

SENATE SUBSTITUTE  
FOR  
SENATE COMMITTEE SUBSTITUTE  
FOR  
HOUSE COMMITTEE SUBSTITUTE  
FOR  
HOUSE BILL NO. 1682

AN ACT

To repeal sections 190.092, 190.094, 190.105, 190.143, 190.196, 190.606, 190.612, 191.775, 191.1146, 192.2305, 195.070, 195.417, 196.990, 205.202, 208.909, 208.918, 208.924, 338.035, 338.210, 338.220, 338.260, 376.383, 376.387, 376.945, 376.1578, 579.060, and 610.100, RSMo, and to enact in lieu thereof thirty-eight new sections relating to health care, with penalty provisions and an emergency clause for a certain section.

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BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI,  
AS FOLLOWS:

1           Section A. Sections 190.092, 190.094, 190.105, 190.143,  
2 190.196, 190.606, 190.612, 191.775, 191.1146, 192.2305, 195.070,  
3 195.417, 196.990, 205.202, 208.909, 208.918, 208.924, 338.035,  
4 338.210, 338.220, 338.260, 376.383, 376.387, 376.945, 376.1578,  
5 579.060, and 610.100, RSMo, are repealed and thirty-eight new  
6 sections enacted in lieu thereof, to be known as sections 9.152,  
7 9.166, 9.182, 190.092, 190.094, 190.105, 190.143, 190.196,  
8 190.606, 190.612, 190.1005, 191.775, 191.1146, 192.2305, 195.070,  
9 195.417, 195.805, 195.815, 196.990, 196.1050, 205.202, 208.909,  
10 208.918, 208.924, 208.935, 321.621, 338.035, 338.210, 338.215,  
11 338.220, 338.260, 376.383, 376.387, 376.393, 376.945, 376.1578,

1 579.060, and 610.100, to read as follows:

2 9.152. The month of May is hereby designated as "Mental  
3 Health Awareness Month". The citizens of this state are  
4 encouraged to participate in appropriate awareness and  
5 educational activities that emphasize the importance of good  
6 mental health and the effects of mental illness on Missourians.

7 9.166. The month of July shall be known as "Minority Mental  
8 Health Awareness Month". The citizens of this state are  
9 encouraged to observe the month with appropriate events and  
10 activities to raise awareness of the effects of mental illness on  
11 minorities.

12 9.182. The month of September shall be designated as "Deaf  
13 Awareness Month" and the last week of September shall be  
14 designated as "Deaf Awareness Week" in Missouri. The citizens of  
15 this state are encouraged to participate in appropriate  
16 activities and events to commemorate the first World Congress of  
17 the World Federation of the Deaf in 1951 and to increase  
18 awareness of deaf issues, people, and culture.

19 190.092. 1. This section shall be known and may be cited  
20 as the "Public Access to Automated External Defibrillator Act".

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

23 (1) Expected defibrillator users receive training by the  
24 American Red Cross or American Heart Association in  
25 cardiopulmonary resuscitation and the use of automated external  
26 defibrillators, or an equivalent nationally recognized course in  
27 defibrillator use and cardiopulmonary resuscitation;

28 (2) The defibrillator is maintained and tested according to

1 the manufacturer's operational guidelines;

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

6 (4) Any person or entity that owns an automated external  
7 defibrillator that is for use outside of a health care facility  
8 shall have a physician review and approve the clinical protocol  
9 for the use of the defibrillator, review and advise regarding the  
10 training and skill maintenance of the intended users of the  
11 defibrillator and assure proper review of all situations when the  
12 defibrillator is used to render emergency care.

13 3. Any person or entity who acquires an automated external  
14 defibrillator shall notify the emergency communications district  
15 or the ambulance dispatch center of the primary provider of  
16 emergency medical services where the automated external  
17 defibrillator is to be located.

18 4.] A person or entity that acquires an automated external  
19 defibrillator shall:

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

22 (2) Ensure that the automated external defibrillator is  
23 maintained and tested according to the operation and maintenance  
24 guidelines set forth by the manufacturer;

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

27 (4) Ensure that an inspection is made of all automated  
28 external defibrillators on the premises at least every ninety

1 days for potential issues related to the operation of the device,  
2 including a blinking light or other obvious defect that may  
3 suggest tampering or that another problem has arisen with the  
4 functionality of the automated external defibrillator.

5 3. Any person who gratuitously and in good faith renders  
6 emergency care by use of or provision of an automated external  
7 defibrillator shall not be held liable for any civil damages or  
8 subject to any criminal penalty as a result of such care or  
9 treatment, unless the person acts in a willful and wanton or  
10 reckless manner in providing the care, advice, or assistance.  
11 The person who or entity [who] that provides [appropriate]  
12 training to the person using an automated external defibrillator,  
13 the person or entity responsible for the site where the automated  
14 external defibrillator is located, and the person or entity that  
15 owns the automated external defibrillator[, the person or entity  
16 that provided clinical protocol for automated external  
17 defibrillator sites or programs, and the licensed physician who  
18 reviews and approves the clinical protocol] shall likewise not be  
19 held liable for civil damages or subject to any criminal penalty  
20 resulting from the use of an automated external defibrillator.

21 [Nothing in this section shall affect any claims brought pursuant  
22 to chapter 537 or 538.]

23 [5.] 4. All basic life support ambulances and stretcher  
24 vans operated in the state of Missouri shall be equipped with an  
25 automated external defibrillator and be staffed by at least one  
26 individual trained in the use of an automated external  
27 defibrillator.

28 [6.] 5. The provisions of this section shall apply in all

1 counties within the state and any city not within a county.

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

8 2. When transporting a patient, at least one licensed  
9 emergency medical technician, registered nurse, physician  
10 assistant, or physician shall be in attendance with the patient  
11 in the patient compartment at all times.

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

18 190.105. 1. No person, either as owner, agent or  
19 otherwise, shall furnish, operate, conduct, maintain, advertise,  
20 or otherwise be engaged in or profess to be engaged in the  
21 business or service of the transportation of patients by  
22 ambulance in the air, upon the streets, alleys, or any public way  
23 or place of the state of Missouri unless such person holds a  
24 currently valid license from the department for an ambulance  
25 service issued pursuant to the provisions of sections 190.001 to  
26 190.245.

27 2. No ground ambulance shall be operated for ambulance  
28 purposes, and no individual shall drive, attend or permit it to

1 be operated for such purposes in the state of Missouri unless the  
2 ground ambulance is under the immediate supervision and direction  
3 of a person who is holding a currently valid Missouri license as  
4 an emergency medical technician. Nothing in this section shall  
5 be construed to mean that a duly registered nurse [or], a duly  
6 licensed physician, or a duly licensed physician assistant be  
7 required to hold an emergency medical technician's license. When  
8 a physician assistant is in attendance with a patient on an  
9 ambulance, the physician assistant shall be exempt from any  
10 mileage limitations in any collaborative practice arrangement  
11 prescribed under law. Each ambulance service is responsible for  
12 assuring that any person driving its ambulance is competent in  
13 emergency vehicle operations and has a safe driving record. Each  
14 ground ambulance shall be staffed with at least two licensed  
15 individuals when transporting a patient, except as provided in  
16 section 190.094. In emergency situations which require  
17 additional medical personnel to assist the patient during  
18 transportation, an emergency medical responder, firefighter, or  
19 law enforcement personnel with a valid driver's license and prior  
20 experience with driving emergency vehicles may drive the ground  
21 ambulance provided the ground ambulance service stipulates to  
22 this practice in operational policies.

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

25 (1) Is rendering assistance in the case of an emergency,  
26 major catastrophe or any other unforeseen event or series of  
27 events which jeopardizes the ability of the local ambulance  
28 service to promptly respond to emergencies; or

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

8           4. The issuance of a license pursuant to the provisions of  
9 sections 190.001 to 190.245 shall not be construed so as to  
10 authorize any person to provide ambulance services or to operate  
11 any ambulances without a franchise in any city not within a  
12 county or in a political subdivision in any county with a  
13 population of over nine hundred thousand inhabitants, or a  
14 franchise, contract or mutual-aid agreement in any other  
15 political subdivision which has enacted an ordinance making it  
16 unlawful to do so.

17           5. Sections 190.001 to 190.245 shall not preclude the  
18 adoption of any law, ordinance or regulation not in conflict with  
19 such sections by any city not within a county, or at least as  
20 strict as such sections by any county, municipality or political  
21 subdivision except that no such regulations or ordinances shall  
22 be adopted by a political subdivision in a county with a  
23 population of over nine hundred thousand inhabitants except by  
24 the county's governing body.

25           6. In a county with a population of over nine hundred  
26 thousand inhabitants, the governing body of the county shall set  
27 the standards for all ambulance services which shall comply with  
28 subsection 5 of this section. All such ambulance services must

1 be licensed by the department. The governing body of such county  
2 shall not prohibit a licensed ambulance service from operating in  
3 the county, as long as the ambulance service meets county  
4 standards.

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

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

15 9. A political subdivision that is authorized to operate a  
16 licensed ambulance service may establish, operate, maintain and  
17 manage its ambulance service, and select and contract with a  
18 licensed ambulance service. Any political subdivision may  
19 contract with a licensed ambulance service.

20 10. Except as provided in subsections 5 and 6, nothing in  
21 section 67.300, or subsection 2 of section 190.109, shall be  
22 construed to authorize any municipality or county which is  
23 located within an ambulance district or a fire protection  
24 district that is authorized to provide ambulance service to  
25 promulgate laws, ordinances or regulations related to the  
26 provision of ambulance services. This provision shall not apply  
27 to any municipality or county which operates an ambulance service  
28 established prior to August 28, 1998.



1           11. Nothing in section 67.300 or subsection 2 of section  
2 190.109 shall be construed to authorize any municipality or  
3 county which is located within an ambulance district or a fire  
4 protection district that is authorized to provide ambulance  
5 service to operate an ambulance service without a franchise in an  
6 ambulance district or a fire protection district that is  
7 authorized to provide ambulance service which has enacted an  
8 ordinance making it unlawful to do so. This provision shall not  
9 apply to any municipality or county which operates an ambulance  
10 service established prior to August 28, 1998.

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

17           13. No provision of this section, other than subsections 5,  
18 6, 10 and 11 of this section, is intended to limit or supersede  
19 the powers given to ambulance districts pursuant to this chapter  
20 or to fire protection districts pursuant to chapter 321, or to  
21 counties, cities, towns and villages pursuant to chapter 67.

22           14. Upon the sale or transfer of any ground ambulance  
23 service ownership, the owner of such service shall notify the  
24 department of the change in ownership within thirty days of such  
25 sale or transfer. After receipt of such notice, the department  
26 shall conduct an inspection of the ambulance service to verify  
27 compliance with the licensure standards of sections 190.001 to  
28 190.245.

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

5           (1) Can demonstrate that they have, or will have,  
6 employment requiring an emergency medical technician license;

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

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

17           (4) Have not been disciplined pursuant to sections 190.001  
18 to 190.245 and rules promulgated pursuant to sections 190.001 to  
19 190.245;

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

22           2. A temporary emergency medical technician license shall  
23 only authorize the license to practice while under the immediate  
24 supervision of a licensed emergency medical technician,  
25 registered nurse, physician assistant, or physician who is  
26 currently licensed, without restrictions, to practice in  
27 Missouri.

28           3. A temporary emergency medical technician license shall

1 automatically expire either ninety days from the date of issuance  
2 or upon the issuance of a five-year emergency medical technician  
3 license.

4 190.196. 1. No employer shall knowingly employ or permit  
5 any employee to perform any services for which a license,  
6 certificate or other authorization is required by sections  
7 190.001 to 190.245, or by rules adopted pursuant to sections  
8 190.001 to 190.245, unless and until the person so employed  
9 possesses all licenses, certificates or authorizations that are  
10 required.

