AN ACT


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


EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.
CCS HCS SS SCS SBs 45 & 90

11 190.606, 190.612, 190.613, 191.240, 191.430, 191.435, 191.440,
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 hereby designated as "Breast Cancer Awareness Day" in Missouri. The citizens of this state are encouraged to participate in appropriate events and activities to raise awareness and celebrate survivors of breast cancer, the most commonly occurring cancer among women in the United States.

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

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

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

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

(2) Such disclosure is required by court order; or
(3) The child advocate determines that disclosure to law enforcement is necessary to ensure immediate child safety.

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

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

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

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

2. The report shall include, but not be limited to, the data described in the following subdivisions, which
shall be collected through voluntary self-disclosure. To
the extent possible, for each subdivision, the report shall
include general data for all relevant employees, in addition
to data comparing the employees of each agency within the
state workforce:

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

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

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

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

(5) A description and analysis of any disparity that
may exist from the time the initiative began and the time of
the compiling of the annual reports, and of any disparity
that may exist from the time of the most recent previous
annual report, if any, and the time of the current annual
report, between the percentage of individuals in the state
of working age who disclose disabilities and the percentage
of individuals in the state workforce who disclose or have
disabilities; and
(6) A description and analysis of any pay differential that may exist in the state workforce between individuals who disclose disabilities and individuals who do not disclose disabilities.

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

1. Setting annual goals;
2. Analyzing barriers to recruiting, hiring, advancing, and retaining individuals with disabilities;
3. Establishing and maintaining contacts with entities and organizations that specialize in providing education, training, or assistance to individuals with disabilities in securing employment;
4. Using internships, apprenticeships, and job shadowing;
5. Using supported employment, individual placement with support services, customized employment, telework, mentoring and management training, stay-at-work and return-to-work programs, and exit interviews;
6. Adopting, posting, and making available to all job applicants and employees reasonable accommodation procedures in written and accessible formats;
7. Providing periodic disability awareness training to employees to build and sustain a culture of inclusion in the workplace, including rights to reasonable accommodation in the workplace;
(8) Providing periodic training to human resources and hiring managers in disability rights, hiring, and workplace policies designed to promote a diverse and inclusive workforce; and

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

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

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

3. For the purposes of this section, "qualified first responder" shall mean any state and local law enforcement agency staff, fire department personnel, fire district personnel, or licensed emergency medical technician who is acting under the directives and established protocols of a medical director of a local licensed ground ambulance service licensed under section 190.109, or any state or local law enforcement agency staff member, who comes in
contact with a person suffering from an apparent narcotic or
opiate-related overdose and who has received training in
recognizing and responding to a narcotic or opiate overdose
and the administration of naloxone, or any other drug or
device approved by the United States Food and Drug
Administration, that blocks the effects of an opioid
der overdose and is administered in a manner approved by the
United States Food and Drug Administration to a person
suffering from an apparent narcotic or opiate-related
overdose. "Qualified first responder agencies" shall mean
any state or local law enforcement agency, fire department,
or ambulance service that provides documented training to
its staff related to the administration of naloxone or other
such drugs or devices in an apparent narcotic or opiate
overdose situation.

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

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

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

(1) "Attending physician":
(a) A physician licensed under chapter 334 selected by or assigned to a patient who has primary responsibility for treatment and care of the patient; or

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

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

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

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

(5) "Health care facility", any institution, building, or agency or portion thereof, private or public, excluding federal facilities and hospitals, whether organized for profit or not, used, operated, or designed to provide health services, medical treatment, or nursing, rehabilitative, or preventive care to any person or persons. Health care facility includes but is not limited to ambulatory surgical facilities, health maintenance organizations, home health agencies, hospices, infirmaries, renal dialysis centers,
long-term care facilities licensed under sections 198.003 to 198.186, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, and residential treatment facilities;

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

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

(8) "Outside the hospital do-not-resuscitate order" or "outside the hospital DNR order", a written physician's order signed by the patient and the attending physician, or the patient's representative and the attending physician, in a form promulgated by rule of the department which authorizes emergency medical services personnel to withhold
or withdraw cardiopulmonary resuscitation from the patient in the event of cardiac or respiratory arrest;

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

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

(11) "Patient's representative":

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

(b) A guardian or limited guardian appointed under chapter 475 to have responsibility for an incapacitated patient.
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.
190.606. The following persons and entities shall not be subject to civil, criminal, or administrative liability and are not guilty of unprofessional conduct for the following acts or omissions that follow discovery of an outside the hospital do-not-resuscitate identification upon a patient or a do-not-resuscitate order functioning as an outside the hospital do-not-resuscitate order for a patient under eighteen years of age, or upon being presented with an outside the hospital do-not-resuscitate order [from Missouri, another state, the District of Columbia, or a territory of the United States]; provided that the acts or omissions are done in good faith and in accordance with the provisions of sections 190.600 to 190.621 and the provisions of an outside the hospital do-not-resuscitate order executed under sections 190.600 to 190.621:

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

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

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

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

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

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

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

(1) Except as provided in subdivision (2) of this
subsection, emergency medical services personnel are
authorized to comply with the outside the hospital do-not-
resuscitate protocol when presented with a do-not-
resuscitate order functioning as an outside the hospital do-
not-resuscitate order for a patient under eighteen years of
age if such do-not-resuscitate order has been authorized by
one parent or legal guardian or by a juvenile or family
court under the provisions of section 191.250.

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

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

190.613. 1. A patient or patient's representative and
the patient's attending physician may execute an outside the
hospital do-not-resuscitate order through the presentation
of a properly executed outside the hospital do-not-
resuscitate order from another state, the District of
Columbia, or a territory of the United States, or a Transportable Physician Orders for Patient Preferences (TPOPP)/Physician Orders for Life-Sustaining Treatment (POLST) form containing a specific do-not-resuscitate section.

2. Any outside the hospital do-not-resuscitate form identified from another state, the District of Columbia, or a territory of the United States, or a TPOPP/POLST form, shall:
   (1) Have been previously reviewed and approved by the department as in compliance with the provisions of sections 190.600 to 190.621;
   (2) Not be accepted for a patient under eighteen years of age, except as allowed under section 191.250; and
   (3) Not be effective during such time as the patient is pregnant as set forth in section 190.609.

