

FIRST REGULAR SESSION

SENATE BILL NO. 548

103RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR BLACK.

1678S.01H

KRISTINA MARTIN, Secretary

AN ACT

To repeal sections 190.053, 190.098, 190.101, 190.109, 191.648, 195.417, 196.990, 208.152, 210.030, 332.081, 335.081, 338.010, and 579.060, RSMo, and to enact in lieu thereof sixteen new sections relating to health care, with penalty provisions.

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

Section A. Sections 190.053, 190.098, 190.101, 190.109, 2 191.648, 195.417, 196.990, 208.152, 210.030, 332.081, 335.081, 3 338.010, and 579.060, RSMo, are repealed and sixteen new 4 sections enacted in lieu thereof, to be known as sections 5 190.053, 190.076, 190.098, 190.101, 190.109, 190.112, 190.166, 6 191.648, 195.417, 196.990, 208.152, 210.030, 332.081, 335.081, 7 338.010, and 579.060, to read as follows:

190.053. 1. All members of the board of directors of 2 an ambulance district first elected on or after January 1, 3 2008, shall attend and complete an educational seminar or 4 conference or other suitable training on the role and duties 5 of a board member of an ambulance district. The training 6 required under this section shall be offered by a statewide 7 association organized for the benefit of ambulance districts 8 or be approved by the state advisory council on emergency 9 medical services. Such training shall include, at a minimum:

10 (1) Information relating to the roles and duties of an 11 ambulance district director;

12 (2) A review of all state statutes and regulations 13 relevant to ambulance districts;

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

- 14 (3) State ethics laws;
- 15 (4) State sunshine laws, chapter 610;
- 16 (5) Financial and fiduciary responsibility;
- 17 (6) State laws relating to the setting of tax rates;
- 18 and
- 19 (7) State laws relating to revenue limitations.

20 2. [If any ambulance district board member fails to

21 attend a training session within twelve months after taking

22 office, the board member shall not be compensated for

23 attendance at meetings thereafter until the board member has

24 completed such training session. If any ambulance district

25 board member fails to attend a training session within

26 twelve months of taking office regardless of whether the

27 board member received an attendance fee for a training

28 session, the board member shall be ineligible to run for

29 reelection for another term of office until the board member

30 satisfies the training requirement of this section; however,

31 this requirement shall only apply to board members elected

32 after August 28, 2022] **All members of the board of directors**

33 **of an ambulance district shall complete three hours of**

34 **continuing education for each term of office. The**

35 **continuing education shall be offered by a statewide**

36 **association organized for the benefit of ambulance districts**

37 **or be approved by the state advisory council on emergency**

38 **medical services.**

39 3. Any ambulance district board member who fails to

40 complete the initial training and continuing education

41 requirements on or before the anniversary date of the

42 member's election or appointment as required under this

43 section shall immediately be disqualified from office. Upon

44 such disqualification, the member's position shall be deemed

45 vacant without further process or declaration. The vacancy

46 shall be filled in the manner provided for in section
47 190.052.

190.076. In addition to the annual audit required
2 under section 190.075, each ambulance district shall, at
3 least once every three years, arrange for a certified public
4 accountant or a firm of certified public accountants to
5 audit the records and accounts of the district. The audit
6 shall be made freely available to the public on the
7 district's website or by other electronic means.

190.098. 1. In order for a person to be eligible for
2 certification by the department as a community paramedic, an
3 individual shall:

- 4 (1) Be currently [certified] licensed as a paramedic;
- 5 (2) Successfully complete or have successfully
6 completed a community paramedic certification program from a
7 college, university, or educational institution that has
8 been approved by the department or accredited by a national
9 accreditation organization approved by the department; and
- 10 (3) Complete an application form approved by the
11 department.

12 2. [A community paramedic shall practice in accordance
13 with protocols and supervisory standards established by the
14 medical director. A community paramedic shall provide
15 services of a health care plan if the plan has been
16 developed by the patient's physician or by an advanced
17 practice registered nurse through a collaborative practice
18 arrangement with a physician or a physician assistant
19 through a collaborative practice arrangement with a
20 physician and there is no duplication of services to the
21 patient from another provider.]

22 3. Any ambulance service shall enter into a written
23 contract to provide community paramedic services in another

24 ambulance service area, as that term is defined in section
25 190.100. The contract that is agreed upon may be for an
26 indefinite period of time, as long as it includes at least a
27 sixty-day cancellation notice by either ambulance service.]

28 As used in this section, the term "community paramedic
29 services" shall mean services provided by any entity that
30 employs licensed paramedics who are certified by the
31 department as community paramedics for services that are:

32 (1) Provided in a nonemergent setting that is
33 independent of an emergency telephone service, 911 system,
34 or emergency summons;

35 (2) Consistent with the training and education
36 requirements described in subdivision (2) of subsection 1 of
37 this section, the scope of skill and practice for community
38 paramedics, and the supervisory standard approved by the
39 entity's medical director; and

40 (3) Reflected and documented in the entity's medical
41 director-approved patient care plans or protocols in
42 accordance with the provisions of section 190.142.

43 3. (1) Any ambulance service that seeks to provide
44 community paramedic services outside of the ambulance
45 service's service area:

46 (a) Shall have a memorandum of understanding (MOU)
47 regarding the provision of such services with the ambulance
48 service in that service area if that ambulance service is
49 already providing community paramedic services; or

50 (b) Shall not be required to have a MOU with the
51 ambulance service in that service area if that ambulance
52 service is not already providing community paramedic
53 services, provided that the ambulance service seeking to
54 provide such services shall provide notification to the

55 other ambulance service of the community paramedic services
56 to be provided.

57 (2) Any emergency medical response agency (EMRA) that
58 seeks to provide community paramedic services within its
59 designated response service area may do so if the ground
60 ambulance service area within which the EMRA operates does
61 not already provide such services. If the ground ambulance
62 service does provide community paramedic services, then the
63 ground ambulance service may enter into a MOU with the EMRA
64 in order to coordinate programs and avoid service
65 duplication. If the EMRA provides community paramedic
66 services in the ground ambulance service's service area
67 prior to the provision of such services by the ground
68 ambulance service, then the EMRA and the ground ambulance
69 service shall enter into a MOU for the coordination of
70 services.

71 (3) Any community paramedic program shall notify the
72 appropriate local ambulance service when providing services
73 within the service area of an ambulance service.

74 (4) The department shall promulgate rules and
75 regulations for the purpose of recognizing which community
76 paramedic services entities have met the standards necessary
77 to provide community paramedic services, including, but not
78 limited to, physician medical oversight, training, patient
79 record retention, formal relationships with primary care
80 services as needed, and quality improvement policies.
81 Community paramedic services entities shall be certified by
82 the department, allowing such entities to provide community
83 paramedic services for a period of five years.

84 4. A community paramedic is subject to the provisions
85 of sections 190.001 to 190.245 and rules promulgated under
86 sections 190.001 to 190.245.

87 5. No person shall hold himself or herself out as a
88 community paramedic or provide the services of a community
89 paramedic unless such person is certified by the department.

90 6. The medical director shall approve the
91 implementation of the community paramedic program.

92 7. Any rule or portion of a rule, as that term is
93 defined in section 536.010, that is created under the
94 authority delegated in this section shall become effective
95 only if it complies with and is subject to all of the
96 provisions of chapter 536 and, if applicable, section
97 536.028. This section and chapter 536 are nonseverable and
98 if any of the powers vested with the general assembly
99 pursuant to chapter 536 to review, to delay the effective
100 date, or to disapprove and annul a rule are subsequently
101 held unconstitutional, then the grant of rulemaking
102 authority and any rule proposed or adopted after August 28,
103 2013, shall be invalid and void.

 190.101. 1. There is hereby established a "State
2 Advisory Council on Emergency Medical Services" which shall
3 consist of **[sixteen] no more than twenty-three** members[, one
4 of which shall be a resident of a city not within a
5 county]. The members of the council shall be appointed [by
6 the governor with the advice and consent of the senate]
7 **pursuant to subsection 2 of this section** and shall serve
8 terms of four years. The [governor shall designate one of
9 the members as chairperson] **council members shall annually**
10 **select a chairperson, along with other officers as the**
11 **council deems necessary.** The chairperson may appoint
12 subcommittees that include noncouncil members.

13 2. **Council members shall be appointed as follows:**

14 (1) The director of the department of health and
15 senior services shall make appointments to the council from
16 the recommendations provided by the following:

17 (a) The statewide professional association
18 representing ambulance service managers;

19 (b) The statewide professional association
20 representing EMT's and paramedics;

21 (c) The statewide professional association
22 representing ambulance districts;

23 (d) The statewide professional association
24 representing fire chiefs;

25 (e) The statewide professional association
26 representing fire protection districts;

27 (f) The statewide professional association
28 representing firefighters;

29 (g) The statewide professional association
30 representing emergency nurses;

31 (h) The statewide professional association
32 representing the air ambulance industry;

33 (i) The statewide professional association
34 representing emergency medicine physicians;

35 (j) The statewide association representing hospitals;
36 and

37 (k) The statewide association representing pediatric
38 emergency professionals;

39 (2) The director of health and senior services shall
40 appoint a member to the council with a background in mobile
41 integrated healthcare-community paramedicine (MIH-CP);

42 (3) Each regional EMS advisory committee shall appoint
43 one member; and

44 (4) The time-critical diagnosis advisory committee
45 established under section 190.257 shall appoint one member.

46 3. The state EMS medical directors advisory committee
47 and the regional EMS advisory committees will be recognized
48 as subcommittees of the state advisory council on emergency
49 medical services.

50 [3.] 4. The council shall have geographical
51 representation and representation from appropriate areas of
52 expertise in emergency medical services including
53 volunteers, professional organizations involved in emergency
54 medical services, EMT's, paramedics, nurses, firefighters,
55 physicians, ambulance service administrators, hospital
56 administrators and other health care providers concerned
57 with emergency medical services. [The regional EMS advisory
58 committees shall serve as a resource for the identification
59 of potential members of the state advisory council on
60 emergency medical services.]

61 4.] 5. The state EMS medical director, as described
62 under section 190.103, shall serve as an ex officio member
63 of the council.

