

SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1682
100TH GENERAL ASSEMBLY

4231S.06T

2020

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, 208.151, 208.918, 208.924, 338.035, 338.210, 338.220, 338.260, 344.030, 345.050, 376.383, 376.387, 376.782, 376.945, 376.1345, 376.1578, 579.060, and 610.100, RSMo, and to enact in lieu thereof fifty-six new sections relating to health care, with penalty provisions and an emergency clause for a certain section.

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

Section A. Sections 190.092, 190.094, 190.105, 190.143, 190.196, 190.606, 190.612, 191.775, 191.1146, 192.2305, 195.070, 195.417, 196.990, 205.202, 208.909, 208.151, 208.918, 208.924, 338.035, 338.210, 338.220, 338.260, 344.030, 345.050, 376.383, 376.387, 376.782, 376.945, 376.1345, 376.1578, 579.060, and 610.100, RSMo, are repealed and fifty-six new sections enacted in lieu thereof, to be known as sections 9.152, 9.166, 9.182, 9.300, 143.1160, 190.092, 190.094, 190.105, 190.143, 190.196, 190.606, 190.612, 190.1005, 191.775, 191.940, 191.1146, 191.1601, 191.1603, 191.1604, 191.1605, 191.1606, 191.1607, 192.2305, 195.070, 195.417, 195.805, 195.815, 196.990, 196.1050, 205.202, 208.151, 208.909, 208.918, 208.924, 208.935, 321.621, 338.035, 338.210, 338.215, 338.220, 338.260, 344.030, 345.050, 376.383, 376.387, 376.393, 376.782, 376.945, 376.1345, 376.1578, 579.060, 610.100, 1, 2, 3, and 4, to read as follows:

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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

2 **9.166.** The month of July shall be known as "Minority Mental Health Awareness
3 Month". The citizens of this state are encouraged to observe the month with appropriate
4 events and activities to raise awareness of the effects of mental illness on minorities.

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

2 **9.300.** The twenty-second day of each month shall be designated as "Buddy Check
3 22 Day" in the state of Missouri. Citizens of this state are encouraged to check in on
4 veterans on the twenty-second day of each month and participate in appropriate events
5 and activities that raise awareness of the problem of suicide facing military personnel.

6 **143.1160. 1.** As used in this section, the following terms mean:

- 7 (1) "Account holder", the same meaning as that term is defined in section 191.1603;
8 (2) "Deduction", an amount subtracted from the taxpayer's Missouri adjusted
9 gross income to determine Missouri taxable income for the tax year in which such
10 deduction is claimed;
11 (3) "Eligible expenses", the same meaning as that term is defined in section
12 191.1603;
13 (4) "Long-term dignity savings account", the same meaning as that term is defined
14 in section 191.1603;
15 (5) "Qualified beneficiary", the same meaning as that term is defined in section
16 191.1603;
17 (6) "Taxpayer", any individual who is a resident of this state and subject to the
18 income tax imposed under this chapter, excluding withholding tax imposed under sections
19 143.191 to 143.265.

20 **2.** For all tax years beginning on or after January 1, 2021, a taxpayer shall be
21 allowed a deduction of one hundred percent of a participating taxpayer's contributions to
22 a long-term dignity savings account in the tax year of the contribution. Each taxpayer
23 claiming the deduction under this section shall file an affidavit with the income tax return
24 verifying the amount of their contributions. The amount of the deduction claimed shall not
25 exceed the amount of the taxpayer's Missouri adjusted gross income for the tax year that

21 the deduction is claimed, and shall not exceed four thousand dollars per taxpayer claiming
22 the deduction, or eight thousand dollars if married filing combined.

23 3. Income earned or received as a result of assets in a long-term dignity savings
24 account shall not be subject to state income tax imposed under this chapter. The
25 exemption under this section shall apply only to income maintained, accrued, or expended
26 pursuant to the requirements of sections 191.1601 to 191.1607, and no exemption shall
27 apply to assets and income expended for any other purpose. The amount of the deduction
28 claimed shall not exceed the amount of the taxpayer's Missouri adjusted gross income for
29 the tax year the deduction is claimed.

30 4. If any deductible contributions to or earnings from any such programs referred
31 to in this section are distributed and not used to pay for eligible expenses or are not held
32 for the minimum length of time under subsection 2 of section 191.1605, the amount so
33 distributed shall be added to the Missouri adjusted gross income of the account holder or,
34 if the account holder is not living, the qualified beneficiary, in the year of distribution.

35 5. The department of revenue shall promulgate rules to implement the provisions
36 of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that
37 is created under the authority delegated in this section shall become effective only if it
38 complies with and is subject to all of the provisions of chapter 536 and, if applicable,
39 section 536.028. This section and chapter 536 are nonseverable, and if any of the powers
40 vested with the general assembly pursuant to chapter 536 to review, to delay the effective
41 date, or to disapprove and annul a rule are subsequently held unconstitutional, then the
42 grant of rulemaking authority and any rule proposed or adopted after August 28, 2020,
43 shall be invalid and void.

44 6. Under section 23.253 of the Missouri sunset act:

45 (1) The provisions of the new program authorized under this section shall
46 automatically sunset on December thirty-first four years after August 28, 2020, unless
47 reauthorized by an act of the general assembly;

48 (2) If such program is reauthorized, the program authorized under this section
49 shall automatically sunset on December thirty-first four years after the effective date of the
50 reauthorization of this section; and

51 (3) This section shall terminate on September first of the calendar year immediately
52 following the calendar year in which the program authorized under this section is sunset.

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

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

~~4 (1) Expected defibrillator users receive training by the American Red Cross or American
5 Heart Association in cardiopulmonary resuscitation and the use of automated external
6 defibrillators, or an equivalent nationally recognized course in defibrillator use and
7 cardiopulmonary resuscitation;~~

~~8 (2) The defibrillator is maintained and tested according to the manufacturer's operational
9 guidelines;~~

~~10 (3) Any person who renders emergency care or treatment on a person in cardiac arrest
11 by using an automated external defibrillator activates the emergency medical services system as
12 soon as possible; and~~

~~13 (4) Any person or entity that owns an automated external defibrillator that is for use
14 outside of a health care facility shall have a physician review and approve the clinical protocol
15 for the use of the defibrillator, review and advise regarding the training and skill maintenance
16 of the intended users of the defibrillator and assure proper review of all situations when the
17 defibrillator is used to render emergency care.~~

~~18 3. Any person or entity who acquires an automated external defibrillator shall notify the
19 emergency communications district or the ambulance dispatch center of the primary provider of
20 emergency medical services where the automated external defibrillator is to be located.~~

~~21 4.] A person or entity that acquires an automated external defibrillator shall:~~

~~22 (1) Comply with all regulations governing the placement of an automated external
23 defibrillator;~~

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

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

~~28 (4) Ensure that an inspection is made of all automated external defibrillators on the
29 premises at least every ninety days for potential issues related to the operation of the
30 device, including a blinking light or other obvious defect that may suggest tampering or
31 that another problem has arisen with the functionality of the automated external
32 defibrillator.~~

~~33 3. Any person who gratuitously and in good faith renders emergency care by use of or
34 provision of an automated external defibrillator shall not be held liable for any civil damages or
35 subject to any criminal penalty as a result of such care or treatment, unless the person acts in
36 a willful and wanton or reckless manner in providing the care, advice, or assistance. The person
37 who or entity [who] that provides [appropriate] training to the person using an automated
38 external defibrillator, the person or entity responsible for the site where the automated external
39 defibrillator is located, and the person or entity that owns the automated external defibrillator;~~

40 ~~the person or entity that provided clinical protocol for automated external defibrillator sites or~~
41 ~~programs, and the licensed physician who reviews and approves the clinical protocol]~~ shall
42 likewise not be held liable for civil damages **or subject to any criminal penalty** resulting from
43 the use of an automated external defibrillator. ~~[Nothing in this section shall affect any claims~~
44 ~~brought pursuant to chapter 537 or 538.]~~

45 ~~[5-]~~ 4. All basic life support ambulances and stretcher vans operated in the state of
46 Missouri shall be equipped with an automated external defibrillator and be staffed by at least one
47 individual trained in the use of an automated external defibrillator.

48 ~~[6-]~~ 5. The provisions of this section shall apply in all counties within the state and any
49 city not within a county.

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

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

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

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

7 2. No ground ambulance shall be operated for ambulance purposes, and no individual
8 shall drive, attend or permit it to be operated for such purposes in the state of Missouri unless
9 the ground ambulance is under the immediate supervision and direction of a person who is
10 holding a currently valid Missouri license as an emergency medical technician. Nothing in this
11 section shall be construed to mean that a duly registered nurse ~~[or]~~, a duly licensed physician,
12 **or a duly licensed physician assistant** be required to hold an emergency medical technician's
13 license. **When a physician assistant is in attendance with a patient on an ambulance, the**
14 **physician assistant shall be exempt from any mileage limitations in any collaborative**

15 **practice arrangement prescribed under law.** Each ambulance service is responsible for
16 assuring that any person driving its ambulance is competent in emergency vehicle operations and
17 has a safe driving record. Each ground ambulance shall be staffed with at least two licensed
18 individuals when transporting a patient, except as provided in section 190.094. In emergency
19 situations which require additional medical personnel to assist the patient during transportation,
20 an emergency medical responder, firefighter, or law enforcement personnel with a valid driver's
21 license and prior experience with driving emergency vehicles may drive the ground ambulance
22 provided the ground ambulance service stipulates to this practice in operational policies.

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

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

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

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

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

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

49 7. An ambulance service or vehicle when operated for the purpose of transporting
50 persons who are sick, injured, or otherwise incapacitated shall not be treated as a common or

51 contract carrier under the jurisdiction of the Missouri division of motor carrier and railroad
52 safety.

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

57 9. A political subdivision that is authorized to operate a licensed ambulance service may
58 establish, operate, maintain and manage its ambulance service, and select and contract with a
59 licensed ambulance service. Any political subdivision may contract with a licensed ambulance
60 service.

61 10. Except as provided in subsections 5 and 6, nothing in section 67.300, or subsection
62 2 of section 190.109, shall be construed to authorize any municipality or county which is located
63 within an ambulance district or a fire protection district that is authorized to provide ambulance
64 service to promulgate laws, ordinances or regulations related to the provision of ambulance
65 services. This provision shall not apply to any municipality or county which operates an
66 ambulance service established prior to August 28, 1998.

67 11. Nothing in section 67.300 or subsection 2 of section 190.109 shall be construed to
68 authorize any municipality or county which is located within an ambulance district or a fire
69 protection district that is authorized to provide ambulance service to operate an ambulance
70 service without a franchise in an ambulance district or a fire protection district that is authorized
71 to provide ambulance service which has enacted an ordinance making it unlawful to do so. This
72 provision shall not apply to any municipality or county which operates an ambulance service
73 established prior to August 28, 1998.