11 2. Any person or entity that employs or supervises a  
12 person's activities as an emergency medical responder, emergency  
13 medical dispatcher, emergency medical technician, registered  
14 nurse, physician assistant, or physician shall cooperate with the  
15 department's efforts to monitor and enforce compliance by those  
16 individuals subject to the requirements of sections 190.001 to  
17 190.245.

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

- 24 (1) Child abuse or sexual abuse of a child;
- 25 (2) Crimes of violence; or
- 26 (3) Rape or sexual abuse.

27 4. Any licensee who has charges filed against him or her  
28 for the felony offenses in subsection 3 of this section shall

1 report such an occurrence to the department within seventy-two  
2 hours of the charges being filed.

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

5 190.606. The following persons and entities shall not be  
6 subject to civil, criminal, or administrative liability and are  
7 not guilty of unprofessional conduct for the following acts or  
8 omissions that follow discovery of an outside the hospital  
9 do-not-resuscitate identification upon a patient, or upon being  
10 presented with an outside the hospital do-not-resuscitate order  
11 from Missouri, another state, the District of Columbia, or a  
12 territory of the United States; provided that the acts or  
13 omissions are done in good faith and in accordance with the  
14 provisions of sections 190.600 to 190.621 and the provisions of  
15 an outside the hospital do-not-resuscitate order executed under  
16 sections 190.600 to 190.621:

17 (1) Physicians, persons under the direction or  
18 authorization of a physician, emergency medical services  
19 personnel, or health care facilities that cause or participate in  
20 the withholding or withdrawal of cardiopulmonary resuscitation  
21 from such patient; and

22 (2) Physicians, persons under the direction or  
23 authorization of a physician, emergency medical services  
24 personnel, or health care facilities that provide cardiopulmonary  
25 resuscitation to such patient under an oral or written request  
26 communicated to them by the patient or the patient's  
27 representative.

28 190.612. 1. Emergency medical services personnel are

1 authorized to comply with the outside the hospital  
2 do-not-resuscitate protocol when presented with an outside the  
3 hospital do-not-resuscitate identification or an outside the  
4 hospital do-not-resuscitate order. However, emergency medical  
5 services personnel shall not comply with an outside the hospital  
6 do-not-resuscitate order or the outside the hospital  
7 do-not-resuscitate protocol when the patient or patient's  
8 representative expresses to such personnel in any manner, before  
9 or after the onset of a cardiac or respiratory arrest, the desire  
10 to be resuscitated.

11 2. Emergency medical services personnel are authorized to  
12 comply with the outside the hospital do-not-resuscitate protocol  
13 when presented with an outside the hospital do-not-resuscitate  
14 order from another state, the District of Columbia, or a  
15 territory of the United States if such order is on a standardized  
16 written form:

17 (1) Signed by the patient or the patient's representative  
18 and a physician who is licensed to practice in the other state,  
19 the District of Columbia, or the territory of the United States;  
20 and

21 (2) Such form has been previously reviewed and approved by  
22 the department of health and senior services to authorize  
23 emergency medical services personnel to withhold or withdraw  
24 cardiopulmonary resuscitation from the patient in the event of a  
25 cardiac or respiratory arrest.

26  
27 Emergency medical services personnel shall not comply with an  
28 outside the hospital do-not-resuscitate order from another state,

1 the District of Columbia, or a territory of the United States or  
2 the outside the hospital do-not-resuscitate protocol when the  
3 patient or patient's representative expresses to such personnel  
4 in any manner, before or after the onset of a cardiac or  
5 respiratory arrest, the desire to be resuscitated.

6       3. If a physician or a health care facility other than a  
7 hospital admits or receives a patient with an outside the  
8 hospital do-not-resuscitate identification or an outside the  
9 hospital do-not-resuscitate order, and the patient or patient's  
10 representative has not expressed or does not express to the  
11 physician or health care facility the desire to be resuscitated,  
12 and the physician or health care facility is unwilling or unable  
13 to comply with the outside the hospital do-not-resuscitate order,  
14 the physician or health care facility shall take all reasonable  
15 steps to transfer the patient to another physician or health care  
16 facility where the outside the hospital do-not-resuscitate order  
17 will be complied with.

18       190.1005. Notwithstanding any other provision of law to the  
19 contrary, any training or course in cardiopulmonary resuscitation  
20 shall also include instruction on the proper use of automated  
21 external defibrillators. Such training or course shall follow  
22 the standards created by the American Red Cross or the American  
23 Heart Association, or equivalent evidence-based standards from a  
24 nationally recognized organization.

25       191.775. No person shall smoke or otherwise use tobacco  
26 [or], tobacco products, or vapor products, as such term is  
27 defined in section 407.925, in any indoor area of a public  
28 elementary or secondary school building or educational facility,

1 excluding institutions of higher education, or on buses used  
2 solely to transport students to or from school or to transport  
3 students to or from any place for educational purposes. Any  
4 school board of any school district may set policy on the  
5 permissible uses of tobacco products or vapor products in any  
6 other nonclassroom or nonstudent occupant facility, and on the  
7 school grounds or outdoor facility areas as the school board  
8 deems proper. [Any person who violates the provisions of this  
9 section shall be guilty of an infraction.]

10 191.1146. 1. Physicians licensed under chapter 334 who use  
11 telemedicine shall ensure that a properly established  
12 physician-patient relationship exists with the person who  
13 receives the telemedicine services. The physician-patient  
14 relationship may be established by:

15 (1) An in-person encounter through a medical interview and  
16 physical examination;

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

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

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

28 (1) The technology utilized shall be sufficient to

1 establish an informed diagnosis as though the medical interview  
2 and physical examination has been performed in person; and

3 (2) Prior to providing treatment, including issuing  
4 prescriptions or physician certifications under article XIV of  
5 the Missouri Constitution, a physician who uses telemedicine  
6 shall interview the patient, collect or review relevant medical  
7 history, and perform an examination sufficient for the diagnosis  
8 and treatment of the patient. A questionnaire completed by the  
9 patient, whether via the internet or telephone, does not  
10 constitute an acceptable medical interview and examination for  
11 the provision of treatment by telehealth.

12 192.2305. 1. There is hereby established within the  
13 department of health and senior services the "Office of State  
14 Ombudsman for Long-Term Care Facility Residents", for the purpose  
15 of helping to assure the adequacy of care received by residents  
16 of long-term care facilities and Missouri veterans' homes, as  
17 defined in section 42.002, and to improve the quality of life  
18 experienced by them, in accordance with the federal Older  
19 Americans Act, 42 U.S.C. Section 3001, et seq.

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

23 3. The office shall establish and implement procedures for  
24 receiving, processing, responding to, and resolving complaints  
25 made by or on behalf of residents of long-term care facilities  
26 and Missouri veterans' homes relating to action, inaction, or  
27 decisions of providers, or their representatives, of long-term  
28 care services, of public agencies or of social service agencies,



1 which may adversely affect the health, safety, welfare or rights  
2 of such residents.

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

6 (1) Enter any long-term care facility or Missouri veterans'  
7 homes and have access to residents of the facility at a  
8 reasonable time and in a reasonable manner. The ombudsman shall  
9 have access to review resident records, if given permission by  
10 the resident or the resident's legal guardian. Residents of the  
11 facility shall have the right to request, deny, or terminate  
12 visits with an ombudsman;

13 (2) Make the necessary inquiries and review such  
14 information and records as the ombudsman or representative of the  
15 office deems necessary to accomplish the objective of verifying  
16 these complaints.

17 5. The office shall acknowledge complaints, report its  
18 findings, make recommendations, gather and disseminate  
19 information and other material, and publicize its existence.

20 6. The ombudsman may recommend to the relevant governmental  
21 agency changes in the rules and regulations adopted or proposed  
22 by such governmental agency which do or may adversely affect the  
23 health, safety, welfare, or civil or human rights of any resident  
24 in a facility. The office shall analyze and monitor the  
25 development and implementation of federal, state and local laws,  
26 regulations and policies with respect to long-term care  
27 facilities and services and Missouri veterans' homes in the state  
28 and shall recommend to the department changes in such laws,

1 regulations and policies deemed by the office to be appropriate.

2 7. The office shall promote community contact and  
3 involvement with residents of facilities through the use of  
4 volunteers and volunteer programs directed by the regional  
5 ombudsman coordinators.

6 8. The office shall develop and establish by regulation of  
7 the department statewide policies and standards for implementing  
8 the activities of the ombudsman program, including the  
9 qualifications and the training of regional ombudsman  
10 coordinators and ombudsman volunteers.

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

14 (1) Establish and conduct recruitment programs for  
15 volunteers;

16 (2) Establish and conduct training seminars, meetings and  
17 other programs for volunteers; and

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

21 10. The regional ombudsman coordinators and ombudsman  
22 volunteers shall have the authority to report instances of abuse  
23 and neglect to the ombudsman hotline operated by the department.

24 11. If the regional ombudsman coordinator or volunteer  
25 finds that a nursing home administrator is not willing to work  
26 with the ombudsman program to resolve complaints, the state  
27 ombudsman shall be notified. The department shall establish  
28 procedures by rule in accordance with chapter 536 for

1 implementation of this subsection.

2 12. The office shall prepare and distribute to each  
3 facility written notices which set forth the address and  
4 telephone number of the office, a brief explanation of the  
5 function of the office, the procedure to follow in filing a  
6 complaint and other pertinent information.

7 13. The administrator of each facility shall ensure that  
8 such written notice is given to every resident or the resident's  
9 guardian upon admission to the facility and to every person  
10 already in residence, or to his or her guardian. The  
11 administrator shall also post such written notice in a  
12 conspicuous, public place in the facility in the number and  
13 manner set forth in the regulations adopted by the department.

14 14. The office shall inform residents, their guardians or  
15 their families of their rights and entitlements under state and  
16 federal laws and rules and regulations by means of the  
17 distribution of educational materials and group meetings.

18 195.070. 1. A physician, podiatrist, dentist, a registered  
19 optometrist certified to administer pharmaceutical agents as  
20 provided in section 336.220, or an assistant physician in  
21 accordance with section 334.037 or a physician assistant in  
22 accordance with section 334.747 in good faith and in the course  
23 of his or her professional practice only, may prescribe,  
24 administer, and dispense controlled substances or he or she may  
25 cause the same to be administered or dispensed by an individual  
26 as authorized by statute.

27 2. An advanced practice registered nurse, as defined in  
28 section 335.016, but not a certified registered nurse anesthetist

1 as defined in subdivision (8) of section 335.016, who holds a  
2 certificate of controlled substance prescriptive authority from  
3 the board of nursing under section 335.019 and who is delegated  
4 the authority to prescribe controlled substances under a  
5 collaborative practice arrangement under section 334.104 may  
6 prescribe any controlled substances listed in Schedules III, IV,  
7 and V of section 195.017, and may have restricted authority in  
8 Schedule II. Prescriptions for Schedule II medications  
9 prescribed by an advanced practice registered nurse who has a  
10 certificate of controlled substance prescriptive authority are  
11 restricted to only those medications containing hydrocodone.  
12 However, no such certified advanced practice registered nurse  
13 shall prescribe controlled substance for his or her own self or  
14 family. Schedule III narcotic controlled substance and Schedule  
15 II - hydrocodone prescriptions shall be limited to a one hundred  
16 twenty-hour supply without refill.

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

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

26 (1) When the controlled substance is delivered to the  
27 practitioner to administer to the patient for whom the medication  
28 is prescribed as authorized by federal law. Practitioners shall

1 maintain records and secure the medication as required by this  
2 chapter and regulations promulgated pursuant to this chapter; or

3 (2) As provided in section 195.265.

