

FIRST REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
CONFERENCE COMMITTEE SUBSTITUTE FOR
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILLS NOS. 45 & 90

102ND GENERAL ASSEMBLY
2023

0453S.10T

AN ACT

To repeal sections 37.725, 190.255, 190.600, 190.603, 190.606, 190.612, 191.500, 191.505, 191.510, 191.515, 191.520, 191.525, 191.530, 191.535, 191.540, 191.545, 191.550, 191.600, 191.828, 191.831, 195.206, 196.1050, 197.020, 208.053, 208.072, 208.146, 208.151, 208.662, 334.104, 335.203, 335.212, 335.215, 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236, 335.239, 335.242, 335.245, 335.248, 335.251, 335.254, 335.257, 338.010, and 376.1060, RSMo, and to enact in lieu thereof forty-two new sections relating to health care, with an emergency clause for certain sections and penalty provisions.

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

Section A. Sections 37.725, 190.255, 190.600, 190.603,
2 190.606, 190.612, 191.500, 191.505, 191.510, 191.515, 191.520,
3 191.525, 191.530, 191.535, 191.540, 191.545, 191.550, 191.600,
4 191.828, 191.831, 195.206, 196.1050, 197.020, 208.053, 208.072,
5 208.146, 208.151, 208.662, 334.104, 335.203, 335.212, 335.215,
6 335.218, 335.221, 335.224, 335.227, 335.230, 335.233, 335.236,
7 335.239, 335.242, 335.245, 335.248, 335.251, 335.254, 335.257,
8 338.010, and 376.1060, RSMo, are repealed and forty-two new
9 sections enacted in lieu thereof, to be known as sections 9.371,
10 9.381, 9.388, 37.725, 37.980, 190.255, 190.600, 190.603,

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

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11 190.606, 190.612, 190.613, 191.240, 191.430, 191.435, 191.440,
 12 191.445, 191.450, 191.592, 191.600, 191.828, 191.831, 195.206,
 13 196.1050, 197.020, 208.035, 208.053, 208.066, 208.072, 208.146,
 14 208.151, 208.186, 208.239, 208.662, 209.700, 210.1360, 334.104,
 15 335.203, 335.205, 338.010, 338.012, 376.1060, and 579.088, to
 16 read as follows:

9.371. The first Saturday of October of each year is
 2 hereby designated as "Breast Cancer Awareness Day" in
 3 Missouri. The citizens of this state are encouraged to
 4 participate in appropriate events and activities to raise
 5 awareness and celebrate survivors of breast cancer, the most
 6 commonly occurring cancer among women in the United States.

9.381. October second of each year is hereby
 2 designated as "Premenstrual Dysphoric Disorder (PMDD)
 3 Awareness Day" in Missouri. The citizens of this state are
 4 encouraged to participate in appropriate events and
 5 activities to raise PMDD awareness.

9.388. The month of March of each year is hereby
 2 designated as "Rare Kidney Disease Awareness Month". The
 3 citizens of this state are encouraged to participate in
 4 appropriate awareness and educational activities for rare
 5 kidney disease, available screening and genetic testing
 6 options, and efforts to improve treatment for patients.

37.725. 1. Any files maintained by the advocate
 2 program shall be disclosed only at the discretion of the
 3 child advocate; except that the identity of any complainant
 4 or recipient shall not be disclosed by the office unless:

5 (1) The complainant or recipient, or the complainant's
 6 or recipient's legal representative, consents in writing to
 7 such disclosure; [or]

8 (2) Such disclosure is required by court order; or

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9 **(3) The child advocate determines that disclosure to**
10 **law enforcement is necessary to ensure immediate child**
11 **safety.**

12 2. Any statement or communication made by the office
13 relevant to a complaint received by, proceedings before, or
14 activities of the office and any complaint or information
15 made or provided in good faith by any person shall be
16 absolutely privileged and such person shall be immune from
17 suit.

18 3. Any representative of the office conducting or
19 participating in any examination of a complaint who
20 knowingly and willfully discloses to any person other than
21 the office, or those persons authorized by the office to
22 receive it, the name of any witness examined or any
23 information obtained or given during such examination is
24 guilty of a class A misdemeanor. However, the office
25 conducting or participating in any examination of a
26 complaint shall disclose the final result of the examination
27 with the consent of the recipient.

28 4. The office shall not be required to testify in any
29 court with respect to matters held to be confidential in
30 this section except as the court may deem necessary to
31 enforce the provisions of sections 37.700 to 37.730, or
32 where otherwise required by court order.

37.980. 1. The office of administration shall submit
2 **a report to the general assembly before December thirty-**
3 **first of each year, beginning in 2023, describing the**
4 **progress made by the state with respect to the directives**
5 **issued as part of the "Missouri as a Model Employer"**
6 **initiative described in executive order 19-16.**

7 2. The report shall include, but not be limited to,
8 the data described in the following subdivisions, which

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9 shall be collected through voluntary self-disclosure. To
10 the extent possible, for each subdivision, the report shall
11 include general data for all relevant employees, in addition
12 to data comparing the employees of each agency within the
13 state workforce:

14 (1) The baseline number of employees in the state
15 workforce who disclosed disabilities when the initiative
16 began;

17 (2) The number of employees in the state workforce who
18 disclose disabilities at the time of the compiling of the
19 annual report and statistics providing the size and the
20 percentage of any increase or decrease in such numbers since
21 the initiative began and since the compilation of any
22 previous annual report;

23 (3) The baseline percentage of employees in the state
24 workforce who disclosed disabilities when the initiative
25 began;

26 (4) The percentage of employees in the state workforce
27 who disclose disabilities at the time of the compiling of
28 the annual report and statistics providing the size of any
29 increase or decrease in such percentage since the initiative
30 began and since the compilation of any previous annual
31 report;

32 (5) A description and analysis of any disparity that
33 may exist from the time the initiative began and the time of
34 the compiling of the annual reports, and of any disparity
35 that may exist from the time of the most recent previous
36 annual report, if any, and the time of the current annual
37 report, between the percentage of individuals in the state
38 of working age who disclose disabilities and the percentage
39 of individuals in the state workforce who disclose or have
40 disabilities; and

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41 (6) A description and analysis of any pay differential
42 that may exist in the state workforce between individuals
43 who disclose disabilities and individuals who do not
44 disclose disabilities.

45 3. The report shall also include descriptions of
46 specific efforts made by state agencies to recruit, hire,
47 advance, and retain individuals with disabilities including,
48 but not limited to, individuals with the most significant
49 disabilities, as defined in 5 CSR 20-500.160. Such
50 descriptions shall include, but not be limited to, best,
51 promising, and emerging practices related to:

52 (1) Setting annual goals;

53 (2) Analyzing barriers to recruiting, hiring,
54 advancing, and retaining individuals with disabilities;

55 (3) Establishing and maintaining contacts with
56 entities and organizations that specialize in providing
57 education, training, or assistance to individuals with
58 disabilities in securing employment;

59 (4) Using internships, apprenticeships, and job
60 shadowing;

61 (5) Using supported employment, individual placement
62 with support services, customized employment, telework,
63 mentoring and management training, stay-at-work and return-
64 to-work programs, and exit interviews;

65 (6) Adopting, posting, and making available to all job
66 applicants and employees reasonable accommodation procedures
67 in written and accessible formats;

68 (7) Providing periodic disability awareness training
69 to employees to build and sustain a culture of inclusion in
70 the workplace, including rights to reasonable accommodation
71 in the workplace;

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72 (8) Providing periodic training to human resources and
73 hiring managers in disability rights, hiring, and workplace
74 policies designed to promote a diverse and inclusive
75 workforce; and

76 (9) Making web-based hiring portals accessible to and
77 usable by applicants with disabilities.

190.255. 1. Any qualified first responder may obtain
2 and administer naloxone, **or any other drug or device**
3 **approved by the United States Food and Drug Administration,**
4 **that blocks the effects of an opioid overdose and is**
5 **administered in a manner approved by the United States Food**
6 **and Drug Administration** to a person suffering from an
7 apparent narcotic or opiate-related overdose in order to
8 revive the person.

9 2. Any licensed drug distributor or pharmacy in
10 Missouri may sell naloxone, **or any other drug or device**
11 **approved by the United States Food and Drug Administration,**
12 **that blocks the effects of an opioid overdose and is**
13 **administered in a manner approved by the United States Food**
14 **and Drug Administration** to qualified first responder
15 agencies to allow the agency to stock naloxone **or other such**
16 **drugs or devices** for the administration of such drug **or**
17 **device** to persons suffering from an apparent narcotic or
18 opiate overdose in order to revive the person.

19 3. For the purposes of this section, "qualified first
20 responder" shall mean any [state and local law enforcement
21 agency staff,] fire department personnel, fire district
22 personnel, or licensed emergency medical technician who is
23 acting under the directives and established protocols of a
24 medical director of a local licensed ground ambulance
25 service licensed under section 190.109, **or any state or**
26 **local law enforcement agency staff member**, who comes in

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27 contact with a person suffering from an apparent narcotic or
28 opiate-related overdose and who has received training in
29 recognizing and responding to a narcotic or opiate overdose
30 and the administration of naloxone, **or any other drug or**
31 **device approved by the United States Food and Drug**
32 **Administration, that blocks the effects of an opioid**
33 **overdose and is administered in a manner approved by the**
34 **United States Food and Drug Administration** to a person
35 suffering from an apparent narcotic or opiate-related
36 overdose. "Qualified first responder agencies" shall mean
37 any state or local law enforcement agency, fire department,
38 or ambulance service that provides documented training to
39 its staff related to the administration of naloxone **or other**
40 **such drugs or devices** in an apparent narcotic or opiate
41 overdose situation.

42 4. A qualified first responder shall only administer
43 naloxone, **or any other drug or device approved by the United**
44 **States Food and Drug Administration, that blocks the effects**
45 **of an opioid overdose and is administered in a manner**
46 **approved by the United States Food and Drug Administration**
47 by such means as the qualified first responder has received
48 training for the administration of naloxone **or other such**
49 **drugs or devices.**

190.600. 1. Sections 190.600 to 190.621 shall be
2 known and may be cited as the "Outside the Hospital Do-Not-
3 Resuscitate Act".

4 2. As used in sections 190.600 to 190.621, unless the
5 context clearly requires otherwise, the following terms
6 shall mean:

7 (1) "Attending physician":

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8 (a) A physician licensed under chapter 334 selected by
9 or assigned to a patient who has primary responsibility for
10 treatment and care of the patient; or

11 (b) If more than one physician shares responsibility
12 for the treatment and care of a patient, one such physician
13 who has been designated the attending physician by the
14 patient or the patient's representative shall serve as the
15 attending physician;

16 (2) "Cardiopulmonary resuscitation" or "CPR",
17 emergency medical treatment administered to a patient in the
18 event of the patient's cardiac or respiratory arrest, and
19 shall include cardiac compression, endotracheal intubation
20 and other advanced airway management, artificial
21 ventilation, defibrillation, administration of cardiac
22 resuscitation medications, and related procedures;

23 (3) "Department", the department of health and senior
24 services;

25 (4) "Emergency medical services personnel", paid or
26 volunteer firefighters, law enforcement officers, first
27 responders, emergency medical technicians, or other
28 emergency service personnel acting within the ordinary
29 course and scope of their professions, but excluding
30 physicians;

31 (5) "Health care facility", any institution, building,
32 or agency or portion thereof, private or public, excluding
33 federal facilities and hospitals, whether organized for
34 profit or not, used, operated, or designed to provide health
35 services, medical treatment, or nursing, rehabilitative, or
36 preventive care to any person or persons. Health care
37 facility includes but is not limited to ambulatory surgical
38 facilities, health maintenance organizations, home health
39 agencies, hospices, infirmaries, renal dialysis centers,

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40 long-term care facilities licensed under sections 198.003 to
41 198.186, medical assistance facilities, mental health
42 centers, outpatient facilities, public health centers,
43 rehabilitation facilities, and residential treatment
44 facilities;

45 (6) "Hospital", a place devoted primarily to the
46 maintenance and operation of facilities for the diagnosis,
47 treatment, or care for not less than twenty-four consecutive
48 hours in any week of three or more nonrelated individuals
49 suffering from illness, disease, injury, deformity, or other
50 abnormal physical conditions; or a place devoted primarily
51 to provide for not less than twenty-four consecutive hours
52 in any week medical or nursing care for three or more
53 nonrelated individuals. Hospital does not include any long-
54 term care facility licensed under sections 198.003 to
55 198.186;

56 (7) "Outside the hospital do-not-resuscitate
57 identification" or "outside the hospital DNR
58 identification", a standardized identification card,
59 bracelet, or necklace of a single color, form, and design as
60 described by rule of the department that signifies that the
61 patient's attending physician has issued an outside the
62 hospital do-not-resuscitate order for the patient and has
63 documented the grounds for the order in the patient's
64 medical file;

65 (8) "Outside the hospital do-not-resuscitate order" or
66 "outside the hospital DNR order", a written physician's
67 order signed by the patient and the attending physician, or
68 the patient's representative and the attending physician, in
69 a form promulgated by rule of the department which
70 authorizes emergency medical services personnel to withhold

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71 or withdraw cardiopulmonary resuscitation from the patient
72 in the event of cardiac or respiratory arrest;

73 (9) "Outside the hospital do-not-resuscitate protocol"
74 or "outside the hospital DNR protocol", a standardized
75 method or procedure promulgated by rule of the department
76 for the withholding or withdrawal of cardiopulmonary
77 resuscitation by emergency medical services personnel from a
78 patient in the event of cardiac or respiratory arrest;

79 (10) "Patient", a person eighteen years of age or
80 older who is not incapacitated, as defined in section
81 475.010, and who is otherwise competent to give informed
82 consent to an outside the hospital do-not-resuscitate order
83 at the time such order is issued, and who, with his or her
84 attending physician, has executed an outside the hospital do-
85 not-resuscitate order under sections 190.600 to 190.621. A
86 person who has a patient's representative shall also be a
87 patient for the purposes of sections 190.600 to 190.621, if
88 the person or the person's patient's representative has
89 executed an outside the hospital do-not-resuscitate order
90 under sections 190.600 to 190.621. **A person under eighteen**
91 **years of age shall also be a patient for purposes of**
92 **sections 190.600 to 190.621 if the person has had a do-not-**
93 **resuscitate order issued on his or her behalf under the**
94 **provisions of section 191.250;**

95 (11) "Patient's representative":

96 (a) An attorney in fact designated in a durable power
97 of attorney for health care for a patient determined to be
98 incapacitated under sections 404.800 to 404.872; or

99 (b) A guardian or limited guardian appointed under
100 chapter 475 to have responsibility for an incapacitated
101 patient.

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190.603. 1. A patient or patient's representative and the patient's attending physician may execute an outside the hospital do-not-resuscitate order. An outside the hospital do-not-resuscitate order shall not be effective unless it is executed by the patient or patient's representative and the patient's attending physician, and it is in the form promulgated by rule of the department.

2. **A patient under eighteen years of age is not authorized to execute an outside the hospital do-not-resuscitate order for himself or herself but may have a do-not-resuscitate order issued on his or her behalf by one parent or legal guardian or by a juvenile or family court under the provisions of section 191.250. Such do-not-resuscitate order shall also function as an outside the hospital do-not-resuscitate order for the purposes of sections 190.600 to 190.621 unless such do-not-resuscitate order authorized under the provisions of section 191.250 states otherwise.**

3. If an outside the hospital do-not-resuscitate order has been executed, it shall be maintained as the first page of a patient's medical record in a health care facility unless otherwise specified in the health care facility's policies and procedures.

[3.] 4. An outside the hospital do-not-resuscitate order shall be transferred with the patient when the patient is transferred from one health care facility to another health care facility. If the patient is transferred outside of a hospital, the outside the hospital DNR form shall be provided to any other facility, person, or agency responsible for the medical care of the patient or to the patient or patient's representative.

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

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

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

190.612. 1. Emergency medical services personnel are
2 authorized to comply with the outside the hospital do-not-
3 resuscitate protocol when presented with an outside the
4 hospital do-not-resuscitate identification or an outside the
5 hospital do-not-resuscitate order. However, emergency
6 medical services personnel shall not comply with an outside

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7 the hospital do-not-resuscitate order or the outside the
8 hospital do-not-resuscitate protocol when the patient or
9 patient's representative expresses to such personnel in any
10 manner, before or after the onset of a cardiac or
11 respiratory arrest, the desire to be resuscitated.

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

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

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

27 Emergency medical services personnel shall not comply with
28 an outside the hospital do-not-resuscitate order from
29 another state, the District of Columbia, or a territory of
30 the United States or the outside the hospital do-not-
31 resuscitate protocol when the patient or patient's
32 representative expresses to such personnel in any manner,
33 before or after the onset of a cardiac or respiratory
34 arrest, the desire to be resuscitated.]

35 (1) **Except as provided in subdivision (2) of this**
36 **subsection, emergency medical services personnel are**
37 **authorized to comply with the outside the hospital do-not-**

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38 resuscitate protocol when presented with a do-not-
39 resuscitate order functioning as an outside the hospital do-
40 not-resuscitate order for a patient under eighteen years of
41 age if such do-not-resuscitate order has been authorized by
42 one parent or legal guardian or by a juvenile or family
43 court under the provisions of section 191.250.

44 (2) Emergency medical services personnel shall not
45 comply with a do-not-resuscitate order or the outside the
46 hospital do-not-resuscitate protocol when the patient under
47 eighteen years of age, either parent of such patient, the
48 patient's legal guardian, or the juvenile or family court
49 expresses to such personnel in any manner, before or after
50 the onset of a cardiac or respiratory arrest, the desire for
51 the patient to be resuscitated.

52 3. If a physician or a health care facility other than
53 a hospital admits or receives a patient with an outside the
54 hospital do-not-resuscitate identification or an outside the
55 hospital do-not-resuscitate order, and the patient or
56 patient's representative has not expressed or does not
57 express to the physician or health care facility the desire
58 to be resuscitated, and the physician or health care
59 facility is unwilling or unable to comply with the outside
60 the hospital do-not-resuscitate order, the physician or
61 health care facility shall take all reasonable steps to
62 transfer the patient to another physician or health care
63 facility where the outside the hospital do-not-resuscitate
64 order will be complied with.