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

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

82 14. Upon the sale or transfer of any ground ambulance service ownership, the owner of
83 such service shall notify the department of the change in ownership within thirty days of such
84 sale or transfer. After receipt of such notice, the department shall conduct an inspection of the
85 ambulance service to verify compliance with the licensure standards of sections 190.001 to
86 190.245.

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

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

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

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

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

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

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

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

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

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

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

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

15 (2) Crimes of violence; or

16 (3) Rape or sexual abuse.

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

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

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

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

12 (2) Physicians, persons under the direction or authorization of a physician, emergency
13 medical services personnel, or health care facilities that provide cardiopulmonary resuscitation
14 to such patient under an oral or written request communicated to them by the patient or the
15 patient's representative.

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

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

12 **(1) Signed by the patient or the patient's representative and a physician who is**
13 **licensed to practice in the other state, the District of Columbia, or the territory of the**
14 **United States; and**

15 **(2) Such form has been previously reviewed and approved by the department of**
16 **health and senior services to authorize emergency medical services personnel to withhold**
17 **or withdraw cardiopulmonary resuscitation from the patient in the event of a cardiac or**
18 **respiratory arrest.**

19

20 **Emergency medical services personnel shall not comply with an outside the hospital do-**
21 **not-resuscitate order from another state, the District of Columbia, or a territory of the**
22 **United States or the outside the hospital do-not-resuscitate protocol when the patient or**
23 **patient's representative expresses to such personnel in any manner, before or after the**
24 **onset of a cardiac or respiratory arrest, the desire to be resuscitated.**

25 **3.** If a physician or a health care facility other than a hospital admits or receives a patient
26 with an outside the hospital do-not-resuscitate identification or an outside the hospital
27 do-not-resuscitate order, and the patient or patient's representative has not expressed or does not
28 express to the physician or health care facility the desire to be resuscitated, and the physician or
29 health care facility is unwilling or unable to comply with the outside the hospital
30 do-not-resuscitate order, the physician or health care facility shall take all reasonable steps to
31 transfer the patient to another physician or health care facility where the outside the hospital
32 do-not-resuscitate order will be complied with.

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

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

191.940. 1. This section shall be known and may be cited as the "Postpartum Depression Care Act".

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

(1) "Ambulatory surgical center", the same meaning as defined in section 197.200;

(2) "Health care provider", a physician licensed under chapter 334, an assistant physician or physician assistant licensed under chapter 334 and in a collaborative practice arrangement with a collaborating physician, and an advanced practice registered nurse licensed under chapter 335 and in a collaborative practice arrangement with a collaborating physician;

(3) "Hospital", the same meaning as defined in section 197.020;

(4) "Postnatal care", an office visit to a licensed health care provider occurring after pregnancy for the infant or birth mother;

(5) "Questionnaire", an assessment tool designed to detect the symptoms of postpartum depression or related mental health disorders, such as the Edinburgh Postnatal Depression Scale, the Postpartum Depression Screening Scale, the Beck Depression Inventory, the Patient Health Questionnaire, or other validated assessment methods.

3. All hospitals and ambulatory surgical centers that provide labor and delivery services shall, prior to discharge following pregnancy, provide pregnant women and, if possible, fathers and other family members with complete information about postpartum depression, including its symptoms, methods of treatment, and available resources. The department of health and senior services, in cooperation with the department of mental health, shall provide written information that hospitals and ambulatory surgical centers may use and shall include such information on its website.

4. It is the intent of the general assembly to encourage health care providers providing postnatal care to women and pediatric care to infants to invite women to complete a questionnaire designed to detect the symptoms of postpartum depression and to review the completed questionnaire in accordance with the formal opinions and recommendations of the American College of Obstetricians and Gynecologists to ensure the health, well-being, and safety of the woman and the infant.

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

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

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

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

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

12 (1) The technology utilized shall be sufficient to establish an informed diagnosis as
13 though the medical interview and physical examination has been performed in person; and

14 (2) Prior to providing treatment, including issuing prescriptions **or physician**
15 **certifications under article XIV of the Missouri Constitution**, a physician who uses
16 telemedicine shall interview the patient, collect or review relevant medical history, and perform
17 an examination sufficient for the diagnosis and treatment of the patient. A questionnaire
18 completed by the patient, whether via the internet or telephone, does not constitute an acceptable
19 medical interview and examination for the provision of treatment by telehealth.

**191.1601. Section 143.1160 and sections 191.1601 to 191.1607 shall be known and
2 may be cited as the "Long-Term Dignity Act".**

191.1603. As used in sections 191.1601 to 191.1607, the following terms mean:

2 (1) "Account holder", an individual who establishes an account with a financial
3 institution that is designated as a long-term dignity savings account in accordance with
4 section 191.1604;

5 (2) "Department", the department of revenue;

6 (3) "Eligible expenses", the same meaning as "qualified long-term care services"
7 in 26 U.S.C. Section 7702B(c);

8 (4) "Financial institution", any state bank, state trust company, savings and loan
9 association, federally chartered credit union doing business in this state, credit union
10 chartered by the state of Missouri, national bank, broker-dealer, mutual fund, insurance
11 company, or other similar financial entity qualified to do business in this state;

12 (5) "Long-term dignity savings account" or "account", an account with a financial
13 institution designated as such in accordance with subsection 1 of section 191.1604;

14 (6) "Qualified beneficiary", an individual designated by an account holder for
15 whose eligible expenses the moneys in a long-term dignity savings account are or will be
16 used; provided, that such individual meets the definition of a "chronically ill individual"
17 in 26 U.S.C. Section 7702B(c)(2) at the time the moneys are used.

**191.1604. 1. Beginning January 1, 2021, any individual may open an account with
2 a financial institution and designate the account, in its entirety, as a long-term dignity
3 savings account to be used to pay or reimburse a qualified beneficiary's eligible expenses.
4 An individual may be the account holder of multiple accounts, and an individual may
5 jointly own the account with another person if such persons file a married filing combined**

6 **income tax return. To be eligible for the tax deduction under section 143.1160, an account**
7 **holder shall comply with the requirements of this section.**

8 **2. An account holder shall designate, no later than April fifteenth of the year**
9 **following the tax year during which the account was established, a qualified beneficiary**
10 **of the long-term dignity savings account. The account holder may designate himself or**
11 **herself as the qualified beneficiary. The account holder may change the designated**
12 **qualified beneficiary at any time, but no long-term dignity savings account shall have more**
13 **than one qualified beneficiary at any time. No account holder shall have multiple accounts**
14 **with the same qualified beneficiary, but an individual may be designated as the qualified**
15 **beneficiary of multiple accounts.**

16 **3. Moneys may remain in a long-term dignity savings account for an unlimited**
17 **duration without the interest or income being subject to recapture or penalty.**

18 **4. The account holder shall not use moneys in an account to pay expenses of**
19 **administering the account, except that a service fee may be deducted from the account by**
20 **a financial institution. The account holder shall be responsible for maintaining**
21 **documentation for the long-term dignity savings account and for the qualified beneficiary's**
22 **eligible expenses.**

191.1605. 1. For purposes of the tax benefit conferred under the long-term dignity
2 **savings account act, the moneys in a long-term dignity savings account may be:**

3 **(1) Used for a qualified beneficiary's eligible expenses;**

4 **(2) Transferred to another newly created long-term dignity savings account; and**

5 **(3) Used to pay a service fee that is deducted by the financial institution.**

6 **2. Moneys withdrawn from a long-term dignity savings account shall be subject to**
7 **recapture in the tax year in which they are withdrawn if:**

8 **(1) At the time of the withdrawal, it has been less than a year since the first deposit**
9 **in the long-term dignity savings account; or**

10 **(2) The moneys are used for any purpose other than those specified under**
11 **subsection 1 of this section.**

12 **The recapture shall be an amount equal to the moneys withdrawn and shall be added to**
13 **the Missouri adjusted gross income of the account holder or, if the account holder is not**
14 **living, the qualified beneficiary.**

15 **3. If any moneys are subject to recapture under subsection 2 of this section, the**
16 **account holder shall pay to the department a penalty in the same tax year as the recapture.**
17 **If the withdrawal was made ten or fewer years after the first deposit in the long-term**
18 **dignity savings account, the penalty shall be equal to five percent of the amount subject to**
19 **recapture, and, if the withdrawal was made more than ten years after the first deposit in**

20 the account, the penalty shall be equal to ten percent of the amount subject to recapture.
21 These penalties shall not apply if the withdrawn moneys are from a long-term dignity
22 savings account for which the qualified beneficiary died, and the account holder does not
23 designate a new qualified beneficiary during the same tax year.

24 4. If the account holder dies or, if the long-term dignity account is jointly owned,
25 the account holders die and the account does not have a surviving transfer-on-death
26 beneficiary, then all of the moneys in the account that were used for a tax deduction under
27 section 143.1160 shall be subject to recapture in the tax year of the death or deaths, but no
28 penalty shall be due to the department.

191.1606. 1. The department shall establish forms for an account holder to
2 annually report information about a long-term dignity savings account including, but not
3 limited to, how the moneys withdrawn from the fund are used, and shall identify any
4 supporting documentation that is required to be maintained. To be eligible for the tax
5 deduction under section 143.1160, an account holder shall annually file with the account
6 holder's state income tax return all forms required by the department under this section,
7 the 1099 form for the account issued by the financial institution, and any other supporting
8 documentation the department requires.

9 2. The department may promulgate rules and regulations necessary to administer
10 the provisions of sections 191.1601 to 191.1607. Any rule or portion of a rule, as that term
11 is defined in section 536.010, that is created under the authority delegated in this section
12 shall become effective only if it complies with and is subject to all of the provisions of
13 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
14 nonseverable, and if any of the powers vested with the general assembly pursuant to
15 chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
16 subsequently held unconstitutional, then the grant of rulemaking authority and any rule
17 proposed or adopted after August 28, 2020, shall be invalid and void.

191.1607. 1. No financial institution shall be required to:

2 (1) Designate an account as a long-term dignity savings account or designate the
3 beneficiaries of an account in the financial institution's account contracts or systems or in
4 any other way;

5 (2) Track the use of moneys withdrawn from a long-term dignity savings account;
6 or

7 (3) Report any information to the department or any other governmental agency
8 that is not otherwise required by law.

9 2. No financial institution shall be responsible or liable for:

10 **(1) Determining or ensuring that an account holder is eligible for a tax deduction**
11 **under section 143.1160;**

12 **(2) Determining or ensuring that moneys in the account are used for eligible**
13 **expenses; or**

14 **(3) Reporting or remitting taxes or penalties related to use of moneys in a long-term**
15 **dignity savings account.**

16 **3. In implementing sections 143.1160 and 191.1601 to 191.1607, the department**
17 **shall not establish any administrative, reporting, or other requirements on financial**
18 **institutions that are outside the scope of normal account procedures.**

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

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

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

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

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

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

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

26 6. The ombudsman may recommend to the relevant governmental agency changes in the
27 rules and regulations adopted or proposed by such governmental agency which do or may

28 adversely affect the health, safety, welfare, or civil or human rights of any resident in a facility.
29 The office shall analyze and monitor the development and implementation of federal, state and
30 local laws, regulations and policies with respect to long-term care facilities and services **and**
31 **Missouri veterans' homes** in the state and shall recommend to the department changes in such
32 laws, regulations and policies deemed by the office to be appropriate.