64 [5.] 6. The members of the council and subcommittees
65 shall serve without compensation except that members of the
66 council shall, subject to appropriations, be reimbursed for
67 reasonable travel expenses and meeting expenses related to
68 the functions of the council.

69 [6.] 7. The purpose of the council is to make
70 recommendations to the governor, the general assembly, and
71 the department on policies, plans, procedures and proposed
72 regulations on how to improve the statewide emergency
73 medical services system. The council shall advise the
74 governor, the general assembly, and the department on all
75 aspects of the emergency medical services system.

76 [7.] 8. (1) There is hereby established a standing
77 subcommittee of the council to monitor the implementation of

78 the recognition of the EMS personnel licensure interstate
79 compact under sections 190.900 to 190.939, the interstate
80 commission for EMS personnel practice, and the involvement
81 of the state of Missouri. The subcommittee shall meet at
82 least biannually and receive reports from the Missouri
83 delegate to the interstate commission for EMS personnel
84 practice. The subcommittee shall consist of at least seven
85 members appointed by the chair of the council, to include at
86 least two members as recommended by the Missouri state
87 council of firefighters and one member as recommended by the
88 Missouri Association of Fire Chiefs. The subcommittee may
89 submit reports and recommendations to the council, the
90 department of health and senior services, the general
91 assembly, and the governor regarding the participation of
92 Missouri with the recognition of the EMS personnel licensure
93 interstate compact.

94 (2) The subcommittee shall formally request a public
95 hearing for any rule proposed by the interstate commission
96 for EMS personnel practice in accordance with subsection 7
97 of section 190.930. The hearing request shall include the
98 request that the hearing be presented live through the
99 internet. The Missouri delegate to the interstate
100 commission for EMS personnel practice shall be responsible
101 for ensuring that all hearings, notices of, and related
102 rulemaking communications as required by the compact be
103 communicated to the council and emergency medical services
104 personnel under the provisions of subsections 4, 5, 6, and 8
105 of section 190.930.

106 (3) The department of health and senior services shall
107 not establish or increase fees for Missouri emergency
108 medical services personnel licensure in accordance with this
109 chapter for the purpose of creating the funds necessary for

110 payment of an annual assessment under subdivision (3) of
111 subsection 5 of section 190.924.

112 [8.] 9. The council shall consult with the time-
113 critical diagnosis advisory committee, as described under
114 section 190.257, regarding time-critical diagnosis.

190.109. 1. The department shall, within a reasonable
2 time after receipt of an application, cause such
3 investigation as the department deems necessary to be made
4 of the applicant for a ground ambulance license.

5 2. Any person that owned and operated a licensed
6 ambulance on December 31, 1997, shall receive an ambulance
7 service license from the department, unless suspended,
8 revoked or terminated, for that ambulance service area which
9 was, on December 31, 1997, described and filed with the
10 department as the primary service area for its licensed
11 ambulances on August 28, 1998, provided that the person
12 makes application and adheres to the rules and regulations
13 promulgated by the department pursuant to sections 190.001
14 to 190.245.

15 3. The department shall issue a new ground ambulance
16 service license to an ambulance service that is not
17 currently licensed by the department, or is currently
18 licensed by the department and is seeking to expand its
19 ambulance service area, except as provided in subsection 4
20 of this section, to be valid for a period of five years,
21 unless suspended, revoked or terminated, when the director
22 finds that the applicant meets the requirements of ambulance
23 service licensure established pursuant to sections 190.100
24 to 190.245 and the rules adopted by the department pursuant
25 to sections 190.001 to 190.245. In order to be considered
26 for a new ambulance service license, an ambulance service
27 shall submit to the department a letter of endorsement from

28 each ambulance district or fire protection district that is
29 authorized to provide ambulance service, or from each
30 municipality not within an ambulance district or fire
31 protection district that is authorized to provide ambulance
32 service, in which the ambulance service proposes to
33 operate. If an ambulance service proposes to operate in
34 unincorporated portions of a county not within an ambulance
35 district or fire protection district that is authorized to
36 provide ambulance service, in order to be considered for a
37 new ambulance service license, the ambulance service shall
38 submit to the department a letter of endorsement from the
39 county. Any letter of endorsement required pursuant to this
40 section shall verify that the political subdivision has
41 conducted a public hearing regarding the endorsement and
42 that the governing body of the political subdivision has
43 adopted a resolution approving the endorsement. The letter
44 of endorsement shall affirmatively state that the proposed
45 ambulance service:

- 46 (1) Will provide a benefit to public health that
47 outweighs the associated costs;
- 48 (2) Will maintain or enhance the public's access to
49 ambulance services;
- 50 (3) Will maintain or improve the public health and
51 promote the continued development of the regional emergency
52 medical service system;
- 53 (4) Has demonstrated the appropriate expertise in the
54 operation of ambulance services; and
- 55 (5) Has demonstrated the financial resources necessary
56 for the operation of the proposed ambulance service.

57 4. A contract between a political subdivision and a
58 licensed ambulance service for the provision of ambulance
59 services for that political subdivision shall expand,

60 without further action by the department, the ambulance
61 service area of the licensed ambulance service to include
62 the jurisdictional boundaries of the political subdivision.
63 The termination of the aforementioned contract shall result
64 in a reduction of the licensed ambulance service's ambulance
65 service area by removing the geographic area of the
66 political subdivision from its ambulance service area,
67 except that licensed ambulance service providers may provide
68 ambulance services as are needed at and around the state
69 fair grounds for protection of attendees at the state fair.

70 5. The department shall renew a ground ambulance
71 service license if the applicant meets the requirements
72 established pursuant to sections 190.001 to 190.245, and the
73 rules adopted by the department pursuant to sections 190.001
74 to 190.245.

75 6. The department shall promulgate rules relating to
76 the requirements for a ground ambulance service license
77 including, but not limited to:

- 78 (1) Vehicle design, specification, operation and
79 maintenance standards;
- 80 (2) Equipment requirements;
- 81 (3) Staffing requirements;
- 82 (4) Five-year license renewal;
- 83 (5) Records and forms;
- 84 (6) Medical control plans;
- 85 (7) Medical director qualifications;
- 86 (8) Standards for medical communications;
- 87 (9) Memorandums of understanding with emergency
88 medical response agencies that provide advanced life support;
- 89 (10) Quality improvement committees; [and]
- 90 (11) Response time, patient care and transportation
91 standards;

92 **(12) Participation with regional EMS advisory**
93 **committees; and**

94 **(13) Ambulance service administrator qualifications.**

95 7. Application for a ground ambulance service license
96 shall be made upon such forms as prescribed by the
97 department in rules adopted pursuant to sections 190.001 to
98 190.245. The application form shall contain such
99 information as the department deems necessary to make a
100 determination as to whether the ground ambulance service
101 meets all the requirements of sections 190.001 to 190.245
102 and rules promulgated pursuant to sections 190.001 to
103 190.245.

190.112. 1. Each ambulance service licensed under
2 **this chapter shall identify to the department the individual**
3 **servicing as the ambulance service administrator who is**
4 **responsible for the operations and staffing of the ambulance**
5 **service. The ambulance service administrator shall be**
6 **required to have achieved basic training of at least forty**
7 **hours regarding the operations of an ambulance service and**
8 **two hours of annual continuing education. The training**
9 **required under this section shall be offered by a statewide**
10 **association organized for the benefit of ambulance districts**
11 **or be approved by the state advisory council on emergency**
12 **medical services and shall include the following:**

13 **(1) Basic principles of accounting and economics;**

14 **(2) State and federal laws applicable to ambulance**
15 **services;**

16 **(3) Regulatory requirements applicable to ambulance**
17 **services;**

18 **(4) Human resources management and laws;**

19 **(5) Grant writing, contracts, and fundraising;**

20 (6) State sunshine laws in chapter 610, as well as
21 applicable ethics requirements; and

22 (7) Volunteer and community involvement.

23 2. Ambulance service administrators serving in this
24 capacity as of August 28, 2025, shall have until January 1,
25 2027, to demonstrate compliance with the provisions of this
26 section.

190.166. 1. In addition to the provisions of section
2 190.165, the department of health and senior services may
3 refuse to issue, deny renewal of, or suspend a license
4 required pursuant to section 190.109, or take other
5 corrective actions as described in this section, based on
6 the following considerations:

7 (1) The license holder is determined to be financially
8 insolvent;

9 (2) The ambulance service has inadequate personnel to
10 operate the ambulance service to provide for basic emergency
11 operations, determined by the ability to staff a minimum of
12 one ambulance unit twenty-four hours per day, seven days per
13 week, with at least two licensed emergency medical
14 technicians and a reasonable plan and schedule for the
15 services of a second ambulance;

16 (3) The ambulance service requires an inordinate
17 amount of mutual aid from neighboring services, such as more
18 than ten percent of the total runs in the service area in
19 any given month, or than would be considered prudent and
20 thus cannot provide an appropriate level of emergency
21 response for the service area as would be considered prudent
22 by the typical ground ambulance services operator;

23 (4) The principal manager, board members, or other
24 executives are determined to be criminally liable for
25 actions related to the license or service provided;

26 (5) The license holder or principal manager, board
27 members, or other executives are determined by the Centers
28 for Medicare and Medicaid Services to be ineligible for
29 participation in Medicare;

30 (6) The license holder or principal manager, board
31 members, or other executives are determined by the MO
32 HealthNet division to be ineligible for participation in MO
33 HealthNet;

34 (7) The ambulance service administrator has failed to
35 meet the required qualifications or failed to complete the
36 training required pursuant to section 190.112; and

37 (8) Three or more board members have failed to
38 complete required training pursuant to section 190.053 if
39 the ambulance service is an ambulance district.

40 2. If the department makes a determination of
41 insolvency or insufficiency of operations of a license
42 holder under subsection 1 of this section, then the
43 department may require the license holder to submit a
44 corrective plan within fifteen days and require
45 implementation of the corrective plan within thirty days.

46 3. The department shall be required to provide notice
47 of any determination by the department of insolvency or
48 insufficiency of operations of a license holder to other
49 license holders operating in the license holder's vicinity,
50 members of the general assembly who represent the license
51 holder's service area, the governing officials of any county
52 or municipal entity in the license holder's service area,
53 the appropriate regional emergency medical services advisory
54 committee, and the state advisory council on emergency
55 medical services.