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

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

191.240. 1. For purposes of this section, the following terms mean:
   (1) "Health care provider", the same meaning given to the term in section 191.900;
   (2) "Patient examination", a prostate, anal, or pelvic examination.

2. A health care provider, or any student or trainee under the supervision of a health care provider, shall not
knowingly perform a patient examination upon an anesthetized or unconscious patient in a health care facility unless:

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

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

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

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

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

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

191.430. 1. There is hereby established within the department of health and senior services the "Health Professional Loan Repayment Program" to provide forgivable loans for the purpose of repaying existing loans related to applicable educational expenses for health care, mental health, and public health professionals. The department of health and senior services shall be the administrative
agency for the implementation of the program established by this section.

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

3. The director of the department of health and senior services shall have the discretion to determine the health professionals and practitioners who will receive forgivable health professional loans from the department to pay their existing loans. The director shall make such determinations each fiscal year based on evidence associated with the greatest needs in the best interests of the public. The health care, mental health, and public health professionals or disciplines funded in any given year shall be contingent upon consultation with the office of workforce development in the department of higher education and workforce development and the department of mental health, or their successor agencies.
4. The department of health and senior services shall enter into a contract with each selected applicant who receives a health professional loan under this section. Each selected applicant shall apply the loan award to his or her educational debt. The contract shall detail the methods of forgiveness associated with a service obligation and the terms associated with the principal and interest accruing on the loan at the time of the award. The contract shall contain details concerning how forgiveness is earned, including when partial forgiveness is earned through a service obligation, and the terms and conditions associated with repayment of the loans for any obligation not served.

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

191.435. The department of health and senior services shall designate counties, communities, or sections of areas in the state as areas of defined need for health care, mental health, and public health services. If a county, community, or section of an area has been designated or determined as a professional shortage area, a shortage area, or a health care, mental health, or public health professional shortage area by the federal Department of Health and Human Services or its successor agency, the department of health and senior services shall designate it as an area of defined need under this section. If the director of the department of health and senior services determines that a county, community, or section of an area has an extraordinary need for health care professional services without a corresponding supply of such professionals, the department of health and senior services
may designate it as an area of defined need under this section.

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

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

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

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

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

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

2. The department of health and senior services may stipulate specific practice sites, contingent upon department-generated health care, mental health, and public health professional need priorities, where applicants shall agree to practice for the duration of their participation in the program.
191.445. There is hereby created in the state treasury the "Health Professional Loan Incentive Fund", which shall consist of any appropriations made by the general assembly, all funds recovered from an individual under section 191.450, and all funds generated by loan repayments received under sections 191.430 to 191.450. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and, upon appropriation, moneys in this fund shall be used solely by the department of health and senior services to provide loans under sections 191.430 to 191.450. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

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

2. An individual fails to maintain an acceptable employment status under this section when the contracted individual involuntarily or voluntarily terminates qualifying employment, is dismissed from such employment before completion of the contractual service obligation within the specific time frame outlined in the contract, or fails to respond to requests made by the department.
3. If an individual breaches the written contract of the individual by failing to begin or complete such individual's service obligation, the state shall be entitled to recover from the individual an amount equal to the sum of:

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

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

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

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

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

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

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

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

   (4) "Grant-funded residency position", a position that is accredited by the Accreditation Council for Graduate Medical Education, that is established as a result of
funding awarded to an eligible entity for the purpose of establishing an additional medical resident position beyond the currently existing medical resident positions, and that is within the fields of general primary care and psychiatry. Such position shall end when the medical residency funding under this section is completed or when the resident in the medical grant-funded residency position is no longer employed by the eligible entity, whichever is earlier;

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

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

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

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

3. (1) There is hereby created in the state treasury the "Medical Residency Grant Program Fund". Moneys in the fund shall be used to implement and fund grants to eligible entities.
(2) The medical residency grant program fund shall include funds appropriated by the general assembly, reimbursements from awarded eligible entities that were not able to fill the residency position or positions with an individual medical resident or residents, and any gifts, contributions, grants, or bequests received from federal, private, or other sources.

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

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

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

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

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

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

(3) Funding of grant-funded residency positions of individuals in the third year of their residency;
(4) Funding of grant-funded residency positions of individuals in the second year of their residency;
(5) Funding of grant-funded residency positions of individuals in the first year of their residency; and
(6) The establishment of new grant-funded residency positions at awarded eligible entities.

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

6. Eligible entities that receive grants under this section shall:
   (1) Agree to supplement awarded funds under this section, if necessary, to establish or maintain a grant-funded residency position for the duration of the funded resident's medical residency; and
   (2) Agree to abide by other requirements imposed by rule.

7. Annual funding per participating medical resident shall be limited to:
   (1) Direct graduate medical education costs including, but not limited to:
       (a) Salaries and benefits for residents, faculty, and program staff;
(b) Malpractice insurance, licenses, and other required fees; and

(c) Program administration and educational materials; and

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

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

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

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

11. The provisions of this section shall expire on January 1, 2038.
191.600. 1. Sections 191.600 to 191.615 establish a loan repayment program for graduates of approved medical schools, schools of osteopathic medicine, schools of dentistry and accredited chiropractic colleges who practice in areas of defined need and shall be known as the "Health Professional Student Loan Repayment Program". Sections 191.600 to 191.615 shall apply to graduates of accredited chiropractic colleges when federal guidelines for chiropractic shortage areas are developed.

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

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

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

(2) The department of health and senior services shall evaluate the effect of revising sections 105.711 and [sections 191.520 and] 191.600 and enacting section 191.411, and sections 167.600 to 167.621, 191.231, 208.177, 431.064, and 660.016. In collaboration with the state board of registration for the healing arts, the state board of nursing, and the state board of pharmacy, the department of
health and senior services shall also evaluate the effect of revising section 195.070, section 334.100, and section 335.016, and of sections 334.104 and 334.112, and section 338.095 and 338.198;