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

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

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

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

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

43 and

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

46 10. The regional ombudsman coordinators and ombudsman volunteers shall have the
47 authority to report instances of abuse and neglect to the ombudsman hotline operated by the
48 department.

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

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

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

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

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

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

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

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

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

(2) As provided in section 195.265.

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

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

2. Within any thirty-day period, no person shall sell, dispense, or otherwise provide to the same individual, and no person shall purchase, receive, or otherwise acquire more than the

6 following amount: any number of packages of any drug product containing any detectable
7 amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical
8 isomers, or salts of optical isomers, either as:

- 9 (1) The sole active ingredient; or
- 10 (2) One of the active ingredients of a combination drug; or
- 11 (3) A combination of any of the products specified in subdivisions (1) and (2) of this
12 subsection;

13

14 in any total amount greater than ~~nine~~ **seven and two-tenths** grams, without regard to the
15 number of transactions.

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

- 22 (1) The sole active ingredient; or
- 23 (2) One of the active ingredients of a combination drug; or
- 24 (3) A combination of any of the products specified in subdivisions (1) and (2) of this
25 subsection;

26

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

29 **4. Within any twelve-month period, no person shall sell, dispense, or otherwise**
30 **provide to the same individual, and no person shall purchase, receive, or otherwise acquire**
31 **more than the following amount: any number of packages of any drug product containing**
32 **any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any**
33 **of their salts or optical isomers, or salts of optical isomers, either as:**

- 34 **(1) The sole active ingredient; or**
- 35 **(2) One of the active ingredients of a combination drug; or**
- 36 **(3) A combination of any of the products specified in subdivisions (1) and (2) of this**
37 **subsection;**

38

39 **in any total amount greater than forty-three and two-tenths grams, without regard to the**
40 **number of transactions.**

41 **5.** All packages of any compound, mixture, or preparation containing any detectable
42 quantity of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical
43 isomers, or salts of optical isomers, except those that are excluded from Schedule V in
44 subsection 17 or 18 of section 195.017, shall be offered for sale only from behind a pharmacy
45 counter where the public is not permitted, and only by a registered pharmacist or registered
46 pharmacy technician under section 195.017.

47 ~~[5-]~~ **6.** Each pharmacy shall submit information regarding sales of any compound,
48 mixture, or preparation as specified in this section in accordance with transmission methods and
49 frequency established by the department by regulation.

50 **7. No prescription shall be required for the dispensation, sale, or distribution of any**
51 **drug product containing any detectable amount of ephedrine, phenylpropanolamine, or**
52 **pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in an**
53 **amount within the limits described in subsections 2, 3, and 4 of this section. The**
54 **superintendent of the Missouri state highway patrol shall report to the revisor of statutes**
55 **and the general assembly by February first when the statewide number of**
56 **methamphetamine laboratory seizure incidents exceeds three hundred incidents in the**
57 **previous calendar year. The provisions of this subsection shall expire on April first of the**
58 **calendar year in which the revisor of statutes receives such notification.**

59 ~~[6-]~~ **8.** This section shall supersede and preempt any local ordinances or regulations,
60 including any ordinances or regulations enacted by any political subdivision of the state. This
61 section shall not apply to the sale of any animal feed products containing ephedrine or any
62 naturally occurring or herbal ephedra or extract of ephedra.

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

70 ~~[7-]~~ **10.** All logs, records, documents, and electronic information maintained for the
71 dispensing of these products shall be open for inspection and copying by municipal, county, and
72 state or federal law enforcement officers whose duty it is to enforce the controlled substances
73 laws of this state or the United States.

74 ~~[8-]~~ **11.** All persons who dispense or offer for sale pseudoephedrine and ephedrine
75 products, except those that are excluded from Schedule V in subsection 17 or 18 of section

76 195.017, shall ensure that all such products are located only behind a pharmacy counter where
77 the public is not permitted.

78 ~~[9.]~~ **12.** The penalty for a knowing or reckless violation of this section is found in section
79 579.060.

**195.805. 1. No edible marijuana-infused product, packaging, or logo sold in
2 Missouri pursuant to article XIV of the Missouri Constitution shall be designed in the
3 shape of a human, animal, or fruit, including realistic, artistic, caricature, or cartoon
4 renderings. However, geometric shapes, including, but not limited to, circles, squares,
5 rectangles, and triangles, shall be permitted.**

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

- 9 **(1) A diamond containing the letters "THC";**
10 **(2) The letter "M" located under the "THC" within the diamond, to signify that**
11 **the product is for medical purposes; and**
12 **(3) The number of milligrams of THC in the package.**

13

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

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

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

32 a rule are subsequently held unconstitutional, then the grant of rulemaking authority and
33 any rule proposed or adopted after August 28, 2020, shall be invalid and void.

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

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

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

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

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

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

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

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

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

4 (2) "Authorized entity", any entity or organization at or in connection with which
5 allergens capable of causing anaphylaxis may be present including, but not limited to, **qualified**
6 **first responders, as such term is defined in section 321.621**, restaurants, recreation camps,
7 youth sports leagues, amusement 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 for the automatic injection of
10 a premeasured dose of epinephrine into the human body;

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

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

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

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

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

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

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

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

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

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

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

43 6. No person shall provide or administer an epinephrine auto-injector to any individual
44 who is under eighteen years of age without the verbal consent of a parent or guardian who is
45 present at the time when provision or administration of the epinephrine auto-injector is needed.
46 Provided, however, that a person may provide or administer an epinephrine auto-injector to such
47 an individual without the consent of a parent or guardian if the parent or guardian is not
48 physically present and the person reasonably believes the individual shall be in imminent danger
49 without the provision or administration of the epinephrine auto-injector.

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

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

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

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

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

58

59 Such immunity does not apply to acts or omissions constituting a reckless disregard for the safety
60 of others or willful or wanton conduct. The administration of an epinephrine auto-injector in
61 accordance with this section shall not be considered the practice of medicine. The immunity
62 from liability provided under this subsection is in addition to and not in lieu of that provided
63 under section 537.037. An authorized entity located in this state shall not be liable for any
64 injuries or related damages that result from the provision or administration of an epinephrine
65 auto-injector by its employees or agents outside of this state if the entity or its employee or agent
66 is not liable for such injuries or related damages under the laws of the state in which such
67 provision or administration occurred. No trained person who is in compliance with this section
68 and who in good faith and exercising reasonable care fails to administer an epinephrine
69 auto-injector shall be liable for such failure.

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

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

75 10. Nothing in this section shall be construed as superseding the provisions of section
76 167.630.

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

10 **2. (1) There is hereby established in the state treasury the "Opioid Addiction
11 Treatment and Recovery Fund", which shall consist of the proceeds of any settlement
12 described in subsection 1 of this section, as well as any funds appropriated by the general
13 assembly, or gifts, grants, donations, or bequests. The state treasurer shall be custodian
14 of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may
15 approve disbursements. The fund shall be a dedicated fund and money in the fund shall
16 be used by the department of mental health, the department of health and senior services,
17 the department of social services, and the department of public safety for the purposes set
18 forth in subsection 1 of this section.**

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

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

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

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

20 3. All revenue collected under this section by the director of the department of revenue
21 on behalf of the hospital district, except for one percent for the cost of collection which shall be
22 deposited in the state's general revenue fund, shall be deposited in a special trust fund, which is
23 hereby created and shall be known as the "Hospital District Sales Tax Fund", and shall be used
24 solely for the designated purposes. Moneys in the fund shall not be deemed to be state funds,
25 and shall not be commingled with any funds of the state. The director may make refunds from
26 the amounts in the fund and credited to the district for erroneous payments and overpayments
27 made, and may redeem dishonored checks and drafts deposited to the credit of such district. Any
28 funds in the special fund which are not needed for current expenditures shall be invested in the
29 same manner as other funds are invested. Any interest and moneys earned on such investments
30 shall be credited to the fund.

31 4. The governing body of any hospital district that has adopted the sales tax authorized
32 in this section may submit the question of repeal of the tax to the voters on any date available for
33 elections for the district. If a majority of the votes cast on the question by the qualified voters
34 voting thereon are in favor of the repeal, that repeal shall become effective on December
35 thirty-first of the calendar year in which such repeal was approved. If a majority of the votes cast
36 on the question by the qualified voters voting thereon are opposed to the repeal, then the sales
37 tax authorized in this section shall remain effective until the question is resubmitted under this
38 section to the qualified voters and the repeal is approved by a majority of the qualified voters
39 voting on the question.

40 5. Whenever the governing body of any hospital district that has adopted the sales tax
41 authorized in this section receives a petition, signed by a number of registered voters of the
42 district equal to at least ten percent of the number of registered voters of the district voting in the
43 last gubernatorial election, calling for an election to repeal the sales tax imposed under this
44 section, the governing body shall submit to the voters of the district a proposal to repeal the tax.
45 If a majority of the votes cast on the question by the qualified voters voting thereon are in favor

46 of the repeal, the repeal shall become effective on December thirty-first of the calendar year in
47 which such repeal was approved. If a majority of the votes cast on the question by the qualified
48 voters voting thereon are opposed to the repeal, then the sales tax authorized in this section shall
49 remain effective until the question is resubmitted under this section to the qualified voters and
50 the repeal is approved by a majority of the qualified voters voting on the question.

51 6. If the tax is repealed or terminated by any means **other than by a dissolution of a**
52 **hospital district as described in subsection 7 of this section**, all funds remaining in the special
53 trust fund shall continue to be used solely for the designated purposes, and the hospital district
54 shall notify the director of the department of revenue of the action at least ninety days before the
55 effective date of the repeal and the director may order retention in the trust fund, for a period of
56 one year, of two percent of the amount collected after receipt of such notice to cover possible
57 refunds or overpayment of the tax and to redeem dishonored checks and drafts deposited to the
58 credit of such accounts. After one year has elapsed after the effective date of abolition of the tax
59 in such district, the director shall remit the balance in the account to the district and close the
60 account of that district. The director shall notify each district of each instance of any amount
61 refunded or any check redeemed from receipts due the district.

