product or drug used for treating animals.

49 6. A "class B hospital pharmacy" shall be defined as a pharmacy owned,
50 managed, or operated by a hospital as defined by section 197.020 or a clinic or
51 facility under common control, management or ownership of the same hospital or
52 hospital system. This section shall not be construed to require a class B hospital
53 pharmacy permit or license for hospitals solely providing services within the
54 practice of pharmacy under the jurisdiction of, and the licensure granted by, the
55 department of health and senior services under and pursuant to chapter 197.

56 7. Upon application to the board, any hospital that holds a pharmacy
57 permit or license on August 28, 2014, shall be entitled to obtain a class B
58 pharmacy permit or license without fee, provided such application shall be
59 submitted to the board on or before January 1, 2015.

 376.383. 1. For purposes of this section and section 376.384, the following
2 terms shall mean:

3 (1) "Claimant", any individual, corporation, association, partnership or
4 other legal entity asserting a right to payment arising out of a contract or a
5 contingency or loss covered under a health benefit plan as defined in section
6 376.1350;

7 (2) "Clean claim", a claim that has no defect, impropriety, lack of any
8 required substantiating documentation, or particular circumstance requiring
9 special treatment that prevents timely payment;

10 (3) "Deny" or "denial", when the health carrier refuses to reimburse all or
11 part of the claim;

12 (4) "Health care provider", health care provider as defined in section
13 376.1350;

14 (5) "Health care services", health care services as defined in section
15 376.1350;

16 (6) "Health carrier", health carrier as defined in section 376.1350 and any
17 self-insured health plan, to the extent allowed by federal law; except that health
18 carrier shall not include a workers' compensation carrier providing benefits to an
19 employee pursuant to chapter 287. For the purposes of this section and section
20 376.384, third-party contractors are health carriers;

21 (7) "Processing days", number of days the health carrier or any of its
22 agents, subsidiaries, contractors, subcontractors, or third-party contractors has
23 the claim in its possession. Processing days shall not include days in which the
24 health carrier is waiting for a response to a request for additional information
25 from the claimant;

26 (8) "Request for additional information", a health carrier's electronic or
27 facsimile request for additional information from the claimant specifying all of the
28 documentation or information necessary to process all of the claim, or all of the
29 claim on a multi-claim form, as a clean claim for payment;

30 (9) "Third-party contractor", a third party contracted with the health
31 carrier to receive or process claims for reimbursement of health care services.

32 2. Within forty-eight hours after receipt of an electronically filed claim by

33 a health carrier or a third-party contractor, a health carrier shall send an
34 electronic acknowledgment of the date of receipt.

35 3. Within thirty processing days after receipt of a filed claim by a health
36 carrier or a third-party contractor, a health carrier shall send an electronic or
37 facsimile notice of the status of the claim that notifies the claimant:

38 (1) Whether the claim is a clean claim as defined under this section; or

39 (2) The claim requires additional information from the claimant.

40 If the claim is a clean claim, then the health carrier shall pay or deny the claim.

41 If the claim requires additional information, the health carrier shall include in
42 the notice a request for additional information. If a health carrier pays the claim,
43 this subsection shall not apply.

44 4. Within ten processing days after receipt of additional information by
45 a health carrier or a third-party contractor, a health carrier shall pay the claim
46 or any undisputed part of the claim in accordance with this section or send an
47 electronic or facsimile notice of receipt and status of the claim:

48 (1) That denies all or part of the claim and specifies each reason for
49 denial; or

50 (2) That makes a final request for additional information.

51 5. Within five processing days after the day on which the health carrier
52 or a third-party contractor receives the additional requested information in
53 response to a final request for information, it shall pay the claim or any
54 undisputed part of the claim or deny the claim.

55 6. **(1)** If the health carrier has not paid the claimant on or before the
56 forty-fifth processing day from the date of receipt of the claim, the health carrier
57 shall pay the claimant one percent interest per month and a penalty in an
58 amount equal to one percent of the claim per day. The interest and penalty shall
59 be calculated based upon the unpaid balance of the claim as of the forty-fifth
60 processing day. The interest and penalty paid pursuant to this subsection shall
61 be included in any late reimbursement without the necessity for the person that
62 filed the original claim to make an additional claim for that interest and penalty.
63 A health carrier may combine interest payments and make payment once the
64 aggregate amount reaches one hundred dollars. **Any claim or portion of a**
65 **claim subject to interest and penalties under this section where the**
66 **amount owed by a health carrier to a claimant exceeds ten thousand**
67 **dollars for such claim, interest and penalties shall accrue for no more**
68 **than one hundred days, unless the claimant makes a separate demand**

69 for payment of the claim after the interest and penalties begin to
70 accrue and prior to the ninetieth day interest and penalties have
71 accrued.