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

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

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

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

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

191.831. 1. There is hereby established in the state treasury a "Health Initiatives Fund", to which shall be deposited all revenues designated for the fund under subsection 8 of section 149.015, and subsection 3 of section 149.160, and section 167.609, and all other funds donated to the fund or otherwise deposited pursuant to law. The state treasurer shall administer the fund. Money in the fund shall be appropriated to provide funding for implementing the new programs and initiatives established by sections 105.711 and 105.721. The moneys in the fund may further be
used to fund those programs established by sections 191.411[. 191.520] and 191.600, sections 208.151 and 208.152, and sections 103.178, 143.999, 167.600 to 167.621, 188.230, 191.211, 191.231, 191.825 to 191.839, 192.013, 208.177, 208.178, 208.179 and 208.181, 211.490, 285.240, 337.093, 374.126, 376.891 to 376.894, 431.064, 660.016, 660.017 and 660.018; in addition, not less than fifteen percent of the proceeds deposited to the health initiative fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to provide funding for the C-STAR substance abuse rehabilitation program of the department of mental health, or its successor program, and a C-STAR pilot project developed by the director of the division of alcohol and drug abuse and the director of the department of corrections as an alternative to incarceration, as provided in subsections 2, 3, and 4 of this section. Such pilot project shall be known as the "Alt-care" program. In addition, some of the proceeds deposited to the health initiatives fund pursuant to sections 149.015 and 149.160 shall be appropriated annually to the division of alcohol and drug abuse of the department of mental health to be used for the administration and oversight of the substance abuse traffic offender program defined in section 302.010 and section 577.001. The provisions of section 33.080 to the contrary notwithstanding, money in the health initiatives fund shall not be transferred at the close of the biennium to the general revenue fund.

2. The director of the division of alcohol and drug abuse and the director of the department of corrections shall develop and administer a pilot project to provide a comprehensive substance abuse treatment and rehabilitation program as an alternative to incarceration, hereinafter
referred to as "Alt-care". Alt-care shall be funded using
money provided under subsection 1 of this section through
the Missouri Medicaid program, the C-STAR program of the
department of mental health, and the division of alcohol and
drug abuse's purchase-of-service system. Alt-care shall
offer a flexible combination of clinical services and living
arrangements individually adapted to each client and her
children. Alt-care shall consist of the following
components:
   (1) Assessment and treatment planning;
   (2) Community support to provide continuity,
monitoring of progress and access to services and resources;
   (3) Counseling from individual to family therapy;
   (4) Day treatment services which include accessibility
seven days per week, transportation to and from the Alt-care
program, weekly drug testing, leisure activities, weekly
events for families and companions, job and education
preparedness training, peer support and self-help and daily
living skills; and
   (5) Living arrangement options which are permanent,
substance-free and conducive to treatment and recovery.
3. Any female who is pregnant or is the custodial
parent of a child or children under the age of twelve years,
and who has pleaded guilty to or found guilty of violating
the provisions of chapter 195, and whose controlled
substance abuse was a precipitating or contributing factor
in the commission of the offense, and who is placed on
probation may be required, as a condition of probation, to
participate in Alt-care, if space is available in the pilot
project area. Determinations of eligibility for the
program, placement, and continued participation shall be
made by the division of alcohol and drug abuse, in consultation with the department of corrections.

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

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

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

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

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

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

   (1) The director of the department of health and senior services, if a licensed physician, may issue a
statewide standing order for an opioid antagonist or an
addiction mitigation medication;

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

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

4. A licensed pharmacist who, acting in good faith and
with reasonable care, sells or dispenses an opioid
antagonist or an addiction mitigation medication and an
appropriate device to administer the drug, and the protocol
physician, shall not be subject to any criminal or civil
liability or any professional disciplinary action for
prescribing or dispensing the opioid antagonist or an
addiction mitigation medication or any outcome resulting
from the administration of the opioid antagonist or an
addiction mitigation medication. A physician issuing a
statewide standing order under subsection 2 of this section
shall not be subject to any criminal or civil liability or
any professional disciplinary action for issuing the
standing order or for any outcome related to the order or
the administration of the opioid antagonist or an addiction
mitigation medication.

5. Notwithstanding any other law or regulation to the
contrary, it shall be permissible for any person to possess
an opioid antagonist or an addiction mitigation medication.
6. Any person who administers an opioid antagonist to another person shall, immediately after administering the drug, contact emergency personnel. Any person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related drug overdose shall be immune from criminal prosecution, disciplinary actions from his or her professional licensing board, and civil liability due to the administration of the opioid antagonist.

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

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

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

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

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

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

3. "Person" means any individual, firm, partnership,
corporation, company or association and the legal successors
thereof.
208.035. 1. Subject to appropriations and any necessary waivers or approvals, the department of social services shall develop and implement a transitional benefits program for temporary assistance for needy families (TANF) and the supplemental nutrition assistance program (SNAP) that is designed in such a way that a TANF or SNAP beneficiary will not experience an immediate loss of benefits should the beneficiary's income exceed the maximum allowable income for such program. The transitional benefits offered shall provide for a transition to self-sufficiency while incentivizing work and financial stability.

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

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

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

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

   (4) Forty percent of the monthly benefit for beneficiaries with monthly household incomes greater than one hundred seventy percent but less than or equal to one hundred ninety percent of the federal poverty level; and
(5) Twenty percent of the monthly benefit for beneficiaries with monthly household incomes greater than one hundred ninety percent but less than or equal to two hundred percent of the federal poverty level.

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

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

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

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

In order to
more effectively transition persons receiving state-funded child care subsidy benefits under this chapter, the department of elementary and secondary education[, in conjunction with the department of revenue,] shall, subject to appropriations, by July 1, [2022] 2024, implement a [pilot] program [in a county with a charter form of government and with more than six hundred thousand but fewer than seven hundred thousand inhabitants, a county of the first classification with more than two hundred sixty thousand but fewer than three hundred thousand inhabitants, and a county of the first classification with more than two hundred thousand but fewer than two hundred sixty thousand inhabitants, to be called the "Hand-Up Program"[,] to allow [applicants in the program] recipients to receive transitional child care benefits without the requirement that such [applicants] recipients first be eligible for full child care benefits.

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

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

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

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

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

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

(3) As used in this section, "state base rate" shall refer to the rate established by the department for provider payments that accounts for geographic area, type of facility, duration of care, and age of the child, as well as any enhancements reflecting after-hours or weekend care, accreditation, or licensure status, as determined by the department. Recipients shall be responsible for paying the remaining sliding fee to the child care provider.
(4) A participating recipient shall be allowed to opt out of the program at any time, but such person shall not be allowed to participate in the program a second time.

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

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

4. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated under this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective
date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2012, shall be invalid and void.