56 4. The department shall immediately engage with other
57 license holders in the area to determine the extent to which

58 ground ambulance service may be provided to the affected
59 service area during the time in which the license holder is
60 unable to provide adequate services, including any long-term
61 service arrangements. The nature of the agreement between
62 the license holder and other license holders providing
63 services to the affected area may include an agreement to
64 provide services, a joint powers agreement, formal
65 consideration, or some payment for services rendered.

66 5. Any license holder who provides assistance in the
67 service area of another license holder whose license has
68 been suspended under this section shall have the right to
69 seek reasonable compensation from the license holder whose
70 license to operate has been suspended for all calls, stand-
71 by time, and responses to medical emergencies during such
72 time as the license remains suspended. The reasonable
73 compensation shall not be limited to those expenses incurred
74 in actual responses, but may also include reasonable
75 expenses to maintain ambulance service, including, but not
76 limited to, the daily operation costs of maintaining the
77 service, personnel wages and benefits, equipment purchases
78 and maintenance, and other costs incurred in the operation
79 of a ground ambulance service. The license holder providing
80 assistance shall be entitled to an award of costs and
81 reasonable attorney fees in any action to enforce the
82 provisions of this subsection.

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

3 (1) "Designated sexually transmitted infection",
4 chlamydia, gonorrhea, trichomoniasis, or any other sexually
5 transmitted infection designated as appropriate for
6 expedited partner therapy by the department of health and
7 senior services or for which expedited partner therapy was

8 recommended in the most recent Centers for Disease Control
9 and Prevention guidelines for the prevention or treatment of
10 sexually transmitted infections;

11 (2) "Expedited partner therapy" [means], the practice
12 of treating the sex partners of persons with [chlamydia or
13 gonorrhea] **designated sexually transmitted infections**
14 without an intervening medical evaluation or professional
15 prevention counseling;

16 (3) "Health care professional", a member of any
17 profession regulated by chapter 334 or 335 authorized to
18 prescribe medications.

19 2. Any licensed [physician] **health care professional**
20 may, but shall not be required to, utilize expedited partner
21 therapy for the management of the partners of persons with
22 [chlamydia or gonorrhea] **designated sexually transmitted**
23 **infections**. Notwithstanding the requirements of 20 CSR
24 2150- 5.020 (5) or any other law to the contrary, a licensed
25 [physician] **health care professional** utilizing expedited
26 partner therapy may prescribe and dispense medications for
27 the treatment of [chlamydia or gonorrhea] **a designated**
28 **sexually transmitted infection** for an individual who is the
29 partner of a person with [chlamydia or gonorrhea] **a**
30 **designated sexually transmitted infection** and who does not
31 have an established [physician/patient] relationship with
32 such [physician. Any antibiotic medications prescribed and
33 dispensed for the treatment of chlamydia or gonorrhea under
34 this section shall be in pill form] **health care professional**.

35 3. Any licensed [physician] **health care professional**
36 utilizing expedited partner therapy for the management of
37 the partners with [chlamydia or gonorrhea] **designated**
38 **sexually transmitted infections** shall provide explanation
39 and guidance to [a] **each patient** [diagnosed with chlamydia

40 or gonorrhoea] of the preventative measures that can be taken
41 by the patient to stop the [spread] **transmission** of such
42 [diagnosis] **infection**.

43 4. Any licensed [physician] **health care professional**
44 utilizing expedited partner therapy for the management of
45 partners of persons with [chlamydia or gonorrhoea] **designated**
46 **sexually transmitted infections** under this section shall
47 have immunity from any civil liability that may otherwise
48 result by reason of such actions, unless such [physician]
49 **health care professional** acts negligently, recklessly, in
50 bad faith, or with malicious purpose.

51 5. The department of health and senior services and
52 the division of professional registration within the
53 department of commerce and insurance shall by rule develop
54 guidelines for the implementation of subsection 2 of this
55 section. Any rule or portion of a rule, as that term is
56 defined in section 536.010, that is created under the
57 authority delegated in this section shall become effective
58 only if it complies with and is subject to all of the
59 provisions of chapter 536 and, if applicable, section
60 536.028. This section and chapter 536 are nonseverable and
61 if any of the powers vested with the general assembly
62 pursuant to chapter 536 to review, to delay the effective
63 date, or to disapprove and annul a rule are subsequently
64 held unconstitutional, then the grant of rulemaking
65 authority and any rule proposed or adopted after August 28,
66 2010, shall be invalid and void.

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

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

13 (1) The sole active ingredient; or

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

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

18 in any total amount greater than seven and two-tenths grams,
19 without regard to the number of transactions.

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

29 (1) The sole active ingredient; or

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

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

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

36 4. Within any twelve-month period, no person shall
37 sell, dispense, or otherwise provide to the same individual,
38 and no person shall purchase, receive, or otherwise acquire
39 more than the following amount: any number of packages of
40 any drug product containing any detectable amount of
41 ephedrine, phenylpropanolamine, or pseudoephedrine, or any
42 of their salts or optical isomers, or salts of optical
43 isomers, either as:

44 (1) The sole active ingredient; or

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

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

49 in any total amount greater than [forty-three] **sixty-one** and
50 two-tenths grams, without regard to the number of
51 transactions.

52 5. All packages of any compound, mixture, or
53 preparation containing any detectable quantity of ephedrine,
54 phenylpropanolamine, or pseudoephedrine, or any of their
55 salts or optical isomers, or salts of optical isomers,
56 except those that are excluded from Schedule V in subsection
57 17 or 18 of section 195.017, shall be offered for sale only
58 from behind a pharmacy counter where the public is not
59 permitted, and only by a registered pharmacist or registered
60 pharmacy technician under section 195.017.

61 6. Each pharmacy shall submit information regarding
62 sales of any compound, mixture, or preparation as specified
63 in this section in accordance with transmission methods and
64 frequency established by the department by regulation.

65 7. No prescription shall be required for the
66 dispensation, sale, or distribution of any drug product
67 containing any detectable amount of ephedrine,
68 phenylpropanolamine, or pseudoephedrine, or any of their
69 salts or optical isomers, or salts of optical isomers, in an
70 amount within the limits described in subsections 2, 3, and
71 4 of this section. The superintendent of the Missouri state
72 highway patrol shall report to the revisor of statutes and
73 the general assembly by February first when the statewide
74 number of methamphetamine laboratory seizure incidents
75 exceeds three hundred incidents in the previous calendar
76 year. The provisions of this subsection shall expire on
77 April first of the calendar year in which the revisor of
78 statutes receives such notification.

79 8. This section shall supersede and preempt any local
80 ordinances or regulations, including any ordinances or
81 regulations enacted by any political subdivision of the
82 state. This section shall not apply to the sale of any
83 animal feed products containing ephedrine or any naturally
84 occurring or herbal ephedra or extract of ephedra.

85 9. Any local ordinances or regulations enacted by any
86 political subdivision of the state prior to August 28, 2020,
87 requiring a prescription for the dispensation, sale, or
88 distribution of any drug product containing any detectable
89 amount of ephedrine, phenylpropanolamine, or
90 pseudoephedrine, or any of their salts or optical isomers,
91 or salts of optical isomers, in an amount within the limits
92 described in subsections 2, 3, and 4 of this section shall
93 be void and of no effect and no such political subdivision
94 shall maintain or enforce such ordinance or regulation.

95 10. All logs, records, documents, and electronic
96 information maintained for the dispensing of these products

97 shall be open for inspection and copying by municipal,
98 county, and state or federal law enforcement officers whose
99 duty it is to enforce the controlled substances laws of this
100 state or the United States.

101 11. All persons who dispense or offer for sale
102 pseudoephedrine and ephedrine products, except those that
103 are excluded from Schedule V in subsection 17 or 18 of
104 section 195.017, shall ensure that all such products are
105 located only behind a pharmacy counter where the public is
106 not permitted.

107 12. The penalty for a knowing or reckless violation of
108 this section is found in section 579.060.

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

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

5 (2) "Authorized entity", any entity or organization at
6 or in connection with which allergens capable of causing
7 anaphylaxis may be present including, but not limited to,
8 qualified first responders, as such term is defined in
9 section 321.621, **facilities licensed under chapter 198**,
10 restaurants, recreation camps, youth sports leagues,
11 amusement parks, and sports arenas. "Authorized entity"
12 shall not include any public school or public charter school;

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

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

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

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

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

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

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

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

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

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

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

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

68 6. No person shall provide or administer an
69 epinephrine auto-injector to any individual who is under
70 eighteen years of age without the verbal consent of a parent
71 or guardian who is present at the time when provision or
72 administration of the epinephrine auto-injector is needed.
73 Provided, however, that a person may provide or administer
74 an epinephrine auto-injector to such an individual without
75 the consent of a parent or guardian if the parent or
76 guardian is not physically present and the person reasonably
77 believes the individual shall be in imminent danger without
78 the provision or administration of the epinephrine auto-
79 injector.

80 7. The following persons and entities shall not be
81 liable for any injuries or related damages that result from

82 the administration or self-administration of an epinephrine
83 auto-injector in accordance with this section that may
84 constitute ordinary negligence:

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

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

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

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

94 Such immunity does not apply to acts or omissions
95 constituting a reckless disregard for the safety of others
96 or willful or wanton conduct. The administration of an
97 epinephrine auto-injector in accordance with this section
98 shall not be considered the practice of medicine. The
99 immunity from liability provided under this subsection is in
100 addition to and not in lieu of that provided under section
101 537.037. An authorized entity located in this state shall
102 not be liable for any injuries or related damages that
103 result from the provision or administration of an
104 epinephrine auto-injector by its employees or agents outside
105 of this state if the entity or its employee or agent is not
106 liable for such injuries or related damages under the laws
107 of the state in which such provision or administration
108 occurred. No trained person who is in compliance with this
109 section and who in good faith and exercising reasonable care
110 fails to administer an epinephrine auto-injector shall be
111 liable for such failure.

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

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

118 10. Nothing in this section shall be construed as
119 superseding the provisions of section 167.630.