72 **(2)** Any claim or portion of a claim which has been properly denied
73 before the forty-fifth processing day under this section and section 376.384 shall
74 not be subject to interest or penalties. **For a claim or any portion of such**
75 **claim that was denied before the forty-fifth processing day, interest and**
76 **penalties shall begin to accrue beginning on the date the first appeal**
77 **is filed by the claimant with the health carrier until such claim is paid,**
78 **if the claim or portion of the claim is approved. If any appeal filed**
79 **with the health carrier does not result in the disputed claim or portion**
80 **of such claim being approved for payment to the claimant, and a**
81 **petition is filed in a court of competent jurisdiction to recover payment**
82 **of all or part of such claim, interest and penalties shall continue to**
83 **accrue for no more than one hundred days from the day the first appeal**
84 **was filed by the claimant with the health carrier, and such interest and**
85 penalties shall [cease] **continue** to accrue [on the day] **ten days** after [a petition
86 is filed in] a court of competent jurisdiction [to recover payment of such claim]
87 **finds that the claim or portion of the claim shall be paid to the**
88 **claimant.** Upon a finding by a court of competent jurisdiction that the health
89 carrier failed to pay a claim, interest, or penalty without good cause, the court
90 shall enter judgment for reasonable attorney fees for services necessary for
91 recovery. Upon a finding that a health care provider filed suit without reasonable
92 grounds to recover a claim, the court shall award the health carrier reasonable
93 attorney fees necessary to the defense.

94 7. The department of commerce and insurance shall monitor denials and
95 determine whether the health carrier acted reasonably.

96 8. If a health carrier or third-party contractor has reasonable grounds to
97 believe that a fraudulent claim is being made, the health carrier or third-party
98 contractor shall notify the department of commerce and insurance of the
99 fraudulent claim pursuant to sections 375.991 to 375.994.

100 9. Denial of a claim shall be communicated to the claimant and shall
101 include the specific reason why the claim was denied. Any claim for which the
102 health carrier has not communicated a specific reason for the denial shall not be
103 considered denied under this section or section 376.384.

104 10. Requests for additional information shall specify all of the

105 documentation and additional information that is necessary to process all of the
106 claim, or all of the claims on a multi-claim form, as a clean claim for
107 payment. Information requested shall be reasonable and pertain solely to the
108 health carrier's liability. The health carrier shall acknowledge receipt of the
109 requested additional information to the claimant within five calendar days or pay
110 the claim.

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

2 (1) "Covered person", the same meaning as such term is defined in section
3 376.1257;

4 (2) "Health benefit plan", the same meaning as such term is defined in
5 section 376.1350;

6 (3) **"Health carrier" or "carrier", the same meaning as such term**
7 **is defined in section 376.1350;**

8 (4) **"Pharmacy", the same meaning as such term is defined in**
9 **chapter 338;**

10 (5) "Pharmacy benefits manager", the same meaning as such term is
11 defined in section 376.388.

12 2. No pharmacy benefits manager shall include a provision in a contract
13 entered into or modified on or after August 28, 2018, with a pharmacy or
14 pharmacist that requires a covered person to make a payment for a prescription
15 drug at the point of sale in an amount that exceeds the lesser of:

16 (1) The copayment amount as required under the health benefit plan; or

17 (2) The amount an individual would pay for a prescription if that
18 individual paid with cash.

19 3. A pharmacy or pharmacist shall have the right to provide to a covered
20 person information regarding the amount of the covered person's cost share for
21 a prescription drug, the covered person's cost of an alternative drug, and the
22 covered person's cost of the drug without adjudicating the claim through the
23 pharmacy benefits manager. Neither a pharmacy nor a pharmacist shall be
24 proscribed by a pharmacy benefits manager from discussing any such information
25 or from selling a more affordable alternative to the covered person.

26 4. No pharmacy benefits manager shall, directly or indirectly, charge or
27 hold a pharmacist or pharmacy responsible for any fee amount related to a claim
28 that is not known at the time of the claim's adjudication, unless the amount is a
29 result of improperly paid claims or charges for administering a health benefit
30 plan.

31 5. This section shall not apply with respect to claims under Medicare Part
32 D, or any other plan administered or regulated solely under federal law, and to
33 the extent this section may be preempted under the Employee Retirement Income
34 Security Act of 1974 for self-funded employer-sponsored health benefit plans.