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

65 (1) **Twenty-five percent shall be distributed to the county public health center**
66 **established pursuant to sections 205.010 to 205.150; and**

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

208.151. 1. Medical assistance on behalf of needy persons shall be known as "MO
2 HealthNet". For the purpose of paying MO HealthNet benefits and to comply with Title XIX,
3 Public Law 89-97, 1965 amendments to the federal Social Security Act (42 U.S.C. Section 301,
4 et seq.) as amended, the following needy persons shall be eligible to receive MO HealthNet
5 benefits to the extent and in the manner hereinafter provided:

6 (1) All participants receiving state supplemental payments for the aged, blind and
7 disabled;

8 (2) All participants receiving aid to families with dependent children benefits, including
9 all persons under nineteen years of age who would be classified as dependent children except for
10 the requirements of subdivision (1) of subsection 1 of section 208.040. Participants eligible
11 under this subdivision who are participating in treatment court, as defined in section 478.001,
12 shall have their eligibility automatically extended sixty days from the time their dependent child

13 is removed from the custody of the participant, subject to approval of the Centers for Medicare
14 and Medicaid Services;

15 (3) All participants receiving blind pension benefits;

16 (4) All persons who would be determined to be eligible for old age assistance benefits,
17 permanent and total disability benefits, or aid to the blind benefits under the eligibility standards
18 in effect December 31, 1973, or less restrictive standards as established by rule of the family
19 support division, who are sixty-five years of age or over and are patients in state institutions for
20 mental diseases or tuberculosis;

21 (5) All persons under the age of twenty-one years who would be eligible for aid to
22 families with dependent children except for the requirements of subdivision (2) of subsection 1
23 of section 208.040, and who are residing in an intermediate care facility, or receiving active
24 treatment as inpatients in psychiatric facilities or programs, as defined in 42 U.S.C. Section
25 1396d, as amended;

26 (6) All persons under the age of twenty-one years who would be eligible for aid to
27 families with dependent children benefits except for the requirement of deprivation of parental
28 support as provided for in subdivision (2) of subsection 1 of section 208.040;

29 (7) All persons eligible to receive nursing care benefits;

30 (8) All participants receiving family foster home or nonprofit private child-care
31 institution care, subsidized adoption benefits and parental school care wherein state funds are
32 used as partial or full payment for such care;

33 (9) All persons who were participants receiving old age assistance benefits, aid to the
34 permanently and totally disabled, or aid to the blind benefits on December 31, 1973, and who
35 continue to meet the eligibility requirements, except income, for these assistance categories, but
36 who are no longer receiving such benefits because of the implementation of Title XVI of the
37 federal Social Security Act, as amended;

38 (10) Pregnant women who meet the requirements for aid to families with dependent
39 children, except for the existence of a dependent child in the home;

40 (11) Pregnant women who meet the requirements for aid to families with dependent
41 children, except for the existence of a dependent child who is deprived of parental support as
42 provided for in subdivision (2) of subsection 1 of section 208.040;

43 (12) Pregnant women or infants under one year of age, or both, whose family income
44 does not exceed an income eligibility standard equal to one hundred eighty-five percent of the
45 federal poverty level as established and amended by the federal Department of Health and
46 Human Services, or its successor agency;

47 (13) Children who have attained one year of age but have not attained six years of age
48 who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget

49 Reconciliation Act of 1989) (**42 U.S.C. Sections 1396a to 1396b**). The family support division
50 shall use an income eligibility standard equal to one hundred thirty-three percent of the federal
51 poverty level established by the Department of Health and Human Services, or its successor
52 agency;

53 (14) Children who have attained six years of age but have not attained nineteen years of
54 age. For children who have attained six years of age but have not attained nineteen years of age,
55 the family support division shall use an income assessment methodology which provides for
56 eligibility when family income is equal to or less than equal to one hundred percent of the federal
57 poverty level established by the Department of Health and Human Services, or its successor
58 agency. As necessary to provide MO HealthNet coverage under this subdivision, the department
59 of social services may revise the state MO HealthNet plan to extend coverage under 42 U.S.C.
60 Section 1396a(a)(10)(A)(i)(III) to children who have attained six years of age but have not
61 attained nineteen years of age as permitted by paragraph (2) of subsection (n) of 42 U.S.C.
62 Section 1396d using a more liberal income assessment methodology as authorized by paragraph
63 (2) of subsection (r) of 42 U.S.C. Section 1396a;

64 (15) The family support division shall not establish a resource eligibility standard in
65 assessing eligibility for persons under subdivision (12), (13) or (14) of this subsection. The MO
66 HealthNet division shall define the amount and scope of benefits which are available to
67 individuals eligible under each of the subdivisions (12), (13), and (14) of this subsection, in
68 accordance with the requirements of federal law and regulations promulgated thereunder;

69 (16) Notwithstanding any other provisions of law to the contrary, ambulatory prenatal
70 care shall be made available to pregnant women during a period of presumptive eligibility
71 pursuant to 42 U.S.C. Section 1396r-1, as amended;

72 (17) A child born to a woman eligible for and receiving MO HealthNet benefits under
73 this section on the date of the child's birth shall be deemed to have applied for MO HealthNet
74 benefits and to have been found eligible for such assistance under such plan on the date of such
75 birth and to remain eligible for such assistance for a period of time determined in accordance
76 with applicable federal and state law and regulations so long as the child is a member of the
77 woman's household and either the woman remains eligible for such assistance or for children
78 born on or after January 1, 1991, the woman would remain eligible for such assistance if she
79 were still pregnant. Upon notification of such child's birth, the family support division shall
80 assign a MO HealthNet eligibility identification number to the child so that claims may be
81 submitted and paid under such child's identification number;

82 (18) Pregnant women and children eligible for MO HealthNet benefits pursuant to
83 subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO
84 HealthNet benefits be required to apply for aid to families with dependent children. The family

85 support division shall utilize an application for eligibility for such persons which eliminates
86 information requirements other than those necessary to apply for MO HealthNet benefits. The
87 division shall provide such application forms to applicants whose preliminary income
88 information indicates that they are ineligible for aid to families with dependent children.
89 Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection
90 shall be informed of the aid to families with dependent children program and that they are
91 entitled to apply for such benefits. Any forms utilized by the family support division for
92 assessing eligibility under this chapter shall be as simple as practicable;

93 (19) Subject to appropriations necessary to recruit and train such staff, the family support
94 division shall provide one or more full-time, permanent eligibility specialists to process
95 applications for MO HealthNet benefits at the site of a health care provider, if the health care
96 provider requests the placement of such eligibility specialists and reimburses the division for the
97 expenses including but not limited to salaries, benefits, travel, training, telephone, supplies, and
98 equipment of such eligibility specialists. The division may provide a health care provider with
99 a part-time or temporary eligibility specialist at the site of a health care provider if the health care
100 provider requests the placement of such an eligibility specialist and reimburses the division for
101 the expenses, including but not limited to the salary, benefits, travel, training, telephone,
102 supplies, and equipment, of such an eligibility specialist. The division may seek to employ such
103 eligibility specialists who are otherwise qualified for such positions and who are current or
104 former welfare participants. The division may consider training such current or former welfare
105 participants as eligibility specialists for this program;

106 (20) Pregnant women who are eligible for, have applied for and have received MO
107 HealthNet benefits under subdivision (2), (10), (11) or (12) of this subsection shall continue to
108 be considered eligible for all pregnancy-related and postpartum MO HealthNet benefits provided
109 under section 208.152 until the end of the sixty-day period beginning on the last day of their
110 pregnancy. **Pregnant women receiving mental health treatment for postpartum depression
111 or related mental health conditions within sixty days of giving birth shall, subject to
112 appropriations and any necessary federal approval, be eligible for MO HealthNet benefits
113 for mental health services for the treatment of postpartum depression and related mental
114 health conditions for up to twelve additional months.** Pregnant women receiving substance
115 abuse treatment within sixty days of giving birth shall, subject to appropriations and any
116 necessary federal approval, be eligible for MO HealthNet benefits for substance abuse treatment
117 and mental health services for the treatment of substance abuse for no more than twelve
118 additional months, as long as the woman remains adherent with treatment. The department of
119 mental health and the department of social services shall seek any necessary waivers or state plan
120 amendments from the Centers for Medicare and Medicaid Services and shall develop rules

121 relating to treatment plan adherence. No later than fifteen months after receiving any necessary
122 waiver, the department of mental health and the department of social services shall report to the
123 house of representatives budget committee and the senate appropriations committee on the
124 compliance with federal cost neutrality requirements;

125 (21) Case management services for pregnant women and young children at risk shall be
126 a covered service. To the greatest extent possible, and in compliance with federal law and
127 regulations, the department of health and senior services shall provide case management services
128 to pregnant women by contract or agreement with the department of social services through local
129 health departments organized under the provisions of chapter 192 or chapter 205 or a city health
130 department operated under a city charter or a combined city-county health department or other
131 department of health and senior services designees. To the greatest extent possible the
132 department of social services and the department of health and senior services shall mutually
133 coordinate all services for pregnant women and children with the crippled children's program,
134 the prevention of intellectual disability and developmental disability program and the prenatal
135 care program administered by the department of health and senior services. The department of
136 social services shall by regulation establish the methodology for reimbursement for case
137 management services provided by the department of health and senior services. For purposes
138 of this section, the term "case management" shall mean those activities of local public health
139 personnel to identify prospective MO HealthNet-eligible high-risk mothers and enroll them in
140 the state's MO HealthNet program, refer them to local physicians or local health departments
141 who provide prenatal care under physician protocol and who participate in the MO HealthNet
142 program for prenatal care and to ensure that said high-risk mothers receive support from all
143 private and public programs for which they are eligible and shall not include involvement in any
144 MO HealthNet prepaid, case-managed programs;

145 (22) By January 1, 1988, the department of social services and the department of health
146 and senior services shall study all significant aspects of presumptive eligibility for pregnant
147 women and submit a joint report on the subject, including projected costs and the time needed
148 for implementation, to the general assembly. The department of social services, at the direction
149 of the general assembly, may implement presumptive eligibility by regulation promulgated
150 pursuant to chapter 207;

151 (23) All participants who would be eligible for aid to families with dependent children
152 benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

153 (24) (a) All persons who would be determined to be eligible for old age assistance
154 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
155 Section 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan
156 as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income

157 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the
158 income limit if authorized by annual appropriation;

159 (b) All persons who would be determined to be eligible for aid to the blind benefits
160 under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section
161 1396a(f), or less restrictive methodologies as contained in the MO HealthNet state plan as of
162 January 1, 2005, except that less restrictive income methodologies, as authorized in 42 U.S.C.
163 Section 1396a(r)(2), shall be used to raise the income limit to one hundred percent of the federal
164 poverty level;

165 (c) All persons who would be determined to be eligible for permanent and total disability
166 benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C.
167 Section 1396a(f); or less restrictive methodologies as contained in the MO HealthNet state plan
168 as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income
169 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the
170 income limit if authorized by annual appropriations. Eligibility standards for permanent and total
171 disability benefits shall not be limited by age;

172 (25) Persons who have been diagnosed with breast or cervical cancer and who are
173 eligible for coverage pursuant to 42 U.S.C. Section 1396a(a)(10)(A)(ii)(XVIII). Such persons
174 shall be eligible during a period of presumptive eligibility in accordance with 42 U.S.C. Section
175 1396r-1;

176 (26) Persons who are in foster care under the responsibility of the state of Missouri on
177 the date such persons attained the age of eighteen years, or at any time during the thirty-day
178 period preceding their eighteenth birthday, or persons who received foster care for at least six
179 months in another state, are residing in Missouri, and are at least eighteen years of age, without
180 regard to income or assets, if such persons:

181 (a) Are under twenty-six years of age;

182 (b) Are not eligible for coverage under another mandatory coverage group; and

183 (c) Were covered by Medicaid while they were in foster care.