 208.152. 1. MO HealthNet payments shall be made on
2 behalf of those eligible needy persons as described in
3 section 208.151 who are unable to provide for it in whole or
4 in part, with any payments to be made on the basis of the
5 reasonable cost of the care or reasonable charge for the
6 services as defined and determined by the MO HealthNet
7 division, unless otherwise hereinafter provided, for the
8 following:

9 (1) Inpatient hospital services, except to persons in
10 an institution for mental diseases who are under the age of
11 sixty-five years and over the age of twenty-one years;
12 provided that the MO HealthNet division shall provide
13 through rule and regulation an exception process for
14 coverage of inpatient costs in those cases requiring
15 treatment beyond the seventy-fifth percentile professional
16 activities study (PAS) or the MO HealthNet children's
17 diagnosis length-of-stay schedule; and provided further that
18 the MO HealthNet division shall take into account through
19 its payment system for hospital services the situation of
20 hospitals which serve a disproportionate number of low-
21 income patients;

22 (2) All outpatient hospital services, payments
23 therefor to be in amounts which represent no more than
24 eighty percent of the lesser of reasonable costs or

25 customary charges for such services, determined in
26 accordance with the principles set forth in Title XVIII A
27 and B, Public Law 89-97, 1965 amendments to the federal
28 Social Security Act (42 U.S.C. Section 301, et seq.), but
29 the MO HealthNet division may evaluate outpatient hospital
30 services rendered under this section and deny payment for
31 services which are determined by the MO HealthNet division
32 not to be medically necessary, in accordance with federal
33 law and regulations;

34 (3) Laboratory and X-ray services;

35 (4) Nursing home services for participants, except to
36 persons with more than five hundred thousand dollars equity
37 in their home or except for persons in an institution for
38 mental diseases who are under the age of sixty-five years,
39 when residing in a hospital licensed by the department of
40 health and senior services or a nursing home licensed by the
41 department of health and senior services or appropriate
42 licensing authority of other states or government-owned and -
43 operated institutions which are determined to conform to
44 standards equivalent to licensing requirements in Title XIX
45 of the federal Social Security Act (42 U.S.C. Section [301]
46 **1396**, et seq.), as amended, for nursing facilities. The MO
47 HealthNet division may recognize through its payment
48 methodology for nursing facilities those nursing facilities
49 which serve a high volume of MO HealthNet patients. The MO
50 HealthNet division when determining the amount of the
51 benefit payments to be made on behalf of persons under the
52 age of twenty-one in a nursing facility may consider nursing
53 facilities furnishing care to persons under the age of
54 twenty-one as a classification separate from other nursing
55 facilities;

56 (5) Nursing home costs for participants receiving
57 benefit payments under subdivision (4) of this subsection
58 for those days, which shall not exceed twelve per any period
59 of six consecutive months, during which the participant is
60 on a temporary leave of absence from the hospital or nursing
61 home, provided that no such participant shall be allowed a
62 temporary leave of absence unless it is specifically
63 provided for in his plan of care. As used in this
64 subdivision, the term "temporary leave of absence" shall
65 include all periods of time during which a participant is
66 away from the hospital or nursing home overnight because he
67 is visiting a friend or relative;

68 (6) Physicians' services, whether furnished in the
69 office, home, hospital, nursing home, or elsewhere,
70 provided, that no funds shall be expended to any abortion
71 facility, as defined in section 188.015, or to any
72 affiliate, as defined in section 188.015, of such abortion
73 facility;

74 (7) Subject to appropriation, up to twenty visits per
75 year for services limited to examinations, diagnoses,
76 adjustments, and manipulations and treatments of
77 malpositioned articulations and structures of the body
78 provided by licensed chiropractic physicians practicing
79 within their scope of practice. Nothing in this subdivision
80 shall be interpreted to otherwise expand MO HealthNet
81 services;

82 (8) Drugs and medicines when prescribed by a licensed
83 physician, dentist, podiatrist, or an advanced practice
84 registered nurse; except that no payment for drugs and
85 medicines prescribed on and after January 1, 2006, by a
86 licensed physician, dentist, podiatrist, or an advanced
87 practice registered nurse may be made on behalf of any

88 person who qualifies for prescription drug coverage under
89 the provisions of P.L. 108-173;

90 (9) Emergency ambulance services and, effective
91 January 1, 1990, medically necessary transportation to
92 scheduled, physician-prescribed nonelective treatments;

93 (10) Early and periodic screening and diagnosis of
94 individuals who are under the age of twenty-one to ascertain
95 their physical or mental defects, and health care,
96 treatment, and other measures to correct or ameliorate
97 defects and chronic conditions discovered thereby. Such
98 services shall be provided in accordance with the provisions
99 of Section 6403 of P.L. 101-239 and federal regulations
100 promulgated thereunder;

101 (11) Home health care services;

102 (12) Family planning as defined by federal rules and
103 regulations; provided, that no funds shall be expended to
104 any abortion facility, as defined in section 188.015, or to
105 any affiliate, as defined in section 188.015, of such
106 abortion facility; and further provided, however, that such
107 family planning services shall not include abortions or any
108 abortifacient drug or device that is used for the purpose of
109 inducing an abortion unless such abortions are certified in
110 writing by a physician to the MO HealthNet agency that, in
111 the physician's professional judgment, the life of the
112 mother would be endangered if the fetus were carried to term;

113 (13) Inpatient psychiatric hospital services for
114 individuals under age twenty-one as defined in Title XIX of
115 the federal Social Security Act (42 U.S.C. Section 1396d, et
116 seq.);

117 (14) Outpatient surgical procedures, including
118 presurgical diagnostic services performed in ambulatory
119 surgical facilities which are licensed by the department of

120 health and senior services of the state of Missouri; except,
121 that such outpatient surgical services shall not include
122 persons who are eligible for coverage under Part B of Title
123 XVIII, Public Law 89-97, 1965 amendments to the federal
124 Social Security Act, as amended, if exclusion of such
125 persons is permitted under Title XIX, Public Law 89-97, 1965
126 amendments to the federal Social Security Act, as amended;

127 (15) Personal care services which are medically
128 oriented tasks having to do with a person's physical
129 requirements, as opposed to housekeeping requirements, which
130 enable a person to be treated by his or her physician on an
131 outpatient rather than on an inpatient or residential basis
132 in a hospital, intermediate care facility, or skilled
133 nursing facility. Personal care services shall be rendered
134 by an individual not a member of the participant's family
135 who is qualified to provide such services where the services
136 are prescribed by a physician in accordance with a plan of
137 treatment and are supervised by a licensed nurse. Persons
138 eligible to receive personal care services shall be those
139 persons who would otherwise require placement in a hospital,
140 intermediate care facility, or skilled nursing facility.
141 Benefits payable for personal care services shall not exceed
142 for any one participant one hundred percent of the average
143 statewide charge for care and treatment in an intermediate
144 care facility for a comparable period of time. Such
145 services, when delivered in a residential care facility or
146 assisted living facility licensed under chapter 198 shall be
147 authorized on a tier level based on the services the
148 resident requires and the frequency of the services. A
149 resident of such facility who qualifies for assistance under
150 section 208.030 shall, at a minimum, if prescribed by a
151 physician, qualify for the tier level with the fewest

152 services. The rate paid to providers for each tier of
153 service shall be set subject to appropriations. Subject to
154 appropriations, each resident of such facility who qualifies
155 for assistance under section 208.030 and meets the level of
156 care required in this section shall, at a minimum, if
157 prescribed by a physician, be authorized up to one hour of
158 personal care services per day. Authorized units of
159 personal care services shall not be reduced or tier level
160 lowered unless an order approving such reduction or lowering
161 is obtained from the resident's personal physician. Such
162 authorized units of personal care services or tier level
163 shall be transferred with such resident if he or she
164 transfers to another such facility. Such provision shall
165 terminate upon receipt of relevant waivers from the federal
166 Department of Health and Human Services. If the Centers for
167 Medicare and Medicaid Services determines that such
168 provision does not comply with the state plan, this
169 provision shall be null and void. The MO HealthNet division
170 shall notify the revisor of statutes as to whether the
171 relevant waivers are approved or a determination of
172 noncompliance is made;

173 (16) Mental health services. The state plan for
174 providing medical assistance under Title XIX of the Social
175 Security Act, 42 U.S.C. Section [301] 1396, et seq., as
176 amended, shall include the following mental health services
177 when such services are provided by community mental health
178 facilities operated by the department of mental health or
179 designated by the department of mental health as a community
180 mental health facility or as an alcohol and drug abuse
181 facility or as a child-serving agency within the
182 comprehensive children's mental health service system
183 established in section 630.097. The department of mental

184 health shall establish by administrative rule the definition
185 and criteria for designation as a community mental health
186 facility and for designation as an alcohol and drug abuse
187 facility. Such mental health services shall include:

188 (a) Outpatient mental health services including
189 preventive, diagnostic, therapeutic, rehabilitative, and
190 palliative interventions rendered to individuals in an
191 individual or group setting by a mental health professional
192 in accordance with a plan of treatment appropriately
193 established, implemented, monitored, and revised under the
194 auspices of a therapeutic team as a part of client services
195 management;

196 (b) Clinic mental health services including
197 preventive, diagnostic, therapeutic, rehabilitative, and
198 palliative interventions rendered to individuals in an
199 individual or group setting by a mental health professional
200 in accordance with a plan of treatment appropriately
201 established, implemented, monitored, and revised under the
202 auspices of a therapeutic team as a part of client services
203 management;

204 (c) Rehabilitative mental health and alcohol and drug
205 abuse services including home and community-based
206 preventive, diagnostic, therapeutic, rehabilitative, and
207 palliative interventions rendered to individuals in an
208 individual or group setting by a mental health or alcohol
209 and drug abuse professional in accordance with a plan of
210 treatment appropriately established, implemented, monitored,
211 and revised under the auspices of a therapeutic team as a
212 part of client services management. As used in this
213 section, mental health professional and alcohol and drug
214 abuse professional shall be defined by the department of
215 mental health pursuant to duly promulgated rules. With