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

7 195.417. 1. The limits specified in this section shall not  
8 apply to any quantity of such product, mixture, or preparation  
9 which must be dispensed, sold, or distributed in a pharmacy  
10 pursuant to a valid prescription.

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

18 (1) The sole active ingredient; or

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

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

22  
23 in any total amount greater than ~~[nine]~~ seven and two-tenths  
24 grams, without regard to the number of transactions.

25 3. Within any twenty-four-hour period, no pharmacist,  
26 intern pharmacist, or registered pharmacy technician shall sell,  
27 dispense, or otherwise provide to the same individual, and no  
28 person shall purchase, receive, or otherwise acquire more than

1 the following amount: any number of packages of any drug product  
2 containing any detectable amount of ephedrine,  
3 phenylpropanolamine, or pseudoephedrine, or any of their salts or  
4 optical isomers, or salts of optical isomers, either as:

5 (1) The sole active ingredient; or

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

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

9  
10 in any total amount greater than three and six-tenths grams  
11 without regard to the number of transactions.

12 4. Within any twelve-month period, no person shall sell,  
13 dispense, or otherwise provide to the same individual, and no  
14 person shall purchase, receive, or otherwise acquire more than  
15 the following amount: any number of packages of any drug product  
16 containing any detectable amount of ephedrine,  
17 phenylpropanolamine, or pseudoephedrine, or any of their salts or  
18 optical isomers, or salts of optical isomers, either as:

19 (1) The sole active ingredient; or

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

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

23  
24 in any total amount greater than forty-three and two-tenths  
25 grams, without regard to the number of transactions.

26 5. All packages of any compound, mixture, or preparation  
27 containing any detectable quantity of ephedrine,  
28 phenylpropanolamine, or pseudoephedrine, or any of their salts or

1 optical isomers, or salts of optical isomers, except those that  
2 are excluded from Schedule V in subsection 17 or 18 of section  
3 195.017, shall be offered for sale only from behind a pharmacy  
4 counter where the public is not permitted, and only by a  
5 registered pharmacist or registered pharmacy technician under  
6 section 195.017.

7 [5.] 6. Each pharmacy shall submit information regarding  
8 sales of any compound, mixture, or preparation as specified in  
9 this section in accordance with transmission methods and  
10 frequency established by the department by regulation.

11 7. No prescription shall be required for the dispensation,  
12 sale, or distribution of any drug product containing any  
13 detectable amount of ephedrine, phenylpropanolamine, or  
14 pseudoephedrine, or any of their salts or optical isomers, or  
15 salts of optical isomers, in an amount within the limits  
16 described in subsections 2, 3, and 4 of this section. The  
17 superintendent of the Missouri state highway patrol shall report  
18 to the revisor of statutes and the general assembly by February  
19 first when the statewide number of methamphetamine laboratory  
20 seizure incidents exceeds three hundred incidents in the previous  
21 calendar year. The provisions of this subsection shall expire on  
22 April first of the calendar year in which the revisor of statutes  
23 receives such notification.

24 [6.] 8. This section shall supersede and preempt any local  
25 ordinances or regulations, including any ordinances or  
26 regulations enacted by any political subdivision of the state.  
27 This section shall not apply to the sale of any animal feed  
28 products containing ephedrine or any naturally occurring or

1 herbal ephedra or extract of ephedra.

2 9. Any local ordinances or regulations enacted by any  
3 political subdivision of the state prior to August 28, 2020,  
4 requiring a prescription for the dispensation, sale, or  
5 distribution of any drug product containing any detectable amount  
6 of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of  
7 their salts or optical isomers, or salts of optical isomers, in  
8 an amount within the limits described in subsections 2, 3, and 4  
9 of this section shall be void and of no effect and no such  
10 political subdivision shall maintain or enforce such ordinance or  
11 regulation.

12 [7.] 10. All logs, records, documents, and electronic  
13 information maintained for the dispensing of these products shall  
14 be open for inspection and copying by municipal, county, and  
15 state or federal law enforcement officers whose duty it is to  
16 enforce the controlled substances laws of this state or the  
17 United States.

18 [8.] 11. All persons who dispense or offer for sale  
19 pseudoephedrine and ephedrine products, except those that are  
20 excluded from Schedule V in subsection 17 or 18 of section  
21 195.017, shall ensure that all such products are located only  
22 behind a pharmacy counter where the public is not permitted.

23 [9.] 12. The penalty for a knowing or reckless violation of  
24 this section is found in section 579.060.

25 195.805. 1. No edible marijuana-infused product,  
26 packaging, or logo sold in Missouri pursuant to article XIV of  
27 the Missouri Constitution shall be designed in the shape of a  
28 human, animal, or fruit, including realistic, artistic,



1 caricature, or cartoon renderings. However, geometric shapes,  
2 including, but not limited to, circles, squares, rectangles, and  
3 triangles, shall be permitted.

4 2. Each package, or packages with a package, containing an  
5 edible marijuana-infused product with ten or more milligrams of  
6 tetrahydrocannabinols (THC) shall be stamped with a universal  
7 symbol for such products, which shall consist of the following:

8 (1) A diamond containing the letters "THC";

9 (2) The letter "M" located under the "THC" within the  
10 diamond, to signify that the product is for medical purposes; and

11 (3) The number of milligrams of THC in the package.

12  
13 The universal symbol shall be placed on the front of the package  
14 in red and white print and shall measure one-half inch by one-  
15 half inch from point to point.

16 3. Any licensed or certified entity regulated by the  
17 department of health and senior services pursuant to article XIV  
18 of the Missouri Constitution found to have violated the  
19 provisions of this section shall be subject to department  
20 sanctions, including an administrative penalty, in accordance  
21 with the regulations promulgated by the department pursuant to  
22 article XIV of the Missouri Constitution.

23 4. The department shall promulgate rules and regulations  
24 prohibiting edible marijuana-infused products designed to appeal  
25 to persons under eighteen years of age, as well as promulgate  
26 rules and regulations to establish a process by which a licensed  
27 or certified entity may seek approval of an edible product  
28 design, package, or label prior to such product's manufacture or

1 sale in order to determine compliance with the provisions of this  
2 section and any rules promulgated pursuant to this section. Any  
3 rule or portion of a rule, as that term is defined in section  
4 536.010 that is created under the authority delegated in this  
5 section shall become effective only if it complies with and is  
6 subject to all of the provisions of chapter 536 and, if  
7 applicable, section 536.028. This section and chapter 536 are  
8 nonseverable and if any of the powers vested with the general  
9 assembly pursuant to chapter 536 to review, to delay the  
10 effective date, or to disapprove and annul a rule are  
11 subsequently held unconstitutional, then the grant of rulemaking  
12 authority and any rule proposed or adopted after August 28, 2020,  
13 shall be invalid and void.

14 195.815. 1. The department of health and senior services  
15 shall require all officers, managers, contractors, employees, and  
16 other support staff of licensed or certified medical marijuana  
17 facilities, and all owners of such medical marijuana facilities  
18 who will have access to the facilities or to the facilities'  
19 medical marijuana, to submit fingerprints to the Missouri state  
20 highway patrol for the purpose of conducting a state and federal  
21 fingerprint-based criminal background check.

22 2. The department may require that such fingerprint  
23 submissions be made as part of a medical marijuana facility  
24 application for licensure or certification, a medical marijuana  
25 facility application for renewal of licensure or certification,  
26 and an individual's application for an identification card  
27 authorizing that individual to be an owner, officer, manager,  
28 contractor, employee, or other support staff of a medical

1 marijuana facility.

2 3. Fingerprint cards and any required fees shall be sent to  
3 the Missouri state highway patrol's central repository. The  
4 fingerprints shall be used for searching the state criminal  
5 records repository and shall also be forwarded to the Federal  
6 Bureau of Investigation for a federal criminal records search  
7 under section 43.540. The Missouri state highway patrol shall  
8 notify the department of any criminal history record information  
9 or lack of criminal history record information discovered on the  
10 individual. Notwithstanding the provisions of section 610.120 to  
11 the contrary, all records related to any criminal history  
12 information discovered shall be accessible and available to the  
13 department.

14 4. As used in this section, the following words shall mean:

15 (1) "Employee", any person performing work or service of  
16 any kind or character for hire in a medical marijuana facility;

17 (2) "Medical marijuana facility", an entity licensed or  
18 certified by the department of health and senior services, or its  
19 successor agency, to acquire, cultivate, process, manufacture,  
20 test, store, sell, transport, or deliver medical marijuana;

21 (3) "Other support staff", any person performing work or  
22 service of any kind or character, other than employees, on behalf  
23 of a medical marijuana facility if such a person would have  
24 access to the medical marijuana facility or its medical marijuana  
25 or related equipment or supplies.

26 196.990. 1. As used in this section, the following terms  
27 shall mean:

28 (1) "Administer", the direct application of an epinephrine

1 auto-injector to the body of an individual;

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

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

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

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

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

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

24 3. An authorized entity may acquire and stock a supply of  
25 epinephrine auto-injectors under a prescription issued in  
26 accordance with this section. Such epinephrine auto-injectors  
27 shall be stored in a location readily accessible in an emergency  
28 and in accordance with the epinephrine auto-injector's

1 instructions for use and any additional requirements established  
2 by the department of health and senior services by rule. An  
3 authorized entity shall designate employees or agents who have  
4 completed the training required under this section to be  
5 responsible for the storage, maintenance, and general oversight  
6 of epinephrine auto-injectors acquired by the authorized entity.

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

10 (1) Expected epinephrine auto-injector users receive  
11 training in recognizing symptoms of severe allergic reactions  
12 including anaphylaxis and the use of epinephrine auto-injectors  
13 from a nationally recognized organization experienced in training  
14 laypersons in emergency health treatment or another entity or  
15 person approved by the department of health and senior services;

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

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

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

26 5. Any authorized entity that acquires a supply of  
27 epinephrine auto-injectors under a prescription issued in  
28 accordance with this section shall notify the emergency

1 communications district or the ambulance dispatch center of the  
2 primary provider of emergency medical services where the  
3 epinephrine auto-injectors are to be located within the entity's  
4 facility.

5 6. No person shall provide or administer an epinephrine  
6 auto-injector to any individual who is under eighteen years of  
7 age without the verbal consent of a parent or guardian who is  
8 present at the time when provision or administration of the  
9 epinephrine auto-injector is needed. Provided, however, that a  
10 person may provide or administer an epinephrine auto-injector to  
11 such an individual without the consent of a parent or guardian if  
12 the parent or guardian is not physically present and the person  
13 reasonably believes the individual shall be in imminent danger  
14 without the provision or administration of the epinephrine  
15 auto-injector.

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

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

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

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

28 (4) Any person or entity that conducts the training

1 described in this section.

2  
3 Such immunity does not apply to acts or omissions constituting a  
4 reckless disregard for the safety of others or willful or wanton  
5 conduct. The administration of an epinephrine auto-injector in  
6 accordance with this section shall not be considered the practice  
7 of medicine. The immunity from liability provided under this  
8 subsection is in addition to and not in lieu of that provided  
9 under section 537.037. An authorized entity located in this  
10 state shall not be liable for any injuries or related damages  
11 that result from the provision or administration of an  
12 epinephrine auto-injector by its employees or agents outside of  
13 this state if the entity or its employee or agent is not liable  
14 for such injuries or related damages under the laws of the state  
15 in which such provision or administration occurred. No trained  
16 person who is in compliance with this section and who in good  
17 faith and exercising reasonable care fails to administer an  
18 epinephrine auto-injector shall be liable for such failure.

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

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

25 10. Nothing in this section shall be construed as  
26 superseding the provisions of section 167.630.