35 6. **A pharmacy benefits manager shall notify in writing any**
36 **health carrier or pharmacy with which it contracts if the pharmacy**
37 **benefits manager has a potential conflict of interest, including, but not**
38 **limited to, any commonality of ownership, or any other relationship,**
39 **financial or otherwise, between the pharmacy benefits manager and**
40 **any other health carrier or pharmacy with which the pharmacy**
41 **benefits manager contracts.**

42 7. The department of commerce and insurance shall enforce this section.

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

3 (1) "Health carrier" or "carrier", the same meaning as is ascribed
4 to such term in section 376.1350;

5 (2) "Pharmacy benefits manager", the same meaning as is
6 ascribed to such term in section 376.388.

7 2. No entity subject to the jurisdiction of this state shall act as
8 a pharmacy benefits manager without a license issued by the
9 department. The department shall establish by rule the application
10 process and license fee for pharmacy benefits managers.

11 3. The department may cause a complaint to be filed with the
12 administrative hearing commission as provided in chapter 621 against
13 any holder of a license issued under this section for:

14 (1) Violation of the laws or regulations of any state or of the
15 United States, where the offense is reasonably related to the
16 qualifications, functions, or duties of a pharmacy benefit manager,
17 including, but not limited to, where an essential element of the offense
18 is fraud, dishonesty, or an act of violence, or where the offense involves
19 moral turpitude, or where the offense involves failure to comply with
20 a requirement of this chapter, whether or not sentence or penalty is
21 imposed;

22 (2) Use of fraud, deception, misrepresentation, or bribery for any
23 reason;

24 (3) Obtaining or attempting to obtain any fee, charge, tuition, or
25 other compensation by fraud, deception, or misrepresentation;

26 **(4) Incompetence, misconduct, gross negligence, or dishonesty in**
27 **the performance of the functions or duties of a pharmacy benefits**
28 **manager or other regulated profession or activity; or**

29 **(5) Disciplinary action taken against the holder of a license or**
30 **other right to practice as a pharmacy benefits manager or other**
31 **regulated profession.**

32 **After the filing of such complaint, the proceedings shall be conducted**
33 **in accordance with the provisions of chapter 621. Upon a finding by**
34 **the administrative hearing commission that grounds provided in this**
35 **subsection for disciplinary action are met, the department may, singly**
36 **or in combination, censure or place the person named in the complaint**
37 **on probation with such terms and conditions as the department deems**
38 **appropriate for a period not to exceed five years, or may suspend, for**
39 **a period not to exceed three years, or revoke the license, certificate, or**
40 **permit. An individual whose license has been revoked shall wait at**
41 **least one year from the date of revocation to apply for**
42 **relicensure. Relicensure shall be at the discretion of the department.**

376.945. 1. The department shall, as a condition of the issuance of a
2 certificate of authority pursuant to section 376.935, require that the provider
3 establish a reserve of an amount equal to at least fifty percent of any entrance fee
4 paid by the first occupant of a living unit under a life care contract. The reserve
5 shall be maintained by the provider on a current basis, in escrow with a bank,
6 trust company, or other escrow agent approved by the department. [Such] **The**
7 **entire amount of such** reserve shall be amortized and earned by **and**
8 **available for release to** the provider at the rate of one percent per month on
9 the balance of the reserve, provided, however, that at no time shall the entrance
10 fee reserve together with all interest earned thereon total less than an amount
11 equal to one [and one-half times the percentage] **hundred percent** of the annual
12 long-term debt principal and interest payments of the provider applicable only to
13 living units occupied under life care contracts. Such portion of each entrance fee
14 as is necessary to maintain the entrance fee reserve as set forth herein shall be
15 paid to the reserve fund for the second and all subsequent occupancies of a living
16 unit occupied under a life care contract. **The requirements of this subsection**
17 **may be met in whole or in part by other reserve funds held for the**
18 **purpose of meeting loan obligations, provided that the total amount**
19 **equals or exceeds the amount required under this subsection.**

20 **2.** In addition, each provider shall establish and maintain separately for
21 each facility, a reserve equal to not less than five percent of the facility's total
22 outstanding balance of contractually obligated move-out refunds at the close of
23 each fiscal year. [All reserves required hereunder for move-out refunds]

24 **3. All reserve funds held under subsections 1 or 2 of this section**
25 shall be held in liquid assets consisting of federal government or other
26 marketable securities, deposits, or accounts insured by the federal government.

27 **4.** This section shall be applicable only to life care contracts executed for
28 occupancy of living units constructed after September 28, 1981.