190.613. 1. A patient or patient's representative and
2 the patient's attending physician may execute an outside the
3 hospital do-not-resuscitate order through the presentation
4 of a properly executed outside the hospital do-not-
5 resuscitate order from another state, the District of

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6 Columbia, or a territory of the United States, or a
7 Transportable Physician Orders for Patient Preferences
8 (TPOPP)/Physician Orders for Life-Sustaining Treatment
9 (POLST) form containing a specific do-not-resuscitate
10 section.

11 2. Any outside the hospital do-not-resuscitate form
12 identified from another state, the District of Columbia, or
13 a territory of the United States, or a TPOPP/POLST form,
14 shall:

15 (1) Have been previously reviewed and approved by the
16 department as in compliance with the provisions of sections
17 190.600 to 190.621;

18 (2) Not be accepted for a patient under eighteen years
19 of age, except as allowed under section 191.250; and

20 (3) Not be effective during such time as the patient
21 is pregnant as set forth in section 190.609.

22 A patient or patient's representative may express to
23 emergency medical services personnel, at any time and by any
24 means, the intent to revoke the outside the hospital do-not-
25 resuscitate order.

26 3. The provisions of section 190.606 shall apply to
27 the good faith acts or omissions of emergency medical
28 services personnel under this section.

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

3 (1) "Health care provider", the same meaning given to
4 the term in section 191.900;

5 (2) "Patient examination", a prostate, anal, or pelvic
6 examination.

7 2. A health care provider, or any student or trainee
8 under the supervision of a health care provider, shall not

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9 knowingly perform a patient examination upon an anesthetized
10 or unconscious patient in a health care facility unless:

11 (1) The patient or a person authorized to make health
12 care decisions for the patient has given specific informed
13 consent to the patient examination for nonmedical purposes;

14 (2) The patient examination is necessary for
15 diagnostic or treatment purposes;

16 (3) The collection of evidence through a forensic
17 examination, as defined under subsection 8 of section
18 595.220, for a suspected sexual assault on the anesthetized
19 or unconscious patient is necessary because the evidence
20 will be lost or the patient is unable to give informed
21 consent due to a medical condition; or

22 (4) Circumstances are present which imply consent, as
23 described in section 431.063.

24 3. A health care provider shall notify a patient of
25 any patient examination performed under subdivisions (2) to
26 (4) of subsection 2 of this section if the patient is unable
27 to give verbal or written consent.

28 4. A health care provider who violates the provisions
29 of this section, or who supervises a student or trainee who
30 violates the provisions of this section, shall be subject to
31 discipline by any licensing board that licenses the health
32 care provider.

191.430. 1. There is hereby established within the
2 department of health and senior services the "Health
3 Professional Loan Repayment Program" to provide forgivable
4 loans for the purpose of repaying existing loans related to
5 applicable educational expenses for health care, mental
6 health, and public health professionals. The department of
7 health and senior services shall be the administrative

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8 agency for the implementation of the program established by
9 this section.

10 2. The department of health and senior services shall
11 prescribe the form and the time and method of filing
12 applications and supervise the processing, including
13 oversight and monitoring of the program, and shall
14 promulgate rules to implement the provisions of sections
15 191.430 to 191.450. Any rule or portion of a rule, as that
16 term is defined in section 536.010, that is created under
17 the authority delegated in this section shall become
18 effective only if it complies with and is subject to all of
19 the provisions of chapter 536 and, if applicable, section
20 536.028. This section and chapter 536 are nonseverable and
21 if any of the powers vested with the general assembly
22 pursuant to chapter 536 to review, to delay the effective
23 date, or to disapprove and annul a rule are subsequently
24 held unconstitutional, then the grant of rulemaking
25 authority and any rule proposed or adopted after August 28,
26 2023, shall be invalid and void.

27 3. The director of the department of health and senior
28 services shall have the discretion to determine the health
29 professionals and practitioners who will receive forgivable
30 health professional loans from the department to pay their
31 existing loans. The director shall make such determinations
32 each fiscal year based on evidence associated with the
33 greatest needs in the best interests of the public. The
34 health care, mental health, and public health professionals
35 or disciplines funded in any given year shall be contingent
36 upon consultation with the office of workforce development
37 in the department of higher education and workforce
38 development and the department of mental health, or their
39 successor agencies.

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40 4. The department of health and senior services shall
41 enter into a contract with each selected applicant who
42 receives a health professional loan under this section.
43 Each selected applicant shall apply the loan award to his or
44 her educational debt. The contract shall detail the methods
45 of forgiveness associated with a service obligation and the
46 terms associated with the principal and interest accruing on
47 the loan at the time of the award. The contract shall
48 contain details concerning how forgiveness is earned,
49 including when partial forgiveness is earned through a
50 service obligation, and the terms and conditions associated
51 with repayment of the loans for any obligation not served.

52 5. All health professional loans shall be made from
53 funds appropriated by the general assembly to the health
54 professional loan incentive fund established in section
55 191.445.

191.435. The department of health and senior services
2 shall designate counties, communities, or sections of areas
3 in the state as areas of defined need for health care,
4 mental health, and public health services. If a county,
5 community, or section of an area has been designated or
6 determined as a professional shortage area, a shortage area,
7 or a health care, mental health, or public health
8 professional shortage area by the federal Department of
9 Health and Human Services or its successor agency, the
10 department of health and senior services shall designate it
11 as an area of defined need under this section. If the
12 director of the department of health and senior services
13 determines that a county, community, or section of an area
14 has an extraordinary need for health care professional
15 services without a corresponding supply of such
16 professionals, the department of health and senior services

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17 may designate it as an area of defined need under this
18 section.

191.440. 1. The department of health and senior
2 services shall enter into a contract with each individual
3 qualifying for a forgivable loan under sections 191.430 to
4 191.450. The written contract between the department and
5 the individual shall contain, but not be limited to, the
6 following:

7 (1) An agreement that the state agrees to award a loan
8 and the individual agrees to serve for a period equal to two
9 years, or a longer period as the individual may agree to, in
10 an area of defined need as designated by the department,
11 with such service period to begin on the date identified on
12 the signed contract;

13 (2) A provision that any financial obligations arising
14 out of a contract entered into and any obligation of the
15 individual that is conditioned thereon is contingent upon
16 funds being appropriated for loans;

17 (3) The area of defined need where the person will
18 practice;

19 (4) A statement of the damages to which the state is
20 entitled for the individual's breach of the contract; and

21 (5) Such other statements of the rights and
22 liabilities of the department and of the individual not
23 inconsistent with sections 191.430 to 191.450.

24 2. The department of health and senior services may
25 stipulate specific practice sites, contingent upon
26 department-generated health care, mental health, and public
27 health professional need priorities, where applicants shall
28 agree to practice for the duration of their participation in
29 the program.

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191.445. There is hereby created in the state treasury
2 the "Health Professional Loan Incentive Fund", which shall
3 consist of any appropriations made by the general assembly,
4 all funds recovered from an individual under section
5 191.450, and all funds generated by loan repayments received
6 under sections 191.430 to 191.450. The state treasurer
7 shall be custodian of the fund. In accordance with sections
8 30.170 and 30.180, the state treasurer may approve
9 disbursements. The fund shall be a dedicated fund and, upon
10 appropriation, moneys in this fund shall be used solely by
11 the department of health and senior services to provide
12 loans under sections 191.430 to 191.450. Notwithstanding
13 the provisions of section 33.080 to the contrary, any moneys
14 remaining in the fund at the end of the biennium shall not
15 revert to the credit of the general revenue fund. The state
16 treasurer shall invest moneys in the fund in the same manner
17 as other funds are invested. Any interest and moneys earned
18 on such investments shall be credited to the fund.

191.450. 1. An individual who enters into a written
2 contract with the department of health and senior services,
3 as described in section 191.440, and who fails to maintain
4 an acceptable employment status shall be liable to the state
5 for any amount awarded as a loan by the department directly
6 to the individual who entered into the contract that has not
7 yet been forgiven.

2. An individual fails to maintain an acceptable
9 employment status under this section when the contracted
10 individual involuntarily or voluntarily terminates
11 qualifying employment, is dismissed from such employment
12 before completion of the contractual service obligation
13 within the specific time frame outlined in the contract, or
14 fails to respond to requests made by the department.

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15 3. If an individual breaches the written contract of
16 the individual by failing to begin or complete such
17 individual's service obligation, the state shall be entitled
18 to recover from the individual an amount equal to the sum of:

19 (1) The total amount of the loan awarded by the
20 department or, if the department had already awarded partial
21 forgiveness at the time of the breach, the amount of the
22 loan not yet forgiven;

23 (2) The interest on the amount that would be payable
24 if at the time the loan was awarded it was a loan bearing
25 interest at the maximum prevailing rate as determined by the
26 Treasurer of the United States;

27 (3) An amount equal to any damages incurred by the
28 department as a result of the breach; and

29 (4) Any legal fees or associated costs incurred by the
30 department or the state of Missouri in the collection of
31 damages.

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

3 (1) "Department", the department of health and senior
4 services;

5 (2) "Eligible entity", an entity that operates a
6 physician medical residency program in this state and that
7 is accredited by the Accreditation Council for Graduate
8 Medical Education;

9 (3) "General primary care and psychiatry", family
10 medicine, general internal medicine, general pediatrics,
11 internal medicine-pediatrics, general obstetrics and
12 gynecology, or general psychiatry;

13 (4) "Grant-funded residency position", a position that
14 is accredited by the Accreditation Council for Graduate
15 Medical Education, that is established as a result of

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16 funding awarded to an eligible entity for the purpose of
17 establishing an additional medical resident position beyond
18 the currently existing medical resident positions, and that
19 is within the fields of general primary care and
20 psychiatry. Such position shall end when the medical
21 residency funding under this section is completed or when
22 the resident in the medical grant-funded residency position
23 is no longer employed by the eligible entity, whichever is
24 earlier;

25 (5) "Participating medical resident", an individual
26 who is a medical school graduate with a doctor of medicine
27 degree or doctor of osteopathic medicine degree, who is
28 participating in a postgraduate training program at an
29 eligible entity, and who is filling a grant-funded residency
30 position.

31 2. (1) Subject to appropriation, the department shall
32 establish a medical residency grant program to award grants
33 to eligible entities for the purpose of establishing and
34 funding new general primary care and psychiatry medical
35 residency positions in this state and continuing the funding
36 of such new residency positions for the duration of the
37 funded residency.

38 (2) (a) Funding shall be available for three years
39 for residency positions in family medicine, general internal
40 medicine, and general pediatrics.

41 (b) Funding shall be available for four years for
42 residency positions in general obstetrics and gynecology,
43 internal medicine-pediatrics, and general psychiatry.

44 3. (1) There is hereby created in the state treasury
45 the "Medical Residency Grant Program Fund". Moneys in the
46 fund shall be used to implement and fund grants to eligible
47 entities.

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48 (2) The medical residency grant program fund shall
49 include funds appropriated by the general assembly,
50 reimbursements from awarded eligible entities that were not
51 able to fill the residency position or positions with an
52 individual medical resident or residents, and any gifts,
53 contributions, grants, or bequests received from federal,
54 private, or other sources.

55 (3) The state treasurer shall be custodian of the
56 fund. In accordance with sections 30.170 and 30.180, the
57 state treasurer may approve disbursements. The fund shall
58 be a dedicated fund and, upon appropriation, moneys in the
59 fund shall be used solely as provided in this section.

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

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

68 4. Subject to appropriation, the department shall
69 expend moneys in the medical residency grant program fund in
70 the following order:

71 (1) Necessary costs of the department to implement
72 this section;

73 (2) Funding of grant-funded residency positions of
74 individuals in the fourth year of their residency, as
75 applicable to residents in general obstetrics and
76 gynecology, internal medicine-pediatrics, and general
77 psychiatry;

78 (3) Funding of grant-funded residency positions of
79 individuals in the third year of their residency;

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80 (4) Funding of grant-funded residency positions of
81 individuals in the second year of their residency;

82 (5) Funding of grant-funded residency positions of
83 individuals in the first year of their residency; and

84 (6) The establishment of new grant-funded residency
85 positions at awarded eligible entities.

86 5. The department shall establish criteria to evaluate
87 which eligible entities shall be awarded grants for new
88 grant-funded residency positions, criteria for determining
89 the amount and duration of grants, the contents of the grant
90 application, procedures and timelines by which eligible
91 entities may apply for grants, and all other rules needed to
92 implement the purposes of this section. Such criteria shall
93 include a preference for eligible entities located in areas
94 of highest need for general primary care and psychiatric
95 care physicians, as determined by the health professional
96 shortage area score.

97 6. Eligible entities that receive grants under this
98 section shall:

99 (1) Agree to supplement awarded funds under this
100 section, if necessary, to establish or maintain a grant-
101 funded residency position for the duration of the funded
102 resident's medical residency; and

103 (2) Agree to abide by other requirements imposed by
104 rule.

105 7. Annual funding per participating medical resident
106 shall be limited to:

107 (1) Direct graduate medical education costs including,
108 but not limited to:

109 (a) Salaries and benefits for residents, faculty, and
110 program staff;

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111 (b) Malpractice insurance, licenses, and other
112 required fees; and

113 (c) Program administration and educational materials;
114 and

115 (2) Indirect costs of graduate medical education
116 necessary to meet the standards of the Accreditation Council
117 for Graduate Medical Education.

118 8. No new grant-funded residency positions under this
119 section shall be established after the tenth fiscal year in
120 which grants are awarded. However, any residency positions
121 funded under this section may continue to be funded until
122 the completion of the resident's medical residency.

123 9. The department shall submit an annual report to the
124 general assembly regarding the implementation of the program
125 developed under this section.

126 10. The department may promulgate all necessary rules
127 and regulations for the administration of this section. Any
128 rule or portion of a rule, as that term is defined in
129 section 536.010, that is created under the authority
130 delegated in this section shall become effective only if it
131 complies with and is subject to all of the provisions of
132 chapter 536 and, if applicable, section 536.028. This
133 section and chapter 536 are nonseverable and if any of the
134 powers vested with the general assembly pursuant to chapter
135 536 to review, to delay the effective date, or to disapprove
136 and annul a rule are subsequently held unconstitutional,
137 then the grant of rulemaking authority and any rule proposed
138 or adopted after the effective date of this section shall be
139 invalid and void.

140 11. The provisions of this section shall expire on
141 January 1, 2038.

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191.600. 1. Sections 191.600 to 191.615 establish a
2 loan repayment program for graduates of approved medical
3 schools, schools of osteopathic medicine, schools of
4 dentistry and accredited chiropractic colleges who practice
5 in areas of defined need and shall be known as the "Health
6 Professional Student Loan Repayment Program". Sections
7 191.600 to 191.615 shall apply to graduates of accredited
8 chiropractic colleges when federal guidelines for
9 chiropractic shortage areas are developed.

10 2. The "Health Professional Student Loan and Loan
11 Repayment Program Fund" is hereby created in the state
12 treasury. All funds recovered from an individual pursuant
13 to section 191.614 and all funds generated by loan
14 repayments and penalties received pursuant to section
15 191.540 shall be credited to the fund. The moneys in the
16 fund shall be used by the department of health and senior
17 services to provide loan repayments pursuant to section
18 191.611 in accordance with sections 191.600 to 191.614 [and
19 to provide loans pursuant to sections 191.500 to 191.550].

191.828. 1. The following departments shall conduct
2 on-going evaluations of the effect of the initiatives
3 enacted by the following sections:

4 (1) The department of commerce and insurance shall
5 evaluate the effect of revising section 376.782 and sections
6 143.999, 208.178, 374.126, and 376.891 to 376.894;

7 (2) The department of health and senior services shall
8 evaluate the effect of revising sections 105.711 and
9 [sections 191.520 and] 191.600 and enacting section 191.411,
10 and sections 167.600 to 167.621, 191.231, 208.177, 431.064,
11 and 660.016. In collaboration with the state board of
12 registration for the healing arts, the state board of
13 nursing, and the state board of pharmacy, the department of

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14 health and senior services shall also evaluate the effect of
15 revising section 195.070, section 334.100, and section
16 335.016, and of sections 334.104 and 334.112, and section
17 338.095 and 338.198;

18 (3) The department of social services shall evaluate
19 the effect of revising section 198.090, and sections
20 208.151, 208.152 and 208.215, and section 383.125, and of
21 sections 167.600 to 167.621, 208.177, 208.178, 208.179,
22 208.181, and 211.490;

23 (4) The office of administration shall evaluate the
24 effect of revising sections 105.711 and 105.721;

25 (5) The Missouri consolidated health care plan shall
26 evaluate the effect of section 103.178; and

27 (6) The department of mental health shall evaluate the
28 effect of section 191.831 as it relates to substance abuse
29 treatment and of section 191.835.

30 2. The department of revenue and office of
31 administration shall make biannual reports to the general
32 assembly and the governor concerning the income received
33 into the health initiatives fund and the level of funding
34 required to operate the programs and initiatives funded by
35 the health initiatives fund at an optimal level.