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

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

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

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

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

2. Persons who are participants in a program listed in subsection 1 of this section who are required to complete a periodic eligibility review form may submit such form as an attachment to their Missouri state individual income tax return if the person's eligibility review form is due before
or at the same time that he or she files such state tax return. The department of social services shall limit periodic eligibility review forms associated with the programs listed in subsection 1 of this section to a one-page form that is easily accessible on both the department of social services' website and the department of revenue's website.

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

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

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

2. The MO HealthNet division shall remit to a licensed nursing home operator the Medicaid payment for a newly admitted Medicaid resident in a licensed long-term care
facility within forty-five days of the resident's date of admission.

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

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

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

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

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

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

(5) Has a gross income of] two hundred fifty percent [or less] of the federal poverty level, excluding any earned income of the worker with a disability between two hundred fifty and three hundred percent of the federal poverty level. [For purposes of this subdivision, "gross income"
includes all income of the person and the person's spouse that would be considered in determining MO HealthNet eligibility for permanent and totally disabled individuals under subdivision (24) of subsection 1 of section 208.151. Individuals with gross incomes in excess of one hundred percent of the federal poverty level shall pay a premium for participation in accordance with subsection 4 of this section.

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

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

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

(b) Independent living accounts limited to deposits of earned income and earnings on such income while a participant in the program created under this section with a value not to exceed five thousand dollars per year. For purposes of this section, an "independent living account" means an account established and maintained to provide savings for transportation, housing, home modification, and
personal care services and assistive devices associated with such person's disability; and

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

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

(a) [All earned income of the disabled worker;]
(b) The first [sixty-five dollars and one-half] fifty thousand dollars of [the remaining] earned income of [an nondisabled spouse's earned income] the person's spouse;
(c) [A twenty dollar standard deduction;]
(d) [Health insurance premiums;]
(e) [A seventy-five dollar a month standard deduction for the disabled worker's dental and optical insurance when the total dental and optical insurance premiums are less than seventy-five dollars;]
(f) [All Supplemental Security Income payments, and the first fifty dollars of SSDI payments; and]
(g) [A standard deduction for impairment-related employment expenses equal to one-half of the disabled worker's earned income.]

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

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

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

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

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

6. If an eligible person's employer offers employer-sponsored health insurance and the department of social services determines that it is more cost effective, such person shall participate in the employer-sponsored insurance. The department shall pay such person's portion of the premiums, co-payments, and any other costs associated with participation in the employer-sponsored health insurance. **If the department elects to pay such person's employer-sponsored insurance costs under this subsection,**
the medical assistance provided under this section shall be
provided to an eligible person as a secondary or
supplemental policy for only personal care assistance
services, as defined in section 208.900, and related costs
and nonemergency medical transportation to any employer-
sponsored benefits that may be available to such person.

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

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

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

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

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

   (2) All participants receiving aid to families with
dependent children benefits, including all persons under
nineteen years of age who would be classified as dependent
children except for the requirements of subdivision (1) of
subsection 1 of section 208.040. Participants eligible under this subdivision who are participating in treatment court, as defined in section 478.001, shall have their eligibility automatically extended sixty days from the time their dependent child is removed from the custody of the participant, subject to approval of the Centers for Medicare and Medicaid Services;

(3) All participants receiving blind pension benefits;

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

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

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

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

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

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

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

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

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

(13) Children who have attained one year of age but have not attained six years of age who are eligible for medical assistance under 6401 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989) (42 U.S.C. Sections 1396a to 1396b). The family support division shall use an income eligibility standard equal to one hundred thirty-three percent of the federal poverty level established by the
Department of Health and Human Services, or its successor agency;

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

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

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

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

(18) Pregnant women and children eligible for MO HealthNet benefits pursuant to subdivision (12), (13) or (14) of this subsection shall not as a condition of eligibility for MO HealthNet benefits be required to apply for aid to families with dependent children. The family support division shall utilize an application for eligibility for such persons which eliminates information requirements other than those necessary to apply for MO HealthNet benefits. The division shall provide such application forms to applicants whose preliminary income information indicates that they are ineligible for aid to families with dependent children. Applicants for MO HealthNet benefits under subdivision (12), (13) or (14) of this subsection shall be informed of the aid to families
with dependent children program and that they are entitled
to apply for such benefits. Any forms utilized by the
family support division for assessing eligibility under this
chapter shall be as simple as practicable;

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

(20) Pregnant women who are eligible for, have applied
for and have received MO HealthNet benefits under
subdivision (2), (10), (11) or (12) of this subsection shall
continue to be considered eligible for all pregnancy-related
and postpartum MO HealthNet benefits provided under section
208.152 until the end of the sixty-day period beginning on
the last day of their pregnancy. Pregnant women receiving mental health treatment for postpartum depression or related mental health conditions within sixty days of giving birth shall, subject to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for mental health services for the treatment of postpartum depression and related mental health conditions for up to twelve additional months. Pregnant women receiving substance abuse treatment within sixty days of giving birth shall, subject to appropriations and any necessary federal approval, be eligible for MO HealthNet benefits for substance abuse treatment and mental health services for the treatment of substance abuse for no more than twelve additional months, as long as the woman remains adherent with treatment. The department of mental health and the department of social services shall seek any necessary waivers or state plan amendments from the Centers for Medicare and Medicaid Services and shall develop rules relating to treatment plan adherence. No later than fifteen months after receiving any necessary waiver, the department of mental health and the department of social services shall report to the house of representatives budget committee and the senate appropriations committee on the compliance with federal cost neutrality requirements;

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

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

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

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

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

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

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

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

(a) Are under twenty-six years of age;
(b) Are not eligible for coverage under another
mandatory coverage group; and
(c) Were covered by Medicaid while they were in foster
care;