184 2. Rules and regulations to implement this section shall be promulgated in accordance
185 with chapter 536. Any rule or portion of a rule, as that term is defined in section 536.010, that
186 is created under the authority delegated in this section shall become effective only if it complies
187 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
188 This section and chapter 536 are nonseverable and if any of the powers vested with the general
189 assembly pursuant to chapter 536 to review, to delay the effective date or to disapprove and
190 annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and
191 any rule proposed or adopted after August 28, 2002, shall be invalid and void.

192 3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance
193 pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last six months
194 immediately preceding the month in which such family became ineligible for such assistance
195 because of increased income from employment shall, while a member of such family is
196 employed, remain eligible for MO HealthNet benefits for four calendar months following the
197 month in which such family would otherwise be determined to be ineligible for such assistance
198 because of income and resource limitation. After April 1, 1990, any family receiving aid
199 pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the six months
200 immediately preceding the month in which such family becomes ineligible for such aid, because
201 of hours of employment or income from employment of the caretaker relative, shall remain
202 eligible for MO HealthNet benefits for six calendar months following the month of such
203 ineligibility as long as such family includes a child as provided in 42 U.S.C. Section 1396r-6.
204 Each family which has received such medical assistance during the entire six-month period
205 described in this section and which meets reporting requirements and income tests established
206 by the division and continues to include a child as provided in 42 U.S.C. Section 1396r-6 shall
207 receive MO HealthNet benefits without fee for an additional six months. The MO HealthNet
208 division may provide by rule and as authorized by annual appropriation the scope of MO
209 HealthNet coverage to be granted to such families.

210 4. When any individual has been determined to be eligible for MO HealthNet benefits,
211 such medical assistance will be made available to him or her for care and services furnished in
212 or after the third month before the month in which he made application for such assistance if
213 such individual was, or upon application would have been, eligible for such assistance at the time
214 such care and services were furnished; provided, further, that such medical expenses remain
215 unpaid.

216 5. The department of social services may apply to the federal Department of Health and
217 Human Services for a MO HealthNet waiver amendment to the Section 1115 demonstration
218 waiver or for any additional MO HealthNet waivers necessary not to exceed one million dollars
219 in additional costs to the state, unless subject to appropriation or directed by statute, but in no
220 event shall such waiver applications or amendments seek to waive the services of a rural health
221 clinic or a federally qualified health center as defined in 42 U.S.C. Section 1396d(l)(1) and (2)
222 or the payment requirements for such clinics and centers as provided in 42 U.S.C. Section
223 1396a(a)(15) and 1396a(bb) unless such waiver application is approved by the oversight
224 committee created in section 208.955. A request for such a waiver so submitted shall only
225 become effective by executive order not sooner than ninety days after the final adjournment of
226 the session of the general assembly to which it is submitted, unless it is disapproved within sixty
227 days of its submission to a regular session by a senate or house resolution adopted by a majority

228 vote of the respective elected members thereof, unless the request for such a waiver is made
 229 subject to appropriation or directed by statute.

230 6. Notwithstanding any other provision of law to the contrary, in any given fiscal year,
 231 any persons made eligible for MO HealthNet benefits under subdivisions (1) to (22) of
 232 subsection 1 of this section shall only be eligible if annual appropriations are made for such
 233 eligibility. This subsection shall not apply to classes of individuals listed in 42 U.S.C. Section
 234 ~~[1396a(a)(10)(A)(I)]~~ **1396a(a)(10)(A)(i)**.

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

3 (1) Supervising their personal care attendant;

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

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

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

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

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

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

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

20 2. Participating vendors shall be responsible for:

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

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

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

27 (4) Monitoring the performance of the personal care assistance services plan. **Such**
 28 **monitoring shall occur during the annual face-to-face home visit under section 208.918.**
 29 **The vendor shall document whether services are being provided to the consumer as set**

30 **forth in the plan of care. If the attendant was not providing services as set forth in the plan**
31 **of care, the vendor shall notify the department and the department may suspend services**
32 **to the consumer; and**

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

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

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

46 5. (1) All vendors shall, by July 1, 2015, have, maintain, and use a telephone tracking
47 system for the purpose of reporting and verifying the delivery of consumer-directed services as
48 authorized by the department of health and senior services or its designee. ~~[Use of such a system~~
49 ~~prior to July 1, 2015, shall be voluntary.]~~ The telephone tracking system shall be used to process
50 payroll for employees and for submitting claims for reimbursement to the MO HealthNet
51 division. At a minimum, the telephone tracking system shall:

- 52 (a) Record the exact date services are delivered;
- 53 (b) Record the exact time the services begin and exact time the services end;
- 54 (c) Verify the telephone number from which the services are registered;
- 55 (d) Verify that the number from which the call is placed is a telephone number unique
56 to the client;
- 57 (e) Require a personal identification number unique to each personal care attendant;
- 58 (f) Be capable of producing reports of services delivered, tasks performed, client identity,
59 beginning and ending times of service and date of service in summary fashion that constitute
60 adequate documentation of service; and
- 61 (g) Be capable of producing reimbursement requests for consumer approval that assures
62 accuracy and compliance with program expectations for both the consumer and vendor.

63 (2) ~~[The department of health and senior services, in collaboration with other appropriate~~
64 ~~agencies, including centers for independent living, shall establish telephone tracking system pilot~~
65 ~~projects, implemented in two regions of the state, with one in an urban area and one in a rural~~

66 area. Each pilot project shall meet the requirements of this section and section 208.918. The
67 department of health and senior services shall, by December 31, 2013, submit a report to the
68 governor and general assembly detailing the outcomes of these pilot projects. The report shall
69 take into consideration the impact of a telephone tracking system on the quality of the services
70 delivered to the consumer and the principles of self-directed care.

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

74 [4] (3) The department of health and senior services shall promulgate by rule the
75 minimum necessary criteria of the telephone tracking system. Any rule or portion of a rule, as
76 that term is defined in section 536.010, that is created under the authority delegated in this
77 section shall become effective only if it complies with and is subject to all of the provisions of
78 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable
79 and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to
80 delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional,
81 then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2010,
82 shall be invalid and void.

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

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

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

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

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

- 13 (3) Maintenance of a list of persons eligible to be a personal care attendant;
- 14 (4) Processing of inquiries and problems received from consumers and personal care
15 attendants;
- 16 (5) Ensuring the personal care attendants are registered with the family care safety
17 registry as provided in sections 210.900 to ~~[210.937]~~ **210.936**; and
- 18 (6) The capacity to provide fiscal conduit services through a telephone tracking system
19 by the date required under section 208.909.
- 20 2. In order to maintain its agreement with the department, a vendor shall comply with
21 the provisions of subsection 1 of this section and shall:
- 22 (1) Demonstrate sound fiscal management as evidenced on accurate quarterly financial
23 reports and **an annual financial statement audit [submitted to the department] performed by**
24 **a certified public accountant if the vendor's annual gross revenue is two hundred thousand**
25 **dollars or more or, if the vendor's annual gross revenue is less than two hundred thousand**
26 **dollars, an annual financial statement audit or annual financial statement review**
27 **performed by a certified public accountant. Such reports, audits, and reviews shall be**
28 **completed and made available upon request to the department; [and]**
- 29 (2) Demonstrate a positive impact on consumer outcomes regarding the provision of
30 personal care assistance services as evidenced on accurate quarterly and annual service reports
31 submitted to the department;
- 32 (3) Implement a quality assurance and supervision process that ensures program
33 compliance and accuracy of records, **including, but not limited to:**
- 34 (a) **The department of health and senior services shall promulgate by rule a**
35 **consumer-directed services division provider certification manager course; and**
- 36 (b) **The vendor shall perform ongoing monitoring of the provision of services in the**
37 **plan of care and shall assess the quality of care being delivered. Such monitoring shall**
38 **include at least one annual face-to-face visit and may include electronic monitoring,**
39 **telephone checks, written case notes, or other department-approved methods. The ongoing**
40 **monitoring shall not preclude the vendor's responsibility of ongoing diligence of case**
41 **management activity oversight;**
- 42 (4) Comply with all provisions of sections 208.900 to 208.927, and the regulations
43 promulgated thereunder; **and**
- 44 (5) **Beginning July 1, 2022, maintain a business location which shall comply with**
45 **any and all applicable city, county, state, and federal requirements.**
- 46 3. **No state or federal funds shall be authorized or expended to pay for personal**
47 **care assistance services under sections 208.900 to 208.927 if any direct employee of the**
48 **consumer-directed services vendor conducts the face-to-face home visit of a consumer for**

49 **whom such employee is also the personal care attendant, unless such person provides**
50 **services solely on a temporary basis on no more than three days in a thirty-day period.**

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

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

6 (2) The consumer has falsified records; **provided false information of his or her**
7 **condition, functional capacity, or level of care needs;** or committed fraud;

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

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

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

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

17 **2. The personal care attendant shall report to the department if he or she witnesses**
18 **significant deterioration of 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.**

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

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

10 to the administration of epinephrine auto-injector devices in an apparent anaphylactic
11 reaction.

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

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

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

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

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

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

35 (3) Every use of an epinephrine auto-injector device pursuant to this section shall
36 immediately be reported to the emergency health care provider as defined in section
37 190.246.

38 4. (1) Use of an epinephrine auto-injector device pursuant to this section shall be
39 considered first aid or emergency treatment for the purpose of any law relating to liability.

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

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

45 **5. (1) There is hereby created in the state treasury the "Epinephrine Auto-injector**
46 **Devices for Fire Personnel Fund", which shall consist of money collected under this section.**
47 **The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and**
48 **30.180, the state treasurer may approve disbursements. The moneys in the fund as set**
49 **forth in this section shall be subject to appropriation by the general assembly for the**
50 **particular purpose for which collected. The fund shall be a dedicated fund and money in**
51 **the fund shall be used solely by the department of health and senior services for the**
52 **purposes of providing epinephrine auto-injector devices for adult patients to qualified first**
53 **responder agencies as used in this section.**

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

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

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

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

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

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

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

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

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

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

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

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

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

15 **(5) Where the practice of pharmacy occurs or is offered at a remote dispensing**
16 **pharmacy site.**

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

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

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

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

32 6. Nothing in this section shall be construed to supersede the provisions of section
33 197.100.