216 respect to services established by this subdivision, the
217 department of social services, MO HealthNet division, shall
218 enter into an agreement with the department of mental
219 health. Matching funds for outpatient mental health
220 services, clinic mental health services, and rehabilitation
221 services for mental health and alcohol and drug abuse shall
222 be certified by the department of mental health to the MO
223 HealthNet division. The agreement shall establish a
224 mechanism for the joint implementation of the provisions of
225 this subdivision. In addition, the agreement shall
226 establish a mechanism by which rates for services may be
227 jointly developed;

228 (17) Such additional services as defined by the MO
229 HealthNet division to be furnished under waivers of federal
230 statutory requirements as provided for and authorized by the
231 federal Social Security Act (42 U.S.C. Section 301, et seq.)
232 subject to appropriation by the general assembly;

233 (18) The services of an advanced practice registered
234 nurse with a collaborative practice agreement to the extent
235 that such services are provided in accordance with chapters
236 334 and 335, and regulations promulgated thereunder;

237 (19) Nursing home costs for participants receiving
238 benefit payments under subdivision (4) of this subsection to
239 reserve a bed for the participant in the nursing home during
240 the time that the participant is absent due to admission to
241 a hospital for services which cannot be performed on an
242 outpatient basis, subject to the provisions of this
243 subdivision:

244 (a) The provisions of this subdivision shall apply
245 only if:

246 a. The occupancy rate of the nursing home is at or
247 above ninety-seven percent of MO HealthNet certified

248 licensed beds, according to the most recent quarterly census
249 provided to the department of health and senior services
250 which was taken prior to when the participant is admitted to
251 the hospital; and

252 b. The patient is admitted to a hospital for a medical
253 condition with an anticipated stay of three days or less;

254 (b) The payment to be made under this subdivision
255 shall be provided for a maximum of three days per hospital
256 stay;

257 (c) For each day that nursing home costs are paid on
258 behalf of a participant under this subdivision during any
259 period of six consecutive months such participant shall,
260 during the same period of six consecutive months, be
261 ineligible for payment of nursing home costs of two
262 otherwise available temporary leave of absence days provided
263 under subdivision (5) of this subsection; and

264 (d) The provisions of this subdivision shall not apply
265 unless the nursing home receives notice from the participant
266 or the participant's responsible party that the participant
267 intends to return to the nursing home following the hospital
268 stay. If the nursing home receives such notification and
269 all other provisions of this subsection have been satisfied,
270 the nursing home shall provide notice to the participant or
271 the participant's responsible party prior to release of the
272 reserved bed;

273 (20) Prescribed medically necessary durable medical
274 equipment. An electronic web-based prior authorization
275 system using best medical evidence and care and treatment
276 guidelines consistent with national standards shall be used
277 to verify medical need;

278 (21) Hospice care. As used in this subdivision, the
279 term "hospice care" means a coordinated program of active

280 professional medical attention within a home, outpatient and
281 inpatient care which treats the terminally ill patient and
282 family as a unit, employing a medically directed
283 interdisciplinary team. The program provides relief of
284 severe pain or other physical symptoms and supportive care
285 to meet the special needs arising out of physical,
286 psychological, spiritual, social, and economic stresses
287 which are experienced during the final stages of illness,
288 and during dying and bereavement and meets the Medicare
289 requirements for participation as a hospice as are provided
290 in 42 CFR Part 418. The rate of reimbursement paid by the
291 MO HealthNet division to the hospice provider for room and
292 board furnished by a nursing home to an eligible hospice
293 patient shall not be less than ninety-five percent of the
294 rate of reimbursement which would have been paid for
295 facility services in that nursing home facility for that
296 patient, in accordance with subsection (c) of Section 6408
297 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

298 (22) Prescribed medically necessary dental services.
299 Such services shall be subject to appropriations. An
300 electronic web-based prior authorization system using best
301 medical evidence and care and treatment guidelines
302 consistent with national standards shall be used to verify
303 medical need;

304 (23) Prescribed medically necessary optometric
305 services. Such services shall be subject to
306 appropriations. An electronic web-based prior authorization
307 system using best medical evidence and care and treatment
308 guidelines consistent with national standards shall be used
309 to verify medical need;

310 (24) Blood clotting products-related services. For
311 persons diagnosed with a bleeding disorder, as defined in

312 section 338.400, reliant on blood clotting products, as
313 defined in section 338.400, such services include:

314 (a) Home delivery of blood clotting products and
315 ancillary infusion equipment and supplies, including the
316 emergency deliveries of the product when medically necessary;

317 (b) Medically necessary ancillary infusion equipment
318 and supplies required to administer the blood clotting
319 products; and

320 (c) Assessments conducted in the participant's home by
321 a pharmacist, nurse, or local home health care agency
322 trained in bleeding disorders when deemed necessary by the
323 participant's treating physician;

324 (25) **Medically necessary cochlear implants and hearing**
325 **instruments, as defined in section 345.015, that are:**

326 (a) **Prescribed by an audiologist, as defined in**
327 **section 345.015; or**

328 (b) **Dispensed by a hearing instrument specialist, as**
329 **defined in section 346.010;**

330 (26) The MO HealthNet division shall, by January 1,
331 2008, and annually thereafter, report the status of MO
332 HealthNet provider reimbursement rates as compared to one
333 hundred percent of the Medicare reimbursement rates and
334 compared to the average dental reimbursement rates paid by
335 third-party payors licensed by the state. The MO HealthNet
336 division shall, by July 1, 2008, provide to the general
337 assembly a four-year plan to achieve parity with Medicare
338 reimbursement rates and for third-party payor average dental
339 reimbursement rates. Such plan shall be subject to
340 appropriation and the division shall include in its annual
341 budget request to the governor the necessary funding needed
342 to complete the four-year plan developed under this
343 subdivision.

344 2. Additional benefit payments for medical assistance
345 shall be made on behalf of those eligible needy children,
346 pregnant women and blind persons with any payments to be
347 made on the basis of the reasonable cost of the care or
348 reasonable charge for the services as defined and determined
349 by the MO HealthNet division, unless otherwise hereinafter
350 provided, for the following:

351 (1) Dental services;

352 (2) Services of podiatrists as defined in section
353 330.010;

354 (3) Optometric services as described in section
355 336.010;

356 (4) Orthopedic devices or other prosthetics, including
357 eye glasses, dentures, [hearing aids,] and wheelchairs;

358 (5) Hospice care. As used in this subdivision, the
359 term "hospice care" means a coordinated program of active
360 professional medical attention within a home, outpatient and
361 inpatient care which treats the terminally ill patient and
362 family as a unit, employing a medically directed
363 interdisciplinary team. The program provides relief of
364 severe pain or other physical symptoms and supportive care
365 to meet the special needs arising out of physical,
366 psychological, spiritual, social, and economic stresses
367 which are experienced during the final stages of illness,
368 and during dying and bereavement and meets the Medicare
369 requirements for participation as a hospice as are provided
370 in 42 CFR Part 418. The rate of reimbursement paid by the
371 MO HealthNet division to the hospice provider for room and
372 board furnished by a nursing home to an eligible hospice
373 patient shall not be less than ninety-five percent of the
374 rate of reimbursement which would have been paid for
375 facility services in that nursing home facility for that

376 patient, in accordance with subsection (c) of Section 6408
377 of P.L. 101-239 (Omnibus Budget Reconciliation Act of 1989);

378 (6) Comprehensive day rehabilitation services
379 beginning early posttrauma as part of a coordinated system
380 of care for individuals with disabling impairments.
381 Rehabilitation services must be based on an individualized,
382 goal-oriented, comprehensive and coordinated treatment plan
383 developed, implemented, and monitored through an
384 interdisciplinary assessment designed to restore an
385 individual to optimal level of physical, cognitive, and
386 behavioral function. The MO HealthNet division shall
387 establish by administrative rule the definition and criteria
388 for designation of a comprehensive day rehabilitation
389 service facility, benefit limitations and payment
390 mechanism. Any rule or portion of a rule, as that term is
391 defined in section 536.010, that is created under the
392 authority delegated in this subdivision shall become
393 effective only if it complies with and is subject to all of
394 the provisions of chapter 536 and, if applicable, section
395 536.028. This section and chapter 536 are nonseverable and
396 if any of the powers vested with the general assembly
397 pursuant to chapter 536 to review, to delay the effective
398 date, or to disapprove and annul a rule are subsequently
399 held unconstitutional, then the grant of rulemaking
400 authority and any rule proposed or adopted after August 28,
401 2005, shall be invalid and void.

402 3. The MO HealthNet division may require any
403 participant receiving MO HealthNet benefits to pay part of
404 the charge or cost until July 1, 2008, and an additional
405 payment after July 1, 2008, as defined by rule duly
406 promulgated by the MO HealthNet division, for all covered
407 services except for those services covered under

408 subdivisions (15) and (16) of subsection 1 of this section
409 and sections 208.631 to 208.657 to the extent and in the
410 manner authorized by Title XIX of the federal Social
411 Security Act (42 U.S.C. Section 1396, et seq.) and
412 regulations thereunder. When substitution of a generic drug
413 is permitted by the prescriber according to section 338.056,
414 and a generic drug is substituted for a name-brand drug, the
415 MO HealthNet division may not lower or delete the
416 requirement to make a co-payment pursuant to regulations of
417 Title XIX of the federal Social Security Act. A provider of
418 goods or services described under this section must collect
419 from all participants the additional payment that may be
420 required by the MO HealthNet division under authority
421 granted herein, if the division exercises that authority, to
422 remain eligible as a provider. Any payments made by
423 participants under this section shall be in addition to and
424 not in lieu of payments made by the state for goods or
425 services described herein except the participant portion of
426 the pharmacy professional dispensing fee shall be in
427 addition to and not in lieu of payments to pharmacists. A
428 provider may collect the co-payment at the time a service is
429 provided or at a later date. A provider shall not refuse to
430 provide a service if a participant is unable to pay a
431 required payment. If it is the routine business practice of
432 a provider to terminate future services to an individual
433 with an unclaimed debt, the provider may include uncollected
434 co-payments under this practice. Providers who elect not to
435 undertake the provision of services based on a history of
436 bad debt shall give participants advance notice and a
437 reasonable opportunity for payment. A provider,
438 representative, employee, independent contractor, or agent
439 of a pharmaceutical manufacturer shall not make co-payment

440 for a participant. This subsection shall not apply to other
441 qualified children, pregnant women, or blind persons. If
442 the Centers for Medicare and Medicaid Services does not
443 approve the MO HealthNet state plan amendment submitted by
444 the department of social services that would allow a
445 provider to deny future services to an individual with
446 uncollected co-payments, the denial of services shall not be
447 allowed. The department of social services shall inform
448 providers regarding the acceptability of denying services as
449 the result of unpaid co-payments.