191.831. 1. There is hereby established in the state
2 treasury a "Health Initiatives Fund", to which shall be
3 deposited all revenues designated for the fund under
4 subsection 8 of section 149.015, and subsection 3 of section
5 149.160, and section 167.609, and all other funds donated to
6 the fund or otherwise deposited pursuant to law. The state
7 treasurer shall administer the fund. Money in the fund
8 shall be appropriated to provide funding for implementing
9 the new programs and initiatives established by sections
10 105.711 and 105.721. The moneys in the fund may further be

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11 used to fund those programs established by sections
12 191.411[, 191.520] and 191.600, sections 208.151 and
13 208.152, and sections 103.178, 143.999, 167.600 to 167.621,
14 188.230, 191.211, 191.231, 191.825 to 191.839, 192.013,
15 208.177, 208.178, 208.179 and 208.181, 211.490, 285.240,
16 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016,
17 660.017 and 660.018; in addition, not less than fifteen
18 percent of the proceeds deposited to the health initiative
19 fund pursuant to sections 149.015 and 149.160 shall be
20 appropriated annually to provide funding for the C-STAR
21 substance abuse rehabilitation program of the department of
22 mental health, or its successor program, and a C-STAR pilot
23 project developed by the director of the division of alcohol
24 and drug abuse and the director of the department of
25 corrections as an alternative to incarceration, as provided
26 in subsections 2, 3, and 4 of this section. Such pilot
27 project shall be known as the "Alt-care" program. In
28 addition, some of the proceeds deposited to the health
29 initiatives fund pursuant to sections 149.015 and 149.160
30 shall be appropriated annually to the division of alcohol
31 and drug abuse of the department of mental health to be used
32 for the administration and oversight of the substance abuse
33 traffic [offenders] **offender** program defined in section
34 302.010 [and section 577.001]. The provisions of section
35 33.080 to the contrary notwithstanding, money in the health
36 initiatives fund shall not be transferred at the close of
37 the biennium to the general revenue fund.

38 2. The director of the division of alcohol and drug
39 abuse and the director of the department of corrections
40 shall develop and administer a pilot project to provide a
41 comprehensive substance abuse treatment and rehabilitation
42 program as an alternative to incarceration, hereinafter

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43 referred to as "Alt-care". Alt-care shall be funded using
44 money provided under subsection 1 of this section through
45 the Missouri Medicaid program, the C-STAR program of the
46 department of mental health, and the division of alcohol and
47 drug abuse's purchase-of-service system. Alt-care shall
48 offer a flexible combination of clinical services and living
49 arrangements individually adapted to each client and her
50 children. Alt-care shall consist of the following
51 components:

- 52 (1) Assessment and treatment planning;
- 53 (2) Community support to provide continuity,
54 monitoring of progress and access to services and resources;
- 55 (3) Counseling from individual to family therapy;
- 56 (4) Day treatment services which include accessibility
57 seven days per week, transportation to and from the Alt-care
58 program, weekly drug testing, leisure activities, weekly
59 events for families and companions, job and education
60 preparedness training, peer support and self-help and daily
61 living skills; and
- 62 (5) Living arrangement options which are permanent,
63 substance-free and conducive to treatment and recovery.

64 3. Any female who is pregnant or is the custodial
65 parent of a child or children under the age of twelve years,
66 and who has pleaded guilty to or found guilty of violating
67 the provisions of chapter 195, and whose controlled
68 substance abuse was a precipitating or contributing factor
69 in the commission of the offense, and who is placed on
70 probation may be required, as a condition of probation, to
71 participate in Alt-care, if space is available in the pilot
72 project area. Determinations of eligibility for the
73 program, placement, and continued participation shall be

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74 made by the division of alcohol and drug abuse, in
75 consultation with the department of corrections.

76 4. The availability of space in Alt-care shall be
77 determined by the director of the division of alcohol and
78 drug abuse in conjunction with the director of the
79 department of corrections. If the sentencing court is
80 advised that there is no space available, the court shall
81 consider other authorized dispositions.

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

3 (1) "Addiction mitigation medication", naltrexone
4 hydrochloride that is administered in a manner approved by
5 the United States Food and Drug Administration or any
6 accepted medical practice method of administering;

7 (2) "Opioid antagonist", naloxone hydrochloride, **or**
8 **any other drug or device approved by the United States Food**
9 **and Drug Administration**, that blocks the effects of an
10 opioid overdose [that] **and** is administered in a manner
11 approved by the United States Food and Drug Administration
12 or any accepted medical practice method of administering;

13 (3) "Opioid-related drug overdose", a condition
14 including, but not limited to, extreme physical illness,
15 decreased level of consciousness, respiratory depression,
16 coma, or death resulting from the consumption or use of an
17 opioid or other substance with which an opioid was combined
18 or a condition that a layperson would reasonably believe to
19 be an opioid-related drug overdose that requires medical
20 assistance.

21 2. Notwithstanding any other law or regulation to the
22 contrary:

23 (1) The director of the department of health and
24 senior services, if a licensed physician, may issue a

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25 statewide standing order for an opioid antagonist or an
26 addiction mitigation medication;

27 (2) In the alternative, the department may employ or
28 contract with a licensed physician who may issue a statewide
29 standing order for an opioid antagonist or an addiction
30 mitigation medication with the express written consent of
31 the department director.

32 3. Notwithstanding any other law or regulation to the
33 contrary, any licensed pharmacist in Missouri may sell and
34 dispense an opioid antagonist or an addiction mitigation
35 medication under physician protocol or under a statewide
36 standing order issued under subsection 2 of this section.

37 4. A licensed pharmacist who, acting in good faith and
38 with reasonable care, sells or dispenses an opioid
39 antagonist or an addiction mitigation medication and an
40 appropriate device to administer the drug, and the protocol
41 physician, shall not be subject to any criminal or civil
42 liability or any professional disciplinary action for
43 prescribing or dispensing the opioid antagonist or an
44 addiction mitigation medication or any outcome resulting
45 from the administration of the opioid antagonist or an
46 addiction mitigation medication. A physician issuing a
47 statewide standing order under subsection 2 of this section
48 shall not be subject to any criminal or civil liability or
49 any professional disciplinary action for issuing the
50 standing order or for any outcome related to the order or
51 the administration of the opioid antagonist or an addiction
52 mitigation medication.

53 5. Notwithstanding any other law or regulation to the
54 contrary, it shall be permissible for any person to possess
55 an opioid antagonist or an addiction mitigation medication.

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56 6. Any person who administers an opioid antagonist to
57 another person shall, immediately after administering the
58 drug, contact emergency personnel. Any person who, acting
59 in good faith and with reasonable care, administers an
60 opioid antagonist to another person whom the person believes
61 to be suffering an opioid-related **drug** overdose shall be
62 immune from criminal prosecution, disciplinary actions from
63 his or her professional licensing board, and civil liability
64 due to the administration of the opioid antagonist.

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

14 2. (1) There is hereby established in the state
15 treasury the "Opioid Addiction Treatment and Recovery Fund",
16 which shall consist of the proceeds of any settlement
17 described in subsection 1 of this section, as well as any
18 funds appropriated by the general assembly, or gifts,
19 grants, donations, or bequests. The state treasurer shall
20 be custodian of the fund. In accordance with sections
21 30.170 and 30.180, the state treasurer may approve
22 disbursements. The fund shall be a dedicated fund and money
23 in the fund shall be used by the department of mental

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24 health, the department of health and senior services, the
25 department of social services, the department of public
26 safety, the department of corrections, and the judiciary for
27 the purposes set forth in subsection 1 of this section.

28 (2) Notwithstanding the provisions of section 33.080
29 to the contrary, any moneys remaining in the fund at the end
30 of the biennium shall not revert to the credit of the
31 general revenue fund.

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

197.020. 1. "Governmental unit" means any county,
2 municipality or other political subdivision or any
3 department, division, board or other agency of any of the
4 foregoing.

5 2. "Hospital" means a place devoted primarily to the
6 maintenance and operation of facilities for the diagnosis,
7 treatment or care for not less than twenty-four consecutive
8 hours in any week of three or more nonrelated individuals
9 suffering from illness, disease, injury, deformity or other
10 abnormal physical conditions; or a place devoted primarily
11 to provide for not less than twenty-four consecutive hours
12 in any week medical or nursing care for three or more
13 nonrelated individuals. **The term "hospital" shall include a**
14 **facility designated as a rural emergency hospital by the**
15 **Centers for Medicare and Medicaid Services.** The term
16 "hospital" does not include convalescent, nursing, shelter
17 or boarding homes as defined in chapter 198.

18 3. "Person" means any individual, firm, partnership,
19 corporation, company or association and the legal successors
20 thereof.

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208.035. 1. Subject to appropriations and any
2 necessary waivers or approvals, the department of social
3 services shall develop and implement a transitional benefits
4 program for temporary assistance for needy families (TANF)
5 and the supplemental nutrition assistance program (SNAP)
6 that is designed in such a way that a TANF or SNAP
7 beneficiary will not experience an immediate loss of
8 benefits should the beneficiary's income exceed the maximum
9 allowable income for such program. The transitional
10 benefits offered shall provide for a transition to self-
11 sufficiency while incentivizing work and financial stability.

12 2. The transitional benefits offered shall gradually
13 step down the beneficiary's monthly benefit proportionate to
14 the increase in the beneficiary's income. The determination
15 for a beneficiary's transitional benefit shall be as follows:

16 (1) One hundred percent of the monthly benefit for
17 beneficiaries with monthly household incomes less than or
18 equal to one hundred thirty-eight percent of the federal
19 poverty level;

20 (2) Eighty percent of the monthly benefit for
21 beneficiaries with monthly household incomes greater than
22 one hundred thirty-eight percent but less than or equal to
23 one hundred fifty percent of the federal poverty level;

24 (3) Sixty percent of the monthly benefit for
25 beneficiaries with monthly household incomes greater than
26 one hundred fifty percent but less than or equal to one
27 hundred seventy percent of the federal poverty level;

28 (4) Forty percent of the monthly benefit for
29 beneficiaries with monthly household incomes greater than
30 one hundred seventy percent but less than or equal to one
31 hundred ninety percent of the federal poverty level; and

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32 (5) Twenty percent of the monthly benefit for
33 beneficiaries with monthly household incomes greater than
34 one hundred ninety percent but less than or equal to two
35 hundred percent of the federal poverty level.

36 Notwithstanding any provision of this section to the
37 contrary, any beneficiary where monthly household income
38 exceeds five thousand eight hundred twenty-two dollars, as
39 adjusted for inflation, shall not be eligible for any
40 transitional benefit under this section.

41 3. Beneficiaries receiving transitional benefits under
42 this section shall comply with all requirements of each
43 program for which they are eligible, including work
44 requirements. Transitional benefits received under this
45 section shall not be included in the lifetime limit for
46 receipt of TANF benefits under section 208.040.

47 4. The department may promulgate any rules or
48 regulations necessary for the implementation of this
49 section. Any rule or portion of a rule, as that term is
50 defined in section 536.010, that is created under the
51 authority delegated in this section shall become effective
52 only if it complies with and is subject to all of the
53 provisions of chapter 536 and, if applicable, section
54 536.028. This section and chapter 536 are nonseverable and
55 if any of the powers vested with the general assembly
56 pursuant to chapter 536 to review, to delay the effective
57 date, or to disapprove and annul a rule are subsequently
58 held unconstitutional, then the grant of rulemaking
59 authority and any rule proposed or adopted after August 28,
60 2023, shall be invalid and void.

208.053. 1. [The provisions of this section shall be
2 known as the "Low-Wage Trap Elimination Act".] In order to

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3 more effectively transition persons receiving state-funded
4 child care subsidy benefits under this chapter, the
5 department of elementary and secondary education[, in
6 conjunction with the department of revenue,] shall, subject
7 to appropriations, by July 1, [2022] **2024**, implement a
8 [pilot] program [in a county with a charter form of
9 government and with more than six hundred thousand but fewer
10 than seven hundred thousand inhabitants, a county of the
11 first classification with more than two hundred sixty
12 thousand but fewer than three hundred thousand inhabitants,
13 and a county of the first classification with more than two
14 hundred thousand but fewer than two hundred sixty thousand
15 inhabitants, to be called the "Hand-Up Program",] to allow
16 [applicants in the program] **recipients** to receive
17 transitional child care benefits without the requirement
18 that such [applicants] **recipients** first be eligible for full
19 child care benefits.

20 (1) For purposes of this section, "full child care
21 benefits" shall be the full benefits awarded to a recipient
22 based on the income eligibility amount established by the
23 department through the annual appropriations process as of
24 August 28, [2021] **2023**, to qualify for the benefits and
25 shall not include the transitional child care benefits that
26 are awarded to recipients whose income surpasses the
27 eligibility level for full benefits to continue. The [hand-
28 up] program shall be voluntary and shall be designed such
29 that [an applicant] **a recipient** may begin receiving the
30 transitional child care benefit without having first
31 qualified for the full child care benefit or any other tier
32 of the transitional child care benefit. [Under no
33 circumstances shall any applicant be eligible for the hand-
34 up program if the applicant's income does not fall within

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35 the transitional child care benefit income limits
36 established through the annual appropriations process.]

37 (2) Transitional child care benefits shall be
38 determined on a sliding scale as follows for recipients with
39 household incomes in excess of the eligibility level for
40 full benefits:

41 (a) Eighty percent of the state base rate for
42 recipients with household incomes greater than the
43 eligibility level for full benefits but less than or equal
44 to one hundred fifty percent of the federal poverty level;

45 (b) Sixty percent of the state base rate for
46 recipients with household incomes greater than one hundred
47 fifty percent but less than or equal to one hundred seventy
48 percent of the federal poverty level;

49 (c) Forty percent of the state base rate for
50 recipients with household incomes greater than one hundred
51 seventy percent but less than or equal to one hundred ninety
52 percent of the federal poverty level; and

53 (d) Twenty percent of the state base rate for
54 recipients with household incomes greater than one hundred
55 ninety percent but less than or equal to two hundred percent
56 of the federal poverty level, but not greater than eighty-
57 five percent of the state median income.

58 (3) As used in this section, "state base rate" shall
59 refer to the rate established by the department for provider
60 payments that accounts for geographic area, type of
61 facility, duration of care, and age of the child, as well as
62 any enhancements reflecting after-hours or weekend care,
63 accreditation, or licensure status, as determined by the
64 department. Recipients shall be responsible for paying the
65 remaining sliding fee to the child care provider.

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66 **(4)** A participating recipient shall be allowed to opt
67 out of the program at any time, but such person shall not be
68 allowed to participate in the program a second time.

69 2. The department shall track the number of
70 participants in the [hand-up] program and shall issue an
71 annual report to the general assembly by September 1, [2023]
72 **2025**, and annually on September first thereafter, detailing
73 the effectiveness of the [pilot] program in encouraging
74 recipients to secure employment earning an income greater
75 than the maximum wage eligible for the full child care
76 benefit. The report shall also detail the costs of
77 administration and the increased amount of state income tax
78 paid as a result of the program[, as well as an analysis of
79 whether the pilot program could be expanded to include other
80 types of benefits, including, but not limited to, food
81 stamps, temporary assistance for needy families, low-income
82 heating assistance, women, infants and children supplemental
83 nutrition program, the state children's health insurance
84 program, and MO HealthNet benefits].

85 3. The department shall pursue all necessary waivers
86 from the federal government to implement the [hand-up]
87 program. If the department is unable to obtain such
88 waivers, the department shall implement the program to the
89 degree possible without such waivers.

90 4. Any rule or portion of a rule, as that term is
91 defined in section 536.010, that is created under the
92 authority delegated under this section shall become
93 effective only if it complies with and is subject to all of
94 the provisions of chapter 536 and, if applicable, section
95 536.028. This section and chapter 536 are nonseverable and
96 if any of the powers vested with the general assembly
97 pursuant to chapter 536 to review, to delay the effective

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98 date, or to disapprove and annul a rule are subsequently
99 held unconstitutional, then the grant of rulemaking
100 authority and any rule proposed or adopted after August 28,
101 2012, shall be invalid and void.

102 [5. Pursuant to section 23.253 of the Missouri sunset
103 act:

104 (1) The provisions of the new program authorized under
105 this section shall sunset automatically three years after
106 August 28, 2021, unless reauthorized by an act of the
107 general assembly; and

108 (2) If such program is reauthorized, the program
109 authorized under this section shall sunset automatically
110 three years after the effective date of the reauthorization
111 of this section; and

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

208.066. 1. Upon approval by the Centers for Medicare
2 and Medicaid Services, the Food and Nutrition Services
3 within the United States Department of Agriculture, or any
4 other relevant federal agency, the department of social
5 services shall limit any initial application for the
6 Supplemental Nutrition Assistance Program (SNAP), the
7 Temporary Assistance for Needy Families program (TANF), the
8 child care assistance program, or MO HealthNet to a one-page
9 form that is easily accessible on the department of social
10 services' website.

11 2. Persons who are participants in a program listed in
12 subsection 1 of this section who are required to complete a
13 periodic eligibility review form may submit such form as an
14 attachment to their Missouri state individual income tax
15 return if the person's eligibility review form is due before

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16 or at the same time that he or she files such state tax
17 return. The department of social services shall limit
18 periodic eligibility review forms associated with the
19 programs listed in subsection 1 of this section to a one-
20 page form that is easily accessible on both the department
21 of social services' website and the department of revenue's
22 website.

23 3. Notwithstanding the provisions of section 32.057 to
24 the contrary, the department of revenue shall share any
25 eligibility form submitted under this section with the
26 department of social services.

27 4. The department of revenue may promulgate all
28 necessary rules and regulations for the administration of
29 this section. Any rule or portion of a rule, as that term
30 is defined in section 536.010, that is created under the
31 authority delegated in this section shall become effective
32 only if it complies with and is subject to all of the
33 provisions of chapter 536 and, if applicable, section
34 536.028. This section and chapter 536 are nonseverable, and
35 if any of the powers vested with the general assembly
36 pursuant to chapter 536 to review, to delay the effective
37 date, or to disapprove and annul a rule are subsequently
38 held unconstitutional, then the grant of rulemaking
39 authority and any rule proposed or adopted after August 28,
40 2023, shall be invalid and void.

208.072. 1. A completed application for medical
2 assistance for services described in section 208.152 shall
3 be approved or denied within thirty days from submission to
4 the family support division or its successor.

5 2. The MO HealthNet division shall remit to a licensed
6 nursing home operator the Medicaid payment for a newly
7 admitted Medicaid resident in a licensed long-term care

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8 facility within forty-five days of the resident's date of
9 admission.