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

(28) (a) Subject to approval of any necessary state
plan amendments or waivers, beginning on the effective date
of this act, pregnant women who are eligible for, have
applied for, and have received MO HealthNet benefits under
subdivision (2), (10), (11), or (12) of this subsection
shall be eligible for medical assistance during the
pregnancy and during the twelve-month period that begins on
the last day of the woman's pregnancy and ends on the last
day of the month in which such twelve-month period ends,
consistent with the provisions of 42 U.S.C. Section
1396a(e)(16). The department shall submit a state plan
amendment to the Centers for Medicare and Medicaid Services
when the number of ineligible MO HealthNet participants
removed from the program in 2023 pursuant to section 208.239
exceeds the projected number of beneficiaries likely to
enroll in benefits in 2023 under this subdivision and
subdivision (2) of subsection 6 of section 208.662, as
determined by the department, by at least one hundred
individuals;
(b) The provisions of this subdivision shall remain in
effect for any period of time during which the federal
authority under 42 U.S.C. Section 1396a(e)(16), as amended,
or any successor statutes or implementing regulations, is in
effect.
2. Rules and regulations to implement this section
shall be promulgated in accordance with chapter 536. Any
rule or portion of a rule, as that term is defined in
section 536.010, that is created under the authority
delegated in this section shall become effective only if it
complies with and is subject to all of the provisions of
chapter 536 and, if applicable, section 536.028. This
section and chapter 536 are nonseverable and if any of the
powers vested with the general assembly pursuant to chapter
536 to review, to delay the effective date or to disapprove
and annul a rule are subsequently held unconstitutional,
then the grant of rulemaking authority and any rule proposed
or adopted after August 28, 2002, shall be invalid and void.
3. After December 31, 1973, and before April 1, 1990, any family eligible for assistance pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the last six months immediately preceding the month in which such family became ineligible for such assistance because of increased income from employment shall, while a member of such family is employed, remain eligible for MO HealthNet benefits for four calendar months following the month in which such family would otherwise be determined to be ineligible for such assistance because of income and resource limitation. After April 1, 1990, any family receiving aid pursuant to 42 U.S.C. Section 601, et seq., as amended, in at least three of the six months immediately preceding the month in which such family becomes ineligible for such aid, because of hours of employment or income from employment of the caretaker relative, shall remain eligible for MO HealthNet benefits for six calendar months following the month of such ineligibility as long as such family includes a child as provided in 42 U.S.C. Section 1396r-6. Each family which has received such medical assistance during the entire six-month period described in this section and which meets reporting requirements and income tests established by the division and continues to include a child as provided in 42 U.S.C. Section 1396r-6 shall receive MO HealthNet benefits without fee for an additional six months. The MO HealthNet division may provide by rule and as authorized by annual appropriation the scope of MO HealthNet coverage to be granted to such families.

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

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

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

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

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

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

208.239. The department of social services shall resume annual MO HealthNet eligibility redeterminations, renewals, and postenrollment verifications no later than thirty days after the effective date of this act.
208.662. 1. There is hereby established within the department of social services the "Show-Me Healthy Babies Program" as a separate children's health insurance program (CHIP) for any low-income unborn child. The program shall be established under the authority of Title XXI of the federal Social Security Act, the State Children's Health Insurance Program, as amended, and 42 CFR 457.1.

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

3. Coverage for an unborn child enrolled in the show-me healthy babies program shall include all prenatal care and pregnancy-related services that benefit the health of the unborn child and that promote healthy labor, delivery, and birth. Coverage need not include services that are solely for the benefit of the pregnant mother, that are unrelated to maintaining or promoting a healthy pregnancy, and that provide no benefit to the unborn child. However,
the department may include pregnancy-related assistance as
defined in 42 U.S.C. Section 1397ll.

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

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

6. (1) Pregnancy-related and postpartum coverage for
the mother shall begin on the day the pregnancy ends and
extend through the last day of the month that includes the
sixtieth day after the pregnancy ends, unless otherwise
prohibited by law or unless otherwise limited by the general
assembly through appropriations. The department may include
pregnancy-related assistance as defined in 42 U.S.C. Section
1397ll.

(2) (a) Subject to approval of any necessary state
plan amendments or waivers, beginning on the effective date
of this act, mothers eligible to receive coverage under this
section shall receive medical assistance benefits during the
pregnancy and during the twelve-month period that begins on
the last day of the woman's pregnancy and ends on the last
day of the month in which such twelve-month period ends,
consistent with the provisions of 42 U.S.C. Section
1397gg(e)(1)(J). The department shall seek any necessary
state plan amendments or waivers to implement the provisions
of this subdivision when the number of ineligible MO
HealthNet participants removed from the program in 2023 pursuant to section 208.239 exceeds the projected number of beneficiaries likely to enroll in benefits in 2023 under this subdivision and subdivision (28) of subsection 1 of section 208.151, as determined by the department, by at least one hundred individuals.

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

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

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

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

10. At least annually, the department shall prepare and submit a report to the governor, the speaker of the
house of representatives, and the president pro tempore of
the senate analyzing and projecting the cost savings and
benefits, if any, to the state, counties, local communities,
school districts, law enforcement agencies, correctional
centers, health care providers, employers, other public and
private entities, and persons by enrolling unborn children
in the show-me healthy babies program. The analysis and
projection of cost savings and benefits, if any, may include
but need not be limited to:

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

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

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

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

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

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

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

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

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

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

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

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

a. Is no less than the higher of the rate specified in 29 U.S.C. Section 206(a)(1) or the rate required under any applicable state or local minimum wage law for the place of employment;
b. Is no less than the customary rate paid by the employer for the same or similar work performed by other employees who are not persons with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills;

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

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

(b) Is at a location:

a. Typically found in the community; and

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

(c) Presents, as appropriate, opportunities for advancement that are similar to those for other employees who are not persons with disabilities and who have similar positions;
(2) "Customized employment", competitive integrated employment for a person with a significant disability that is:

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

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

(c) Carried out through flexible strategies, such as:
   a. Job exploration by the person; and
   b. Working with an employer to facilitate placement, including:
      (i) Customizing a job description based on current employer needs or on previously unidentified and unmet employer needs;
      (ii) Developing a set of job duties, a work schedule and job arrangement, and specifics of supervision, including performance evaluation and review, and determining a job location;
      (iii) Using a professional representative chosen by the person or self-representation, if elected, to work with an employer to facilitate placement; and
      (iv) Providing services and supports at the job location;

(3) "Disability", a physical or mental impairment that substantially limits one or more major life activities of a person, as defined in the Americans with Disabilities Act of 1990, as amended. The term "disability" does not include brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to any alcohol or drug;
(4) "Employment first", a concept to facilitate the full inclusion of persons with disabilities in the workplace and community in which community-based, competitive integrated employment is the first and preferred outcome for employment services for persons with disabilities;