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

2 **(1) "Remote dispensing site pharmacy", any location in this state where the**
3 **practice of pharmacy occurs and that is licensed as a pharmacy to dispense prescription**
4 **drugs and is staffed by one or more qualified pharmacy technicians, as defined by the**
5 **board, or intern pharmacists, whose activities are supervised by a pharmacist at a**
6 **supervising pharmacy through a continuous real-time audio and video link. "Remote**

7 dispensing site pharmacy" does not include the office of a dispensing prescriber or an
8 automated device;

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

12 2. A supervising pharmacy that operates a remote dispensing site pharmacy, and
13 the remote dispensing site pharmacy, shall be licensed as a pharmacy by the board of
14 pharmacy. The board shall issue a license to a remote dispensing site pharmacy that meets
15 the requirements of this subsection. The remote dispensing site pharmacy shall:

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

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

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

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

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

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

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

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

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

33 (g) The procedure for maintaining an up-to-date inventory of all controlled
34 substances.

35 3. A remote dispensing site pharmacy shall be under the supervision and control
36 of a supervising pharmacist employed by the supervising pharmacy. The supervising
37 pharmacist shall not be required to be immediately physically present to supervise
38 activities at the remote dispensing site pharmacy, but shall make monthly visits to the
39 remote dispensing site pharmacy in order to ensure compliance with this section.

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

43 **5. A pharmacist at the supervising pharmacy shall verify each prescription before**
44 **it leaves the remote dispensing site pharmacy. Verification shall occur through the use of**
45 **technology that includes bar coding and visual review via remote video. As applicable, a**
46 **pharmacist, intern pharmacist, and pharmacy technician's initials or unique identifier**
47 **shall appear in the prescription record to identify the name and specific activities of each**
48 **pharmacist, intern pharmacist, or pharmacy technician involved in the dispensing process.**

49 **6. Unless a pharmacist is onsite at the remote dispensing site pharmacy, counseling**
50 **shall be done by a supervising pharmacist at the supervising pharmacy via a HIPAA-**
51 **compliant continuous real-time video and audio link before a drug or medical device is**
52 **released to the patient. The system being used to perform the consultation shall retain the**
53 **initials or unique identifier of the pharmacist who performs the consultation. The**
54 **pharmacist providing counseling under this subsection shall be employed by and located**
55 **at the supervising pharmacy and have access to all relevant patient information maintained**
56 **by the remote dispensing site pharmacy.**

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

59 **(1) The remote dispensing site pharmacy is part of a community mental health**
60 **center, federally qualified health center, rural health clinic, or outpatient clinic setting; or**

61 **(2) An applicant of a proposed remote dispensing site pharmacy demonstrates to**
62 **the board how the proposed remote dispensing site pharmacy will promote public health.**

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

67 **9. If the average number of prescriptions dispensed per day by the remote**
68 **dispensing site pharmacy exceeds one hundred fifty prescriptions, the remote dispensing**
69 **site pharmacy shall, within ten days, apply to the board for licensure as a class A, B, or C**
70 **pharmacy, as applicable. The average number of prescriptions dispensed per day shall be**
71 **determined by averaging the number of prescriptions dispensed per day over the previous**
72 **ninety-day period.**

73 **10. Unless otherwise approved by the board, the supervising pharmacy shall be**
74 **located in this state and within fifty road miles of a remote dispensing site pharmacy to**
75 **ensure that the remote dispensing site pharmacy is sufficiently supported by the**
76 **supervising pharmacy and that necessary personnel or supplies may be delivered to the**
77 **remote dispensing site pharmacy within a reasonable period of time of an identified need.**

78 **11. The board of pharmacy may promulgate all necessary rules and regulations for**
79 **the implementation of this section, provided that no such rules and regulations shall**
80 **restrict the practice of pharmacy at a remote dispensing site pharmacy. Any rule or**
81 **portion of a rule, as that term is defined in section 536.010, that is created under the**
82 **authority delegated in this section shall become effective only if it complies with and is**
83 **subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This**
84 **section and chapter 536 are nonseverable, and if any of the powers vested with the general**
85 **assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove**
86 **and annul a rule are subsequently held unconstitutional, then the grant of rulemaking**
87 **authority and any rule proposed or adopted after August 28, 2020, shall be invalid and**
88 **void.**

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

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

26 **(18) Class R: Remote dispensing site pharmacy.**

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

34 3. All permits, licenses or renewal fees collected pursuant to the provisions of sections
35 338.210 to 338.370 shall be deposited in the state treasury to the credit of the Missouri board of
36 pharmacy fund, to be used by the Missouri board of pharmacy in the enforcement of the
37 provisions of sections 338.210 to 338.370, when appropriated for that purpose by the general
38 assembly.

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

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

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

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

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

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

8 3. Notwithstanding the provisions of subsection 2 of this section, the board of pharmacy
9 shall retain authority to enforce the provisions of subsection 1 of this section against any person
10 offering for sale any naturopathic or homeopathic service or any herbal, nutritional, vitamin,
11 dietary, mineral, or other supplement intended for human application, absorption, or
12 consumption.

13 **4. Supervision of a licensed remote dispensing site pharmacy shall not require a**
14 **pharmacist to be physically present at the remote dispensing site pharmacy location,**
15 **provided that dispensing activities are supervised by a supervising pharmacist located at**
16 **a Missouri-licensed supervising pharmacy through the use of a continuous real-time audio**
17 **and video link.**

344.030. 1. An applicant for an initial license shall file a completed application with the
2 board on a form provided by the board, accompanied by an application fee as provided by rule
3 payable to the department of health and senior services. Information provided in the application
4 shall be attested by signature to be true and correct to the best of the applicant's knowledge and
5 belief.

6 2. No initial license shall be issued to a person as a nursing home administrator unless:

7 (1) The applicant provides the board satisfactory proof that the applicant is of good
8 moral character and a high school graduate or equivalent;

9 (2) The applicant provides the board satisfactory proof that the applicant has had a
10 minimum of three years' experience in health care administration or two years of postsecondary
11 education in health care administration, **or an associate degree or higher from an accredited**
12 **academic institution**, or has satisfactorily completed a course of instruction and training
13 prescribed by the board, which includes instruction in the needs properly to be served by nursing
14 homes, the protection of the interests of residents therein, and the elements of good nursing home
15 administration, or has presented evidence satisfactory to the board of sufficient education,
16 training, or experience in the foregoing fields to administer, supervise and manage a nursing
17 home; and

18 (3) The applicant passes the examinations administered by the board. If an applicant
19 fails to make a passing grade on either of the examinations such applicant may make application
20 for reexamination on a form furnished by the board and may be retested. If an applicant fails
21 either of the examinations a third time, the applicant shall be required to complete a course of
22 instruction prescribed and approved by the board. After completion of the board-prescribed
23 course of instruction, the applicant may reapply for examination. With regard to the national
24 examination required for licensure, no examination scores from other states shall be recognized
25 by the board after the applicant has failed his or her third attempt at the national examination.
26 There shall be a separate, nonrefundable fee for each examination. The board shall set the

27 amount of the fee for examination by rules and regulations promulgated pursuant to section
28 536.021. The fee shall be set at a level to produce revenue which shall not substantially exceed
29 the cost and expense of administering the examination.

30 3. Nothing in sections 344.010 to 344.108, or the rules or regulations thereunder shall
31 be construed to require an applicant for a license as a nursing home administrator, who is
32 employed by an institution listed and certified by the Commission for Accreditation of Christian
33 Science Nursing Organizations/Facilities, Inc., to administer institutions certified by such
34 commission for the care and treatment of the sick in accordance with the creed or tenets of a
35 recognized church or religious denomination, to demonstrate proficiency in any techniques or
36 to meet any educational qualifications or standards not in accord with the remedial care and
37 treatment provided in such institutions. The applicant's license shall be endorsed to confine the
38 applicant's practice to such institutions.

39 4. The board may issue a temporary emergency license for a period not to exceed
40 ~~[ninety]~~ **one hundred and twenty** days to a person ~~[twenty-one years of age or over, of good~~
41 ~~moral character and a high school graduate or equivalent]~~ **that has met the temporary**
42 **emergency license criteria established by the board** to serve as an acting ~~[nursing home]~~
43 administrator, provided such person is replacing a licensed ~~[nursing home]~~ administrator who
44 has died, has been removed or has vacated the ~~[nursing home]~~ administrator's position. No
45 temporary emergency license may be issued to a person who has had ~~[a nursing home]~~ **an**
46 administrator's license denied, suspended or revoked. ~~[A temporary emergency license may be~~
47 ~~renewed for one additional ninety-day period upon a showing that the person seeking the renewal~~
48 ~~of a temporary emergency license meets the qualifications for licensure and has filed an~~
49 ~~application for a regular license, accompanied by the application fee, and the applicant has taken~~
50 ~~the examination or examinations but the results have not been received by the board. No~~
51 ~~temporary emergency license may be renewed more than one time.]~~

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

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

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

12 (3) Pass an examination promulgated or approved by the board. The board shall
13 determine the subject and scope of the examinations.

14 2. To be eligible for licensure by the board without examination, each applicant shall
15 make application on forms prescribed by the board, submit the application fee and shall be of
16 good moral and ethical character, submit an activity statement and meet one of the following
17 requirements:

18 (1) The board shall issue a license to any speech-language pathologist or audiologist who
19 is licensed in another country and who has had no violations, suspension or revocations of a
20 license to practice speech-language pathology or audiology in any jurisdiction; provided that,
21 such person is licensed in a country whose requirements are substantially equal to, or greater
22 than, Missouri at the time the applicant applies for licensure; or

23 (2) Hold the certificate of clinical competence issued by the American
24 Speech-Language-Hearing Association in the area in which licensure is sought.

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

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

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

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

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

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

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

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

21 (8) "Request for additional information", a health carrier's electronic or facsimile request
22 for additional information from the claimant specifying all of the documentation or information

23 necessary to process all of the claim, or all of the claim on a multi-claim form, as a clean claim
24 for payment;

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

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

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

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

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

35

36 If the claim is a clean claim, then the health carrier shall pay or deny the claim. If the claim
37 requires additional information, the health carrier shall include in the notice a request for
38 additional information. If a health carrier pays the claim, this subsection shall not apply.

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

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

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

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

48 6. (1) If the health carrier has not paid the claimant on or before the forty-fifth
49 processing day from the date of receipt of the claim, the health carrier shall pay the claimant one
50 percent interest per month and a penalty in an amount equal to one percent of the claim per day.