10 **3. In accordance with 42 CFR 435.907(a), as amended,**
11 **if the applicant is a minor or incapacitated, the family**
12 **support division or its successor shall accept an**
13 **application from someone acting responsibly for the**
14 **applicant.**

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

8 (1) Except for earnings, meets the definition of
9 disabled under the Supplemental Security Income Program or
10 meets the definition of an employed individual with a
11 medically improved disability under TWWIIA;

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

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

16 (4) Has **[net]** income, as **[defined]** **determined** in
17 subsection 3 of this section, that does not exceed **[the**
18 **limit for permanent and totally disabled individuals to**
19 **receive nonspenddown MO HealthNet under subdivision (24) of**
20 **subsection 1 of section 208.151; and**

21 **(5) Has a gross income of]** two hundred fifty percent
22 **[or less]** of the federal poverty level, excluding any earned
23 income of the worker with a disability between two hundred
24 fifty and three hundred percent of the federal poverty
25 level. **[For purposes of this subdivision, "gross income"**

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26 includes all income of the person and the person's spouse
27 that would be considered in determining MO HealthNet
28 eligibility for permanent and totally disabled individuals
29 under subdivision (24) of subsection 1 of section 208.151.
30 Individuals with gross incomes in excess of one hundred
31 percent of the federal poverty level shall pay a premium for
32 participation in accordance with subsection 4 of this
33 section.]

34 2. For income to be considered earned income for
35 purposes of this section, the department of social services
36 shall document that Medicare and Social Security taxes are
37 withheld from such income. Self-employed persons shall
38 provide proof of payment of Medicare and Social Security
39 taxes for income to be considered earned.

40 3. (1) For purposes of determining eligibility under
41 this section, the available asset limit and the definition
42 of available assets shall be the same as those used to
43 determine MO HealthNet eligibility for permanent and totally
44 disabled individuals under subdivision (24) of subsection 1
45 of section 208.151 except for:

46 (a) Medical savings accounts limited to deposits of
47 earned income and earnings on such income while a
48 participant in the program created under this section with a
49 value not to exceed five thousand dollars per year; [and]

50 (b) Independent living accounts limited to deposits of
51 earned income and earnings on such income while a
52 participant in the program created under this section with a
53 value not to exceed five thousand dollars per year. For
54 purposes of this section, an "independent living account"
55 means an account established and maintained to provide
56 savings for transportation, housing, home modification, and

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57 personal care services and assistive devices associated with
58 such person's disability; **and**

59 **(c) Retirement accounts including, but not limited to,**
60 **individual accounts, 401(k) plans, 403(b) plans, Keogh**
61 **plans, and pension plans, provided that income from such**
62 **accounts be calculated as income under subdivision (4) of**
63 **subsection 1 of this section.**

64 (2) To determine [net] income, the following shall be
65 disregarded:

66 (a) [All earned income of the disabled worker;
67 (b)] The first [sixty-five dollars and one-half] **fifty**
68 **thousand dollars** of [the remaining] earned income of [a
69 nondisabled spouse's earned income] **the person's spouse;**

70 [(c)] (b) A twenty dollar standard deduction;

71 [(d)] (c) Health insurance premiums;

72 [(e)] (d) A seventy-five dollar a month standard
73 deduction for the disabled worker's dental and optical
74 insurance when the total dental and optical insurance
75 premiums are less than seventy-five dollars;

76 [(f)] (e) All Supplemental Security Income payments,
77 and the first fifty dollars of SSDI payments; **and**

78 [(g)] (f) A standard deduction for impairment-related
79 employment expenses equal to one-half of the disabled
80 worker's earned income.

81 4. Any person whose [gross] income exceeds one hundred
82 percent of the federal poverty level shall pay a premium for
83 participation in the medical assistance provided in this
84 section. Such premium shall be:

85 (1) For a person whose [gross] income is more than one
86 hundred percent but less than one hundred fifty percent of
87 the federal poverty level, four percent of income at one
88 hundred percent of the federal poverty level;

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89 (2) For a person whose [gross] income equals or
90 exceeds one hundred fifty percent but is less than two
91 hundred percent of the federal poverty level, four percent
92 of income at one hundred fifty percent of the federal
93 poverty level;

94 (3) For a person whose [gross] income equals or
95 exceeds two hundred percent but less than two hundred fifty
96 percent of the federal poverty level, five percent of income
97 at two hundred percent of the federal poverty level;

98 (4) For a person whose [gross] income equals or
99 exceeds two hundred fifty percent up to and including three
100 hundred percent of the federal poverty level, six percent of
101 income at two hundred fifty percent of the federal poverty
102 level.

103 5. Recipients of services through this program shall
104 report any change in income or household size within ten
105 days of the occurrence of such change. An increase in
106 premiums resulting from a reported change in income or
107 household size shall be effective with the next premium
108 invoice that is mailed to a person after due process
109 requirements have been met. A decrease in premiums shall be
110 effective the first day of the month immediately following
111 the month in which the change is reported.

112 6. If an eligible person's employer offers employer-
113 sponsored health insurance and the department of social
114 services determines that it is more cost effective, such
115 person shall participate in the employer-sponsored
116 insurance. The department shall pay such person's portion
117 of the premiums, co-payments, and any other costs associated
118 with participation in the employer-sponsored health
119 insurance. **If the department elects to pay such person's**
120 **employer-sponsored insurance costs under this subsection,**

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121 the medical assistance provided under this section shall be
122 provided to an eligible person as a secondary or
123 supplemental policy for only personal care assistance
124 services, as defined in section 208.900, and related costs
125 and nonemergency medical transportation to any employer-
126 sponsored benefits that may be available to such person.

127 7. The department of social services shall provide to
128 the general assembly an annual report that identifies the
129 number of participants in the program and describes the
130 outreach and education efforts to increase awareness and
131 enrollment in the program.

132 8. The department of social services shall submit such
133 state plan amendments and waivers to the Centers for
134 Medicare and Medicaid Services of the federal Department of
135 Health and Human Services as the department determines are
136 necessary to implement the provisions of this section.

137 9. The provisions of this section shall expire August
138 28, 2025.

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

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

11 (2) All participants receiving aid to families with
12 dependent children benefits, including all persons under
13 nineteen years of age who would be classified as dependent
14 children except for the requirements of subdivision (1) of

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15 subsection 1 of section 208.040. Participants eligible
16 under this subdivision who are participating in treatment
17 court, as defined in section 478.001, shall have their
18 eligibility automatically extended sixty days from the time
19 their dependent child is removed from the custody of the
20 participant, subject to approval of the Centers for Medicare
21 and Medicaid Services;

22 (3) All participants receiving blind pension benefits;

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

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

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

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

45 (8) All participants receiving family foster home or
46 nonprofit private child-care institution care, subsidized

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47 adoption benefits and parental school care wherein state
48 funds are used as partial or full payment for such care;

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

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

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

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

71 (13) Children who have attained one year of age but
72 have not attained six years of age who are eligible for
73 medical assistance under 6401 of P.L. 101-239 (Omnibus
74 Budget Reconciliation Act of 1989) (42 U.S.C. Sections 1396a
75 to 1396b). The family support division shall use an income
76 eligibility standard equal to one hundred thirty-three
77 percent of the federal poverty level established by the

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78 Department of Health and Human Services, or its successor
79 agency;

80 (14) Children who have attained six years of age but
81 have not attained nineteen years of age. For children who
82 have attained six years of age but have not attained
83 nineteen years of age, the family support division shall use
84 an income assessment methodology which provides for
85 eligibility when family income is equal to or less than
86 equal to one hundred percent of the federal poverty level
87 established by the Department of Health and Human Services,
88 or its successor agency. As necessary to provide MO
89 HealthNet coverage under this subdivision, the department of
90 social services may revise the state MO HealthNet plan to
91 extend coverage under 42 U.S.C. Section
92 1396a(a)(10)(A)(i)(III) to children who have attained six
93 years of age but have not attained nineteen years of age as
94 permitted by paragraph (2) of subsection (n) of 42 U.S.C.
95 Section 1396d using a more liberal income assessment
96 methodology as authorized by paragraph (2) of subsection (r)
97 of 42 U.S.C. Section 1396a;

98 (15) The family support division shall not establish a
99 resource eligibility standard in assessing eligibility for
100 persons under subdivision (12), (13) or (14) of this
101 subsection. The MO HealthNet division shall define the
102 amount and scope of benefits which are available to
103 individuals eligible under each of the subdivisions (12),
104 (13), and (14) of this subsection, in accordance with the
105 requirements of federal law and regulations promulgated
106 thereunder;

107 (16) Notwithstanding any other provisions of law to
108 the contrary, ambulatory prenatal care shall be made
109 available to pregnant women during a period of presumptive

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110 eligibility pursuant to 42 U.S.C. Section 1396r-1, as
111 amended;

112 (17) A child born to a woman eligible for and
113 receiving MO HealthNet benefits under this section on the
114 date of the child's birth shall be deemed to have applied
115 for MO HealthNet benefits and to have been found eligible
116 for such assistance under such plan on the date of such
117 birth and to remain eligible for such assistance for a
118 period of time determined in accordance with applicable
119 federal and state law and regulations so long as the child
120 is a member of the woman's household and either the woman
121 remains eligible for such assistance or for children born on
122 or after January 1, 1991, the woman would remain eligible
123 for such assistance if she were still pregnant. Upon
124 notification of such child's birth, the family support
125 division shall assign a MO HealthNet eligibility
126 identification number to the child so that claims may be
127 submitted and paid under such child's identification number;

128 (18) Pregnant women and children eligible for MO
129 HealthNet benefits pursuant to subdivision (12), (13) or
130 (14) of this subsection shall not as a condition of
131 eligibility for MO HealthNet benefits be required to apply
132 for aid to families with dependent children. The family
133 support division shall utilize an application for
134 eligibility for such persons which eliminates information
135 requirements other than those necessary to apply for MO
136 HealthNet benefits. The division shall provide such
137 application forms to applicants whose preliminary income
138 information indicates that they are ineligible for aid to
139 families with dependent children. Applicants for MO
140 HealthNet benefits under subdivision (12), (13) or (14) of
141 this subsection shall be informed of the aid to families

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142 with dependent children program and that they are entitled
143 to apply for such benefits. Any forms utilized by the
144 family support division for assessing eligibility under this
145 chapter shall be as simple as practicable;

146 (19) Subject to appropriations necessary to recruit
147 and train such staff, the family support division shall
148 provide one or more full-time, permanent eligibility
149 specialists to process applications for MO HealthNet
150 benefits at the site of a health care provider, if the
151 health care provider requests the placement of such
152 eligibility specialists and reimburses the division for the
153 expenses including but not limited to salaries, benefits,
154 travel, training, telephone, supplies, and equipment of such
155 eligibility specialists. The division may provide a health
156 care provider with a part-time or temporary eligibility
157 specialist at the site of a health care provider if the
158 health care provider requests the placement of such an
159 eligibility specialist and reimburses the division for the
160 expenses, including but not limited to the salary, benefits,
161 travel, training, telephone, supplies, and equipment, of
162 such an eligibility specialist. The division may seek to
163 employ such eligibility specialists who are otherwise
164 qualified for such positions and who are current or former
165 welfare participants. The division may consider training
166 such current or former welfare participants as eligibility
167 specialists for this program;

168 (20) Pregnant women who are eligible for, have applied
169 for and have received MO HealthNet benefits under
170 subdivision (2), (10), (11) or (12) of this subsection shall
171 continue to be considered eligible for all pregnancy-related
172 and postpartum MO HealthNet benefits provided under section
173 208.152 until the end of the sixty-day period beginning on

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174 the last day of their pregnancy. Pregnant women receiving
175 mental health treatment for postpartum depression or related
176 mental health conditions within sixty days of giving birth
177 shall, subject to appropriations and any necessary federal
178 approval, be eligible for MO HealthNet benefits for mental
179 health services for the treatment of postpartum depression
180 and related mental health conditions for up to twelve
181 additional months. Pregnant women receiving substance abuse
182 treatment within sixty days of giving birth shall, subject
183 to appropriations and any necessary federal approval, be
184 eligible for MO HealthNet benefits for substance abuse
185 treatment and mental health services for the treatment of
186 substance abuse for no more than twelve additional months,
187 as long as the woman remains adherent with treatment. The
188 department of mental health and the department of social
189 services shall seek any necessary waivers or state plan
190 amendments from the Centers for Medicare and Medicaid
191 Services and shall develop rules relating to treatment plan
192 adherence. No later than fifteen months after receiving any
193 necessary waiver, the department of mental health and the
194 department of social services shall report to the house of
195 representatives budget committee and the senate
196 appropriations committee on the compliance with federal cost
197 neutrality requirements;

198 (21) Case management services for pregnant women and
199 young children at risk shall be a covered service. To the
200 greatest extent possible, and in compliance with federal law
201 and regulations, the department of health and senior
202 services shall provide case management services to pregnant
203 women by contract or agreement with the department of social
204 services through local health departments organized under
205 the provisions of chapter 192 or chapter 205 or a city

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206 health department operated under a city charter or a
207 combined city-county health department or other department
208 of health and senior services designees. To the greatest
209 extent possible the department of social services and the
210 department of health and senior services shall mutually
211 coordinate all services for pregnant women and children with
212 the crippled children's program, the prevention of
213 intellectual disability and developmental disability program
214 and the prenatal care program administered by the department
215 of health and senior services. The department of social
216 services shall by regulation establish the methodology for
217 reimbursement for case management services provided by the
218 department of health and senior services. For purposes of
219 this section, the term "case management" shall mean those
220 activities of local public health personnel to identify
221 prospective MO HealthNet-eligible high-risk mothers and
222 enroll them in the state's MO HealthNet program, refer them
223 to local physicians or local health departments who provide
224 prenatal care under physician protocol and who participate
225 in the MO HealthNet program for prenatal care and to ensure
226 that said high-risk mothers receive support from all private
227 and public programs for which they are eligible and shall
228 not include involvement in any MO HealthNet prepaid, case-
229 managed programs;

230 (22) By January 1, 1988, the department of social
231 services and the department of health and senior services
232 shall study all significant aspects of presumptive
233 eligibility for pregnant women and submit a joint report on
234 the subject, including projected costs and the time needed
235 for implementation, to the general assembly. The department
236 of social services, at the direction of the general

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237 assembly, may implement presumptive eligibility by
238 regulation promulgated pursuant to chapter 207;

239 (23) All participants who would be eligible for aid to
240 families with dependent children benefits except for the
241 requirements of paragraph (d) of subdivision (1) of section
242 208.150;

243 (24) (a) All persons who would be determined to be
244 eligible for old age assistance benefits under the
245 eligibility standards in effect December 31, 1973, as
246 authorized by 42 U.S.C. Section 1396a(f), or less
247 restrictive methodologies as contained in the MO HealthNet
248 state plan as of January 1, 2005; except that, on or after
249 July 1, 2005, less restrictive income methodologies, as
250 authorized in 42 U.S.C. Section 1396a(r) (2), may be used to
251 change the income limit if authorized by annual
252 appropriation;

253 (b) All persons who would be determined to be eligible
254 for aid to the blind benefits under the eligibility
255 standards in effect December 31, 1973, as authorized by 42
256 U.S.C. Section 1396a(f), or less restrictive methodologies
257 as contained in the MO HealthNet state plan as of January 1,
258 2005, except that less restrictive income methodologies, as
259 authorized in 42 U.S.C. Section 1396a(r) (2), shall be used
260 to raise the income limit to one hundred percent of the
261 federal poverty level;

262 (c) All persons who would be determined to be eligible
263 for permanent and total disability benefits under the
264 eligibility standards in effect December 31, 1973, as
265 authorized by 42 U.S.C. Section 1396a(f); or less
266 restrictive methodologies as contained in the MO HealthNet
267 state plan as of January 1, 2005; except that, on or after
268 July 1, 2005, less restrictive income methodologies, as

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269 authorized in 42 U.S.C. Section 1396a(r)(2), may be used to
270 change the income limit if authorized by annual
271 appropriations. Eligibility standards for permanent and
272 total disability benefits shall not be limited by age;

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

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

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

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

289 (c) Were covered by Medicaid while they were in foster
290 care;

291 (27) Any homeless child or homeless youth, as those
292 terms are defined in section 167.020, subject to approval of
293 a state plan amendment by the Centers for Medicare and
294 Medicaid Services;

295 **(28) (a) Subject to approval of any necessary state**
296 **plan amendments or waivers, beginning on the effective date**
297 **of this act, pregnant women who are eligible for, have**
298 **applied for, and have received MO HealthNet benefits under**
299 **subdivision (2), (10), (11), or (12) of this subsection**
300 **shall be eligible for medical assistance during the**

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301 pregnancy and during the twelve-month period that begins on
302 the last day of the woman's pregnancy and ends on the last
303 day of the month in which such twelve-month period ends,
304 consistent with the provisions of 42 U.S.C. Section
305 1396a(e) (16). The department shall submit a state plan
306 amendment to the Centers for Medicare and Medicaid Services
307 when the number of ineligible MO HealthNet participants
308 removed from the program in 2023 pursuant to section 208.239
309 exceeds the projected number of beneficiaries likely to
310 enroll in benefits in 2023 under this subdivision and
311 subdivision (2) of subsection 6 of section 208.662, as
312 determined by the department, by at least one hundred
313 individuals;

314 (b) The provisions of this subdivision shall remain in
315 effect for any period of time during which the federal
316 authority under 42 U.S.C. Section 1396a(e) (16), as amended,
317 or any successor statutes or implementing regulations, is in
318 effect.

319 2. Rules and regulations to implement this section
320 shall be promulgated in accordance with chapter 536. Any
321 rule or portion of a rule, as that term is defined in
322 section 536.010, that is created under the authority
323 delegated in this section shall become effective only if it
324 complies with and is subject to all of the provisions of
325 chapter 536 and, if applicable, section 536.028. This
326 section and chapter 536 are nonseverable and if any of the
327 powers vested with the general assembly pursuant to chapter
328 536 to review, to delay the effective date or to disapprove
329 and annul a rule are subsequently held unconstitutional,
330 then the grant of rulemaking authority and any rule proposed
331 or adopted after August 28, 2002, shall be invalid and void.