450 4. The MO HealthNet division shall have the right to
451 collect medication samples from participants in order to
452 maintain program integrity.

453 5. Reimbursement for obstetrical and pediatric
454 services under subdivision (6) of subsection 1 of this
455 section shall be timely and sufficient to enlist enough
456 health care providers so that care and services are
457 available under the state plan for MO HealthNet benefits at
458 least to the extent that such care and services are
459 available to the general population in the geographic area,
460 as required under subparagraph (a) (30) (A) of 42 U.S.C.
461 Section 1396a and federal regulations promulgated thereunder.

462 6. Beginning July 1, 1990, reimbursement for services
463 rendered in federally funded health centers shall be in
464 accordance with the provisions of subsection 6402(c) and
465 Section 6404 of P.L. 101-239 (Omnibus Budget Reconciliation
466 Act of 1989) and federal regulations promulgated thereunder.

467 7. Beginning July 1, 1990, the department of social
468 services shall provide notification and referral of children
469 below age five, and pregnant, breast-feeding, or postpartum
470 women who are determined to be eligible for MO HealthNet
471 benefits under section 208.151 to the special supplemental

472 food programs for women, infants and children administered
473 by the department of health and senior services. Such
474 notification and referral shall conform to the requirements
475 of Section 6406 of P.L. 101-239 and regulations promulgated
476 thereunder.

477 8. Providers of long-term care services shall be
478 reimbursed for their costs in accordance with the provisions
479 of Section 1902 (a) (13) (A) of the Social Security Act, 42
480 U.S.C. Section 1396a, as amended, and regulations
481 promulgated thereunder.

482 9. Reimbursement rates to long-term care providers
483 with respect to a total change in ownership, at arm's
484 length, for any facility previously licensed and certified
485 for participation in the MO HealthNet program shall not
486 increase payments in excess of the increase that would
487 result from the application of Section 1902 (a) (13) (C) of
488 the Social Security Act, 42 U.S.C. Section 1396a (a) (13) (C).

489 10. The MO HealthNet division may enroll qualified
490 residential care facilities and assisted living facilities,
491 as defined in chapter 198, as MO HealthNet personal care
492 providers.

493 11. Any income earned by individuals eligible for
494 certified extended employment at a sheltered workshop under
495 chapter 178 shall not be considered as income for purposes
496 of determining eligibility under this section.

497 12. If the Missouri Medicaid audit and compliance unit
498 changes any interpretation or application of the
499 requirements for reimbursement for MO HealthNet services
500 from the interpretation or application that has been applied
501 previously by the state in any audit of a MO HealthNet
502 provider, the Missouri Medicaid audit and compliance unit
503 shall notify all affected MO HealthNet providers five

504 business days before such change shall take effect. Failure
505 of the Missouri Medicaid audit and compliance unit to notify
506 a provider of such change shall entitle the provider to
507 continue to receive and retain reimbursement until such
508 notification is provided and shall waive any liability of
509 such provider for recoupment or other loss of any payments
510 previously made prior to the five business days after such
511 notice has been sent. Each provider shall provide the
512 Missouri Medicaid audit and compliance unit a valid email
513 address and shall agree to receive communications
514 electronically. The notification required under this
515 section shall be delivered in writing by the United States
516 Postal Service or electronic mail to each provider.

517 13. Nothing in this section shall be construed to
518 abrogate or limit the department's statutory requirement to
519 promulgate rules under chapter 536.

520 14. Beginning July 1, 2016, and subject to
521 appropriations, providers of behavioral, social, and
522 psychophysiological services for the prevention, treatment,
523 or management of physical health problems shall be
524 reimbursed utilizing the behavior assessment and
525 intervention reimbursement codes 96150 to 96154 or their
526 successor codes under the Current Procedural Terminology
527 (CPT) coding system. Providers eligible for such
528 reimbursement shall include psychologists.

529 15. There shall be no payments made under this section
530 for gender transition surgeries, cross-sex hormones, or
531 puberty-blocking drugs, as such terms are defined in section
532 191.1720, for the purpose of a gender transition.

210.030. 1. Every licensed physician, midwife,
2 registered nurse and all persons who may undertake, in a
3 professional way, the obstetrical and gynecological care of

4 a pregnant woman in the state of Missouri shall, if the
5 woman consents, take or cause to be taken a sample of venous
6 blood of such woman at the time of the first prenatal
7 examination, or not later than twenty days after the first
8 prenatal examination, **and another sample at twenty-eight**
9 **weeks of pregnancy** and subject such [sample] **samples** to an
10 approved and standard serological test for syphilis[, an]
11 **and** approved serological [test] **tests** for hepatitis B,
12 **hepatitis C, human immunodeficiency virus (HIV)**, and such
13 other treatable diseases and metabolic disorders as are
14 prescribed by the department of health and senior services.
15 [In any area of the state designated as a syphilis outbreak
16 area by the department of health and senior services, if the
17 mother consents, a sample of her venous blood shall be taken
18 later in the course of pregnancy and at delivery for
19 additional testing for syphilis as may be prescribed by the
20 department] **If a mother tests positive for syphilis,**
21 **hepatitis B, hepatitis C, or HIV, or any combination of such**
22 **diseases, the physician or person providing care shall**
23 **administer treatment in accordance with the most recent**
24 **accepted medical practice.** If a mother tests positive for
25 hepatitis B, the physician or person who professionally
26 undertakes the pediatric care of a newborn shall also
27 administer the appropriate doses of hepatitis B vaccine and
28 hepatitis B immune globulin (HBIG) in accordance with the
29 current recommendations of the Advisory Committee on
30 Immunization Practices (ACIP). If the mother's hepatitis B
31 status is unknown, the appropriate dose of hepatitis B
32 vaccine shall be administered to the newborn in accordance
33 with the current ACIP recommendations. If the mother
34 consents, a sample of her venous blood shall be taken. If
35 she tests positive for hepatitis B, hepatitis B immune

36 globulin (HBIG) shall be administered to the newborn in
37 accordance with the current ACIP recommendations.

38 2. The department of health and senior services
39 shall[, in consultation with the Missouri genetic disease
40 advisory committee,] make such rules pertaining to such
41 tests as shall be dictated by accepted medical practice, and
42 tests shall be of the types approved **or accepted** by the
43 [department of health and senior services. An approved and
44 standard test for syphilis, hepatitis B, and other treatable
45 diseases and metabolic disorders shall mean a test made in a
46 laboratory approved by the department of health and senior
47 services] **United States Food and Drug Administration**. No
48 individual shall be denied testing by the department of
49 health and senior services because of inability to pay.

332.081. 1. Notwithstanding any other provision of
2 law to the contrary, hospitals licensed under chapter 197
3 shall be authorized to employ any or all of the following
4 oral health providers:

5 (1) A dentist licensed under this chapter for the
6 purpose of treating on hospital premises those patients who
7 present with a dental condition and such treatment is
8 necessary to ameliorate the condition for which they
9 presented such as severe pain or tooth abscesses;

10 (2) An oral and maxillofacial surgeon licensed under
11 this chapter for the purpose of treating oral conditions
12 that need to be ameliorated as part of treating the
13 underlying cause of the patient's medical needs including,
14 but not limited to, head and neck cancer, HIV or AIDS,
15 severe trauma resulting in admission to the hospital, organ
16 transplant, diabetes, or seizure disorders. It shall be a
17 condition of treatment that such patients are admitted to
18 the hospital on either an in- or out-patient basis; and

19 (3) A maxillofacial prosthodontist licensed under this
20 chapter for the purpose of treating and supporting patients
21 of a head and neck cancer team or other complex care or
22 surgical team for the fabrication of appliances following
23 ablative surgery, surgery to correct birth anomalies,
24 extensive radiation treatment of the head or neck, or trauma-
25 related surgery.

26 2. No person or other entity shall practice dentistry
27 in Missouri or provide dental services as defined in section
28 332.071 unless and until the board has issued to the person
29 a certificate certifying that the person has been duly
30 registered as a dentist in Missouri or the board has issued
31 such certificate to an entity that has been duly registered
32 to provide dental services by licensed dentists and dental
33 hygienists and unless and until the board has issued to the
34 person a license, to be renewed each period, as provided in
35 this chapter, to practice dentistry or as a dental
36 hygienist, or has issued to the person or entity a permit,
37 to be renewed each period, to provide dental services in
38 Missouri. Nothing in this chapter shall be so construed as
39 to make it unlawful for:

40 (1) A legally qualified physician or surgeon, who does
41 not practice dentistry as a specialty, from extracting teeth;

42 (2) A dentist licensed in a state other than Missouri
43 from making a clinical demonstration before a meeting of
44 dentists in Missouri;

45 (3) Dental students in any accredited dental school to
46 practice dentistry under the personal direction of
47 instructors;

48 (4) Dental hygiene students in any accredited dental
49 hygiene school to practice dental hygiene under the personal
50 direction of instructors;

51 (5) A duly registered and licensed dental hygienist in
52 Missouri to practice dental hygiene as defined in section
53 332.091;

54 (6) A dental assistant, certified dental assistant, or
55 expanded functions dental assistant to be delegated duties
56 as defined in section 332.093;

57 (7) A duly registered dentist or dental hygienist to
58 teach in an accredited dental or dental hygiene school;

59 (8) A person who has been granted a dental faculty
60 permit under section 332.183 to practice dentistry in the
61 scope of his or her employment at an accredited dental
62 school, college, or program in Missouri;

63 (9) A duly qualified anesthesiologist or nurse
64 anesthetist to administer an anesthetic in connection with
65 dental services or dental surgery;

66 (10) A person to practice dentistry in or for:

67 (a) The United States Armed Forces;

68 (b) The United States Public Health Service;

69 (c) Migrant, community, or health care for the
70 homeless health centers provided in Section 330 of the
71 Public Health Service Act (42 U.S.C. Section 254b);

72 (d) Federally qualified health centers as defined in
73 Section 1905(1) (42 U.S.C. Section 1396d(1)) of the Social
74 Security Act;

75 (e) Governmental entities, including county health
76 departments; or

77 (f) The United States Veterans Bureau; or

78 (11) A dentist licensed in a state other than Missouri
79 to evaluate a patient or render an oral, written, or
80 otherwise documented dental opinion when providing testimony
81 or records for the purpose of a civil or criminal action

82 before any judicial or administrative proceeding of this
83 state or other forum in this state.