376.1578. 1. Within two working days after receipt of a [faxed or mailed
2 completed] **credentialing** application, the health carrier shall send a notice of
3 receipt to the practitioner. A health carrier shall provide access to a provider web
4 portal that allows the practitioner to receive notice of the status of an
5 electronically submitted application.

6 **2. If a health carrier determines the application is not a**
7 **completed application, the health carrier shall have ten days from the**
8 **date the notice of receipt was sent as required in subsection 1 of this**
9 **section to request any additional information from the**
10 **practitioner. The application shall be considered a completed**
11 **application upon receipt of the requested additional information from**
12 **the practitioner. Within two working days of receipt of the requested**
13 **additional information, the health carrier shall send a notice to the**
14 **practitioner informing him or her that he or she has submitted a**
15 **completed application. If the health carrier does not request additional**
16 **information, the application shall be deemed completed as of the date**
17 **the notice of receipt was sent as required under subsection 1 of this**
18 **section.**

19 **3.** A health carrier shall assess a health care practitioner's **completed**
20 **credentialing [information] application** and make a decision as to whether to
21 approve or deny the practitioner's credentialing application **and notify the**
22 **practitioner of such decision** within sixty [business] days of the date of
23 receipt of the completed application. The sixty-day deadline established in this
24 section shall not apply if the application or subsequent verification of information
25 indicates that the practitioner has:

26 (1) A history of behavioral disorders or other impairments affecting the
27 practitioner's ability to practice, including but not limited to substance abuse;

28 (2) Licensure disciplinary actions against the practitioner's license to
29 practice imposed by any state or territory or foreign jurisdiction;

30 (3) Had the practitioner's hospital admitting or surgical privileges or other
31 organizational credentials or authority to practice revoked, restricted, or
32 suspended based on the practitioner's clinical performance; or

33 (4) A judgment or judicial award against the practitioner arising from a
34 medical malpractice liability lawsuit.

35 **4. If a practitioner's application is approved, the health carrier**
36 **shall provide payments for covered patient care services delivered by**
37 **the practitioner during the credentialing period if the provision of**
38 **services were on behalf of an entity that had a contract with such**
39 **health carrier during the credentialing period. The contracted entity**
40 **for which the practitioner is providing services shall submit to the**
41 **health carrier all claims for services provided by such practitioner**
42 **during the credentialing period within six months after the health**
43 **carrier has approved that practitioner's credentialing**
44 **application. Claims submitted for reimbursement under this section**
45 **shall be sent to the carrier by the provider in a single request or as few**
46 **requests as practical subject to any technical constraints or other**
47 **issues out of the contracted provider's control. "Credentialing period"**
48 **shall mean the time between the date the practitioner submits a**
49 **completed application to the health carrier to be credentialed and the**
50 **date the practitioner's credentialing is approved by the health carrier.**

51 **5. A health carrier shall not require a practitioner to be**
52 **credentialed in order to receive payments for covered patient care**
53 **services if the practitioner is providing patient care services on behalf**
54 **of an absent credentialed practitioner during a temporary period of**
55 **time not to exceed sixty days. Any practitioner authorized to receive**
56 **payments for covered services under this section shall provide notice**
57 **to the health carrier, including, but not limited to, name, medical**
58 **license information, estimated duration of absence, and practitioner's**
59 **name and medical license information providing coverage for such**
60 **absent credentialed practitioner. A health carrier may deny payments**
61 **if the practitioner providing services in lieu of the credentialed**
62 **provider meets one of the conditions in subdivisions (1) to (4) of**
63 **subsection 3 of this section.**

64 **6. All claims eligible for payment under subsection 4 or 5 of this**

65 section shall be subject to section 376.383.

66 **7. For the purposes of this section, "covered health services" shall**
67 **mean any services provided by a practitioner that would otherwise be**
68 **covered if provided by a credentialed provider.**

69 [3.] **8.** The department of commerce and insurance shall establish a
70 mechanism for reporting alleged violations of this section to the department.

 Section B. Because immediate action is necessary to ensure that all
2 owners, officers, managers, contractors, employees, and other support staff of
3 medical marijuana facilities be subjected to state and federal fingerprint-based
4 criminal background checks to insure the integrity of the Missouri medical
5 marijuana industry, the enactment of section 195.830 of this act is deemed
6 necessary for the immediate preservation of the public health, welfare, peace, and
7 safety, and is hereby declared to be an emergency act within the meaning of the
8 constitution, and the enactment of section 195.830 of this act shall be in full force
9 and effect on July 1, 2020, or upon its passage and approval, whichever occurs
10 later.

✓