27 196.1050. 1. The proceeds of any monetary settlement or  
28 portion of a global settlement between the attorney general of

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

11 2. (1) There is hereby established in the state treasury  
12 the "Opioid Addiction Treatment and Recovery Fund", which shall  
13 consist of the proceeds of any settlement described in subsection  
14 1 of this section, as well as any funds appropriated by the  
15 general assembly, or gifts, grants, donations, or bequests. The  
16 state treasurer shall be custodian of the fund. In accordance  
17 with sections 30.170 and 30.180, the state treasurer may approve  
18 disbursements. The fund shall be a dedicated fund and money in  
19 the fund shall be used by the department of mental health, the  
20 department of health and senior services, the department of  
21 social services, and the department of public safety for the  
22 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  
25 biennium shall not revert to the credit of the general revenue  
26 fund.

27 (3) The state treasurer shall invest moneys in the fund in  
28 the same manner as other funds are invested. Any interest and



1 moneys earned on such investments shall be credited to the fund.

2       205.202. 1. The governing body of any hospital district  
3 established under sections 205.160 to 205.379 in any county of  
4 the third classification without a township form of government  
5 and with more than thirteen thousand five hundred but fewer than  
6 thirteen thousand six hundred inhabitants may, by resolution,  
7 abolish the property tax levied in such district under this  
8 chapter and impose a sales tax on all retail sales made within  
9 the district which are subject to sales tax under chapter 144.  
10 The tax authorized in this section shall be not more than one  
11 percent, and shall be imposed solely for the purpose of funding  
12 the hospital district. The tax authorized in this section shall  
13 be in addition to all other sales taxes imposed by law, and shall  
14 be stated separately from all other charges and taxes.

15       2. No such resolution adopted under this section shall  
16 become effective unless the governing body of the hospital  
17 district submits to the voters residing within the district at a  
18 state general, primary, or special election a proposal to  
19 authorize the governing body of the district to impose a tax  
20 under this section. If a majority of the votes cast on the  
21 question by the qualified voters voting thereon are in favor of  
22 the question, then the tax shall become effective on the first  
23 day of the second calendar quarter after the director of revenue  
24 receives notification of adoption of the local sales tax. If a  
25 majority of the votes cast on the question by the qualified  
26 voters voting thereon are opposed to the question, then the tax  
27 shall not become effective unless and until the question is  
28 resubmitted under this section to the qualified voters and such

1 question is approved by a majority of the qualified voters voting  
2 on the question.

3 3. All revenue collected under this section by the director  
4 of the department of revenue on behalf of the hospital district,  
5 except for one percent for the cost of collection which shall be  
6 deposited in the state's general revenue fund, shall be deposited  
7 in a special trust fund, which is hereby created and shall be  
8 known as the "Hospital District Sales Tax Fund", and shall be  
9 used solely for the designated purposes. Moneys in the fund  
10 shall not be deemed to be state funds, and shall not be  
11 commingled with any funds of the state. The director may make  
12 refunds from the amounts in the fund and credited to the district  
13 for erroneous payments and overpayments made, and may redeem  
14 dishonored checks and drafts deposited to the credit of such  
15 district. Any funds in the special fund which are not needed for  
16 current expenditures shall be invested in the same manner as  
17 other funds are invested. Any interest and moneys earned on such  
18 investments shall be credited to the fund.

19 4. The governing body of any hospital district that has  
20 adopted the sales tax authorized in this section may submit the  
21 question of repeal of the tax to the voters on any date available  
22 for elections for the district. If a majority of the votes cast  
23 on the question by the qualified voters voting thereon are in  
24 favor of the repeal, that repeal shall become effective on  
25 December thirty-first of the calendar year in which such repeal  
26 was approved. If a majority of the votes cast on the question by  
27 the qualified voters voting thereon are opposed to the repeal,  
28 then the sales tax authorized in this section shall remain

1 effective until the question is resubmitted under this section to  
2 the qualified voters and the repeal is approved by a majority of  
3 the qualified voters voting on the question.

4 5. Whenever the governing body of any hospital district  
5 that has adopted the sales tax authorized in this section  
6 receives a petition, signed by a number of registered voters of  
7 the district equal to at least ten percent of the number of  
8 registered voters of the district voting in the last  
9 gubernatorial election, calling for an election to repeal the  
10 sales tax imposed under this section, the governing body shall  
11 submit to the voters of the district a proposal to repeal the  
12 tax. If a majority of the votes cast on the question by the  
13 qualified voters voting thereon are in favor of the repeal, the  
14 repeal shall become effective on December thirty-first of the  
15 calendar year in which such repeal was approved. If a majority  
16 of the votes cast on the question by the qualified voters voting  
17 thereon are opposed to the repeal, then the sales tax authorized  
18 in this section shall remain effective until the question is  
19 resubmitted under this section to the qualified voters and the  
20 repeal is approved by a majority of the qualified voters voting  
21 on the question.

22 6. If the tax is repealed or terminated by any means other  
23 than by a dissolution of a hospital district as described in  
24 subsection 7 of this section, all funds remaining in the special  
25 trust fund shall continue to be used solely for the designated  
26 purposes, and the hospital district shall notify the director of  
27 the department of revenue of the action at least ninety days  
28 before the effective date of the repeal and the director may

1 order retention in the trust fund, for a period of one year, of  
2 two percent of the amount collected after receipt of such notice  
3 to cover possible refunds or overpayment of the tax and to redeem  
4 dishonored checks and drafts deposited to the credit of such  
5 accounts. After one year has elapsed after the effective date of  
6 abolition of the tax in such district, the director shall remit  
7 the balance in the account to the district and close the account  
8 of that district. The director shall notify each district of  
9 each instance of any amount refunded or any check redeemed from  
10 receipts due the district.

11 7. Upon the dissolution of a hospital district levying a  
12 sales tax pursuant to this section, the sales tax shall be  
13 automatically repealed and all funds remaining in the special  
14 trust fund shall be distributed as follows:

15 (1) Twenty-five percent shall be distributed to the county  
16 public health center established pursuant to sections 205.010 to  
17 205.150; and

18 (2) Seventy-five percent shall be distributed to a  
19 federally qualified health center, as defined in 42 U.S.C.  
20 Section 1396d(1)(1) and (2), located in the county.

21 208.909. 1. Consumers receiving personal care assistance  
22 services shall be responsible for:

23 (1) Supervising their personal care attendant;

24 (2) Verifying wages to be paid to the personal care  
25 attendant;

26 (3) Preparing and submitting time sheets, signed by both  
27 the consumer and personal care attendant, to the vendor on a  
28 biweekly basis;

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

4 (5) Reporting any problems resulting from the quality of  
5 services rendered by the personal care attendant to the vendor.  
6 If the consumer is unable to resolve any problems resulting from  
7 the quality of service rendered by the personal care attendant  
8 with the vendor, the consumer shall report the situation to the  
9 department; [and]

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

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

17 (8) Report to the department significant changes in their  
18 health and ability to self-direct care.

19 2. Participating vendors shall be responsible for:

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

22 (2) The Medicaid reimbursement process, including the  
23 filing of claims and reporting data to the department as required  
24 by rule;

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

27 (4) Monitoring the performance of the personal care  
28 assistance services plan. Such monitoring shall occur during the

1 annual face-to-face home visit under section 208.918. The vendor  
2 shall document whether services are being provided to the  
3 consumer as set forth in the plan of care. If the attendant was  
4 not providing services as set forth in the plan of care, the  
5 vendor shall notify the department and the department may suspend  
6 services to the consumer; and

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

9 3. No state or federal financial assistance shall be  
10 authorized or expended to pay for services provided to a consumer  
11 under sections 208.900 to 208.927, if the primary benefit of the  
12 services is to the household unit, or is a household task that  
13 the members of the consumer's household may reasonably be  
14 expected to share or do for one another when they live in the  
15 same household, unless such service is above and beyond typical  
16 activities household members may reasonably provide for another  
17 household member without a disability.

18 4. No state or federal financial assistance shall be  
19 authorized or expended to pay for personal care assistance  
20 services provided by a personal care attendant who has not  
21 undergone the background screening process under section  
22 192.2495. If the personal care attendant has a disqualifying  
23 finding under section 192.2495, no state or federal assistance  
24 shall be made, unless a good cause waiver is first obtained from  
25 the department in accordance with section 192.2495.

26 5. (1) All vendors shall, by July 1, 2015, have, maintain,  
27 and use a telephone tracking system for the purpose of reporting  
28 and verifying the delivery of consumer-directed services as

1 authorized by the department of health and senior services or its  
2 designee. [Use of such a system prior to July 1, 2015, shall be  
3 voluntary.] The telephone tracking system shall be used to  
4 process payroll for employees and for submitting claims for  
5 reimbursement to the MO HealthNet division. At a minimum, the  
6 telephone tracking system shall:

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

8 (b) Record the exact time the services begin and exact time  
9 the services end;

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

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

14 (e) Require a personal identification number unique to each  
15 personal care attendant;

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

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

23 (2) [The department of health and senior services, in  
24 collaboration with other appropriate agencies, including centers  
25 for independent living, shall establish telephone tracking system  
26 pilot projects, implemented in two regions of the state, with one  
27 in an urban area and one in a rural area. Each pilot project  
28 shall meet the requirements of this section and section 208.918.

1 The department of health and senior services shall, by December  
2 31, 2013, submit a report to the governor and general assembly  
3 detailing the outcomes of these pilot projects. The report shall  
4 take into consideration the impact of a telephone tracking system  
5 on the quality of the services delivered to the consumer and the  
6 principles of self-directed care.

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

11 [(4)] (3) The department of health and senior services  
12 shall promulgate by rule the minimum necessary criteria of the  
13 telephone tracking system. Any rule or portion of a rule, as  
14 that term is defined in section 536.010, that is created under  
15 the authority delegated in this section shall become effective  
16 only if it complies with and is subject to all of the provisions  
17 of chapter 536 and, if applicable, section 536.028. This section  
18 and chapter 536 are nonseverable and if any of the powers vested  
19 with the general assembly pursuant to chapter 536 to review, to  
20 delay the effective date, or to disapprove and annul a rule are  
21 subsequently held unconstitutional, then the grant of rulemaking  
22 authority and any rule proposed or adopted after August 28, 2010,  
23 shall be invalid and void.

24 [6. In the event that a consensus between centers for  
25 independent living and representatives from the executive branch  
26 cannot be reached, the telephony report issued to the general  
27 assembly and governor shall include a minority report which shall  
28 detail those elements of substantial dissent from the main



1 report.

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

6 208.918. 1. In order to qualify for an agreement with the  
7 department, the vendor shall have a philosophy that promotes the  
8 consumer's ability to live independently in the most integrated  
9 setting or the maximum community inclusion of persons with  
10 physical disabilities, and shall demonstrate the ability to  
11 provide, directly or through contract, the following services:

12 (1) Orientation of consumers concerning the  
13 responsibilities of being an employer[, ] and supervision of  
14 personal care attendants including the preparation and  
15 verification of time sheets. Such orientation shall include  
16 notifying customers that falsification of attendant visit  
17 verification records shall be considered fraud and shall be  
18 reported to the department. Such orientation shall take place in  
19 the presence of the personal care attendant, to the fullest  
20 extent possible;

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

23 (3) Maintenance of a list of persons eligible to be a  
24 personal care attendant;

25 (4) Processing of inquiries and problems received from  
26 consumers and personal care attendants;

27 (5) Ensuring the personal care attendants are registered  
28 with the family care safety registry as provided in sections

1 210.900 to ~~[210.937]~~ 210.936; and

2 (6) The capacity to provide fiscal conduit services through  
3 a telephone tracking system by the date required under section  
4 208.909.