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332 3. After December 31, 1973, and before April 1, 1990,
333 any family eligible for assistance pursuant to 42 U.S.C.
334 Section 601, et seq., as amended, in at least three of the
335 last six months immediately preceding the month in which
336 such family became ineligible for such assistance because of
337 increased income from employment shall, while a member of
338 such family is employed, remain eligible for MO HealthNet
339 benefits for four calendar months following the month in
340 which such family would otherwise be determined to be
341 ineligible for such assistance because of income and
342 resource limitation. After April 1, 1990, any family
343 receiving aid pursuant to 42 U.S.C. Section 601, et seq., as
344 amended, in at least three of the six months immediately
345 preceding the month in which such family becomes ineligible
346 for such aid, because of hours of employment or income from
347 employment of the caretaker relative, shall remain eligible
348 for MO HealthNet benefits for six calendar months following
349 the month of such ineligibility as long as such family
350 includes a child as provided in 42 U.S.C. Section 1396r-6.
351 Each family which has received such medical assistance
352 during the entire six-month period described in this section
353 and which meets reporting requirements and income tests
354 established by the division and continues to include a child
355 as provided in 42 U.S.C. Section 1396r-6 shall receive MO
356 HealthNet benefits without fee for an additional six
357 months. The MO HealthNet division may provide by rule and
358 as authorized by annual appropriation the scope of MO
359 HealthNet coverage to be granted to such families.

360 4. When any individual has been determined to be
361 eligible for MO HealthNet benefits, such medical assistance
362 will be made available to him or her for care and services
363 furnished in or after the third month before the month in

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364 which he made application for such assistance if such
365 individual was, or upon application would have been,
366 eligible for such assistance at the time such care and
367 services were furnished; provided, further, that such
368 medical expenses remain unpaid.

369 5. The department of social services may apply to the
370 federal Department of Health and Human Services for a MO
371 HealthNet waiver amendment to the Section 1115 demonstration
372 waiver or for any additional MO HealthNet waivers necessary
373 not to exceed one million dollars in additional costs to the
374 state, unless subject to appropriation or directed by
375 statute, but in no event shall such waiver applications or
376 amendments seek to waive the services of a rural health
377 clinic or a federally qualified health center as defined in
378 42 U.S.C. Section 1396d(1)(1) and (2) or the payment
379 requirements for such clinics and centers as provided in 42
380 U.S.C. Section 1396a(a)(15) and 1396a(bb) unless such waiver
381 application is approved by the oversight committee created
382 in section 208.955. A request for such a waiver so
383 submitted shall only become effective by executive order not
384 sooner than ninety days after the final adjournment of the
385 session of the general assembly to which it is submitted,
386 unless it is disapproved within sixty days of its submission
387 to a regular session by a senate or house resolution adopted
388 by a majority vote of the respective elected members
389 thereof, unless the request for such a waiver is made
390 subject to appropriation or directed by statute.

391 6. Notwithstanding any other provision of law to the
392 contrary, in any given fiscal year, any persons made
393 eligible for MO HealthNet benefits under subdivisions (1) to
394 (22) of subsection 1 of this section shall only be eligible
395 if annual appropriations are made for such eligibility.

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396 This subsection shall not apply to classes of individuals
 397 listed in 42 U.S.C. Section 1396a(a)(10)(A)(i).

398 7. (1) Notwithstanding any provision of law to the
 399 contrary, a military service member, or an immediate family
 400 member residing with such military service member, who is a
 401 legal resident of this state and is eligible for MO
 402 HealthNet developmental disability services, shall have his
 403 or her eligibility for MO HealthNet developmental disability
 404 services temporarily suspended for any period of time during
 405 which such person temporarily resides outside of this state
 406 for reasons relating to military service, but shall have his
 407 or her eligibility immediately restored upon returning to
 408 this state to reside.

409 (2) Notwithstanding any provision of law to the
 410 contrary, if a military service member, or an immediate
 411 family member residing with such military service member, is
 412 not a legal resident of this state, but would otherwise be
 413 eligible for MO HealthNet developmental disability services,
 414 such individual shall be deemed eligible for MO HealthNet
 415 developmental disability services for the duration of any
 416 time in which such individual is temporarily present in this
 417 state for reasons relating to military service.

**208.186. The state shall not provide payments, add-
 2 ons, or reimbursements to health care providers through MO
 3 HealthNet for medical assistance services provided to
 4 persons who do not reside in this state, as determined under
 5 42 CFR 435.403, or any amendments or successor regulations
 6 thereto.**

**208.239. The department of social services shall
 2 resume annual MO HealthNet eligibility redeterminations,
 3 renewals, and postenrollment verifications no later than
 4 thirty days after the effective date of this act.**

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208.662. 1. There is hereby established within the
2 department of social services the "Show-Me Healthy Babies
3 Program" as a separate children's health insurance program
4 (CHIP) for any low-income unborn child. The program shall
5 be established under the authority of Title XXI of the
6 federal Social Security Act, the State Children's Health
7 Insurance Program, as amended, and 42 CFR 457.1.

8 2. For an unborn child to be enrolled in the show-me
9 healthy babies program, his or her mother shall not be
10 eligible for coverage under Title XIX of the federal Social
11 Security Act, the Medicaid program, as it is administered by
12 the state, and shall not have access to affordable employer-
13 subsidized health care insurance or other affordable health
14 care coverage that includes coverage for the unborn child.
15 In addition, the unborn child shall be in a family with
16 income eligibility of no more than three hundred percent of
17 the federal poverty level, or the equivalent modified
18 adjusted gross income, unless the income eligibility is set
19 lower by the general assembly through appropriations. In
20 calculating family size as it relates to income eligibility,
21 the family shall include, in addition to other family
22 members, the unborn child, or in the case of a mother with a
23 multiple pregnancy, all unborn children.

24 3. Coverage for an unborn child enrolled in the show-
25 me healthy babies program shall include all prenatal care
26 and pregnancy-related services that benefit the health of
27 the unborn child and that promote healthy labor, delivery,
28 and birth. Coverage need not include services that are
29 solely for the benefit of the pregnant mother, that are
30 unrelated to maintaining or promoting a healthy pregnancy,
31 and that provide no benefit to the unborn child. However,

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32 the department may include pregnancy-related assistance as
33 defined in 42 U.S.C. Section 139711.

34 4. There shall be no waiting period before an unborn
35 child may be enrolled in the show-me healthy babies
36 program. In accordance with the definition of child in 42
37 CFR 457.10, coverage shall include the period from
38 conception to birth. The department shall develop a
39 presumptive eligibility procedure for enrolling an unborn
40 child. There shall be verification of the pregnancy.

41 5. Coverage for the child shall continue for up to one
42 year after birth, unless otherwise prohibited by law or
43 unless otherwise limited by the general assembly through
44 appropriations.

45 6. **(1)** Pregnancy-related and postpartum coverage for
46 the mother shall begin on the day the pregnancy ends and
47 extend through the last day of the month that includes the
48 sixtieth day after the pregnancy ends, unless otherwise
49 prohibited by law or unless otherwise limited by the general
50 assembly through appropriations. The department may include
51 pregnancy-related assistance as defined in 42 U.S.C. Section
52 139711.

53 **(2) (a) Subject to approval of any necessary state**
54 **plan amendments or waivers, beginning on the effective date**
55 **of this act, mothers eligible to receive coverage under this**
56 **section shall receive medical assistance benefits during the**
57 **pregnancy and during the twelve-month period that begins on**
58 **the last day of the woman's pregnancy and ends on the last**
59 **day of the month in which such twelve-month period ends,**
60 **consistent with the provisions of 42 U.S.C. Section**
61 **1397gg(e) (1) (J). The department shall seek any necessary**
62 **state plan amendments or waivers to implement the provisions**
63 **of this subdivision when the number of ineligible MO**

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64 **HealthNet participants removed from the program in 2023**
65 **pursuant to section 208.239 exceeds the projected number of**
66 **beneficiaries likely to enroll in benefits in 2023 under**
67 **this subdivision and subdivision (28) of subsection 1 of**
68 **section 208.151, as determined by the department, by at**
69 **least one hundred individuals.**

70 **(b) The provisions of this subdivision shall remain in**
71 **effect for any period of time during which the federal**
72 **authority under 42 U.S.C. Section 1397gg(e) (1) (J), as**
73 **amended, or any successor statutes or implementing**
74 **regulations, is in effect.**

75 7. The department shall provide coverage for an unborn
76 child enrolled in the show-me healthy babies program in the
77 same manner in which the department provides coverage for
78 the children's health insurance program (CHIP) in the county
79 of the primary residence of the mother.

80 8. The department shall provide information about the
81 show-me healthy babies program to maternity homes as defined
82 in section 135.600, pregnancy resource centers as defined in
83 section 135.630, and other similar agencies and programs in
84 the state that assist unborn children and their mothers.
85 The department shall consider allowing such agencies and
86 programs to assist in the enrollment of unborn children in
87 the program, and in making determinations about presumptive
88 eligibility and verification of the pregnancy.

89 9. Within sixty days after August 28, 2014, the
90 department shall submit a state plan amendment or seek any
91 necessary waivers from the federal Department of Health and
92 Human Services requesting approval for the show-me healthy
93 babies program.

94 10. At least annually, the department shall prepare
95 and submit a report to the governor, the speaker of the

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96 house of representatives, and the president pro tempore of
97 the senate analyzing and projecting the cost savings and
98 benefits, if any, to the state, counties, local communities,
99 school districts, law enforcement agencies, correctional
100 centers, health care providers, employers, other public and
101 private entities, and persons by enrolling unborn children
102 in the show-me healthy babies program. The analysis and
103 projection of cost savings and benefits, if any, may include
104 but need not be limited to:

105 (1) The higher federal matching rate for having an
106 unborn child enrolled in the show-me healthy babies program
107 versus the lower federal matching rate for a pregnant woman
108 being enrolled in MO HealthNet or other federal programs;

109 (2) The efficacy in providing services to unborn
110 children through managed care organizations, group or
111 individual health insurance providers or premium assistance,
112 or through other nontraditional arrangements of providing
113 health care;

114 (3) The change in the proportion of unborn children
115 who receive care in the first trimester of pregnancy due to
116 a lack of waiting periods, by allowing presumptive
117 eligibility, or by removal of other barriers, and any
118 resulting or projected decrease in health problems and other
119 problems for unborn children and women throughout pregnancy;
120 at labor, delivery, and birth; and during infancy and
121 childhood;

122 (4) The change in healthy behaviors by pregnant women,
123 such as the cessation of the use of tobacco, alcohol,
124 illicit drugs, or other harmful practices, and any resulting
125 or projected short-term and long-term decrease in birth
126 defects; poor motor skills; vision, speech, and hearing
127 problems; breathing and respiratory problems; feeding and

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128 digestive problems; and other physical, mental, educational,
129 and behavioral problems; and

130 (5) The change in infant and maternal mortality,
131 preterm births and low birth weight babies and any resulting
132 or projected decrease in short-term and long-term medical
133 and other interventions.

134 11. The show-me healthy babies program shall not be
135 deemed an entitlement program, but instead shall be subject
136 to a federal allotment or other federal appropriations and
137 matching state appropriations.

138 12. Nothing in this section shall be construed as
139 obligating the state to continue the show-me healthy babies
140 program if the allotment or payments from the federal
141 government end or are not sufficient for the program to
142 operate, or if the general assembly does not appropriate
143 funds for the program.

144 13. Nothing in this section shall be construed as
145 expanding MO HealthNet or fulfilling a mandate imposed by
146 the federal government on the state.

**209.700. 1. This section shall be known and may be
2 cited as the "Missouri Employment First Act".**

**3 2. As used in this section, unless the context clearly
4 requires otherwise, the following terms mean:**

5 (1) "Competitive integrated employment", work that:

**6 (a) Is performed on a full-time or part-time basis,
7 including self-employment, and for which a person is
8 compensated at a rate that:**

**9 a. Is no less than the higher of the rate specified in
10 29 U.S.C. Section 206(a)(1) or the rate required under any
11 applicable state or local minimum wage law for the place of
12 employment;**

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13 b. Is no less than the customary rate paid by the
14 employer for the same or similar work performed by other
15 employees who are not persons with disabilities and who are
16 similarly situated in similar occupations by the same
17 employer and who have similar training, experience, and
18 skills;

19 c. In the case of a person who is self-employed,
20 yields an income that is comparable to the income received
21 by other persons who are not persons with disabilities and
22 who are self-employed in similar occupations or on similar
23 tasks and who have similar training, experience, and skills;
24 and

25 d. Is eligible for the level of benefits provided to
26 other employees;

27 (b) Is at a location:

28 a. Typically found in the community; and

29 b. Where the employee with a disability interacts for
30 the purpose of performing the duties of the position with
31 other employees within the particular work unit and the
32 entire work site and, as appropriate to the work performed,
33 other persons, such as customers and vendors, who are not
34 persons with disabilities, other than supervisory personnel
35 or persons who are providing services to such employee, to
36 the same extent that employees who are not persons with
37 disabilities and who are in comparable positions interact
38 with these persons; and

39 (c) Presents, as appropriate, opportunities for
40 advancement that are similar to those for other employees
41 who are not persons with disabilities and who have similar
42 positions;

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43 (2) "Customized employment", competitive integrated
44 employment for a person with a significant disability that
45 is:

46 (a) Based on an individualized determination of the
47 unique strengths, needs, and interests of the person with a
48 significant disability;

49 (b) Designed to meet the specific abilities of the
50 person with a significant disability and the business needs
51 of the employer; and

52 (c) Carried out through flexible strategies, such as:

53 a. Job exploration by the person; and

54 b. Working with an employer to facilitate placement,
55 including:

56 (i) Customizing a job description based on current
57 employer needs or on previously unidentified and unmet
58 employer needs;

59 (ii) Developing a set of job duties, a work schedule
60 and job arrangement, and specifics of supervision, including
61 performance evaluation and review, and determining a job
62 location;

63 (iii) Using a professional representative chosen by
64 the person or self-representation, if elected, to work with
65 an employer to facilitate placement; and

66 (iv) Providing services and supports at the job
67 location;

68 (3) "Disability", a physical or mental impairment that
69 substantially limits one or more major life activities of a
70 person, as defined in the Americans with Disabilities Act of
71 1990, as amended. The term "disability" does not include
72 brief periods of intoxication caused by alcohol or drugs or
73 dependence upon or addiction to any alcohol or drug;

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74 (4) "Employment first", a concept to facilitate the
75 full inclusion of persons with disabilities in the workplace
76 and community in which community-based, competitive
77 integrated employment is the first and preferred outcome for
78 employment services for persons with disabilities;

79 (5) "Employment-related services", services provided
80 to persons, including persons with disabilities, to assist
81 them in finding employment. The term "employment-related
82 services" includes, but is not limited to, resume
83 development, job fairs, and interview training;

84 (6) "Integrated setting", a setting:

85 (a) Typically found in the community; and

86 (b) Where the employee with a disability interacts for
87 the purpose of performing the duties of the position with
88 other employees within the particular work unit and the
89 entire work site and, as appropriate to the work performed,
90 other persons, such as customers and vendors, who are not
91 persons with disabilities, other than supervisory personnel
92 or persons who are providing services to such employee, to
93 the same extent that employees who are not persons with
94 disabilities and who are in comparable positions interact
95 with these persons;

96 (7) "Outcome", with respect to a person entering,
97 advancing in, or retaining full-time or, if appropriate,
98 part-time competitive integrated employment, including
99 customized employment, self-employment, telecommuting, or
100 business ownership, or supported employment that is
101 consistent with a person's unique strengths, resources,
102 priorities, concerns, abilities, capabilities, interests,
103 and informed choice;

104 (8) "Sheltered workshop", the same meaning given to
105 the term in section 178.900;

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106 (9) "State agency", an authority, board, branch,
107 commission, committee, department, division, or other
108 instrumentality of the executive branch of state government;

109 (10) "Supported employment", competitive integrated
110 employment, including customized employment, or employment
111 in an integrated setting in which persons are working toward
112 a competitive integrated employment, that is individualized
113 and customized consistent with the strengths, abilities,
114 interests, and informed choice of the persons involved who,
115 because of the nature and severity of their disabilities,
116 need intensive supported employment services and extended
117 services in order to perform the work involved;

118 (11) "Supported employment services", ongoing support
119 services, including customized employment, needed to support
120 and maintain a person with a most significant disability in
121 supported employment, that:

122 (a) Are provided singly or in combination and are
123 organized and made available in such a way as to assist an
124 eligible person to achieve competitive integrated
125 employment; and

126 (b) Are based on a determination of the needs of an
127 eligible person, as specified in an individualized plan for
128 employment;

129 (12) "Working age", sixteen years of age or older;

130 (13) "Youth with a disability", any person fourteen
131 years of age or older and under eighteen years of age who
132 has a disability.

133 3. All state agencies that provide employment-related
134 services or that provide services or support to persons with
135 disabilities shall:

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136 (1) Develop collaborative relationships with each
137 other, confirmed by a written memorandum of understanding
138 signed by each such state agency; and

139 (2) Implement coordinated strategies to promote
140 competitive integrated employment including, but not limited
141 to, coordinated service planning, job exploration, increased
142 job training, and internship opportunities.