51 **On claims where the amount owed by a health carrier exceeds thirty-five thousand dollars**
52 **on the unpaid balance of a claim, the health carrier shall pay the claimant one percent**
53 **interest per month and a penalty in an amount equal to one percent of the claim per day**
54 **for a maximum of one hundred days, and thereafter shall pay the claimant two percent**
55 **interest per month.** The interest and penalty shall be calculated based upon the unpaid balance
56 of the claim as of the forty-fifth processing day. The interest and penalty paid pursuant to this
57 subsection shall be included in any late reimbursement without the necessity for the person that
58 filed the original claim to make an additional claim for that interest and penalty. A health carrier

59 may combine interest payments and make payment once the aggregate amount reaches one
60 hundred dollars.

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

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

81 8. If a health carrier or third-party contractor has reasonable grounds to believe that a
82 fraudulent claim is being made, the health carrier or third-party contractor shall notify the
83 department of commerce and insurance of the fraudulent claim pursuant to sections 375.991 to
84 375.994.

85 9. Denial of a claim shall be communicated to the claimant and shall include the specific
86 reason why the claim was denied. Any claim for which the health carrier has not communicated
87 a specific reason for the denial shall not be considered denied under this section or section
88 376.384.

89 10. Requests for additional information shall specify all of the documentation and
90 additional information that is necessary to process all of the claim, or all of the claims on a
91 multi-claim form, as a clean claim for payment. Information requested shall be reasonable and
92 pertain solely to the health carrier's liability. The health carrier shall acknowledge receipt of the
93 requested additional information to the claimant within five calendar days or pay the claim.

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

- 2 (1) "Covered person", the same meaning as such term is defined in section 376.1257;
- 3 (2) "Health benefit plan", the same meaning as such term is defined in section 376.1350;
- 4 (3) **"Health carrier" or "carrier", the same meaning as such term is defined in**
- 5 **section 376.1350;**
- 6 (4) **"Pharmacy", the same meaning as such term is defined in chapter 338;**
- 7 (5) "Pharmacy benefits manager", the same meaning as such term is defined in section
- 8 376.388.

9 2. No pharmacy benefits manager shall include a provision in a contract entered into or

10 modified on or after August 28, 2018, with a pharmacy or pharmacist that requires a covered

11 person to make a payment for a prescription drug at the point of sale in an amount that exceeds

12 the lesser of:

- 13 (1) The copayment amount as required under the health benefit plan; or
- 14 (2) The amount an individual would pay for a prescription if that individual paid with
- 15 cash.

16 3. A pharmacy or pharmacist shall have the right to provide to a covered person

17 information regarding the amount of the covered person's cost share for a prescription drug, the

18 covered person's cost of an alternative drug, and the covered person's cost of the drug without

19 adjudicating the claim through the pharmacy benefits manager. Neither a pharmacy nor a

20 pharmacist shall be proscribed by a pharmacy benefits manager from discussing any such

21 information or from selling a more affordable alternative to the covered person.

22 4. No pharmacy benefits manager shall, directly or indirectly, charge or hold a

23 pharmacist or pharmacy responsible for any fee amount related to a claim that is not known at

24 the time of the claim's adjudication, unless the amount is a result of improperly paid claims or

25 charges for administering a health benefit plan.

26 5. This section shall not apply with respect to claims under Medicare Part D, or any other

27 plan administered or regulated solely under federal law, and to the extent this section may be

28 preempted under the Employee Retirement Income Security Act of 1974 for self-funded

29 employer-sponsored health benefit plans.

30 6. **A pharmacy benefits manager shall notify in writing any health carrier with**

31 **which it contracts if the pharmacy benefits manager has a conflict of interest, any**

32 **commonality of ownership, or any other relationship, financial or otherwise, between the**

33 **pharmacy benefits manager and any other health carrier with which the pharmacy**

34 **benefits manager contracts.**

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

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

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

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

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

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

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

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

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

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

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

26

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

376.782. 1. As used in this section, the term "low-dose mammography screening" means
2 the X-ray examination of the breast using equipment specifically designed and dedicated for

3 mammography, including the X-ray tube, filter, compression device, **detector**, films, and
4 cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two
5 views for each breast, and any fee charged by a radiologist or other physician for reading,
6 interpreting or diagnosing based on such X-ray. As used in this section, the term "low-dose
7 mammography screening" shall also include digital mammography and breast tomosynthesis.
8 As used in this section, the term "breast tomosynthesis" shall mean a radiologic procedure that
9 involves the acquisition of projection images over the stationary breast to produce cross-sectional
10 digital three-dimensional images of the breast.

11 2. All individual and group health insurance policies providing coverage on an
12 expense-incurred basis, individual and group service or indemnity type contracts issued by a
13 nonprofit corporation, individual and group service contracts issued by a health maintenance
14 organization, all self-insured group arrangements to the extent not preempted by federal law and
15 all managed health care delivery entities of any type or description, that are delivered, issued for
16 delivery, continued or renewed on or after August 28, 1991, and providing coverage to any
17 resident of this state shall provide benefits or coverage for low-dose mammography screening
18 for any nonsymptomatic woman covered under such policy or contract which meets the
19 minimum requirements of this section. Such benefits or coverage shall include at least the
20 following:

21 (1) A baseline mammogram for women age thirty-five to thirty-nine, inclusive;

22 (2) A mammogram every year for women age forty and over;

23 (3) A mammogram **every year** for any woman ~~upon the recommendation of a~~
24 ~~physician, where such woman, her mother or her sister has a prior history of breast cancer]~~
25 **deemed by a treating physician to have an above-average risk for breast cancer in**
26 **accordance with the American College of Radiology guidelines for breast cancer screening;**

27 (4) **Any additional or supplemental imaging, such as breast magnetic resonance**
28 **imaging or ultrasound, deemed medically necessary by a treating physician for proper**
29 **breast cancer screening or evaluation in accordance with applicable American College of**
30 **Radiology guidelines; and**

31 (5) **Ultrasound or magnetic resonance imaging services, if determined by a treating**
32 **physician to be medically necessary for the screening or evaluation of breast cancer for any**
33 **woman deemed by the treating physician to have an above-average risk for breast cancer**
34 **in accordance with American College of Radiology guidelines for breast cancer screening.**

35 3. Coverage and benefits ~~[related to mammography as]~~ required ~~[by]~~ **under** this section
36 shall be at least as favorable and subject to the same dollar limits, deductibles, and co-payments
37 as other radiological examinations; provided, however, that on and after January 1, 2019,
38 providers of ~~[low-dose mammography screening]~~ **health care services specified under this**

39 **section** shall be reimbursed at rates accurately reflecting the resource costs specific to each
 40 modality, including any increased resource cost [~~of breast tomosynthesis~~].

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

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

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

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

376.1345. 1. As used in this section, unless the context clearly indicates otherwise,
 2 terms shall have the same meaning as ascribed to them in section 376.1350.

3 2. No health carrier, nor any entity acting on behalf of a health carrier, shall restrict
 4 methods of reimbursement to health care providers for health care services to a reimbursement
 5 method requiring the provider to pay a fee, discount the amount of their claim for
 6 reimbursement, or remit any other form of remuneration in order to redeem the amount of their
 7 claim for reimbursement.

8 3. If a health carrier initiates or changes the method used to reimburse a health care
 9 provider to a method of reimbursement that will require the health care provider to pay a fee,

10 discount the amount of its claim for reimbursement, or remit any other form of remuneration to
11 the health carrier or any entity acting on behalf of the health carrier in order to redeem the
12 amount of its claim for reimbursement, the health carrier or an entity acting on its behalf shall:

13 (1) Notify such health care provider of the fee, discount, or other remuneration required
14 to receive reimbursement through the new or different reimbursement method; and

15 (2) In such notice, provide clear instructions to the health care provider as to how to
16 select an alternative payment method, and upon request such alternative payment method shall
17 be used to reimburse the provider until the provider requests otherwise.

18 4. A health carrier shall allow the provider to select to be reimbursed by an electronic
19 funds transfer through the Automated Clearing House Network as required pursuant to 45 C.F.R.
20 Sections 162.925, 162.1601, and 162.1602, and if the provider makes such selection, the health
21 carrier shall use such reimbursement method to reimburse the provider until the provider requests
22 otherwise.

23 5. **An amount a health carrier claims was overpaid to a provider may only be**
24 **collected, withheld, or recouped from the provider, or third party that submitted the**
25 **provider's claim under the third party's provider identification number, to whom the**
26 **overpaid amount was originally paid. The notice of withholding or recoupment by a health**
27 **carrier shall also inform the provider or third party of the health care service, date of**
28 **service, and patient for which the recoupment is being made.**

29 6. Violation of this section shall be deemed an unfair trade practice under sections
30 375.930 to 375.948.

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

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

14 3. A health carrier shall assess a health care practitioner's **completed** credentialing
15 ~~information~~ **application** and make a decision as to whether to approve or deny the

16 practitioner's credentialing application **and notify the practitioner of such decision** within sixty
17 [~~business~~] days of the date of receipt of the completed application. The sixty-day deadline
18 established in this section shall not apply if the application or subsequent verification of
19 information indicates that the practitioner has:

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

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

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

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

29 **4. If a practitioner's application is approved, the health carrier shall provide**
30 **payments for covered health services performed by the practitioner during the**
31 **credentialing period if the provision of services was on behalf of an entity that had a**
32 **contract with such health carrier during the credentialing period. The contracted entity**
33 **for which the practitioner is providing services shall submit to the health carrier all claims**
34 **for services provided by such practitioner during the credentialing period within six**
35 **months after the health carrier has approved that practitioner's credentialing application.**
36 **Claims submitted for reimbursement under this section shall be sent to the carrier by the**
37 **provider in a single request or as few requests as practical subject to any technical**
38 **constraints or other issues out of the contracted provider's control. "Credentialing period"**
39 **shall mean the time between the date the practitioner submits a completed application to**
40 **the health carrier to be credentialed and the date the practitioner's credentialing is**
41 **approved by the health carrier. No practitioner that has submitted an application in**
42 **accordance with the provisions of this subsection shall send any claim to the patient for**
43 **charges incurred for care of the patient during the credentialing period with the patient's**
44 **health carrier.**

45 **5. A health carrier shall not require a practitioner to be credentialed in order to**
46 **receive payments for covered patient care services if the practitioner is providing coverage**
47 **for an absent credentialed practitioner during a temporary period of time not to exceed:**

48 (1) **Sixty days if the reason for the absence of the credentialed practitioner is for**
49 **any of the conditions described in 29 CFR 825.113, 29 CFR 825.115, or 29 CFR 825.120,**
50 **or any amendments or successor regulations thereto; or**

51 **(2) Thirty days if the reason for the absence of the credentialed practitioner is not**
52 **otherwise provided for under subdivision (1) of this subsection.**

53

54 **Any practitioner authorized to receive payments for covered services under this section**
55 **shall provide notice to the health carrier, including, but not limited to, the absent**
56 **practitioner's name, medical license information, and estimated duration of absence and**
57 **the name and medical license information of the practitioner providing coverage for such**
58 **absent credentialed practitioner. A health carrier may deny payments if the practitioner**
59 **providing services in lieu of the credentialed provider meets one of the conditions in**
60 **subdivisions (1) to (4) of subsection 3 of this section.**

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

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

66 ~~[3-]~~ **8.** The department of commerce and insurance shall establish a mechanism for
67 reporting alleged violations of this section to the department.