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

8 (1) Demonstrate sound fiscal management as evidenced on  
9 accurate quarterly financial reports and an annual financial  
10 statement audit [submitted to the department] performed by a  
11 certified public accountant if the vendor's annual gross revenue  
12 is two hundred thousand dollars or more or, if the vendor's  
13 annual gross revenue is less than two hundred thousand dollars,  
14 an annual financial statement audit or annual financial statement  
15 review performed by a certified public accountant. Such reports,  
16 audits, and reviews shall be completed and made available upon  
17 request to the department; [and]

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

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

25 (a) The department of health and senior services shall  
26 promulgate by rule a consumer-directed services division provider  
27 certification manager course; and

28 (b) The vendor shall perform ongoing monitoring of the

1 provision of services in the plan of care and shall assess the  
2 quality of care being delivered. Such monitoring shall include  
3 at least one annual face-to-face visit and may include electronic  
4 monitoring, telephone checks, written case notes, or other  
5 department-approved methods. The ongoing monitoring shall not  
6 preclude the vendor's responsibility of ongoing diligence of case  
7 management activity oversight;

8 (4) Comply with all provisions of sections 208.900 to  
9 208.927, and the regulations promulgated thereunder; and

10 (5) Beginning July 1, 2022, maintain a business location  
11 which shall comply with any and all applicable city, county,  
12 state, and federal requirements.

13 3. No state or federal funds shall be authorized or  
14 expended to pay for personal care assistance services under  
15 sections 208.900 to 208.927 if any direct employee of the  
16 consumer-directed services vendor conducts the face-to-face home  
17 visit of a consumer for whom such employee is also the personal  
18 care attendant, unless such person provides services solely on a  
19 temporary basis on no more than three days in a thirty-day  
20 period.

21 208.924. 1. A consumer's personal care assistance services  
22 may be discontinued under circumstances such as the following:

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

28 (2) The consumer has falsified records; provided false

1 information of his or her condition, functional capacity, or  
2 level of care needs; or committed fraud;

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

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

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

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

16 2. The personal care attendant shall report to the  
17 department if he or she witnesses significant deterioration of  
18 the health of the consumer or if he or she has a belief that the  
19 consumer is no longer capable of self-directed care.

20 208.935. Subject to appropriations, the department of  
21 health and senior services shall develop, or contract with a  
22 state agency or third party to develop an interactive assessment  
23 tool, which may include mobile as well as centralized  
24 functionality, for utilization when implementing the assessment  
25 and authorization process for MO HealthNet home and community-  
26 based services authorized by the division of senior and  
27 disability services.

28 321.621. 1. For the purposes of this section, "qualified

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

15 2. The director of the department of health and senior  
16 services, if a licensed physician, may issue a statewide standing  
17 order for epinephrine auto-injector devices for adult patients to  
18 fire protection districts in nonmetropolitan areas in Missouri as  
19 such areas are determined according to the United States Census  
20 Bureau's American Community Survey, based on the most recent of  
21 five-year period estimate data in which the final year of the  
22 estimate ends in either zero or five. If the director of the  
23 department of health and senior services is not a licensed  
24 physician, the department of health and senior services may  
25 employ or contract with a licensed physician who may issue such a  
26 statewide order with the express consent of the director.

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

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

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

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

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

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

20       4. (1) Use of an epinephrine auto-injector device pursuant  
21 to this section shall be considered first aid or emergency  
22 treatment for the purpose of any law relating to liability.

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

27       (3) Any person otherwise authorized to sell or provide an  
28 epinephrine auto-injector device may sell or provide it to a

1 person authorized to possess it pursuant to this section.

2 5. (1) There is hereby created in the state treasury the  
3 "Epinephrine Auto-injector Devices for Fire Personnel Fund",  
4 which shall consist of money collected under this section. The  
5 state treasurer shall be custodian of the fund. In accordance  
6 with sections 30.170 and 30.180, the state treasurer may approve  
7 disbursements. The moneys in the fund as set forth in this  
8 section shall be subject to appropriation by the general assembly  
9 for the particular purpose for which collected. The fund shall  
10 be a dedicated fund and money in the fund shall be used solely by  
11 the department of health and senior services for the purposes of  
12 providing epinephrine auto-injector devices for adult patients to  
13 qualified first responder agencies as used in this section.

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

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

21 338.035. 1. Every person who desires to be licensed as an  
22 intern pharmacist shall file with the board of pharmacy an  
23 application, on a form to be provided by the board of pharmacy.

24 2. If an applicant for an intern pharmacist license has  
25 complied with the requirements of this section and with the rules  
26 and regulations of the board of pharmacy and is not denied a  
27 license on any of the grounds listed in section 338.055, the  
28 board of pharmacy may issue to him a license to practice as an

1 intern pharmacist.

2 3. Any intern pharmacist who wishes to renew his license  
3 shall within thirty days before the license expiration date file  
4 an application for a renewal.

5 4. A licensed intern pharmacist may practice pharmacy only  
6 under the direct supervision of a pharmacist licensed by the  
7 board; provided, however, that an intern pharmacist working at a  
8 remote dispensing site pharmacy may be remotely supervised by a  
9 pharmacist working at a supervising pharmacy as provided for in  
10 section 338.215.

11 5. The board of pharmacy shall promulgate rules and  
12 regulations which shall further regulate the duties of intern  
13 pharmacists and shall set the amount of the fees which shall  
14 accompany the license and renewal applications for intern  
15 pharmacists.

16 6. No rule or portion of a rule promulgated under the  
17 authority of this chapter shall become effective unless it has  
18 been promulgated pursuant to the provisions of section 536.024.

19 338.210. 1. Pharmacy refers to any location where the  
20 practice of pharmacy occurs or such activities are offered or  
21 provided by a pharmacist or another acting under the supervision  
22 and authority of a pharmacist, including every premises or other  
23 place:

24 (1) Where the practice of pharmacy is offered or conducted;

25 (2) Where drugs, chemicals, medicines, any legend drugs  
26 under 21 U.S.C. Section 353, prescriptions, or poisons are  
27 compounded, prepared, dispensed or sold or offered for sale at  
28 retail;



1           (3) Where the words "pharmacist", "apothecary",  
2 "drugstore", "drugs", and any other symbols, words or phrases of  
3 similar meaning or understanding are used in any form to  
4 advertise retail products or services;

5           (4) Where patient records or other information is  
6 maintained for the purpose of engaging or offering to engage in  
7 the practice of pharmacy or to comply with any relevant laws  
8 regulating the acquisition, possession, handling, transfer, sale  
9 or destruction of drugs, chemicals, medicines, prescriptions or  
10 poisons;

11           (5) Where the practice of pharmacy occurs or is offered at  
12 a remote dispensing pharmacy site.

13           2. All activity or conduct involving the practice of  
14 pharmacy as it relates to an identifiable prescription or drug  
15 order shall occur at the pharmacy location where such  
16 identifiable prescription or drug order is first presented by the  
17 patient or the patient's authorized agent for preparation or  
18 dispensing, unless otherwise expressly authorized by the board.

19           3. The requirements set forth in subsection 2 of this  
20 section shall not be construed to bar the complete transfer of an  
21 identifiable prescription or drug order pursuant to a verbal  
22 request by or the written consent of the patient or the patient's  
23 authorized agent.

24           4. The board is hereby authorized to enact rules waiving  
25 the requirements of subsection 2 of this section and establishing  
26 such terms and conditions as it deems necessary, whereby any  
27 activities related to the preparation, dispensing or recording of  
28 an identifiable prescription or drug order may be shared between

1 separately licensed facilities.

2 5. If a violation of this chapter or other relevant law  
3 occurs in connection with or adjunct to the preparation or  
4 dispensing of a prescription or drug order, any permit holder or  
5 pharmacist-in-charge at any facility participating in the  
6 preparation, dispensing, or distribution of a prescription or  
7 drug order may be deemed liable for such violation.

8 6. Nothing in this section shall be construed to supersede  
9 the provisions of section 197.100.

10 338.215. 1. For purposes of this section, the following  
11 terms mean:

12 (1) "Remote dispensing site pharmacy", any location in this  
13 state where the practice of pharmacy occurs and that is licensed  
14 as a pharmacy to dispense prescription drugs and is staffed by  
15 one or more qualified pharmacy technicians, as defined by the  
16 board, or intern pharmacists, whose activities are supervised by  
17 a pharmacist at a supervising pharmacy through a continuous real-  
18 time audio and video link. "Remote dispensing site pharmacy"  
19 does not include the office of a dispensing prescriber or an  
20 automated device;

21 (2) "Supervising pharmacy", a pharmacy licensed in this  
22 state under the provisions of chapter 338 that oversees the  
23 dispensation activities of a remote dispensing site pharmacy.

24 2. A supervising pharmacy that operates a remote dispensing  
25 site pharmacy, and the remote dispensing site pharmacy, shall be  
26 licensed as a pharmacy by the board of pharmacy. The board shall  
27 issue a license to a remote dispensing site pharmacy that meets  
28 the requirements of this subsection. The remote dispensing site

1 pharmacy shall:

2 (1) Submit an application and pay the licensing fee  
3 established by the board;

4 (2) Be jointly owned by a supervising pharmacy; and

5 (3) Maintain a policy and procedures manual that includes  
6 the following:

7 (a) A description of how the supervising pharmacy and  
8 remote dispensing site pharmacy will comply with federal and  
9 state laws, rules, and regulations;

10 (b) The procedure for the supervising pharmacy to supervise  
11 the remote dispensing site pharmacy and counsel patients in  
12 accordance with the laws of this state prior to the dispensing of  
13 a prescription drug under this section;

14 (c) The procedure for reviewing the prescription drug  
15 inventory and drug records maintained by the remote dispensing  
16 site pharmacy;

17 (d) The policy and procedure for providing appropriate  
18 security to protect the confidentiality and integrity of patient  
19 information;

20 (e) The written plan for recovery from an event that  
21 interrupts or prevents a pharmacist from supervising the  
22 operation of the remote dispensing site pharmacy;

23 (f) The specific duties, tasks, and functions that a  
24 registered pharmacy technician or intern pharmacist is authorized  
25 to perform at the remote dispensing site pharmacy under the  
26 remote supervision of a licensed pharmacist at the supervising  
27 pharmacy; and

28 (g) The procedure for maintaining an up-to-date inventory

1 of all controlled substances.

2 3. A remote dispensing site pharmacy shall be under the  
3 supervision and control of a supervising pharmacist employed by  
4 the supervising pharmacy. The supervising pharmacist shall not  
5 be required to be immediately physically present to supervise  
6 activities at the remote dispensing site pharmacy, but shall make  
7 monthly visits to the remote dispensing site pharmacy in order to  
8 ensure compliance with this section.

9 4. A supervising pharmacist and a remote dispensing site  
10 pharmacy shall share common ownership. A pharmacist shall  
11 neither be designated nor act as a supervising pharmacist for  
12 more than two remote dispensing site pharmacies at one time.

13 5. A pharmacist at the supervising pharmacy shall verify  
14 each prescription before it leaves the remote dispensing site  
15 pharmacy. Verification shall occur through the use of technology  
16 that includes bar coding and visual review via remote video. As  
17 applicable, a pharmacist, intern pharmacist, and pharmacy  
18 technician's initials or unique identifier shall appear in the  
19 prescription record to identify the name and specific activities  
20 of each pharmacist, intern pharmacist, or pharmacy technician  
21 involved in the dispensing process.

22 6. Unless a pharmacist is onsite at the remote dispensing  
23 site pharmacy, counseling shall be done by a supervising  
24 pharmacist at the supervising pharmacy via a HIPAA-compliant  
25 continuous real-time video and audio link before a drug or  
26 medical device is released to the patient. The system being used  
27 to perform the consultation shall retain the initials or unique  
28 identifier of the pharmacist who performs the consultation. The

1 pharmacist providing counseling under this subsection shall be  
2 employed by and located at the supervising pharmacy and have  
3 access to all relevant patient information maintained by the  
4 remote dispensing site pharmacy.