84 3. No corporation shall practice dentistry as defined
85 in section 332.071 unless that corporation is organized
86 under the provisions of chapter 355 or 356 provided that a
87 corporation organized under the provisions of chapter 355
88 and qualifying as an organization under 26 U.S.C. Section
89 501(c)(3) may only employ dentists and dental hygienists
90 licensed in this state to render dental services to Medicaid
91 recipients, low-income individuals who have available income
92 below two hundred percent of the federal poverty level, and
93 all participants in the SCHIP program, unless such
94 limitation is contrary to or inconsistent with federal or
95 state law or regulation. This subsection shall not apply to:

96 (1) A hospital licensed under chapter 197 that
97 provides care and treatment only to children under the age
98 of eighteen at which a person regulated under this chapter
99 provides dental care within the scope of his or her license
100 or registration;

101 (2) A federally qualified health center as defined in
102 Section 1905(1) of the Social Security Act (42 U.S.C.
103 Section 1396d(1)), or a migrant, community, or health care
104 for the homeless health center provided for in Section 330
105 of the Public Health Services Act (42 U.S.C. Section 254b)
106 at which a person regulated under this chapter provides
107 dental care within the scope of his or her license or
108 registration;

109 (3) A city or county health department organized under
110 chapter 192 or chapter 205 at which a person regulated under
111 this chapter provides dental care within the scope of his or
112 her license or registration;

113 (4) A social welfare board organized under section
114 205.770, a city health department operating under a city
115 charter, or a city-county health department at which a
116 person regulated under this chapter provides dental care
117 within the scope of his or her license or registration;

118 (5) Any entity that has received a permit from the
119 dental board and does not receive compensation from the
120 patient or from any third party on the patient's behalf at
121 which a person regulated under this chapter provides dental
122 care within the scope of his or her license or registration;

123 (6) Any hospital nonprofit corporation exempt from
124 taxation under Section 501(c)(3) of the Internal Revenue
125 Code, as amended, that engages in its operations and
126 provides dental services at facilities owned by a city,
127 county, or other political subdivision of the state, **or any**
128 **entity contracted with the state to provide care in a**
129 **correctional center, as such term is defined in section**
130 **217.010**, at which a person regulated under this chapter
131 provides dental care within the scope of his or her license
132 or registration.

133 If any of the entities exempted from the requirements of
134 this subsection are unable to provide services to a patient
135 due to the lack of a qualified provider and a referral to
136 another entity is made, the exemption shall extend to the
137 person or entity that subsequently provides services to the
138 patient.

139 4. No unincorporated organization shall practice
140 dentistry as defined in section 332.071 unless such
141 organization is exempt from federal taxation under Section
142 501(c)(3) of the Internal Revenue Code of 1986, as amended,
143 and provides dental treatment without compensation from the

144 patient or any third party on their behalf as a part of a
145 broader program of social services including food
146 distribution. Nothing in this chapter shall prohibit
147 organizations under this subsection from employing any
148 person regulated by this chapter.

149 5. A dentist shall not enter into a contract that
150 allows a person who is not a dentist to influence or
151 interfere with the exercise of the dentist's independent
152 professional judgment.

153 6. A not-for-profit corporation organized under the
154 provisions of chapter 355 and qualifying as an organization
155 under 26 U.S.C. Section 501(c)(3), an unincorporated
156 organization operating pursuant to subsection 4 of this
157 section, or any other person should not direct or interfere
158 or attempt to direct or interfere with a licensed dentist's
159 professional judgment and competent practice of dentistry.
160 Nothing in this subsection shall be so construed as to make
161 it unlawful for not-for-profit organizations to enforce
162 employment contracts, corporate policy and procedure
163 manuals, or quality improvement or assurance requirements.

164 7. All entities defined in subsection 3 of this
165 section and those exempted under subsection 4 of this
166 section shall apply for a permit to employ dentists and
167 dental hygienists licensed in this state to render dental
168 services, and the entity shall apply for the permit in
169 writing on forms provided by the Missouri dental board. The
170 board shall not charge a fee of any kind for the issuance or
171 renewal of such permit. The provisions of this subsection
172 shall not apply to a federally qualified health center as
173 defined in Section 1905(1) of the Social Security Act (42
174 U.S.C. Section 1396d(1)).

175 8. Any entity that obtains a permit to render dental
176 services in this state is subject to discipline pursuant to
177 section 332.321. If the board concludes that the person or
178 entity has committed an act or is engaging in a course of
179 conduct that would be grounds for disciplinary action, the
180 board may file a complaint before the administrative hearing
181 commission. The board may refuse to issue or renew the
182 permit of any entity for one or any combination of causes
183 stated in subsection 2 of section 332.321. The board shall
184 notify the applicant in writing of the reasons for the
185 refusal and shall advise the applicant of his or her right
186 to file a complaint with the administrative hearing
187 commission as provided by chapter 621.

188 9. A federally qualified health center as defined in
189 Section 1905(1) of the Social Security Act (42 U.S.C.
190 Section 1396d(1)) shall register with the board. The
191 information provided to the board as part of the
192 registration shall include the name of the health center,
193 the nonprofit status of the health center, sites where
194 dental services will be provided, and the names of all
195 persons employed by, or contracting with, the health center
196 who are required to hold a license pursuant to this
197 chapter. The registration shall be renewed every twenty-
198 four months. The board shall not charge a fee of any kind
199 for the issuance or renewal of the registration. The
200 registration of the health center shall not be subject to
201 discipline pursuant to section 332.321. Nothing in this
202 subsection shall prohibit disciplinary action against a
203 licensee of this chapter who is employed by, or contracts
204 with, such health center for the actions of the licensee in
205 connection with such employment or contract.

206 10. The board may promulgate rules and regulations to
207 ensure not-for-profit corporations are rendering care to the
208 patient populations as set forth herein, including
209 requirements for covered not-for-profit corporations to
210 report patient census data to the board. The provisions of
211 this subsection shall not apply to a federally qualified
212 health center as defined in Section 1905(1) of the Social
213 Security Act (42 U.S.C. Section 1396d(1)).

214 11. All not-for-profit corporations organized or
215 operated pursuant to the provisions of chapter 355 and
216 qualifying as an organization under 26 U.S.C. Section
217 501(c) (3), or the requirements relating to migrant,
218 community, or health care for the homeless health centers
219 provided in Section 330 of the Public Health Service Act (42
220 U.S.C. Section 254b) and federally qualified health centers
221 as defined in Section 1905(1) (42 U.S.C. Section 1396d(1))
222 of the Social Security Act, that employ persons who practice
223 dentistry or dental hygiene in this state shall do so in
224 accordance with the relevant laws of this state except to
225 the extent that such laws are contrary to, or inconsistent
226 with, federal statute or regulation.

 335.081. So long as the person involved does not
2 represent or hold himself or herself out as a nurse licensed
3 to practice in this state, no provision of sections 335.011
4 to 335.096 shall be construed as prohibiting:

5 (1) The practice of any profession for which a license
6 is required and issued pursuant to the laws of this state by
7 a person duly licensed to practice that profession;

8 (2) The services rendered by technicians, nurses'
9 aides or their equivalent trained and employed in public or
10 private hospitals and licensed long-term care facilities
11 except the services rendered in licensed long-term care

12 facilities shall be limited to administering medication,
13 excluding injectable **medications** other than:

14 (a) Insulin;

15 (b) **Subcutaneous injectable medications to treat**
16 **diabetes as ordered by an individual legally authorized to**
17 **prescribe such medications; and**

18 (c) **Epinephrine auto-injectors ordered for stock**
19 **supply in accordance with section 196.990 or prescribed for**
20 **a resident's individual use by an individual legally**
21 **authorized to prescribe such epinephrine auto-injectors.**
22 **Expected epinephrine auto-injector users shall receive**
23 **training set forth in section 196.990. As used in this**
24 **paragraph, the term "epinephrine auto-injector" means a**
25 **single-use device used for the automatic injection of a**
26 **premeasured dose of epinephrine into the human body or**
27 **another epinephrine delivery system approved by the United**
28 **States Food and Drug Administration for public use;**

29 (3) The providing of nursing care by friends or
30 members of the family of the person receiving such care;

31 (4) The incidental care of the sick, aged, or infirm
32 by domestic servants or persons primarily employed as
33 housekeepers;

34 (5) The furnishing of nursing assistance in the case
35 of an emergency situation;

36 (6) The practice of nursing under proper supervision:

37 (a) As a part of the course of study by students
38 enrolled in approved schools of professional nursing or in
39 schools of practical nursing;

40 (b) By graduates of accredited nursing programs
41 pending the results of the first licensing examination or
42 ninety days after graduation, whichever first occurs;

43 (c) A graduate nurse who is prevented from attending
44 the first licensing examination following graduation by
45 reason of active duty in the military may practice as a
46 graduate nurse pending the results of the first licensing
47 examination scheduled by the board following the release of
48 such graduate nurse from active military duty or pending the
49 results of the first licensing examination taken by the
50 graduate nurse while involved in active military service
51 whichever comes first;

52 (7) The practice of nursing in this state by any
53 legally qualified nurse duly licensed to practice in another
54 state whose engagement requires such nurse to accompany and
55 care for a patient temporarily residing in this state for a
56 period not to exceed six months;

57 (8) The practice of any legally qualified nurse who is
58 employed by the government of the United States or any
59 bureau, division or agency thereof, while in the discharge
60 of his or her official duties or to the practice of any
61 legally qualified nurse serving in the Armed Forces of the
62 United States while stationed within this state;

63 (9) Nonmedical nursing care of the sick with or
64 without compensation when done in connection with the
65 practice of the religious tenets of any church by adherents
66 thereof, as long as they do not engage in the practice of
67 nursing as defined in sections 335.011 to 335.096;

68 (10) The practice of any legally qualified and
69 licensed nurse of another state, territory, or foreign
70 country whose responsibilities include transporting patients
71 into, out of, or through this state while actively engaged
72 in patient transport that does not exceed forty-eight hours
73 in this state.