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

(6) "Integrated setting", a setting:
(a) Typically found in the community; and
(b) Where the employee with a disability interacts for the purpose of performing the duties of the position with other employees within the particular work unit and the entire work site and, as appropriate to the work performed, other persons, such as customers and vendors, who are not persons with disabilities, other than supervisory personnel or persons who are providing services to such employee, to the same extent that employees who are not persons with disabilities and who are in comparable positions interact with these persons;

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

(8) "Sheltered workshop", the same meaning given to the term in section 178.900;
(9) "State agency", an authority, board, branch, commission, committee, department, division, or other instrumentality of the executive branch of state government;

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

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

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

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

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

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

3. All state agencies that provide employment-related services or that provide services or support to persons with disabilities shall:
(1) Develop collaborative relationships with each other, confirmed by a written memorandum of understanding signed by each such state agency; and

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

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

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

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

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

(4) Promote the availability and accessibility of individualized training designed to prepare a person with a disability for the person's preferred employment;
(5) Promote partnerships with private agencies that offer supported employment services, if appropriate;

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

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

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

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

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

6. Nothing in this section shall be construed to limit or disallow any disability benefits to which a person with a
disability who is unable to engage in competitive integrated employment would otherwise be entitled.

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

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

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

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

10. State agencies may promulgate all necessary rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This
section and chapter 536 are nonseverable and if any of the
powers vested with the general assembly pursuant to chapter
536 to review, to delay the effective date, or to disapprove
and annul a rule are subsequently held unconstitutional,
then the grant of rulemaking authority and any rule proposed
or adopted after August 28, 2023, shall be invalid and void.

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

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

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

334.104. 1. A physician may enter into collaborative
practice arrangements with registered professional nurses.
Collaborative practice arrangements shall be in the form of
written agreements, jointly agreed-upon protocols, or
standing orders for the delivery of health care services.
Collaborative practice arrangements, which shall be in
writing, may delegate to a registered professional nurse the
authority to administer or dispense drugs and provide
treatment as long as the delivery of such health care
services is within the scope of practice of the registered
professional nurse and is consistent with that nurse's skill, training and competence.

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

3. The written collaborative practice arrangement shall contain at least the following provisions:
(1) Complete names, home and business addresses, zip codes, and telephone numbers of the collaborating physician and the advanced practice registered nurse;

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

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

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

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

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

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

a. Until August 28, 2025, an advanced practice registered nurse providing services in a correctional center, as defined in section 217.010, and his or her collaborating physician shall satisfy the geographic
proximity requirement if they practice within two hundred miles by road of one another;

b. The collaborative practice arrangement may allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar year for rural health clinics as defined by [P.L.] Pub. L. 95-210 (42 U.S.C. Section 1395x, as amended), as long as the collaborative practice arrangement includes alternative plans as required in paragraph (c) of this subdivision. This exception to geographic proximity shall apply only to independent rural health clinics, provider-based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C. Section 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor is greater than fifty miles from the clinic[.]; and
c. The collaborating physician is required to maintain documentation related to this requirement and to present it to the state board of registration for the healing arts when requested; and

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

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

(7) A list of all other written practice agreements of the collaborating physician and the advanced practice registered nurse;
(8) The duration of the written practice agreement between the collaborating physician and the advanced practice registered nurse;

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

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

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be covered, the methods of treatment that may be covered by collaborative practice arrangements and the requirements for review of services provided pursuant to collaborative practice arrangements including delegating authority to prescribe controlled substances. Any rules relating to geographic proximity shall allow a collaborating physician
and a collaborating advanced practice registered nurse to practice within two hundred miles by road of one another until August 28, 2025, if the nurse is providing services in a correctional center, as defined in section 217.010. Any rules relating to dispensing or distribution of medications or devices by prescription or prescription drug orders under this section shall be subject to the approval of the state board of pharmacy. Any rules relating to dispensing or distribution of controlled substances by prescription or prescription drug orders under this section shall be subject to the approval of the department of health and senior services and the state board of pharmacy. In order to take effect, such rules shall be approved by a majority vote of a quorum of each board. Neither the state board of registration for the healing arts nor the board of nursing may separately promulgate rules relating to collaborative practice arrangements. Such jointly promulgated rules shall be consistent with guidelines for federally funded clinics. The rulemaking authority granted in this subsection shall not extend to collaborative practice arrangements of hospital employees providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

5. The state board of registration for the healing arts shall not deny, revoke, suspend or otherwise take disciplinary action against a physician for health care services delegated to a registered professional nurse provided the provisions of this section and the rules promulgated thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action imposed as a result of an agreement between a physician and
a registered professional nurse or registered physician assistant, whether written or not, prior to August 28, 1993, all records of such disciplinary licensure action and all records pertaining to the filing, investigation or review of an alleged violation of this chapter incurred as a result of such an agreement shall be removed from the records of the state board of registration for the healing arts and the division of professional registration and shall not be disclosed to any public or private entity seeking such information from the board or the division. The state board of registration for the healing arts shall take action to correct reports of alleged violations and disciplinary actions as described in this section which have been submitted to the National Practitioner Data Bank. In subsequent applications or representations relating to his or her medical practice, a physician completing forms or documents shall not be required to report any actions of the state board of registration for the healing arts for which the records are subject to removal under this section.

6. Within thirty days of any change and on each renewal, the state board of registration for the healing arts shall require every physician to identify whether the physician is engaged in any collaborative practice agreement, including collaborative practice agreements delegating the authority to prescribe controlled substances, or physician assistant agreement and also report to the board the name of each licensed professional with whom the physician has entered into such agreement. The board may make this information available to the public. The board shall track the reported information and may routinely conduct random reviews of such agreements to ensure that agreements are carried out for compliance under this chapter.
7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services without a collaborative practice arrangement provided that he or she is under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a collaborative practice arrangement under this section, except that the collaborative practice arrangement may not delegate the authority to prescribe any controlled substances listed in Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

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

9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced
practice registered nurse shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

12. No contract or other agreement shall require any advanced practice registered nurse to serve as a collaborating advanced practice registered nurse for any
collaborating physician against the advanced practice
registered nurse's will. An advanced practice registered
nurse shall have the right to refuse to collaborate, without
penalty, with a particular physician.