5 7. A remote dispensing site pharmacy shall be located at  
6 least ten miles from an existing retail pharmacy unless:

7 (1) The remote dispensing site pharmacy is part of a  
8 community mental health center, federally qualified health  
9 center, hospital, rural health clinic, or outpatient clinic  
10 setting; or

11 (2) An applicant of a proposed remote dispensing site  
12 pharmacy demonstrates to the board how the proposed remote  
13 dispensing site pharmacy will promote public health.

14 8. The remote dispensing pharmacy shall be staffed by a  
15 pharmacist at least eight hours a month and shall reconcile the  
16 up-to-date controlled substance inventory twice a month. The  
17 supervising pharmacist may provide services as allowed in section  
18 338.010 and as provided by policies and procedures.

19 9. If the average number of prescriptions dispensed per day  
20 by the remote dispensing site pharmacy exceeds one hundred fifty  
21 prescriptions, the remote dispensing site pharmacy shall, within  
22 ten days, apply to the board for licensure as a class A, B, or C  
23 pharmacy, as applicable. The average number of prescriptions  
24 dispensed per day shall be determined by averaging the number of  
25 prescriptions dispensed per day over the previous ninety-day  
26 period.

27 10. Unless otherwise approved by the board, the supervising  
28 pharmacy shall be located in this state and within fifty road

1 miles of a remote dispensing site pharmacy to ensure that the  
2 remote dispensing site pharmacy is sufficiently supported by the  
3 supervising pharmacy and that necessary personnel or supplies may  
4 be delivered to the remote dispensing site pharmacy within a  
5 reasonable period of time of an identified need.

6 11. The board of pharmacy may promulgate all necessary  
7 rules and regulations for the implementation of this section,  
8 provided that no such rules and regulations shall restrict the  
9 practice of pharmacy at a remote dispensing site pharmacy. Any  
10 rule or portion of a rule, as that term is defined in section  
11 536.010, that is created under the authority delegated in this  
12 section shall become effective only if it complies with and is  
13 subject to all of the provisions of chapter 536 and, if  
14 applicable, section 536.028. This section and chapter 536 are  
15 nonseverable, and if any of the powers vested with the general  
16 assembly pursuant to chapter 536 to review, to delay the  
17 effective date, or to disapprove and annul a rule are  
18 subsequently held unconstitutional, then the grant of rulemaking  
19 authority and any rule proposed or adopted after August 28, 2020,  
20 shall be invalid and void.

21 338.220. 1. It shall be unlawful for any person,  
22 copartnership, association, corporation or any other business  
23 entity to open, establish, operate, or maintain any pharmacy as  
24 defined by statute without first obtaining a permit or license to  
25 do so from the Missouri board of pharmacy. A permit shall not be  
26 required for an individual licensed pharmacist to perform  
27 nondispensing activities outside of a pharmacy, as provided by  
28 the rules of the board. A permit shall not be required for an

1 individual licensed pharmacist to administer drugs, vaccines, and  
2 biologicals by protocol, as permitted by law, outside of a  
3 pharmacy. The following classes of pharmacy permits or licenses  
4 are hereby established:

- 5 (1) Class A: Community/ambulatory;
- 6 (2) Class B: Hospital pharmacy;
- 7 (3) Class C: Long-term care;
- 8 (4) Class D: Nonsterile compounding;
- 9 (5) Class E: Radio pharmaceutical;
- 10 (6) Class F: Renal dialysis;
- 11 (7) Class G: Medical gas;
- 12 (8) Class H: Sterile product compounding;
- 13 (9) Class I: Consultant services;
- 14 (10) Class J: Shared service;
- 15 (11) Class K: Internet;
- 16 (12) Class L: Veterinary;
- 17 (13) Class M: Specialty (bleeding disorder);
- 18 (14) Class N: Automated dispensing system (health care  
19 facility);
- 20 (15) Class O: Automated dispensing system (ambulatory  
21 care);
- 22 (16) Class P: Practitioner office/clinic;
- 23 (17) Class Q: Charitable pharmacy; and
- 24 (18) Class R: Remote dispensing site pharmacy.

25 2. Application for such permit or license shall be made  
26 upon a form furnished to the applicant; shall contain a statement  
27 that it is made under oath or affirmation and that its  
28 representations are true and correct to the best knowledge and

1 belief of the person signing same, subject to the penalties of  
2 making a false affidavit or declaration; and shall be accompanied  
3 by a permit or license fee. The permit or license issued shall  
4 be renewable upon payment of a renewal fee. Separate  
5 applications shall be made and separate permits or licenses  
6 required for each pharmacy opened, established, operated, or  
7 maintained by the same owner.

8 3. All permits, licenses or renewal fees collected pursuant  
9 to the provisions of sections 338.210 to 338.370 shall be  
10 deposited in the state treasury to the credit of the Missouri  
11 board of pharmacy fund, to be used by the Missouri board of  
12 pharmacy in the enforcement of the provisions of sections 338.210  
13 to 338.370, when appropriated for that purpose by the general  
14 assembly.

15 4. Class L: veterinary permit shall not be construed to  
16 prohibit or interfere with any legally registered practitioner of  
17 veterinary medicine in the compounding, administering,  
18 prescribing, or dispensing of their own prescriptions, or  
19 medicine, drug, or pharmaceutical product to be used for animals.

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

24 6. A "class B hospital pharmacy" shall be defined as a  
25 pharmacy owned, managed, or operated by a hospital as defined by  
26 section 197.020 or a clinic or facility under common control,  
27 management or ownership of the same hospital or hospital system.  
28 This section shall not be construed to require a class B hospital



1 pharmacy permit or license for hospitals solely providing  
2 services within the practice of pharmacy under the jurisdiction  
3 of, and the licensure granted by, the department of health and  
4 senior services under and pursuant to chapter 197.

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

10 338.260. 1. No person shall carry on, conduct or transact  
11 a business under a name which contains as part of the name the  
12 words "pharmacist", "pharmacy", "apothecary", "apothecary shop",  
13 "chemist shop", "drug store", "druggist", "drugs", "consultant  
14 pharmacist", or any word of similar or like import, unless the  
15 place of business is supervised by a licensed pharmacist.

16 2. Nothing in this chapter shall be construed to prevent  
17 any person from using a historical name in reference to any  
18 building, structure, or business so long as the person is not  
19 engaged in the practice of pharmacy as defined in section  
20 338.010.

21 3. Notwithstanding the provisions of subsection 2 of this  
22 section, the board of pharmacy shall retain authority to enforce  
23 the provisions of subsection 1 of this section against any person  
24 offering for sale any naturopathic or homeopathic service or any  
25 herbal, nutritional, vitamin, dietary, mineral, or other  
26 supplement intended for human application, absorption, or  
27 consumption.

28 4. Supervision of a licensed remote dispensing site

1 pharmacy shall not require a pharmacist to be physically present  
2 at the remote dispensing site pharmacy location, provided that  
3 dispensing activities are supervised by a supervising pharmacist  
4 located at a Missouri-licensed supervising pharmacy through the  
5 use of a continuous real-time audio and video link.

6 376.383. 1. For purposes of this section and section  
7 376.384, the following terms shall mean:

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

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

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

18 (4) "Health care provider", health care provider as defined  
19 in section 376.1350;

20 (5) "Health care services", health care services as defined  
21 in section 376.1350;

22 (6) "Health carrier", health carrier as defined in section  
23 376.1350 and any self-insured health plan, to the extent allowed  
24 by federal law; except that health carrier shall not include a  
25 workers' compensation carrier providing benefits to an employee  
26 pursuant to chapter 287. For the purposes of this section and  
27 section 376.384, third-party contractors are health carriers;

28 (7) "Processing days", number of days the health carrier or

1 any of its agents, subsidiaries, contractors, subcontractors, or  
2 third-party contractors has the claim in its possession.

3 Processing days shall not include days in which the health  
4 carrier is waiting for a response to a request for additional  
5 information from the claimant;

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

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

14 2. Within forty-eight hours after receipt of an  
15 electronically filed claim by a health carrier or a third-party  
16 contractor, a health carrier shall send an electronic  
17 acknowledgment of the date of receipt.

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

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

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

26  
27 If the claim is a clean claim, then the health carrier shall pay  
28 or deny the claim. If the claim requires additional information,

1 the health carrier shall include in the notice a request for  
2 additional information. If a health carrier pays the claim, this  
3 subsection shall not apply.

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

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

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

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

17 6. (1) If the health carrier has not paid the claimant on  
18 or before the forty-fifth processing day from the date of receipt  
19 of the claim, the health carrier shall pay the claimant one  
20 percent interest per month and a penalty in an amount equal to  
21 one percent of the claim per day. On claims where the amount  
22 owed by a health carrier exceeds thirty-five thousand dollars on  
23 the unpaid balance of a claim, the health carrier shall pay the  
24 claimant one percent interest per month and a penalty in an  
25 amount equal to one percent of the claim per day for a maximum of  
26 one hundred days, and thereafter shall pay the claimant two  
27 percent interest per month. The interest and penalty shall be  
28 calculated based upon the unpaid balance of the claim as of the

1 forty-fifth processing day. The interest and penalty paid  
2 pursuant to this subsection shall be included in any late  
3 reimbursement without the necessity for the person that filed the  
4 original claim to make an additional claim for that interest and  
5 penalty. A health carrier may combine interest payments and make  
6 payment once the aggregate amount reaches one hundred dollars.

7 (2) Any claim or portion of a claim which has been properly  
8 denied before the forty-fifth processing day under this section  
9 and section 376.384 shall not be subject to interest or  
10 penalties. For a claim or any portion of such claim that was  
11 denied before the forty-fifth processing day, interest and  
12 penalties shall begin to accrue beginning on the date the first  
13 appeal is filed by the claimant with the health carrier until  
14 such claim is paid, if the claim or portion of the claim is  
15 approved. If any appeal filed with the health carrier does not  
16 result in the disputed claim or portion of such claim being  
17 approved for payment to the claimant, and a petition is filed in  
18 a court of competent jurisdiction to recover payment of all or  
19 part of such claim, interest and penalties shall continue to  
20 accrue for no more than one hundred days from the day the first  
21 appeal was filed by the claimant with the health carrier, and  
22 such interest and penalties shall [cease] continue to accrue [on  
23 the day] ten days after [a petition is filed in] a court of  
24 competent jurisdiction [to recover payment of such claim] finds  
25 that the claim or portion of the claim shall be paid to the  
26 claimant. Upon a finding by a court of competent jurisdiction  
27 that the health carrier failed to pay a claim, interest, or  
28 penalty without good cause, the court shall enter judgment for

1 reasonable attorney fees for services necessary for recovery.  
2 Upon a finding that a health care provider filed suit without  
3 reasonable grounds to recover a claim, the court shall award the  
4 health carrier reasonable attorney fees necessary to the defense.

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

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

13 9. Denial of a claim shall be communicated to the claimant  
14 and shall include the specific reason why the claim was denied.  
15 Any claim for which the health carrier has not communicated a  
16 specific reason for the denial shall not be considered denied  
17 under this section or section 376.384.

18 10. Requests for additional information shall specify all  
19 of the documentation and additional information that is necessary  
20 to process all of the claim, or all of the claims on a  
21 multi-claim form, as a clean claim for payment. Information  
22 requested shall be reasonable and pertain solely to the health  
23 carrier's liability. The health carrier shall acknowledge  
24 receipt of the requested additional information to the claimant  
25 within five calendar days or pay the claim.

26 376.387. 1. For purposes of this section, the following  
27 terms shall mean:

28 (1) "Covered person", the same meaning as such term is

1 defined in section 376.1257;

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

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

6 (4) "Pharmacy", the same meaning as such term is defined in  
7 chapter 338;

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

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

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

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

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

28 4. No pharmacy benefits manager shall, directly or

1 indirectly, charge or hold a pharmacist or pharmacy responsible  
2 for any fee amount related to a claim that is not known at the  
3 time of the claim's adjudication, unless the amount is a result  
4 of improperly paid claims or charges for administering a health  
5 benefit plan.