143 4. All state agencies that provide employment-related
144 services or that provide services or support to persons with
145 disabilities shall:

146 (1) Implement an employment first policy by
147 considering competitive integrated employment as the first
148 and preferred outcome when planning or providing services or
149 supports to persons with disabilities who are of working age;

150 (2) Offer information on competitive integrated
151 employment to all working-age persons with disabilities.
152 The information offered shall include an explanation of the
153 relationship between a person's earned income and his or her
154 public benefits, information on Achieving a Better Life
155 Experience (ABLE) accounts, and information on accessing
156 assistive technology;

157 (3) Ensure that persons with disabilities receive the
158 opportunity to understand and explore education and training
159 as pathways to employment, including postsecondary,
160 graduate, and postgraduate education; vocational and
161 technical training; and other training. State agencies
162 shall not be required to fund any education or training
163 unless otherwise required by law;

164 (4) Promote the availability and accessibility of
165 individualized training designed to prepare a person with a
166 disability for the person's preferred employment;

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167 (5) Promote partnerships with private agencies that
168 offer supported employment services, if appropriate;

169 (6) Promote partnerships with employers to overcome
170 barriers to meeting workforce needs with the creative use of
171 technology and innovation;

172 (7) Ensure that staff members of public schools,
173 vocational service programs, and community providers receive
174 the support, guidance, and training that they need to
175 contribute to attainment of the goal of competitive
176 integrated employment for all persons with disabilities;

177 (8) Ensure that competitive integrated employment,
178 while the first and preferred outcome when planning or
179 providing services or supports to persons with disabilities
180 who are of working age, is not required of a person with a
181 disability to secure or maintain public benefits for which
182 the person is otherwise eligible; and

183 (9) At least once each year, discuss basic information
184 about competitive integrated employment with the parents or
185 guardians of a youth with a disability. If the youth with a
186 disability has been emancipated, state agencies shall
187 discuss this information with the youth with a disability.
188 The information offered shall include an explanation of the
189 relationship between a person's earned income and his or her
190 public benefits, information about ABLE accounts, and
191 information about accessing assistive technology.

192 5. Nothing in this section shall require a state
193 agency to perform any action that would interfere with the
194 state agency's ability to fulfill duties and requirements
195 mandated by federal law.

196 6. Nothing in this section shall be construed to limit
197 or disallow any disability benefits to which a person with a

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198 disability who is unable to engage in competitive integrated
199 employment would otherwise be entitled.

200 7. Nothing in this section shall be construed to
201 eliminate any supported employment services or sheltered
202 workshop settings as options.

203 8. (1) Nothing in this section shall be construed to
204 require any state agency or other employer to give a
205 preference in hiring to persons with disabilities or to
206 prohibit any employment relationship or program that is
207 otherwise permitted under applicable law.

208 (2) Any person who is employed by a state agency shall
209 meet the minimum qualifications and requirements for the
210 position in which the person is employed.

211 9. All state agencies that provide employment-related
212 services or that provide services or support to persons with
213 disabilities shall coordinate efforts and collaborate within
214 and among each other to ensure that state programs,
215 policies, and procedures support competitive integrated
216 employment for persons with disabilities who are of working
217 age. All such state agencies, when feasible, shall share
218 data and information across systems in order to track
219 progress toward full implementation of this section. All
220 such state agencies are encouraged to adopt measurable goals
221 and objectives to promote assessment of progress in
222 implementing this section.

223 10. State agencies may promulgate all necessary rules
224 and regulations for the administration of this section. Any
225 rule or portion of a rule, as that term is defined in
226 section 536.010, that is created under the authority
227 delegated in this section shall become effective only if it
228 complies with and is subject to all of the provisions of
229 chapter 536 and, if applicable, section 536.028. This

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230 section and chapter 536 are nonseverable and if any of the
231 powers vested with the general assembly pursuant to chapter
232 536 to review, to delay the effective date, or to disapprove
233 and annul a rule are subsequently held unconstitutional,
234 then the grant of rulemaking authority and any rule proposed
235 or adopted after August 28, 2023, shall be invalid and void.

210.1360. 1. Any personally identifiable information
2 regarding any child under eighteen years of age receiving
3 child care from any provider or applying for or receiving
4 any services through a state program shall not be subject to
5 disclosure except as otherwise provided by law.

6 2. This section shall not prohibit any state agency
7 from disclosing personally identifiable information to
8 governmental entities or its agents, vendors, grantees, and
9 contractors in connection to matters relating to its
10 official duties. The provisions of this section shall not
11 apply to any state, county, or municipal law enforcement
12 agency acting in its official capacity.

13 3. This section shall not prevent a parent or legal
14 guardian from accessing the parent's or legal guardian's
15 child's records.

334.104. 1. A physician may enter into collaborative
2 practice arrangements with registered professional nurses.
3 Collaborative practice arrangements shall be in the form of
4 written agreements, jointly agreed-upon protocols, or
5 standing orders for the delivery of health care services.
6 Collaborative practice arrangements, which shall be in
7 writing, may delegate to a registered professional nurse the
8 authority to administer or dispense drugs and provide
9 treatment as long as the delivery of such health care
10 services is within the scope of practice of the registered

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11 professional nurse and is consistent with that nurse's
12 skill, training and competence.

13 2. Collaborative practice arrangements, which shall be
14 in writing, may delegate to a registered professional nurse
15 the authority to administer, dispense or prescribe drugs and
16 provide treatment if the registered professional nurse is an
17 advanced practice registered nurse as defined in subdivision
18 (2) of section 335.016. Collaborative practice arrangements
19 may delegate to an advanced practice registered nurse, as
20 defined in section 335.016, the authority to administer,
21 dispense, or prescribe controlled substances listed in
22 Schedules III, IV, and V of section 195.017, and Schedule
23 II - hydrocodone; except that, the collaborative practice
24 arrangement shall not delegate the authority to administer
25 any controlled substances listed in Schedules III, IV, and V
26 of section 195.017, or Schedule II - hydrocodone for the
27 purpose of inducing sedation or general anesthesia for
28 therapeutic, diagnostic, or surgical procedures. Schedule
29 III narcotic controlled substance and Schedule II -
30 hydrocodone prescriptions shall be limited to a one hundred
31 twenty-hour supply without refill. Such collaborative
32 practice arrangements shall be in the form of written
33 agreements, jointly agreed-upon protocols or standing orders
34 for the delivery of health care services. An advanced
35 practice registered nurse may prescribe buprenorphine for up
36 to a thirty-day supply without refill for patients receiving
37 medication-assisted treatment for substance use disorders
38 under the direction of the collaborating physician.

39 3. The written collaborative practice arrangement
40 shall contain at least the following provisions:

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41 (1) Complete names, home and business addresses, zip
42 codes, and telephone numbers of the collaborating physician
43 and the advanced practice registered nurse;

44 (2) A list of all other offices or locations besides
45 those listed in subdivision (1) of this subsection where the
46 collaborating physician authorized the advanced practice
47 registered nurse to prescribe;

48 (3) A requirement that there shall be posted at every
49 office where the advanced practice registered nurse is
50 authorized to prescribe, in collaboration with a physician,
51 a prominently displayed disclosure statement informing
52 patients that they may be seen by an advanced practice
53 registered nurse and have the right to see the collaborating
54 physician;

55 (4) All specialty or board certifications of the
56 collaborating physician and all certifications of the
57 advanced practice registered nurse;

58 (5) The manner of collaboration between the
59 collaborating physician and the advanced practice registered
60 nurse, including how the collaborating physician and the
61 advanced practice registered nurse will:

62 (a) Engage in collaborative practice consistent with
63 each professional's skill, training, education, and
64 competence;

65 (b) Maintain geographic proximity, except **as specified**
66 **in this paragraph. The following provisions shall apply**
67 **with respect to this requirement:**

68 a. **Until August 28, 2025, an advanced practice**
69 **registered nurse providing services in a correctional**
70 **center, as defined in section 217.010, and his or her**
71 **collaborating physician shall satisfy the geographic**

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72 **proximity requirement if they practice within two hundred**
73 **miles by road of one another;**

74 **b.** The collaborative practice arrangement may allow
75 for geographic proximity to be waived for a maximum of
76 twenty-eight days per calendar year for rural health clinics
77 as defined by [P.L.] **Pub. L. 95-210 (42 U.S.C. Section**
78 **1395x, as amended)**, as long as the collaborative practice
79 arrangement includes alternative plans as required in
80 paragraph (c) of this subdivision. This exception to
81 geographic proximity shall apply only to independent rural
82 health clinics, provider-based rural health clinics where
83 the provider is a critical access hospital as provided in 42
84 U.S.C. Section 1395i-4, and provider-based rural health
85 clinics where the main location of the hospital sponsor is
86 greater than fifty miles from the clinic[.]; **and**

87 **c.** The collaborating physician is required to maintain
88 documentation related to this requirement and to present it
89 to the state board of registration for the healing arts when
90 requested; and

91 (c) Provide coverage during absence, incapacity,
92 infirmity, or emergency by the collaborating physician;

93 (6) A description of the advanced practice registered
94 nurse's controlled substance prescriptive authority in
95 collaboration with the physician, including a list of the
96 controlled substances the physician authorizes the nurse to
97 prescribe and documentation that it is consistent with each
98 professional's education, knowledge, skill, and competence;

99 (7) A list of all other written practice agreements of
100 the collaborating physician and the advanced practice
101 registered nurse;

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102 (8) The duration of the written practice agreement
103 between the collaborating physician and the advanced
104 practice registered nurse;

105 (9) A description of the time and manner of the
106 collaborating physician's review of the advanced practice
107 registered nurse's delivery of health care services. The
108 description shall include provisions that the advanced
109 practice registered nurse shall submit a minimum of ten
110 percent of the charts documenting the advanced practice
111 registered nurse's delivery of health care services to the
112 collaborating physician for review by the collaborating
113 physician, or any other physician designated in the
114 collaborative practice arrangement, every fourteen days; and

115 (10) The collaborating physician, or any other
116 physician designated in the collaborative practice
117 arrangement, shall review every fourteen days a minimum of
118 twenty percent of the charts in which the advanced practice
119 registered nurse prescribes controlled substances. The
120 charts reviewed under this subdivision may be counted in the
121 number of charts required to be reviewed under subdivision
122 (9) of this subsection.

123 4. The state board of registration for the healing
124 arts pursuant to section 334.125 and the board of nursing
125 pursuant to section 335.036 may jointly promulgate rules
126 regulating the use of collaborative practice arrangements.
127 Such rules shall be limited to specifying geographic areas
128 to be covered, the methods of treatment that may be covered
129 by collaborative practice arrangements and the requirements
130 for review of services provided pursuant to collaborative
131 practice arrangements including delegating authority to
132 prescribe controlled substances. **Any rules relating to**
133 **geographic proximity shall allow a collaborating physician**

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134 **and a collaborating advanced practice registered nurse to**
135 **practice within two hundred miles by road of one another**
136 **until August 28, 2025, if the nurse is providing services in**
137 **a correctional center, as defined in section 217.010.** Any
138 rules relating to dispensing or distribution of medications
139 or devices by prescription or prescription drug orders under
140 this section shall be subject to the approval of the state
141 board of pharmacy. Any rules relating to dispensing or
142 distribution of controlled substances by prescription or
143 prescription drug orders under this section shall be subject
144 to the approval of the department of health and senior
145 services and the state board of pharmacy. In order to take
146 effect, such rules shall be approved by a majority vote of a
147 quorum of each board. Neither the state board of
148 registration for the healing arts nor the board of nursing
149 may separately promulgate rules relating to collaborative
150 practice arrangements. Such jointly promulgated rules shall
151 be consistent with guidelines for federally funded clinics.
152 The rulemaking authority granted in this subsection shall
153 not extend to collaborative practice arrangements of
154 hospital employees providing inpatient care within hospitals
155 as defined pursuant to chapter 197 or population-based
156 public health services as defined by 20 CSR 2150-5.100 as of
157 April 30, 2008.

158 5. The state board of registration for the healing
159 arts shall not deny, revoke, suspend or otherwise take
160 disciplinary action against a physician for health care
161 services delegated to a registered professional nurse
162 provided the provisions of this section and the rules
163 promulgated thereunder are satisfied. Upon the written
164 request of a physician subject to a disciplinary action
165 imposed as a result of an agreement between a physician and

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166 a registered professional nurse or registered physician
167 assistant, whether written or not, prior to August 28, 1993,
168 all records of such disciplinary licensure action and all
169 records pertaining to the filing, investigation or review of
170 an alleged violation of this chapter incurred as a result of
171 such an agreement shall be removed from the records of the
172 state board of registration for the healing arts and the
173 division of professional registration and shall not be
174 disclosed to any public or private entity seeking such
175 information from the board or the division. The state board
176 of registration for the healing arts shall take action to
177 correct reports of alleged violations and disciplinary
178 actions as described in this section which have been
179 submitted to the National Practitioner Data Bank. In
180 subsequent applications or representations relating to his
181 **or her** medical practice, a physician completing forms or
182 documents shall not be required to report any actions of the
183 state board of registration for the healing arts for which
184 the records are subject to removal under this section.

185 6. Within thirty days of any change and on each
186 renewal, the state board of registration for the healing
187 arts shall require every physician to identify whether the
188 physician is engaged in any collaborative practice
189 agreement, including collaborative practice agreements
190 delegating the authority to prescribe controlled substances,
191 or physician assistant agreement and also report to the
192 board the name of each licensed professional with whom the
193 physician has entered into such agreement. The board may
194 make this information available to the public. The board
195 shall track the reported information and may routinely
196 conduct random reviews of such agreements to ensure that
197 agreements are carried out for compliance under this chapter.

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198 7. Notwithstanding any law to the contrary, a
199 certified registered nurse anesthetist as defined in
200 subdivision (8) of section 335.016 shall be permitted to
201 provide anesthesia services without a collaborative practice
202 arrangement provided that he or she is under the supervision
203 of an anesthesiologist or other physician, dentist, or
204 podiatrist who is immediately available if needed. Nothing
205 in this subsection shall be construed to prohibit or prevent
206 a certified registered nurse anesthetist as defined in
207 subdivision (8) of section 335.016 from entering into a
208 collaborative practice arrangement under this section,
209 except that the collaborative practice arrangement may not
210 delegate the authority to prescribe any controlled
211 substances listed in Schedules III, IV, and V of section
212 195.017, or Schedule II - hydrocodone.

213 8. A collaborating physician shall not enter into a
214 collaborative practice arrangement with more than six full-
215 time equivalent advanced practice registered nurses, full-
216 time equivalent licensed physician assistants, or full-time
217 equivalent assistant physicians, or any combination
218 thereof. This limitation shall not apply to collaborative
219 arrangements of hospital employees providing inpatient care
220 service in hospitals as defined in chapter 197 or population-
221 based public health services as defined by 20 CSR 2150-5.100
222 as of April 30, 2008, or to a certified registered nurse
223 anesthetist providing anesthesia services under the
224 supervision of an anesthesiologist or other physician,
225 dentist, or podiatrist who is immediately available if
226 needed as set out in subsection 7 of this section.

227 9. It is the responsibility of the collaborating
228 physician to determine and document the completion of at
229 least a one-month period of time during which the advanced

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230 practice registered nurse shall practice with the
231 collaborating physician continuously present before
232 practicing in a setting where the collaborating physician is
233 not continuously present. This limitation shall not apply
234 to collaborative arrangements of providers of population-
235 based public health services as defined by 20 CSR 2150-5.100
236 as of April 30, 2008.

237 10. No agreement made under this section shall
238 supersede current hospital licensing regulations governing
239 hospital medication orders under protocols or standing
240 orders for the purpose of delivering inpatient or emergency
241 care within a hospital as defined in section 197.020 if such
242 protocols or standing orders have been approved by the
243 hospital's medical staff and pharmaceutical therapeutics
244 committee.

245 11. No contract or other agreement shall require a
246 physician to act as a collaborating physician for an
247 advanced practice registered nurse against the physician's
248 will. A physician shall have the right to refuse to act as
249 a collaborating physician, without penalty, for a particular
250 advanced practice registered nurse. No contract or other
251 agreement shall limit the collaborating physician's ultimate
252 authority over any protocols or standing orders or in the
253 delegation of the physician's authority to any advanced
254 practice registered nurse, but this requirement shall not
255 authorize a physician in implementing such protocols,
256 standing orders, or delegation to violate applicable
257 standards for safe medical practice established by
258 hospital's medical staff.

259 12. No contract or other agreement shall require any
260 advanced practice registered nurse to serve as a
261 collaborating advanced practice registered nurse for any

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262 collaborating physician against the advanced practice
263 registered nurse's will. An advanced practice registered
264 nurse shall have the right to refuse to collaborate, without
265 penalty, with a particular physician.

335.203. 1. There is hereby established the "Nursing
2 Education Incentive Program" within the state board of
3 nursing.

4 2. Subject to appropriation and board disbursement,
5 grants shall be awarded through the nursing education
6 incentive program to eligible institutions of higher
7 education based on criteria jointly determined by the board
8 and the department of higher education and workforce
9 development. [Grant award amounts shall not exceed one
10 hundred fifty thousand dollars.] No campus shall receive
11 more than one grant per year.

12 3. To be considered for a grant, an eligible
13 institution of higher education shall offer a program of
14 nursing that meets the predetermined category and area of
15 need as established by the board and the department under
16 subsection 4 of this section.

17 4. The board and the department shall determine
18 categories and areas of need for designating grants to
19 eligible institutions of higher education. In establishing
20 categories and areas of need, the board and department may
21 consider criteria including, but not limited to:

22 (1) Data generated from licensure renewal data and the
23 department of health and senior services; and

24 (2) National nursing statistical data and trends that
25 have identified nursing shortages.

26 5. The board shall be the administrative agency
27 responsible for implementation of the program established
28 under sections 335.200 to 335.203, and shall promulgate

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29 reasonable rules for the exercise of its functions and the
30 effectuation of the purposes of sections 335.200 to
31 335.203. The board shall, by rule, prescribe the form,
32 time, and method of filing applications and shall supervise
33 the processing of such applications.

34 6. Any rule or portion of a rule, as that term is
35 defined in section 536.010, that is created under the
36 authority delegated in this section shall become effective
37 only if it complies with and is subject to all of the
38 provisions of chapter 536 and, if applicable, section
39 536.028. This section and chapter 536 are nonseverable and
40 if any of the powers vested with the general assembly
41 pursuant to chapter 536 to review, to delay the effective
42 date, or to disapprove and annul a rule are subsequently
43 held unconstitutional, then the grant of rulemaking
44 authority and any rule proposed or adopted after August 28,
45 2011, shall be invalid and void.