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

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

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

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

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

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

5. The board shall be the administrative agency
responsible for implementation of the program established
under sections 335.200 to 335.203, and shall promulgate
reasonable rules for the exercise of its functions and the effectuation of the purposes of sections 335.200 to 335.203. The board shall, by rule, prescribe the form, time, and method of filing applications and shall supervise the processing of such applications.

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

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

338.010. 1. The "practice of pharmacy" includes:

   (1) The interpretation, implementation, and evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section 353[j], and the receipt,
transmission, or handling of such orders or facilitating the
dispensing of such orders;

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

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

(4) The ordering and administration of vaccines
approved or authorized by the U.S. Food and Drug
Administration, excluding vaccines for cholera, monkeypox,
Japanese encephalitis, typhoid, rabies, yellow fever, tick-
borne encephalitis, anthrax, tuberculosis, dengue, Hib,
polio, rotavirus, smallpox, and any vaccine approved after
January 1, 2023, to persons at least seven years of age or
the age recommended by the Centers for Disease Control and
Prevention, whichever is older, pursuant to joint
promulgation of rules established by the board of pharmacy
and the state board of registration for the healing arts
unless rules are established under a state of emergency as
described in section 44.100;
(5) The participation in drug selection according to state law and participation in drug utilization reviews;
(6) The proper and safe storage of drugs and devices and the maintenance of proper records thereof;
(7) Consultation with patients and other health care practitioners, and veterinarians and their clients about legend drugs, about the safe and effective use of drugs and devices;
(8) The prescribing and dispensing of any nicotine replacement therapy product under section 338.665;
(9) The dispensing of HIV postexposure prophylaxis pursuant to section 338.730; and
(10) The offering or performing of those acts, services, operations, or transactions necessary in the conduct, operation, management and control of a pharmacy.

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

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

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

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

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

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

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

[5.] 8. No health carrier as defined in chapter 376 
shall require any physician with which they contract to 
enter into a written protocol with a pharmacist for 
medication therapeutic services.
9. This section shall not be construed to allow a pharmacist to diagnose or independently prescribe pharmaceuticals.

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

11. The state board of pharmacy may grant a certificate of medication therapeutic plan authority to a
licensed pharmacist who submits proof of successful completion of a board-approved course of academic clinical study beyond a bachelor of science in pharmacy, including but not limited to clinical assessment skills, from a nationally accredited college or university, or a certification of equivalence issued by a nationally recognized professional organization and approved by the board of pharmacy.

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

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

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

[12.] 15. In addition to other requirements established by the joint promulgation of rules by the board of pharmacy and the state board of registration for the healing arts:
A pharmacist shall administer vaccines by protocol in accordance with treatment guidelines established by the Centers for Disease Control and Prevention (CDC);

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

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

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

(1) The identity of the patient;
(2) The identity of the vaccine or vaccines administered;
(3) The route of administration;
(4) The anatomic site of the administration;
(5) The dose administered; and
(6) The date of administration.
18. A pharmacist licensed under this chapter may order and administer vaccines approved or authorized by the U.S. Food and Drug Administration to address a public health need, as lawfully authorized by the state or federal government, or a department or agency thereof, during a state or federally declared public health emergency.

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

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

376.1060. 1. As used in this section, the following terms shall mean:
(1) "Contracting entity", any person or entity, including a health carrier, that is engaged in the act of contracting with providers for the delivery of dental health care services [or the selling or assigning of dental network plans to other health care entities];

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

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

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

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

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

(6) "Provider network contract", a contract between a contracting entity and a provider that specifies the rights
and responsibilities of the contracting entity and provides for the delivery and payment of health care services;

(7) "Third party", a person or entity that enters into a contract with a contracting entity or with another third party to gain access to the health care services or contractual discounts of a provider network contract. "Third party" does not include an employer or other group for whom the health carrier or contracting entity provides administrative services.

2. A contracting entity shall only grant a third party access to [the dental services of] a participating [provider under a health care contract unless expressly authorized by the health care contract. The health care contract shall specifically provide that one purpose of the contract is the selling, assigning, or giving the contracting entity rights to the services of the participating provider, including network plans] provider's health care services or contractual discounts provided in accordance with a contract between a participating provider and a contracting entity and only if:

(1) The contract specifically states that the contracting entity may enter into an agreement with a third party allowing the third party to obtain the contracting entity's rights and responsibilities as if the third party were the contracting entity, and the contract allows the provider to choose not to participate in third-party access at the time the contract is entered into or renewed or when there are material modifications to the contract. The third-party access provision of any provider network contract shall also specifically state that the contract grants third-party access to the provider's health care services and that the provider has the right to choose not to participate in
third-party access to the contract or to enter into a contract directly with the third party. A provider's decision not to participate in third-party access shall not permit the contracting entity to cancel or otherwise end a contractual relationship with the provider. When initially contracting with a provider, a contracting entity shall accept a qualified provider even if the provider chooses not to participate in the third-party access provision;

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

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

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

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

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

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

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

(9) The contracting entity makes available a copy of the provider network contract relied on in the adjudication
of a claim to a participating provider within thirty days of
a request from the provider.

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

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

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

6. [All third parties that have contracted with a
contracting entity to purchase, be assigned, or otherwise be
granted access to the participating provider's discounted
rate shall comply with the participating provider's
contract, including all requirements to encourage access to
the participating provider, and pay the participating provider pursuant to the rates of payment and methodology set forth in that contract, unless otherwise agreed to by a participating provider.

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

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

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

[191.500. As used in sections 191.500 to 191.550, unless the context clearly indicates otherwise, the following terms mean:

(1) "Area of defined need", a community or section of an urban area of this state which is certified by the department of health and senior
services as being in need of the services of a physician to improve the patient-\-doctor ratio in the area, to contribute professional physician services to an area of economic impact, or to contribute professional physician services to an area suffering from the effects of a natural disaster;

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

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

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

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

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

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

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

[191.505. The department of health and senior services shall be the administrative agency for the implementation of the program established by sections 191.500 to 191.550. The department shall promulgate reasonable rules and regulations for the exercise of its functions in
the effectuation of the purposes of sections 191.500 to 191.550. It shall prescribe the form and the time and method of filing applications and supervise the processing thereof.]