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

12 6. A pharmacy benefits manager shall notify in writing any  
13 health carrier with which it contracts if the pharmacy benefits  
14 manager has a conflict of interest, any commonality of ownership,  
15 or any other relationship, financial or otherwise, between the  
16 pharmacy benefits manager and any other health carrier with which  
17 the pharmacy benefits manager contracts.

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

20 376.393. 1. As used in this section, the following terms  
21 shall mean:

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

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

26 2. No entity subject to the jurisdiction of this state  
27 shall act as a pharmacy benefits manager without a license issued  
28 by the department. The department shall establish by rule the



1 application process and license fee for pharmacy benefits  
2 managers.

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

6 (1) Violation of the laws or regulations of any state or of  
7 the United States, where the offense is reasonably related to the  
8 qualifications, functions, or duties of a pharmacy benefit  
9 manager, including, but not limited to, where an essential  
10 element of the offense is fraud, dishonesty, or an act of  
11 violence, or where the offense involves moral turpitude, or where  
12 the offense involves failure to comply with a requirement of this  
13 chapter, whether or not sentence or penalty is imposed;

14 (2) Use of fraud, deception, misrepresentation, or bribery  
15 for any reason;

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

19 (4) Incompetence, misconduct, gross negligence, or  
20 dishonesty in the performance of the functions or duties of a  
21 pharmacy benefits manager or other regulated profession or  
22 activity; or

23 (5) Disciplinary action taken against the holder of a  
24 license or other right to practice as a pharmacy benefits manager  
25 or other regulated profession.

26  
27 After the filing of such complaint, the proceedings shall be  
28 conducted in accordance with the provisions of chapter 621. Upon

1 a finding by the administrative hearing commission that grounds  
2 provided in this subsection for disciplinary action are met, the  
3 department may, singly or in combination, censure or place the  
4 person named in the complaint on probation with such terms and  
5 conditions as the department deems appropriate for a period not  
6 to exceed five years, or may suspend, for a period not to exceed  
7 three years, or revoke the license, certificate, or permit. An  
8 individual whose license has been revoked shall wait at least one  
9 year from the date of revocation to apply for relicensure.  
10 Relicensure shall be at the discretion of the department.

11 376.945. 1. The department shall, as a condition of the  
12 issuance of a certificate of authority pursuant to section  
13 376.935, require that the provider establish a reserve of an  
14 amount equal to at least fifty percent of any entrance fee paid  
15 by the first occupant of a living unit under a life care  
16 contract. The reserve shall be maintained by the provider on a  
17 current basis, in escrow with a bank, trust company, or other  
18 escrow agent approved by the department. ~~Such~~ The entire  
19 amount of such reserve shall be amortized and earned by and  
20 available for release to the provider at the rate of one percent  
21 per month on the balance of the reserve, provided, however, that  
22 at no time shall the entrance fee reserve together with all  
23 interest earned thereon total less than an amount equal to one  
24 ~~and one-half times the percentage~~ hundred percent of the annual  
25 long-term debt principal and interest payments of the provider  
26 applicable only to living units occupied under life care  
27 contracts. Such portion of each entrance fee as is necessary to  
28 maintain the entrance fee reserve as set forth herein shall be

1 paid to the reserve fund for the second and all subsequent  
2 occupancies of a living unit occupied under a life care contract.  
3 The requirements of this subsection may be met in whole or in  
4 part by other reserve funds held for the purpose of meeting loan  
5 obligations, provided that the total amount equals or exceeds the  
6 amount required under this subsection.

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

13 3. All reserve funds held under subsections 1 or 2 of this  
14 section shall be held in liquid assets consisting of federal  
15 government or other marketable securities, deposits, or accounts  
16 insured by the federal government.

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

20 376.1578. 1. Within two working days after receipt of a  
21 [faxed or mailed completed] credentialing application, the health  
22 carrier shall send a notice of receipt to the practitioner. A  
23 health carrier shall provide access to a provider web portal that  
24 allows the practitioner to receive notice of the status of an  
25 electronically submitted application.

26 2. If a health carrier determines the application is not a  
27 completed application, the health carrier shall have ten days  
28 from the date the notice of receipt was sent as required in

1 subsection 1 of this section to request any additional  
2 information from the practitioner. The application shall be  
3 considered a completed application upon receipt of the requested  
4 additional information from the practitioner. Within two working  
5 days of receipt of the requested additional information, the  
6 health carrier shall send a notice to the practitioner informing  
7 him or her that he or she has submitted a completed application.  
8 If the health carrier does not request additional information,  
9 the application shall be deemed completed as of the date the  
10 notice of receipt was sent as required under subsection 1 of this  
11 section.

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

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

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

27           (3) Had the practitioner's hospital admitting or surgical  
28 privileges or other organizational credentials or authority to

1 practice revoked, restricted, or suspended based on the  
2 practitioner's clinical performance; or

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

5 4. If a practitioner's application is approved, the health  
6 carrier shall provide payments for covered health services  
7 performed by the practitioner during the credentialing period if  
8 the provision of services was on behalf of an entity that had a  
9 contract with such health carrier during the credentialing  
10 period. The contracted entity for which the practitioner is  
11 providing services shall submit to the health carrier all claims  
12 for services provided by such practitioner during the  
13 credentialing period within six months after the health carrier  
14 has approved that practitioner's credentialing application.  
15 Claims submitted for reimbursement under this section shall be  
16 sent to the carrier by the provider in a single request or as few  
17 requests as practical subject to any technical constraints or  
18 other issues out of the contracted provider's control.  
19 "Credentialing period" shall mean the time between the date the  
20 practitioner submits a completed application to the health  
21 carrier to be credentialed and the date the practitioner's  
22 credentialing is approved by the health carrier.

23 5. A health carrier shall not require a practitioner to be  
24 credentialed in order to receive payments for covered patient  
25 care services if the practitioner is providing coverage for an  
26 absent credentialed practitioner during a temporary period of  
27 time not to exceed sixty days. Any practitioner authorized to  
28 receive payments for covered services under this section shall

1 provide notice to the health carrier, including, but not limited  
2 to, the absent practitioner's name, medical license information,  
3 and estimated duration of absence and the name and medical  
4 license information of the practitioner providing coverage for  
5 such absent credentialed practitioner. A health carrier may deny  
6 payments if the practitioner providing services in lieu of the  
7 credentialed provider meets one of the conditions in subdivisions  
8 (1) to (4) of subsection 3 of this section.

9 6. All claims eligible for payment under subsection 4 or 5  
10 of this section shall be subject to section 376.383.

11 7. For the purposes of this section, "covered health  
12 services" shall mean any services provided by a practitioner that  
13 would otherwise be covered if provided by a credentialed  
14 provider.

15 [3.] 8. The department of commerce and insurance shall  
16 establish a mechanism for reporting alleged violations of this  
17 section to the department.

18 579.060. 1. A person commits the offense of unlawful sale,  
19 distribution, or purchase of over-the-counter methamphetamine  
20 precursor drugs if he or she knowingly:

21 (1) Sells, distributes, dispenses, or otherwise provides  
22 any number of packages of any drug product containing detectable  
23 amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or  
24 any of their salts, optical isomers, or salts of optical isomers,  
25 in a total amount greater than [nine] seven and two-tenths grams  
26 to the same individual within a thirty-day period, unless the  
27 amount is dispensed, sold, or distributed pursuant to a valid  
28 prescription; or

1           (2) Purchases, receives, or otherwise acquires within a  
2 thirty-day period any number of packages of any drug product  
3 containing any detectable amount of ephedrine,  
4 phenylpropanolamine, or pseudoephedrine, or any of their salts or  
5 optical isomers, or salts of optical isomers in a total amount  
6 greater than [nine] seven and two-tenths grams, without regard to  
7 the number of transactions, unless the amount is purchased,  
8 received, or acquired pursuant to a valid prescription; or

9           (3) Purchases, receives, or otherwise acquires within a  
10 twenty-four-hour period any number of packages of any drug  
11 product containing any detectable amount of ephedrine,  
12 phenylpropanolamine, or pseudoephedrine, or any of their salts or  
13 optical isomers, or salts of optical isomers in a total amount  
14 greater than three and six-tenths grams, without regard to the  
15 number of transactions, unless the amount is purchased, received,  
16 or acquired pursuant to a valid prescription; or

17           (4) Sells, distributes, dispenses, or otherwise provides  
18 any number of packages of any drug product containing detectable  
19 amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or  
20 any of their salts, optical isomers, or salts of optical isomers,  
21 in a total amount greater than forty-three and two-tenths grams  
22 to the same individual within a twelve-month period, unless the  
23 amount is dispensed, sold, or distributed pursuant to a valid  
24 prescription; or

25           (5) Purchases, receives, or otherwise acquires within a  
26 twelve-month period any number of packages of any drug product  
27 containing any detectable amount of ephedrine,  
28 phenylpropanolamine, or pseudoephedrine, or any of their salts or

1 optical isomers, or salts of optical isomers in a total amount  
2 greater than forty-three and two-tenths grams, without regard to  
3 the number of transactions, unless the amount is purchased,  
4 received, or acquired pursuant to a valid prescription; or

5 (6) Dispenses or offers drug products that are not excluded  
6 from Schedule V in subsection 17 or 18 of section 195.017 and  
7 that contain detectable amounts of ephedrine,  
8 phenylpropanolamine, or pseudoephedrine, or any of their salts,  
9 optical isomers, or salts of optical isomers, without ensuring  
10 that such products are located behind a pharmacy counter where  
11 the public is not permitted and that such products are dispensed  
12 by a registered pharmacist or pharmacy technician under  
13 subsection 11 of section 195.017; or

14 [(5)] (7) Holds a retail sales license issued under chapter  
15 144 and knowingly sells or dispenses packages that do not conform  
16 to the packaging requirements of section 195.418.

17 2. A pharmacist, intern pharmacist, or registered pharmacy  
18 technician commits the offense of unlawful sale, distribution, or  
19 purchase of over-the-counter methamphetamine precursor drugs if  
20 he or she knowingly:

21 (1) Sells, distributes, dispenses, or otherwise provides  
22 any number of packages of any drug product containing detectable  
23 amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or  
24 any of their salts or optical isomers, or salts of optical  
25 isomers, in a total amount greater than three and six-tenth grams  
26 to the same individual within a twenty-four hour period, unless  
27 the amount is dispensed, sold, or distributed pursuant to a valid  
28 prescription; or



1           (2) Fails to submit information under subsection 13 of  
2 section 195.017 and subsection [5] 6 of section 195.417 about the  
3 sales of any compound, mixture, or preparation of products  
4 containing detectable amounts of ephedrine, phenylpropanolamine,  
5 or pseudoephedrine, or any of their salts, optical isomers, or  
6 salts of optical isomers, in accordance with transmission methods  
7 and frequency established by the department of health and senior  
8 services; or

9           (3) Fails to implement and maintain an electronic log, as  
10 required by subsection 12 of section 195.017, of each transaction  
11 involving any detectable quantity of pseudoephedrine, its salts,  
12 isomers, or salts of optical isomers or ephedrine, its salts,  
13 optical isomers, or salts of optical isomers; or

14           (4) Sells, distributes, dispenses or otherwise provides to  
15 an individual under eighteen years of age without a valid  
16 prescription any number of packages of any drug product  
17 containing any detectable quantity of pseudoephedrine, its salts,  
18 isomers, or salts of optical isomers, or ephedrine, its salts or  
19 optical isomers, or salts of optical isomers.