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

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

7 (2) The designing, initiating, implementing, and
8 monitoring of a medication therapeutic plan in accordance
9 with the provisions of this section;

10 (3) The compounding, dispensing, labeling, and
11 administration of drugs and devices pursuant to medical
12 prescription orders;

13 (4) The ordering and administration of vaccines
14 approved or authorized by the U.S. Food and Drug
15 Administration, excluding vaccines for cholera, monkeypox,
16 Japanese encephalitis, typhoid, rabies, yellow fever, tick-
17 borne encephalitis, anthrax, tuberculosis, dengue, Hib,
18 polio, rotavirus, smallpox, **chikungunya**, and any vaccine
19 approved after January 1, [2023] 2025, to persons at least
20 seven years of age or the age recommended by the Centers for
21 Disease Control and Prevention, whichever is older, pursuant
22 to joint promulgation of rules established by the board of
23 pharmacy and the state board of registration for the healing
24 arts unless rules are established under a state of emergency
25 as described in section 44.100;

26 (5) The participation in drug selection according to
27 state law and participation in drug utilization reviews;

28 (6) The proper and safe storage of drugs and devices
29 and the maintenance of proper records thereof;

30 (7) Consultation with patients and other health care
31 practitioners, and veterinarians and their clients about
32 legend drugs, about the safe and effective use of drugs and
33 devices;

34 (8) The prescribing and dispensing of any nicotine
35 replacement therapy product under section 338.665;

36 (9) The dispensing of HIV postexposure prophylaxis
37 pursuant to section 338.730; and

38 (10) The offering or performing of those acts,
39 services, operations, or transactions necessary in the
40 conduct, operation, management and control of a pharmacy.

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

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

52 4. This chapter shall not be construed to prohibit or
53 interfere with any legally registered practitioner of
54 medicine, dentistry, or podiatry, or veterinary medicine
55 only for use in animals, or the practice of optometry in
56 accordance with and as provided in sections 195.070 and
57 336.220 in the compounding, administering, prescribing, or
58 dispensing of his or her own prescriptions.

59 5. A pharmacist with a certificate of medication
60 therapeutic plan authority may provide medication therapy
61 services pursuant to a written protocol from a physician
62 licensed under chapter 334 to patients who have established
63 a physician-patient relationship, as described in
64 subdivision (1) of subsection 1 of section 191.1146, with
65 the protocol physician. The written protocol authorized by

66 this section shall come only from the physician and shall
67 not come from a nurse engaged in a collaborative practice
68 arrangement under section 334.104, or from a physician
69 assistant engaged in a collaborative practice arrangement
70 under section 334.735.

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

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

80 8. No health carrier as defined in chapter 376 shall
81 require any physician with which they contract to enter into
82 a written protocol with a pharmacist for medication
83 therapeutic services.

84 9. This section shall not be construed to allow a
85 pharmacist to diagnose or independently prescribe
86 pharmaceuticals.

87 10. The state board of registration for the healing
88 arts, under section 334.125, and the state board of
89 pharmacy, under section 338.140, shall jointly promulgate
90 rules regulating the use of protocols for medication therapy
91 services. Such rules shall require protocols to include
92 provisions allowing for timely communication between the
93 pharmacist and the protocol physician or similar body
94 authorized by this section, and any other patient protection
95 provisions deemed appropriate by both boards. In order to
96 take effect, such rules shall be approved by a majority vote
97 of a quorum of each board. Neither board shall separately

98 promulgate rules regulating the use of protocols for
99 medication therapy services. Any rule or portion of a rule,
100 as that term is defined in section 536.010, that is created
101 under the authority delegated in this section shall become
102 effective only if it complies with and is subject to all of
103 the provisions of chapter 536 and, if applicable, section
104 536.028. This section and chapter 536 are nonseverable and
105 if any of the powers vested with the general assembly
106 pursuant to chapter 536 to review, to delay the effective
107 date, or to disapprove and annul a rule are subsequently
108 held unconstitutional, then the grant of rulemaking
109 authority and any rule proposed or adopted after August 28,
110 2007, shall be invalid and void.

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

121 12. Any pharmacist who has received a certificate of
122 medication therapeutic plan authority may engage in the
123 designing, initiating, implementing, and monitoring of a
124 medication therapeutic plan as defined by a written protocol
125 from a physician that may be specific to each patient for
126 care by a pharmacist.

127 13. Nothing in this section shall be construed to
128 allow a pharmacist to make a therapeutic substitution of a
129 pharmaceutical prescribed by a physician unless authorized

130 by the written protocol or the physician's prescription
131 order.

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

140 15. In addition to other requirements established by
141 the joint promulgation of rules by the board of pharmacy and
142 the state board of registration for the healing arts:

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

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

151 16. In addition to other requirements by the board, a
152 pharmacist shall receive additional training as required by
153 the board and evidenced by receiving a certificate from the
154 board upon completion, and shall display the certification
155 in his or her pharmacy where vaccines are delivered.

156 17. A pharmacist shall inform the patient that the
157 administration of a vaccine will be entered into the
158 ShowMeVax system, as administered by the department of
159 health and senior services. The patient shall attest to the
160 inclusion of such information in the system by signing a
161 form provided by the pharmacist. If the patient indicates

162 that he or she does not want such information entered into
163 the ShowMeVax system, the pharmacist shall provide a written
164 report within fourteen days of administration of a vaccine
165 to the patient's health care provider, if provided by the
166 patient, containing:

- 167 (1) The identity of the patient;
- 168 (2) The identity of the vaccine or vaccines
169 administered;
- 170 (3) The route of administration;
- 171 (4) The anatomic site of the administration;
- 172 (5) The dose administered; and
- 173 (6) The date of administration.

174 18. A pharmacist licensed under this chapter may order
175 and administer vaccines approved or authorized by the U.S.
176 Food and Drug Administration to address a public health
177 need, as lawfully authorized by the state or federal
178 government, or a department or agency thereof, during a
179 state or federally declared public health emergency.

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

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

- 13 (2) Purchases, receives, or otherwise acquires within
14 a thirty-day period any number of packages of any drug

15 product containing any detectable amount of ephedrine,
16 phenylpropanolamine, or pseudoephedrine, or any of their
17 salts or optical isomers, or salts of optical isomers in a
18 total amount greater than seven and two-tenths grams,
19 without regard to the number of transactions, unless the
20 amount is purchased, received, or acquired pursuant to a
21 valid prescription; or

22 (3) Purchases, receives, or otherwise acquires within
23 a twenty-four-hour period any number of packages of any drug
24 product containing any detectable amount of ephedrine,
25 phenylpropanolamine, or pseudoephedrine, or any of their
26 salts or optical isomers, or salts of optical isomers in a
27 total amount greater than three and six-tenths grams,
28 without regard to the number of transactions, unless the
29 amount is purchased, received, or acquired pursuant to a
30 valid prescription; or

31 (4) Sells, distributes, dispenses, or otherwise
32 provides any number of packages of any drug product
33 containing detectable amounts of ephedrine,
34 phenylpropanolamine, or pseudoephedrine, or any of their
35 salts, optical isomers, or salts of optical isomers, in a
36 total amount greater than [forty-three] **sixty-one** and two-
37 tenths grams to the same individual within a twelve-month
38 period, unless the amount is dispensed, sold, or distributed
39 pursuant to a valid prescription; or

40 (5) Purchases, receives, or otherwise acquires within
41 a twelve-month period any number of packages of any drug
42 product containing any detectable amount of ephedrine,
43 phenylpropanolamine, or pseudoephedrine, or any of their
44 salts or optical isomers, or salts of optical isomers in a
45 total amount greater than [forty-three] **sixty-one** and two-
46 tenths grams, without regard to the number of transactions,

47 unless the amount is purchased, received, or acquired
48 pursuant to a valid prescription; or

49 (6) Dispenses or offers drug products that are not
50 excluded from Schedule V in subsection 17 or 18 of section
51 195.017 and that contain detectable amounts of ephedrine,
52 phenylpropanolamine, or pseudoephedrine, or any of their
53 salts, optical isomers, or salts of optical isomers, without
54 ensuring that such products are located behind a pharmacy
55 counter where the public is not permitted and that such
56 products are dispensed by a registered pharmacist or
57 pharmacy technician under subsection 11 of section 195.017;
58 or

59 (7) Holds a retail sales license issued under chapter
60 144 and knowingly sells or dispenses packages that do not
61 conform to the packaging requirements of section 195.418.

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

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

75 (2) Fails to submit information under subsection 13 of
76 section 195.017 and subsection 6 of section 195.417 about
77 the sales of any compound, mixture, or preparation of
78 products containing detectable amounts of ephedrine,

79 phenylpropanolamine, or pseudoephedrine, or any of their
80 salts, optical isomers, or salts of optical isomers, in
81 accordance with transmission methods and frequency
82 established by the department of health and senior services;
83 or

84 (3) Fails to implement and maintain an electronic log,
85 as required by subsection 12 of section 195.017, of each
86 transaction involving any detectable quantity of
87 pseudoephedrine, its salts, isomers, or salts of optical
88 isomers or ephedrine, its salts, optical isomers, or salts
89 of optical isomers; or

90 (4) Sells, distributes, dispenses or otherwise
91 provides to an individual under eighteen years of age
92 without a valid prescription any number of packages of any
93 drug product containing any detectable quantity of
94 pseudoephedrine, its salts, isomers, or salts of optical
95 isomers, or ephedrine, its salts or optical isomers, or
96 salts of optical isomers.

97 3. Any person who violates the packaging requirements
98 of section 195.418 and is considered the general owner or
99 operator of the outlet where ephedrine, pseudoephedrine, or
100 phenylpropanolamine products are available for sale shall
101 not be penalized if he or she documents that an employee
102 training program was in place to provide the employee who
103 made the unlawful retail sale with information on the state
104 and federal regulations regarding ephedrine,
105 pseudoephedrine, or phenylpropanolamine.

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

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