**335.205. The board, in addition to any other duties it
2 may have regarding licensure of nurses, shall collect, at
3 the time of any initial license application or license
4 renewal application, a nursing education incentive program
5 surcharge from each person licensed or relicensed under this
6 chapter, in the amount of one dollar per year for practical
7 nurses and five dollars per year for registered professional
8 nurses. These funds shall be deposited in the state board
9 of nursing fund described in section 335.036.**

338.010. 1. The "practice of pharmacy" [means]
2 **includes:**

3 (1) The interpretation, implementation, and evaluation
4 of medical prescription orders, including any legend drugs
5 under 21 U.S.C. Section 353[;], **and the** receipt,

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6 transmission, or handling of such orders or facilitating the
7 dispensing of such orders;

8 **(2)** The designing, initiating, implementing, and
9 monitoring of a medication therapeutic plan [as defined by
10 the prescription order so long as the prescription order is
11 specific to each patient for care by a pharmacist] **in**
12 **accordance with the provisions of this section;**

13 **(3)** The compounding, dispensing, labeling, and
14 administration of drugs and devices pursuant to medical
15 prescription orders [and administration of viral influenza,
16 pneumonia, shingles, hepatitis A, hepatitis B, diphtheria,
17 tetanus, pertussis, and meningitis vaccines by written
18 protocol authorized by a physician for persons at least
19 seven years of age or the age recommended by the Centers for
20 Disease Control and Prevention, whichever is higher, or the
21 administration of pneumonia, shingles, hepatitis A,
22 hepatitis B, diphtheria, tetanus, pertussis, meningitis, and
23 viral influenza vaccines by written protocol authorized by a
24 physician for a specific patient as authorized by rule];

25 **(4)** **The ordering and administration of vaccines**
26 **approved or authorized by the U.S. Food and Drug**
27 **Administration, excluding vaccines for cholera, monkeypox,**
28 **Japanese encephalitis, typhoid, rabies, yellow fever, tick-**
29 **borne encephalitis, anthrax, tuberculosis, dengue, Hib,**
30 **polio, rotavirus, smallpox, and any vaccine approved after**
31 **January 1, 2023, to persons at least seven years of age or**
32 **the age recommended by the Centers for Disease Control and**
33 **Prevention, whichever is older, pursuant to joint**
34 **promulgation of rules established by the board of pharmacy**
35 **and the state board of registration for the healing arts**
36 **unless rules are established under a state of emergency as**
37 **described in section 44.100;**

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38 **(5)** The participation in drug selection according to
39 state law and participation in drug utilization reviews;

40 **(6)** The proper and safe storage of drugs and devices
41 and the maintenance of proper records thereof;

42 **(7)** Consultation with patients and other health care
43 practitioners, and veterinarians and their clients about
44 legend drugs, about the safe and effective use of drugs and
45 devices;

46 **(8)** The prescribing and dispensing of any nicotine
47 replacement therapy product under section 338.665;

48 **(9)** The dispensing of HIV postexposure prophylaxis
49 pursuant to section 338.730; and

50 **(10)** The offering or performing of those acts,
51 services, operations, or transactions necessary in the
52 conduct, operation, management and control of a pharmacy.

53 **2.** No person shall engage in the practice of pharmacy
54 unless he or she is licensed under the provisions of this
55 chapter.

56 **3.** This chapter shall not be construed to prohibit the
57 use of auxiliary personnel under the direct supervision of a
58 pharmacist from assisting the pharmacist in any of his or
59 her duties. This assistance in no way is intended to
60 relieve the pharmacist from his or her responsibilities for
61 compliance with this chapter and he or she will be
62 responsible for the actions of the auxiliary personnel
63 acting in his or her assistance.

64 **4.** This chapter shall **[also]** not be construed to
65 prohibit or interfere with any legally registered
66 practitioner of medicine, dentistry, or podiatry, or
67 veterinary medicine only for use in animals, or the practice
68 of optometry in accordance with and as provided in sections

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69 195.070 and 336.220 in the compounding, administering,
70 prescribing, or dispensing of his or her own prescriptions.

71 [2. Any pharmacist who accepts a prescription order
72 for a medication therapeutic plan shall have a written
73 protocol from the physician who refers the patient for
74 medication therapy services.]

75 **5. A pharmacist with a certificate of medication**
76 **therapeutic plan authority may provide medication therapy**
77 **services pursuant to a written protocol from a physician**
78 **licensed under chapter 334 to patients who have established**
79 **a physician-patient relationship, as described in**
80 **subdivision (1) of subsection 1 of section 191.1146, with**
81 **the protocol physician.** The written protocol [and the
82 prescription order for a medication therapeutic plan]
83 **authorized by this section** shall come **only** from the
84 physician [only,] and shall not come from a nurse engaged in
85 a collaborative practice arrangement under section 334.104,
86 or from a physician assistant engaged in a collaborative
87 practice arrangement under section 334.735.

88 [3.] **6.** Nothing in this section shall be construed as
89 to prevent any person, firm or corporation from owning a
90 pharmacy regulated by sections 338.210 to 338.315, provided
91 that a licensed pharmacist is in charge of such pharmacy.

92 [4.] **7.** Nothing in this section shall be construed to
93 apply to or interfere with the sale of nonprescription drugs
94 and the ordinary household remedies and such drugs or
95 medicines as are normally sold by those engaged in the sale
96 of general merchandise.

97 [5.] **8.** No health carrier as defined in chapter 376
98 shall require any physician with which they contract to
99 enter into a written protocol with a pharmacist for
100 medication therapeutic services.

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101 [6.] 9. This section shall not be construed to allow a
102 pharmacist to diagnose or independently prescribe
103 pharmaceuticals.

104 [7.] 10. The state board of registration for the
105 healing arts, under section 334.125, and the state board of
106 pharmacy, under section 338.140, shall jointly promulgate
107 rules regulating the use of protocols [for prescription
108 orders] for medication therapy services [and administration
109 of viral influenza vaccines]. Such rules shall require
110 protocols to include provisions allowing for timely
111 communication between the pharmacist and the [referring]
112 **protocol physician or similar body authorized by this**
113 **section**, and any other patient protection provisions deemed
114 appropriate by both boards. In order to take effect, such
115 rules shall be approved by a majority vote of a quorum of
116 each board. Neither board shall separately promulgate rules
117 regulating the use of protocols for [prescription orders
118 for] medication therapy services [and administration of
119 viral influenza vaccines]. Any rule or portion of a rule,
120 as that term is defined in section 536.010, that is created
121 under the authority delegated in this section shall become
122 effective only if it complies with and is subject to all of
123 the provisions of chapter 536 and, if applicable, section
124 536.028. This section and chapter 536 are nonseverable and
125 if any of the powers vested with the general assembly
126 pursuant to chapter 536 to review, to delay the effective
127 date, or to disapprove and annul a rule are subsequently
128 held unconstitutional, then the grant of rulemaking
129 authority and any rule proposed or adopted after August 28,
130 2007, shall be invalid and void.

131 [8.] 11. The state board of pharmacy may grant a
132 certificate of medication therapeutic plan authority to a

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133 licensed pharmacist who submits proof of successful
134 completion of a board-approved course of academic clinical
135 study beyond a bachelor of science in pharmacy, including
136 but not limited to clinical assessment skills, from a
137 nationally accredited college or university, or a
138 certification of equivalence issued by a nationally
139 recognized professional organization and approved by the
140 board of pharmacy.

141 [9.] 12. Any pharmacist who has received a certificate
142 of medication therapeutic plan authority may engage in the
143 designing, initiating, implementing, and monitoring of a
144 medication therapeutic plan as defined by a [prescription
145 order] **written protocol** from a physician that [is] **may be**
146 specific to each patient for care by a pharmacist.

147 [10.] 13. Nothing in this section shall be construed
148 to allow a pharmacist to make a therapeutic substitution of
149 a pharmaceutical prescribed by a physician unless authorized
150 by the written protocol or the physician's prescription
151 order.

152 [11.] 14. "Veterinarian", "doctor of veterinary
153 medicine", "practitioner of veterinary medicine", "DVM",
154 "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS",
155 or an equivalent title means a person who has received a
156 doctor's degree in veterinary medicine from an accredited
157 school of veterinary medicine or holds an Educational
158 Commission for Foreign Veterinary Graduates (EDFVG)
159 certificate issued by the American Veterinary Medical
160 Association (AVMA).

161 [12.] 15. In addition to other requirements
162 established by the joint promulgation of rules by the board
163 of pharmacy and the state board of registration for the
164 healing arts:

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

168 (2) A pharmacist who is administering a vaccine shall
169 request a patient to remain in the pharmacy a safe amount of
170 time after administering the vaccine to observe any adverse
171 reactions. Such pharmacist shall have adopted emergency
172 treatment protocols;

173 **[(3)] 16.** In addition to other requirements by the
174 board, a pharmacist shall receive additional training as
175 required by the board and evidenced by receiving a
176 certificate from the board upon completion, and shall
177 display the certification in his or her pharmacy where
178 vaccines are delivered.

179 **[(13.)] 17.** A pharmacist shall inform the patient that
180 the administration of **[(the)] a** vaccine will be entered into
181 the ShowMeVax system, as administered by the department of
182 health and senior services. The patient shall attest to the
183 inclusion of such information in the system by signing a
184 form provided by the pharmacist. If the patient indicates
185 that he or she does not want such information entered into
186 the ShowMeVax system, the pharmacist shall provide a written
187 report within fourteen days of administration of a vaccine
188 to the patient's health care provider, if provided by the
189 patient, containing:

- 190 (1) The identity of the patient;
- 191 (2) The identity of the vaccine or vaccines
192 administered;
- 193 (3) The route of administration;
- 194 (4) The anatomic site of the administration;
- 195 (5) The dose administered; and
- 196 (6) The date of administration.

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197 18. A pharmacist licensed under this chapter may order
198 and administer vaccines approved or authorized by the U.S.
199 Food and Drug Administration to address a public health
200 need, as lawfully authorized by the state or federal
201 government, or a department or agency thereof, during a
202 state or federally declared public health emergency.

 338.012. 1. A pharmacist with a certificate of
2 medication therapeutic plan authority may provide influenza,
3 group A streptococcus, and COVID-19 medication therapy
4 services pursuant to a statewide standing order issued by
5 the director or chief medical officer of the department of
6 health and senior services if that person is a licensed
7 physician, or a licensed physician designated by the
8 department of health and senior services.

 2. The state board of registration for the healing
10 arts, pursuant to section 334.125, and the state board of
11 pharmacy, pursuant to section 338.140, shall jointly
12 promulgate rules to implement the provisions of this
13 section. Any rule or portion of a rule, as that term is
14 defined in section 536.010, that is created under the
15 authority delegated in this section shall become effective
16 only if it complies with and is subject to all of the
17 provisions of chapter 536 and, if applicable, section
18 536.028. This section and chapter 536 are nonseverable and
19 if any of the powers vested with the general assembly
20 pursuant to chapter 536 to review, to delay the effective
21 date, or to disapprove and annul a rule are subsequently
22 held unconstitutional, then the grant of rulemaking
23 authority and any rule proposed or adopted after August 28,
24 2023, shall be invalid and void.

 376.1060. 1. As used in this section, the following
2 terms shall mean:

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3 (1) "Contracting entity", any person or entity,
4 **including a health carrier**, that is engaged in the act of
5 contracting with providers for the delivery of [dental]
6 **health care** services [or the selling or assigning of dental
7 network plans to other health care entities];

8 (2) ["Identify", providing in writing, by email or
9 otherwise, to the participating provider the name, address,
10 and telephone number, to the extent possible, for any third
11 party to which the contracting entity has granted access to
12 the health care services of the participating provider;

13 (3) "Network plan", health insurance coverage offered
14 by a health insurance issuer under which the financing and
15 delivery of dental services are provided in whole or in part
16 through a defined set of participating providers under
17 contract with the health insurance issuer] **"Health care
18 service"**, the same meaning given to the term in section
19 376.1350;

20 [(4)] (3) **"Health carrier"**, the same meaning given to
21 the term in section 376.1350. The term "health carrier"
22 shall also include any entity described in subdivision (4)
23 of section 354.700;

24 (4) "Participating provider", a provider who, under a
25 contract with a contracting entity, has agreed to provide
26 [dental] **health care** services with an expectation of
27 receiving payment, other than coinsurance, co-payments or
28 deductibles, directly or indirectly from the contracting
29 entity;

30 (5) "Provider", any person licensed under section
31 332.071;

32 (6) **"Provider network contract"**, a contract between a
33 contracting entity and a provider that specifies the rights

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34 and responsibilities of the contracting entity and provides
35 for the delivery and payment of health care services;

36 (7) "Third party", a person or entity that enters into
37 a contract with a contracting entity or with another third
38 party to gain access to the health care services or
39 contractual discounts of a provider network contract.

40 "Third party" does not include an employer or other group
41 for whom the health carrier or contracting entity provides
42 administrative services.

43 2. A contracting entity [shall not sell, assign, or
44 otherwise] shall only grant a third party access to [the
45 dental services of] a participating [provider under a health
46 care contract unless expressly authorized by the health care
47 contract. The health care contract shall specifically
48 provide that one purpose of the contract is the selling,
49 assigning, or giving the contracting entity rights to the
50 services of the participating provider, including network
51 plans] provider's health care services or contractual
52 discounts provided in accordance with a contract between a
53 participating provider and a contracting entity and only if:

54 (1) The contract specifically states that the
55 contracting entity may enter into an agreement with a third
56 party allowing the third party to obtain the contracting
57 entity's rights and responsibilities as if the third party
58 were the contracting entity, and the contract allows the
59 provider to choose not to participate in third-party access
60 at the time the contract is entered into or renewed or when
61 there are material modifications to the contract. The third-
62 party access provision of any provider network contract
63 shall also specifically state that the contract grants third-
64 party access to the provider's health care services and that
65 the provider has the right to choose not to participate in

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66 third-party access to the contract or to enter into a
67 contract directly with the third party. A provider's
68 decision not to participate in third-party access shall not
69 permit the contracting entity to cancel or otherwise end a
70 contractual relationship with the provider. When initially
71 contracting with a provider, a contracting entity shall
72 accept a qualified provider even if the provider chooses not
73 to participate in the third-party access provision;

74 (2) The third party accessing the contract agrees to
75 comply with all of the contract's terms;

76 (3) The contracting entity identifies, in writing or
77 electronic form to the provider, all third parties in
78 existence as of the date the contract is entered into or
79 renewed;

80 (4) The contracting entity identifies all third
81 parties in existence in a list on its internet website that
82 is updated at least once every ninety days;

83 (5) The contracting entity notifies providers that a
84 new third party is accessing a provider network contract at
85 least thirty days in advance of the relationship taking
86 effect;

87 (6) The contracting entity notifies the third party of
88 the termination of a provider network contract no later than
89 thirty days from the termination date with the contracting
90 entity;

91 (7) A third party's right to a provider's discounted
92 rate ceases as of the termination date of the provider
93 network contract;

94 (8) The provider is not already a participating
95 provider of the third party; and

96 (9) The contracting entity makes available a copy of
97 the provider network contract relied on in the adjudication

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98 of a claim to a participating provider within thirty days of
99 a request from the provider.

100 3. [Upon entering a contract with a participating
101 provider and upon request by a participating provider, a
102 contracting entity shall properly identify any third party
103 that has been granted access to the dental services of the
104 participating provider] **No provider shall be bound by or**
105 **required to perform health care services under a provider**
106 **network contract that has been granted to a third party in**
107 **violation of the provisions of this section.**

108 4. A contracting entity that sells, assigns, or
109 otherwise grants **a third party** access to [the dental
110 services of] a participating [provider] **provider's health**
111 **care services** shall maintain an internet website or a toll-
112 free telephone number through which the participating
113 provider may obtain information which identifies the
114 [insurance carrier] **third party** to be used to reimburse the
115 participating provider for the covered [dental] **health care**
116 services.

117 5. A contracting entity that sells, assigns, or
118 otherwise grants **a third party** access to a participating
119 provider's [dental] **health care** services shall ensure that
120 an explanation of benefits or remittance advice furnished to
121 the participating provider that delivers [dental] **health**
122 **care** services [under the health care contract] **for the third**
123 **party** identifies the contractual source of any applicable
124 discount.

125 6. [All third parties that have contracted with a
126 contracting entity to purchase, be assigned, or otherwise be
127 granted access to the participating provider's discounted
128 rate shall comply with the participating provider's
129 contract, including all requirements to encourage access to

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130 the participating provider, and pay the participating
131 provider pursuant to the rates of payment and methodology
132 set forth in that contract, unless otherwise agreed to by a
133 participating provider.

134 7. A contracting entity is deemed in compliance with
135 this section when the insured's identification card provides
136 information which identifies the insurance carrier to be
137 used to reimburse the participating provider for the covered
138 dental services] **(1) The provisions of this section shall**
139 **not apply if access to a provider network contract is**
140 **granted to any entity operating in accordance with the same**
141 **brand licensee program as the contracting entity or to any**
142 **entity that is an affiliate of the contracting entity. A**
143 **list of the contracting entity's affiliates shall be made**
144 **available to a provider on the contracting entity's website.**

145 **(2) The provisions of this section shall not apply to**
146 **a provider network contract for health care services**
147 **provided to beneficiaries of any state-sponsored health**
148 **insurance programs including, but not limited to, MO**
149 **HealthNet and the state children's health insurance program**
150 **authorized in sections 208.631 to 208.658.**

2 **579.088. Notwithstanding any other provision of this**
3 **chapter or chapter 195 to the contrary, it shall not be**
4 **unlawful to manufacture, possess, sell, deliver, or use any**
5 **device, equipment, or other material for the purpose of**
6 **analyzing controlled substances to detect the presence of**
7 **fentanyl or any synthetic controlled substance fentanyl**
8 **analogue.**

2 **[191.500. As used in sections 191.500 to**
3 **191.550, unless the context clearly indicates**
4 **otherwise, the following terms mean:**
5 **(1) "Area of defined need", a community or**
6 **section of an urban area of this state which is**
7 **certified by the department of health and senior**

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7 services as being in need of the services of a
 8 physician to improve the patient-doctor ratio in
 9 the area, to contribute professional physician
 10 services to an area of economic impact, or to
 11 contribute professional physician services to an
 12 area suffering from the effects of a natural
 13 disaster;

14 (2) "Department", the department of health
 15 and senior services;

16 (3) "Eligible student", a full-time
 17 student accepted and enrolled in a formal course
 18 of instruction leading to a degree of doctor of
 19 medicine or doctor of osteopathy, including
 20 psychiatry, at a participating school, or a
 21 doctor of dental surgery, doctor of dental
 22 medicine, or a bachelor of science degree in
 23 dental hygiene;

24 (4) "Financial assistance", an amount of
 25 money paid by the state of Missouri to a
 26 qualified applicant pursuant to sections 191.500
 27 to 191.550;

28 (5) "Participating school", an institution
 29 of higher learning within this state which
 30 grants the degrees of doctor of medicine or
 31 doctor of osteopathy, and which is accredited in
 32 the appropriate degree program by the American
 33 Medical Association or the American Osteopathic
 34 Association, or a degree program by the American
 35 Dental Association or the American Psychiatric
 36 Association, and applicable residency programs
 37 for each degree type and discipline;

38 (6) "Primary care", general or family
 39 practice, internal medicine, pediatric ,
 40 psychiatric, obstetric and gynecological care as
 41 provided to the general public by physicians
 42 licensed and registered pursuant to chapter 334,
 43 dental practice, or a dental hygienist licensed
 44 and registered pursuant to chapter 332;

45 (7) "Resident", any natural person who has
 46 lived in this state for one or more years for
 47 any purpose other than the attending of an
 48 educational institution located within this
 49 state;

50 (8) "Rural area", a town or community
 51 within this state which is not within a standard
 52 metropolitan statistical area, and has a
 53 population of six thousand or fewer inhabitants
 54 as determined by the last preceding federal
 55 decennial census or any unincorporated area not
 56 within a standard metropolitan statistical area.]