20           3. Any person who violates the packaging requirements of  
21 section 195.418 and is considered the general owner or operator  
22 of the outlet where ephedrine, pseudoephedrine, or  
23 phenylpropanolamine products are available for sale shall not be  
24 penalized if he or she documents that an employee training  
25 program was in place to provide the employee who made the  
26 unlawful retail sale with information on the state and federal  
27 regulations regarding ephedrine, pseudoephedrine, or  
28 phenylpropanolamine.

1           4. The offense of unlawful sale, distribution, or purchase  
2 of over-the-counter methamphetamine precursor drugs is a class A  
3 misdemeanor.

4           610.100. 1. As used in sections 610.100 to 610.150, the  
5 following words and phrases shall mean:

6           (1) "Arrest", an actual restraint of the person of the  
7 defendant, or by his or her submission to the custody of the  
8 officer, under authority of a warrant or otherwise for a criminal  
9 violation which results in the issuance of a summons or the  
10 person being booked;

11           (2) "Arrest report", a record of a law enforcement agency  
12 of an arrest and of any detention or confinement incident thereto  
13 together with the charge therefor;

14           (3) "Inactive", an investigation in which no further action  
15 will be taken by a law enforcement agency or officer for any of  
16 the following reasons:

17           (a) A decision by the law enforcement agency not to pursue  
18 the case;

19           (b) Expiration of the time to file criminal charges  
20 pursuant to the applicable statute of limitations, or ten years  
21 after the commission of the offense; whichever date earliest  
22 occurs;

23           (c) Finality of the convictions of all persons convicted on  
24 the basis of the information contained in the investigative  
25 report, by exhaustion of or expiration of all rights of appeal of  
26 such persons;

27           (4) "Incident report", a record of a law enforcement agency  
28 consisting of the date, time, specific location, name of the

1 victim and immediate facts and circumstances surrounding the  
2 initial report of a crime or incident, including any logs of  
3 reported crimes, accidents and complaints maintained by that  
4 agency;

5 (5) "Investigative report", a record, other than an arrest  
6 or incident report, prepared by personnel of a law enforcement  
7 agency, inquiring into a crime or suspected crime, either in  
8 response to an incident report or in response to evidence  
9 developed by law enforcement officers in the course of their  
10 duties;

11 (6) "Mobile video recorder", any system or device that  
12 captures visual signals that is capable of installation and being  
13 installed in a vehicle or being worn or carried by personnel of a  
14 law enforcement agency and that includes, at minimum, a camera  
15 and recording capabilities;

16 (7) "Mobile video recording", any data captured by a mobile  
17 video recorder, including audio, video, and any metadata;

18 (8) "Nonpublic location", a place where one would have a  
19 reasonable expectation of privacy, including, but not limited to  
20 a dwelling, school, or medical facility.

21 2. (1) Each law enforcement agency of this state, of any  
22 county, and of any municipality shall maintain records of all  
23 incidents reported to the agency, investigations and arrests made  
24 by such law enforcement agency. All incident reports and arrest  
25 reports shall be open records.

26 (2) Notwithstanding any other provision of law other than  
27 the provisions of subsections 4, 5 and 6 of this section or  
28 section 320.083, mobile video recordings and investigative

1 reports of all law enforcement agencies and any reports or  
2 records in the possession of the department of health and senior  
3 services' Missouri state public health laboratory, which were the  
4 result of testing performed at the request of any municipal,  
5 county, state, or federal law enforcement agency, are closed  
6 records until the investigation becomes inactive.

7 (3) If any person is arrested and not charged with an  
8 offense against the law within thirty days of the person's  
9 arrest, the arrest report shall thereafter be a closed record  
10 except that the disposition portion of the record may be accessed  
11 and except as provided in section 610.120.

12 (4) Except as provided in subsections 3 and 5 of this  
13 section, a mobile video recording that is recorded in a nonpublic  
14 location is authorized to be closed, except that any person who  
15 is depicted in the recording or whose voice is in the recording,  
16 a legal guardian or parent of such person if he or she is a  
17 minor, a family member of such person within the first degree of  
18 consanguinity if he or she is deceased or incompetent, an  
19 attorney for such person, or insurer of such person, upon written  
20 request, may obtain a complete, unaltered, and unedited copy of a  
21 recording under and pursuant to this section.

22 3. Except as provided in subsections 4, 5, 6 and 7 of this  
23 section, if any portion of a record or document of a law  
24 enforcement officer or agency, other than an arrest report, which  
25 would otherwise be open, contains information that is reasonably  
26 likely to pose a clear and present danger to the safety of any  
27 victim, witness, undercover officer, or other person; or  
28 jeopardize a criminal investigation, including records which

1 would disclose the identity of a source wishing to remain  
2 confidential or a suspect not in custody; or which would disclose  
3 techniques, procedures or guidelines for law enforcement  
4 investigations or prosecutions, that portion of the record shall  
5 be closed and shall be redacted from any record made available  
6 pursuant to this chapter.

7 4. Any person, including a legal guardian or a parent of  
8 such person if he or she is a minor, family member of such person  
9 within the first degree of consanguinity if such person is  
10 deceased or incompetent, attorney for a person, or insurer of a  
11 person involved in any incident or whose property is involved in  
12 an incident, may obtain any records closed pursuant to this  
13 section or section 610.150 for purposes of investigation of any  
14 civil claim or defense, as provided by this subsection. Any  
15 individual, legal guardian or parent of such person if he or she  
16 is a minor, his or her family member within the first degree of  
17 consanguinity if such individual is deceased or incompetent, his  
18 or her attorney or insurer, involved in an incident or whose  
19 property is involved in an incident, upon written request, may  
20 obtain a complete unaltered and unedited incident report  
21 concerning the incident, and may obtain access to other records  
22 closed by a law enforcement agency pursuant to this section.  
23 Within thirty days of such request, the agency shall provide the  
24 requested material or file a motion pursuant to this subsection  
25 with the circuit court having jurisdiction over the law  
26 enforcement agency stating that the safety of the victim, witness  
27 or other individual cannot be reasonably ensured, or that a  
28 criminal investigation is likely to be jeopardized. If, based on

1 such motion, the court finds for the law enforcement agency, the  
2 court shall either order the record closed or order such portion  
3 of the record that should be closed to be redacted from any  
4 record made available pursuant to this subsection.

5 5. (1) Any person may bring an action pursuant to this  
6 section in the circuit court having jurisdiction to authorize  
7 disclosure of a mobile video recording or the information  
8 contained in an investigative report of any law enforcement  
9 agency, which would otherwise be closed pursuant to this section.  
10 The court may order that all or part of a mobile video recording  
11 or the information contained in an investigative report be  
12 released to the person bringing the action.

13 (2) In making the determination as to whether information  
14 contained in an investigative report shall be disclosed, the  
15 court shall consider whether the benefit to the person bringing  
16 the action or to the public outweighs any harm to the public, to  
17 the law enforcement agency or any of its officers, or to any  
18 person identified in the investigative report in regard to the  
19 need for law enforcement agencies to effectively investigate and  
20 prosecute criminal activity.

21 (3) In making the determination as to whether a mobile  
22 video recording shall be disclosed, the court shall consider:

23 (a) Whether the benefit to the person bringing the action  
24 or the benefit to the public outweighs any harm to the public, to  
25 the law enforcement agency or any of its officers, or to any  
26 person identified in the mobile video recording in regard and  
27 with respect to the need for law enforcement agencies to  
28 effectively investigate and prosecute criminal activity;

1 (b) Whether the mobile video recording contains information  
2 that is reasonably likely to disclose private matters in which  
3 the public has no legitimate concern;

4 (c) Whether the mobile video recording is reasonably likely  
5 to bring shame or humiliation to a person of ordinary  
6 sensibilities; and

7 (d) Whether the mobile video recording was taken in a place  
8 where a person recorded or depicted has a reasonable expectation  
9 of privacy.

10 (4) The mobile video recording or investigative report in  
11 question may be examined by the court in camera.

12 (5) If the disclosure is authorized in whole or in part,  
13 the court may make any order that justice requires, including one  
14 or more of the following:

15 (a) That the mobile video recording or investigative report  
16 may be disclosed only on specified terms and conditions,  
17 including a designation of the time or place;

18 (b) That the mobile video recording or investigative report  
19 may be had only by a method of disclosure other than that  
20 selected by the party seeking such disclosure and may be  
21 disclosed to the person making the request in a different manner  
22 or form as requested;

23 (c) That the scope of the request be limited to certain  
24 matters;

25 (d) That the disclosure occur with no one present except  
26 persons designated by the court;

27 (e) That the mobile video recording or investigative report  
28 be redacted to exclude, for example, personally identifiable

1 features or other sensitive information;

2 (f) That a trade secret or other confidential research,  
3 development, or commercial information not be disclosed or be  
4 disclosed only in a designated way.

5 (6) The court may find that the party seeking disclosure of  
6 the mobile video recording or the investigative report shall bear  
7 the reasonable and necessary costs and attorneys' fees of both  
8 parties, unless the court finds that the decision of the law  
9 enforcement agency not to open the mobile video recording or  
10 investigative report was substantially unjustified under all  
11 relevant circumstances, and in that event, the court may assess  
12 such reasonable and necessary costs and attorneys' fees to the  
13 law enforcement agency.

14 6. Any person may apply pursuant to this subsection to the  
15 circuit court having jurisdiction for an order requiring a law  
16 enforcement agency to open incident reports and arrest reports  
17 being unlawfully closed pursuant to this section. If the court  
18 finds by a preponderance of the evidence that the law enforcement  
19 officer or agency has knowingly violated this section, the  
20 officer or agency shall be subject to a civil penalty in an  
21 amount up to one thousand dollars. If the court finds that there  
22 is a knowing violation of this section, the court may order  
23 payment by such officer or agency of all costs and attorneys'  
24 fees, as provided by section 610.027. If the court finds by a  
25 preponderance of the evidence that the law enforcement officer or  
26 agency has purposely violated this section, the officer or agency  
27 shall be subject to a civil penalty in an amount up to five  
28 thousand dollars and the court shall order payment by such



1 officer or agency of all costs and attorney fees, as provided in  
2 section 610.027. The court shall determine the amount of the  
3 penalty by taking into account the size of the jurisdiction, the  
4 seriousness of the offense, and whether the law enforcement  
5 officer or agency has violated this section previously.

6 7. The victim of an offense as provided in chapter 566 may  
7 request that his or her identity be kept confidential until a  
8 charge relating to such incident is filed.

9 8. Any person who requests and receives a mobile video  
10 recording that was recorded in a nonpublic location under and  
11 pursuant to this section is prohibited from displaying or  
12 disclosing the mobile video recording, including any description  
13 or account of any or all of the mobile video recording, without  
14 first providing direct third-party notice to each person not  
15 affiliated with a law enforcement agency or each non-law  
16 enforcement agency individual whose image or sound is contained  
17 in the recording, and affording, upon receiving such notice, each  
18 person appearing and whose image or sound is contained in the  
19 mobile video recording no less than ten days to file and serve an  
20 action seeking an order from a court of competent jurisdiction to  
21 enjoin all or some of the intended display, disclosure,  
22 description, or account of the recording. Any person who fails  
23 to comply with the provisions of this subsection is subject to  
24 damages in a civil action proceeding.

25 Section B. Because immediate action is necessary to ensure  
26 that all owners, officers, managers, contractors, employees, and  
27 other support staff of medical marijuana facilities be subjected  
28 to state and federal fingerprint-based criminal background checks

1 to insure the integrity of the Missouri medical marijuana  
2 industry, the enactment of section 195.815 of this act is deemed  
3 necessary for the immediate preservation of the public health,  
4 welfare, peace, and safety, and is hereby declared to be an  
5 emergency act within the meaning of the constitution, and the  
6 enactment of section 195.815 of this act shall be in full force  
7 and effect on July 1, 2020, or upon its passage and approval,  
8 whichever occurs later.