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

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

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

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

[191.530. Interest at the rate of nine and one-half percent per year shall be charged on all loans made under sections 191.500 to 191.550 but one-fourth of the interest and principal of the total loan at the time of the awarding of the degree shall be forgiven for each year of participation by an applicant in the practice of his profession in a rural area or an area of defined need. The department shall grant a
deferral of interest and principal payments to a loan recipient who is pursuing an internship or a residency in primary care. The deferral shall not exceed three years. The status of each loan recipient receiving a deferral shall be reviewed annually by the department to ensure compliance with the intent of this provision. The loan recipient will repay the loan beginning with the calendar year following completion of his internship or his primary care residency in accordance with the loan contract.

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

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

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

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

[191.550. The contracts made with the participating students shall be approved by the attorney general.]
(5) "Participating school", an institution within this state which is approved by the board for participation in the professional and practical nursing student loan program established by sections 335.212 to 335.242, having a nursing department and offering a course of instruction based on nursing theory and clinical nursing experience;

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

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

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

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

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

3. The department of health and senior services shall promulgate reasonable rules and regulations for the exercise of its function pursuant to sections 335.212 to 335.259. It
shall prescribe the form, the time and method of filing applications and supervise the proceedings thereof. No rule or portion of a rule promulgated under the authority of sections 335.212 to 335.257 shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

4. Ninety-five percent of funds loaned pursuant to sections 335.212 to 335.242 shall be loaned to qualified applicants who are enrolled in professional nursing programs in participating schools and five percent of the funds loaned pursuant to sections 335.212 to 335.242 shall be loaned to qualified applicants who are enrolled in practical nursing programs. Priority shall be given to eligible students who have established financial need. All loan repayment funds pursuant to sections 335.245 to 335.259 shall be used to reimburse successful associate, diploma, baccalaureate or graduate professional nurse applicants' educational loans who agree to serve in areas of defined need as determined by the department.

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

335.221. The board, in addition to any other duties it may have regarding licensure of nurses, shall collect, at the time of licensure or licensure renewal, an education surcharge from each person licensed or relicensed pursuant to sections 335.011 to 335.096, in the amount of one dollar per year for practical nurses and five dollars per year for professional nurses. These funds shall be deposited in the professional and practical nursing student loan and nurse loan repayment fund. All expenditures authorized by sections 335.212 to 335.259 shall be paid from funds appropriated by the general assembly from the professional and practical nursing student loan and nurse loan repayment.
The provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue.

The department of health and senior services shall enter into a contract with each qualified applicant receiving financial assistance under the provisions of sections 335.212 to 335.242 for repayment of the principal and interest.

An eligible student may apply to the department for financial assistance under the provisions of sections 335.212 to 335.242 if, at the time of his application for a loan, the eligible student has formally applied for acceptance at a participating school. Receipt of financial assistance is contingent upon acceptance and continued enrollment at a participating school.

Financial assistance to any qualified applicant shall not exceed ten thousand dollars for each academic year for a professional nursing program and shall not exceed five thousand dollars for each academic year for a practical nursing program. All financial assistance shall be made from funds credited to the professional and practical nursing student loan and nurse loan repayment fund. A qualified applicant may receive financial assistance for each academic year he remains a student in good standing at a participating school.

The department shall establish schedules for repayment of the principal and interest on any financial assistance made under the provisions of sections 335.212 to 335.242. Interest at the rate of nine and one-half percent per annum shall be charged on all financial assistance made under the provisions of sections 335.212 to 335.242, but the interest and principal of the total financial assistance granted to a qualified applicant at the time of the successful completion of a nursing degree, diploma program or a practical nursing program shall be forgiven through qualified employment.

The financial assistance recipient shall repay the financial assistance principal and interest beginning not more than six months after completion of the degree for which the financial assistance was made in accordance with the repayment contract. If an eligible student ceases his study prior to successful completion of a degree or graduation at a participating school, interest at the rate
specified in section 335.233 shall be charged on
the amount of financial assistance received from
the state under the provisions of sections
335.212 to 335.242, and repayment, in accordance
with the repayment contract, shall begin within
ninety days of the date the financial aid
recipient ceased to be an eligible student. All
funds repaid by recipients of financial
assistance to the department shall be deposited
in the professional and practical nursing
student loan and nurse loan repayment fund for
use pursuant to sections 335.212 to 335.259.]

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

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

[335.245. As used in sections 335.245 to
335.259, the following terms mean:
(1) "Department", the Missouri department
of health and senior services;
(2) "Eligible applicant", a Missouri
licensed nurse who has attained either an
associate degree, a diploma, a bachelor of
science, or graduate degree in nursing from an
accredited institution approved by the board of
nursing or a student nurse in the final year of
a full-time baccalaureate school of nursing
leading to a baccalaureate degree or graduate
nursing program leading to a master's degree in
nursing and has agreed to serve in an area of
defined need as established by the department;
(3) "Participating school", an institution
within this state which grants an associate
degree in nursing, grants a bachelor or master
of science degree in nursing or provides a
diploma nursing program which is accredited by
the state board of nursing, or a regionally
accredited institution in this state which
provides a bachelor of science completion
program for registered professional nurses;
(4) "Qualified employment", employment on
a full-time basis in Missouri in a position
requiring licensure as a licensed practical
nurse or registered professional nurse in any
hospital as defined in section 197.020 or public
or nonprofit agency, institution, or
organization located in an area of need as
determined by the department of health and
senior services. Any forgiveness of such
principal and interest for any qualified
applicant engaged in qualified employment on a
less than full-time basis may be prorated to
reflect the amounts provided in this section.]

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

[§335.251. Upon proper verification to the
department by the eligible applicant of securing
qualified employment in this state, the
department shall enter into a loan repayment
contract with the eligible applicant to repay
the interest and principal on the educational
loans of the applicant to the limit of the
contract, which contract shall provide for
instances of less than full-time qualified
employment consistent with the provisions of
section 335.233, out of any appropriation made
to the professional and practical nursing
student loan and nurse loan repayment fund. If
the applicant breaches the contract by failing
to begin or complete the qualified employment,
the department is entitled to recover the total
of the loan repayment paid by the department
plus interest on the repaid amount at the rate
of nine and one-half percent per annum.]
Sections 335.212 to 335.259 shall not be construed to require the department to enter into contracts with individuals who qualify for nursing education loans or nursing loan repayment programs when federal, state and local funds are not available for such purposes.

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

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