2 [191.505. The department of health and
 3 senior services shall be the administrative
 4 agency for the implementation of the program
 5 established by sections 191.500 to 191.550. The
 6 department shall promulgate reasonable rules and
 regulations for the exercise of its functions in

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7 the effectuation of the purposes of sections
8 191.500 to 191.550. It shall prescribe the form
9 and the time and method of filing applications
10 and supervise the processing thereof.]

2 [191.510. The department shall enter into
3 a contract with each applicant receiving a state
4 loan under sections 191.500 to 191.550 for
5 repayment of the principal and interest and for
6 forgiveness of a portion thereof for
7 participation in the service areas as provided
8 in sections 191.500 to 191.550.]

2 [191.515. An eligible student may apply to
3 the department for a loan under sections 191.500
4 to 191.550 only if, at the time of his
5 application and throughout the period during
6 which he receives the loan, he has been formally
7 accepted as a student in a participating school
8 in a course of study leading to the degree of
9 doctor of medicine or doctor of osteopathy,
10 including psychiatry, or a doctor of dental
11 surgery, a doctor of dental medicine, or a
12 bachelor of science degree in dental hygiene,
and is a resident of this state.]

2 [191.520. No loan to any eligible student
3 shall exceed twenty-five thousand dollars for
4 each academic year, which shall run from August
5 first of any year through July thirty-first of
6 the following year. All loans shall be made
7 from funds appropriated to the medical school
8 loan and loan repayment program fund created by
9 section 191.600, by the general assembly.]

2 [191.525. No more than twenty-five loans
3 shall be made to eligible students during the
4 first academic year this program is in effect.
5 Twenty-five new loans may be made for the next
6 three academic years until a total of one
7 hundred loans are available. At least one-half
8 of the loans shall be made to students from
9 rural areas as defined in section 191.500. An
10 eligible student may receive loans for each
11 academic year he is pursuing a course of study
12 directly leading to a degree of doctor of
13 medicine or doctor of osteopathy, doctor of
14 dental surgery, or doctor of dental medicine, or
a bachelor of science degree in dental hygiene.]

2 [191.530. Interest at the rate of nine and
3 one-half percent per year shall be charged on
4 all loans made under sections 191.500 to 191.550
5 but one-fourth of the interest and principal of
6 the total loan at the time of the awarding of
7 the degree shall be forgiven for each year of
8 participation by an applicant in the practice of
9 his profession in a rural area or an area of
defined need. The department shall grant a

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10 deferral of interest and principal payments to a
 11 loan recipient who is pursuing an internship or
 12 a residency in primary care. The deferral shall
 13 not exceed three years. The status of each loan
 14 recipient receiving a deferral shall be reviewed
 15 annually by the department to ensure compliance
 16 with the intent of this provision. The loan
 17 recipient will repay the loan beginning with the
 18 calendar year following completion of his
 19 internship or his primary care residency in
 20 accordance with the loan contract.]

2 [191.535. If a student ceases his study
 3 prior to receiving a degree, interest at the
 4 rate specified in section 191.530 shall be
 5 charged on the amount received from the state
 6 under the provisions of sections 191.500 to
 191.550.]

2 [191.540. 1. The department shall
 3 establish schedules and procedures for repayment
 4 of the principal and interest of any loan made
 5 under the provisions of sections 191.500 to
 6 191.550 and not forgiven as provided in section
 191.530.]

7 2. A penalty shall be levied against a
 8 person in breach of contract. Such penalty shall
 9 be twice the sum of the principal and the
 10 accrued interest.]

2 [191.545. When necessary to protect the
 3 interest of the state in any loan transaction
 4 under sections 191.500 to 191.550, the board may
 institute any action to recover any amount due.]

2 [191.550. The contracts made with the
 3 participating students shall be approved by the
 attorney general.]

2 [335.212. As used in sections 335.212 to
 335.242, the following terms mean:

3 (1) "Board", the Missouri state board of
 4 nursing;

5 (2) "Department", the Missouri department
 6 of health and senior services;

7 (3) "Director", director of the Missouri
 8 department of health and senior services;

9 (4) "Eligible student", a resident who has
 10 been accepted as a full-time student in a formal
 11 course of instruction leading to an associate
 12 degree, a diploma, a bachelor of science, a
 13 master of science in nursing (M.S.N.), a
 14 doctorate in nursing (Ph.D. or D.N.P.), or a
 15 student with a master of science in nursing
 16 seeking a doctorate in education (Ed.D.), or
 17 leading to the completion of educational
 18 requirements for a licensed practical nurse.
 19 The doctoral applicant may be a part-time
 20 student;

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21 (5) "Participating school", an institution
 22 within this state which is approved by the board
 23 for participation in the professional and
 24 practical nursing student loan program
 25 established by sections 335.212 to 335.242,
 26 having a nursing department and offering a
 27 course of instruction based on nursing theory
 28 and clinical nursing experience;

29 (6) "Qualified applicant", an eligible
 30 student approved by the board for participation
 31 in the professional and practical nursing
 32 student loan program established by sections
 33 335.212 to 335.242;

34 (7) "Qualified employment", employment on
 35 a full-time basis in Missouri in a position
 36 requiring licensure as a licensed practical
 37 nurse or registered professional nurse in any
 38 hospital as defined in section 197.020 or in any
 39 agency, institution, or organization located in
 40 an area of need as determined by the department
 41 of health and senior services. Any forgiveness
 42 of such principal and interest for any qualified
 43 applicant engaged in qualified employment on a
 44 less than full-time basis may be prorated to
 45 reflect the amounts provided in this section;

46 (8) "Resident", any person who has lived
 47 in this state for one or more years for any
 48 purpose other than the attending of an
 49 educational institution located within this
 50 state.]

2 [335.215. 1. The department of health and
 3 senior services shall be the administrative
 4 agency for the implementation of the
 5 professional and practical nursing student loan
 6 program established under sections 335.212 to
 7 335.242, and the nursing student loan repayment
 8 program established under sections 335.245 to
 9 335.259.

10 2. An advisory panel of nurses shall be
 11 appointed by the director. It shall be composed
 12 of not more than eleven members representing
 13 practical, associate degree, diploma,
 14 baccalaureate and graduate nursing education,
 15 community health, primary care, hospital, long-
 16 term care, a consumer, and the Missouri state
 17 board of nursing. The panel shall make
 18 recommendations to the director on the content
 19 of any rules, regulations or guidelines prior to
 20 their promulgation. The panel may make
 21 recommendations to the director regarding fund
 22 allocations for loans and loan repayment based
 23 on current nursing shortage needs.

24 3. The department of health and senior
 25 services shall promulgate reasonable rules and
 26 regulations for the exercise of its function
 pursuant to sections 335.212 to 335.259. It

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27 shall prescribe the form, the time and method of
28 filing applications and supervise the
29 proceedings thereof. No rule or portion of a
30 rule promulgated under the authority of sections
31 335.212 to 335.257 shall become effective unless
32 it has been promulgated pursuant to the
33 provisions of section 536.024.

34 4. Ninety-five percent of funds loaned
35 pursuant to sections 335.212 to 335.242 shall be
36 loaned to qualified applicants who are enrolled
37 in professional nursing programs in
38 participating schools and five percent of the
39 funds loaned pursuant to sections 335.212 to
40 335.242 shall be loaned to qualified applicants
41 who are enrolled in practical nursing programs.
42 Priority shall be given to eligible students who
43 have established financial need. All loan
44 repayment funds pursuant to sections 335.245 to
45 335.259 shall be used to reimburse successful
46 associate, diploma, baccalaureate or graduate
47 professional nurse applicants' educational loans
48 who agree to serve in areas of defined need as
49 determined by the department.]

2 [335.218. There is hereby established the
3 "Professional and Practical Nursing Student Loan
4 and Nurse Loan Repayment Fund". All fees
5 pursuant to section 335.221, general revenue
6 appropriations to the student loan or loan
7 repayment program, voluntary contributions to
8 support or match the student loan and loan
9 repayment program activities, funds collected
10 from repayment and penalties, and funds received
11 from the federal government shall be deposited
12 in the state treasury and be placed to the
13 credit of the professional and practical nursing
14 student loan and nurse loan repayment fund. The
15 fund shall be managed by the department of
16 health and senior services and all
17 administrative costs and expenses incurred as a
18 result of the effectuation of sections 335.212
to 335.259 shall be paid from this fund.]

2 [335.221. The board, in addition to any
3 other duties it may have regarding licensure of
4 nurses, shall collect, at the time of licensure
5 or licensure renewal, an education surcharge
6 from each person licensed or relicensed pursuant
7 to sections 335.011 to 335.096, in the amount of
8 one dollar per year for practical nurses and
9 five dollars per year for professional nurses.
10 These funds shall be deposited in the
11 professional and practical nursing student loan
12 and nurse loan repayment fund. All expenditures
13 authorized by sections 335.212 to 335.259 shall
14 be paid from funds appropriated by the general
15 assembly from the professional and practical
nursing student loan and nurse loan repayment

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16 fund. The provisions of section 33.080 to the
17 contrary notwithstanding, money in this fund
18 shall not be transferred and placed to the
19 credit of general revenue.]

2 [335.224. The department of health and
3 senior services shall enter into a contract with
4 each qualified applicant receiving financial
5 assistance under the provisions of sections
6 335.212 to 335.242 for repayment of the
principal and interest.]

2 [335.227. An eligible student may apply to
3 the department for financial assistance under
4 the provisions of sections 335.212 to 335.242
5 if, at the time of his application for a loan,
6 the eligible student has formally applied for
7 acceptance at a participating school. Receipt
8 of financial assistance is contingent upon
9 acceptance and continued enrollment at a
participating school.]

2 [335.230. Financial assistance to any
3 qualified applicant shall not exceed ten
4 thousand dollars for each academic year for a
5 professional nursing program and shall not
6 exceed five thousand dollars for each academic
7 year for a practical nursing program. All
8 financial assistance shall be made from funds
9 credited to the professional and practical
10 nursing student loan and nurse loan repayment
11 fund. A qualified applicant may receive
12 financial assistance for each academic year he
13 remains a student in good standing at a
participating school.]

2 [335.233. The department shall establish
3 schedules for repayment of the principal and
4 interest on any financial assistance made under
5 the provisions of sections 335.212 to 335.242.
6 Interest at the rate of nine and one-half
7 percent per annum shall be charged on all
8 financial assistance made under the provisions
9 of sections 335.212 to 335.242, but the interest
10 and principal of the total financial assistance
11 granted to a qualified applicant at the time of
12 the successful completion of a nursing degree,
13 diploma program or a practical nursing program
shall be forgiven through qualified employment.]

2 [335.236. The financial assistance
3 recipient shall repay the financial assistance
4 principal and interest beginning not more than
5 six months after completion of the degree for
6 which the financial assistance was made in
7 accordance with the repayment contract. If an
8 eligible student ceases his study prior to
9 successful completion of a degree or graduation
at a participating school, interest at the rate

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10 specified in section 335.233 shall be charged on
 11 the amount of financial assistance received from
 12 the state under the provisions of sections
 13 335.212 to 335.242, and repayment, in accordance
 14 with the repayment contract, shall begin within
 15 ninety days of the date the financial aid
 16 recipient ceased to be an eligible student. All
 17 funds repaid by recipients of financial
 18 assistance to the department shall be deposited
 19 in the professional and practical nursing
 20 student loan and nurse loan repayment fund for
 21 use pursuant to sections 335.212 to 335.259.]

2 [335.239. The department shall grant a
 3 deferral of interest and principal payments to a
 4 financial assistance recipient who is pursuing
 5 an advanced degree, special nursing program, or
 6 upon special conditions established by the
 7 department. The deferral shall not exceed four
 8 years. The status of each deferral shall be
 9 reviewed annually by the department of health
 10 and senior services to ensure compliance with
 the intent of this section.]

2 [335.242. When necessary to protect the
 3 interest of the state in any financial
 4 assistance transaction under sections 335.212 to
 5 335.259, the department of health and senior
 6 services may institute any action to recover any
 amount due.]

2 [335.245. As used in sections 335.245 to
 335.259, the following terms mean:
 3 (1) "Department", the Missouri department
 4 of health and senior services;
 5 (2) "Eligible applicant", a Missouri
 6 licensed nurse who has attained either an
 7 associate degree, a diploma, a bachelor of
 8 science, or graduate degree in nursing from an
 9 accredited institution approved by the board of
 10 nursing or a student nurse in the final year of
 11 a full-time baccalaureate school of nursing
 12 leading to a baccalaureate degree or graduate
 13 nursing program leading to a master's degree in
 14 nursing and has agreed to serve in an area of
 15 defined need as established by the department;
 16 (3) "Participating school", an institution
 17 within this state which grants an associate
 18 degree in nursing, grants a bachelor or master
 19 of science degree in nursing or provides a
 20 diploma nursing program which is accredited by
 21 the state board of nursing, or a regionally
 22 accredited institution in this state which
 23 provides a bachelor of science completion
 24 program for registered professional nurses;
 25 (4) "Qualified employment", employment on
 26 a full-time basis in Missouri in a position
 27 requiring licensure as a licensed practical

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28 nurse or registered professional nurse in any
29 hospital as defined in section 197.020 or public
30 or nonprofit agency, institution, or
31 organization located in an area of need as
32 determined by the department of health and
33 senior services. Any forgiveness of such
34 principal and interest for any qualified
35 applicant engaged in qualified employment on a
36 less than full-time basis may be prorated to
37 reflect the amounts provided in this section.]

[335.248. Sections 335.245 to 335.259
2 shall be known as the "Nursing Student Loan
3 Repayment Program". The department of health
4 and senior services shall be the administrative
5 agency for the implementation of the authority
6 established by sections 335.245 to 335.259. The
7 department shall promulgate reasonable rules and
8 regulations necessary to implement sections
9 335.245 to 335.259. Promulgated rules shall
10 include, but not be limited to, applicant
11 eligibility, selection criteria, prioritization
12 of service obligation sites and the content of
13 loan repayment contracts, including repayment
14 schedules for those in default and penalties.
15 The department shall promulgate rules regarding
16 recruitment opportunities for minority students
17 into nursing schools. Priority for student loan
18 repayment shall be given to eligible applicants
19 who have demonstrated financial need. All funds
20 collected by the department from participants
21 not meeting their contractual obligations to the
22 state shall be deposited in the professional and
23 practical nursing student loan and nurse loan
24 repayment fund for use pursuant to sections
25 335.212 to 335.259.]

[335.251. Upon proper verification to the
2 department by the eligible applicant of securing
3 qualified employment in this state, the
4 department shall enter into a loan repayment
5 contract with the eligible applicant to repay
6 the interest and principal on the educational
7 loans of the applicant to the limit of the
8 contract, which contract shall provide for
9 instances of less than full-time qualified
10 employment consistent with the provisions of
11 section 335.233, out of any appropriation made
12 to the professional and practical nursing
13 student loan and nurse loan repayment fund. If
14 the applicant breaches the contract by failing
15 to begin or complete the qualified employment,
16 the department is entitled to recover the total
17 of the loan repayment paid by the department
18 plus interest on the repaid amount at the rate
19 of nine and one-half percent per annum.]

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2 [335.254. Sections 335.212 to 335.259
3 shall not be construed to require the department
4 to enter into contracts with individuals who
5 qualify for nursing education loans or nursing
6 loan repayment programs when federal, state and
local funds are not available for such purposes.]

2 [335.257. Successful applicants for whom
3 loan payments are made under the provisions of
4 sections 335.245 to 335.259 shall verify to the
5 department twice each year in the manner
6 prescribed by the department that qualified
employment in this state is being maintained.]

Section B. Because of the importance of ensuring
2 healthy pregnancies and healthy women and children in
3 Missouri in the face of growing maternal mortality and to
4 ensure the integrity of the MO HealthNet program and because
5 immediate action is necessary to address the shortage of
6 health care providers in this state, the enactment of
7 sections 191.592, 208.186, and 208.239 and the repeal and
8 reenactment of sections 208.151 and 208.662 of section A of
9 this act are deemed necessary for the immediate preservation
10 of the public health, welfare, peace, and safety, and are
11 hereby declared to be emergency acts within the meaning of
12 the constitution, and the enactment of sections 191.592,
13 208.186, and 208.239 and the repeal and reenactment of
14 sections 208.151 and 208.662 of section A of this act shall
15 be in full force and effect upon its passage and approval.

✓