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

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

9 (2) Purchases, receives, or otherwise acquires within a thirty-day period any number of
10 packages of any drug product containing any detectable amount of ephedrine,
11 phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of
12 optical isomers in a total amount greater than ~~[nine]~~ **seven and two-tenths** grams, without regard
13 to the number of transactions, unless the amount is purchased, received, or acquired pursuant to
14 a valid prescription; or

15 (3) Purchases, receives, or otherwise acquires within a twenty-four-hour period any
16 number of packages of any drug product containing any detectable amount of ephedrine,
17 phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of
18 optical isomers in a total amount greater than three and six-tenths grams, without regard to the

19 number of transactions, unless the amount is purchased, received, or acquired pursuant to a valid
20 prescription; or

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

27 **(5) Purchases, receives, or otherwise acquires within a twelve-month period any**
28 **number of packages of any drug product containing any detectable amount of ephedrine,**
29 **phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts**
30 **of optical isomers in a total amount greater than forty-three and two-tenths grams, without**
31 **regard to the number of transactions, unless the amount is purchased, received, or**
32 **acquired pursuant to a valid prescription; or**

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

39 ~~[(5)]~~ **(7) Holds a retail sales license issued under chapter 144 and knowingly sells or**
40 **dispenses packages that do not conform to the packaging requirements of section 195.418.**

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

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

49 (2) Fails to submit information under subsection 13 of section 195.017 and subsection
50 ~~[5]~~ 6 of section 195.417 about the sales of any compound, mixture, or preparation of products
51 containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any
52 of their salts, optical isomers, or salts of optical isomers, in accordance with transmission
53 methods and frequency established by the department of health and senior services; or

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

58 (4) Sells, distributes, dispenses or otherwise provides to an individual under eighteen
59 years of age without a valid prescription any number of packages of any drug product containing
60 any detectable quantity of pseudoephedrine, its salts, isomers, or salts of optical isomers, or
61 ephedrine, its salts or optical isomers, or salts of optical isomers.

62 3. Any person who violates the packaging requirements of section 195.418 and is
63 considered the general owner or operator of the outlet where ephedrine, pseudoephedrine, or
64 phenylpropanolamine products are available for sale shall not be penalized if he or she
65 documents that an employee training program was in place to provide the employee who made
66 the unlawful retail sale with information on the state and federal regulations regarding ephedrine,
67 pseudoephedrine, or phenylpropanolamine.

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

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

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

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

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

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

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

13 (c) Finality of the convictions of all persons convicted on the basis of the information
14 contained in the investigative report, by exhaustion of or expiration of all rights of appeal of such
15 persons;

16 (4) "Incident report", a record of a law enforcement agency consisting of the date, time,
17 specific location, name of the victim and immediate facts and circumstances surrounding the
18 initial report of a crime or incident, including any logs of reported crimes, accidents and
19 complaints maintained by that agency;

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

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

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

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

31 2. (1) Each law enforcement agency of this state, of any county, and of any municipality
32 shall maintain records of all incidents reported to the agency, investigations and arrests made by
33 such law enforcement agency. All incident reports and arrest reports shall be open records.

34 (2) Notwithstanding any other provision of law other than the provisions of subsections
35 4, 5 and 6 of this section or section 320.083, mobile video recordings and investigative reports
36 of all law enforcement agencies **and any reports or records in the possession of the**
37 **department of health and senior services' Missouri state public health laboratory, which**
38 **were the result of testing performed at the request of any municipal, county, state, or**
39 **federal law enforcement agency**, are closed records until the investigation becomes inactive.

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

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

50 3. Except as provided in subsections 4, 5, 6 and 7 of this section, if any portion of a
51 record or document of a law enforcement officer or agency, other than an arrest report, which
52 would otherwise be open, contains information that is reasonably likely to pose a clear and
53 present danger to the safety of any victim, witness, undercover officer, or other person; or
54 jeopardize a criminal investigation, including records which would disclose the identity of a
55 source wishing to remain confidential or a suspect not in custody; or which would disclose

56 techniques, procedures or guidelines for law enforcement investigations or prosecutions, that
57 portion of the record shall be closed and shall be redacted from any record made available
58 pursuant to this chapter.

59 4. Any person, including a legal guardian or a parent of such person if he or she is a
60 minor, family member of such person within the first degree of consanguinity if such person is
61 deceased or incompetent, attorney for a person, or insurer of a person involved in any incident
62 or whose property is involved in an incident, may obtain any records closed pursuant to this
63 section or section 610.150 for purposes of investigation of any civil claim or defense, as provided
64 by this subsection. Any individual, legal guardian or parent of such person if he or she is a
65 minor, his or her family member within the first degree of consanguinity if such individual is
66 deceased or incompetent, his or her attorney or insurer, involved in an incident or whose property
67 is involved in an incident, upon written request, may obtain a complete unaltered and unedited
68 incident report concerning the incident, and may obtain access to other records closed by a law
69 enforcement agency pursuant to this section. Within thirty days of such request, the agency shall
70 provide the requested material or file a motion pursuant to this subsection with the circuit court
71 having jurisdiction over the law enforcement agency stating that the safety of the victim, witness
72 or other individual cannot be reasonably ensured, or that a criminal investigation is likely to be
73 jeopardized. If, based on such motion, the court finds for the law enforcement agency, the court
74 shall either order the record closed or order such portion of the record that should be closed to
75 be redacted from any record made available pursuant to this subsection.

76 5. (1) Any person may bring an action pursuant to this section in the circuit court having
77 jurisdiction to authorize disclosure of a mobile video recording or the information contained in
78 an investigative report of any law enforcement agency, which would otherwise be closed
79 pursuant to this section. The court may order that all or part of a mobile video recording or the
80 information contained in an investigative report be released to the person bringing the action.

81 (2) In making the determination as to whether information contained in an investigative
82 report shall be disclosed, the court shall consider whether the benefit to the person bringing the
83 action or to the public outweighs any harm to the public, to the law enforcement agency or any
84 of its officers, or to any person identified in the investigative report in regard to the need for law
85 enforcement agencies to effectively investigate and prosecute criminal activity.

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

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

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

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

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

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

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

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

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

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

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

109 (e) That the mobile video recording or investigative report be redacted to exclude, for
110 example, personally identifiable features or other sensitive information;

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

113 (6) The court may find that the party seeking disclosure of the mobile video recording
114 or the investigative report shall bear the reasonable and necessary costs and attorneys' fees of
115 both parties, unless the court finds that the decision of the law enforcement agency not to open
116 the mobile video recording or investigative report was substantially unjustified under all relevant
117 circumstances, and in that event, the court may assess such reasonable and necessary costs and
118 attorneys' fees to the law enforcement agency.

119 6. Any person may apply pursuant to this subsection to the circuit court having
120 jurisdiction for an order requiring a law enforcement agency to open incident reports and arrest
121 reports being unlawfully closed pursuant to this section. If the court finds by a preponderance
122 of the evidence that the law enforcement officer or agency has knowingly violated this section,
123 the officer or agency shall be subject to a civil penalty in an amount up to one thousand dollars.
124 If the court finds that there is a knowing violation of this section, the court may order payment
125 by such officer or agency of all costs and attorneys' fees, as provided by section 610.027. If the
126 court finds by a preponderance of the evidence that the law enforcement officer or agency has
127 purposely violated this section, the officer or agency shall be subject to a civil penalty in an

128 amount up to five thousand dollars and the court shall order payment by such officer or agency
129 of all costs and attorney fees, as provided in section 610.027. The court shall determine the
130 amount of the penalty by taking into account the size of the jurisdiction, the seriousness of the
131 offense, and whether the law enforcement officer or agency has violated this section previously.

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

134 8. Any person who requests and receives a mobile video recording that was recorded in
135 a nonpublic location under and pursuant to this section is prohibited from displaying or
136 disclosing the mobile video recording, including any description or account of any or all of the
137 mobile video recording, without first providing direct third-party notice to each person not
138 affiliated with a law enforcement agency or each non-law enforcement agency individual whose
139 image or sound is contained in the recording, and affording, upon receiving such notice, each
140 person appearing and whose image or sound is contained in the mobile video recording no less
141 than ten days to file and serve an action seeking an order from a court of competent jurisdiction
142 to enjoin all or some of the intended display, disclosure, description, or account of the recording.
143 Any person who fails to comply with the provisions of this subsection is subject to damages in
144 a civil action proceeding.

**Section 1. 1. Subject to appropriation, any Missouri resident whose health care
2 provider recommends that he or she receive an active COVID-19 test shall receive such test
3 and the results of the test at no cost. The department of health and senior services shall be
4 authorized to utilize available federal funds to pay for the portion of the expense of such
5 test and resulting analysis that is not covered by the resident's health insurance provider,
6 provided that such expenses do not exceed one hundred fifty dollars per test.**

7 **2. A health insurance provider shall not reduce a Missouri resident's health
8 insurance coverage that is related to the testing for severe acute respiratory syndrome
9 coronavirus 2 during a state of emergency declared by the governor. The provisions of this
10 subsection shall not apply to any reduction in health insurance coverage that is a result of
11 nonpayment of premiums.**

**Section 2. The department of social services may seek a waiver of the Institutions
2 for Mental Disease (IMD) exclusion for the comprehensive substance treatment and
3 rehabilitation program as administered by the department of mental health.**

**Section 3. The month of August shall be known as "Minority Organ Donor
2 Awareness Month". The citizens of this state are encouraged to observe the month with
3 appropriate events and activities to raise awareness of organ donation by all ethnic groups
4 and the need for organ donors.**

Section 4. The month of September every year shall be designated as "Infant and Maternal Mortality Awareness Month". Citizens of this state and health care professionals are encouraged to promote and engage in appropriate activities that educate the public about the importance of appropriate health care for women and their new babies, from pregnancy through the vulnerable first post-partum year.

Section B. Because immediate action is necessary to ensure that all owners, officers, managers, contractors, employees, and other support staff of medical marijuana facilities be subjected to state and federal fingerprint-based criminal background checks to insure the integrity of the Missouri medical marijuana industry, the enactment of section 195.815 of this act is deemed necessary for the immediate preservation of the public health, welfare, peace, and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the enactment of section 195.815 of this act shall be in full force and effect on July 1, 2020, or upon its passage and approval, whichever occurs later.

Section C. Because of the emergence of the novel coronavirus COVID-19 and its devastating impact on Missouri residents, the enactment of section 1 of this act is deemed necessary for the immediate preservation of the public health, welfare, peace and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the enactment of section 1 of this act shall be in full force and effect upon its passage and approval.

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