

HOUSE COMMITTEE SUBSTITUTE

FOR

SENATE SUBSTITUTE

FOR

SENATE BILL NO. 580

AN ACT

1  
2  
3 To repeal sections 160.514, 161.502, 190.092, 190.094,  
4 190.100, 190.105, 190.143, 190.196, 190.606, 190.612,  
5 191.775, 192.2000, 192.2435, 195.070, 208.175, 332.181,  
6 332.261, 334.036, 334.075, 334.150, 334.507, 336.080,  
7 337.050, 376.1345, 579.040, and 579.076, RSMo, and to  
8 enact in lieu thereof sixty new sections relating to  
9 health care, with penalty provisions, an emergency  
10 clause for a certain section, and a delayed effective  
11 date for a certain section.

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

16  
17 Section A. Sections 160.514, 161.502, 190.092, 190.094,  
18 190.100, 190.105, 190.143, 190.196, 190.606, 190.612, 191.775,  
19 192.2000, 192.2435, 195.070, 208.175, 332.181, 332.261, 334.036,  
20 334.075, 334.150, 334.507, 336.080, 337.050, 376.1345, 579.040,  
21 and 579.076, RSMo, are repealed and sixty new sections enacted in  
22 lieu thereof, to be known as sections 9.152, 9.166, 9.182, 9.309,  
23 42.145, 56.086, 143.1160, 160.514, 161.502, 190.092, 190.094,  
24 190.100, 190.105, 190.143, 190.196, 190.606, 190.612, 190.1005,  
25 191.116, 191.255, 191.775, 191.1160, 191.1601, 191.1603,  
26 191.1604, 191.1605, 191.1606, 191.1607, 192.2000, 192.2435,  
27 195.070, 195.815, 196.1170, 198.610, 198.612, 198.614, 198.616,  
28 198.618, 198.620, 198.622, 198.624, 198.626, 198.628, 198.630,

1 198.632, 208.175, 302.205, 332.181, 332.261, 334.036, 334.075,  
2 334.150, 334.507, 336.080, 337.050, 376.455, 376.1345, 376.1590,  
3 579.040, and 579.076, to read as follows:

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

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

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

21 9.309. The month of April is hereby designated as "Limb  
22 Loss Awareness Month" in Missouri. Citizens of this state are  
23 encouraged to engage in appropriate events and activities to  
24 spread awareness about limb loss and limb difference.

25 42.145. 1. As used in this section, the following terms  
26 mean:

27 (1) "Care facility", a skilled nursing facility, as defined

1 under section 198.006;

2 (2) "Eligible veteran", any veteran who is approved for  
3 admission into the Missouri veterans' home nearest to the  
4 veteran's residence under section 42.105 but who has not been  
5 admitted to a Missouri veterans' home due to a lack of vacancy,  
6 resides at a location where there are no vacancies at a care  
7 facility that has contracted with the Department of Veterans  
8 Affairs for the care of veterans within fifty miles, meets the  
9 requirements for admission to such care facility, and has not  
10 been notified by the commission of a relevant vacancy;

11 (3) "Veteran housing cost", the average cost paid by the  
12 state of Missouri to house one veteran in a Missouri veterans'  
13 home for one month, as determined by the commission.

14 2. An eligible veteran may elect to receive, and the  
15 commission shall issue, a monthly voucher to be used to pay for  
16 room and board costs of any care facility licensed under sections  
17 198.003 to 198.189. The amount of the voucher shall be equal to  
18 the veteran housing cost. Vouchers shall be issued monthly or at  
19 a longer interval chosen by the commission, so long as veterans  
20 residing at a care facility can pay room and board costs in a  
21 timely manner. The issuance of a voucher shall not affect any  
22 eligible veteran's position in the queue for a Missouri veterans'  
23 home vacancy.

24 3. The commission shall inform veterans who are eligible  
25 for housing under section 42.105 that they are also eligible to  
26 receive a voucher for a care facility of their choosing under  
27 this section.

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

13       56.086. 1. Each prosecuting attorney of a county or the  
14 circuit attorney may develop, maintain, and coordinate the  
15 services of one or more multidisciplinary adult protection teams.  
16 As used in this section, the term "multidisciplinary adult  
17 protection team" means a team of two or more persons who are  
18 trained in the investigation, prosecution, prevention,  
19 identification, and treatment of abuse and who are qualified to  
20 provide a broad range of services related to the abuse of the  
21 following persons who, at the time of the abuse, reside or are  
22 located outside of any facility licensed under chapter 197 or  
23 198:

- 24       (1) Vulnerable persons as defined in section 630.005;
- 25       (2) Elderly persons as defined in section 192.2005; or
- 26       (3) Persons with a disability.

27       2. Such teams may include, but are not limited to:

1           (1) Psychiatrists, psychologists, or other trained  
2 counseling personnel;

3           (2) Police officers or other law enforcement officers;

4           (3) Medical personnel who have sufficient training to  
5 provide health services;

6           (4) Adult protection personnel;

7           (5) Community-based personnel who have experience or  
8 training in preventing the abuse of elderly or dependent persons;

9           (6) Guardians as described in chapter 475;

10          (7) A person qualified to review financial matters to  
11 identify financial abuse; and

12          (8) An elderly ombudsman.

13          3. The prosecuting attorney or circuit attorney shall  
14 utilize and convene the teams to facilitate the investigation and  
15 prosecution of offenses against vulnerable or elderly persons or  
16 persons with a disability and to supplement any protective  
17 services provided by the department of health and senior  
18 services.

19          4. This section shall not prevent a person from reporting,  
20 under section 192.2405, all suspected or known cases of abuse,  
21 neglect, or exploitation of a vulnerable or elderly person or a  
22 person with a disability. The role of the multidisciplinary  
23 adult protection team is to facilitate the investigation and  
24 prosecution of offenses, to support protective services, and to  
25 provide services deemed by the multidisciplinary adult protection  
26 team to be necessary and appropriate to abused, neglected, and  
27 exploited vulnerable or elderly persons or persons with a

1 disability, upon referral. Services shall be provided with the  
2 consent of the vulnerable or elderly person, person with a  
3 disability, or that person's guardian, or through court order.

4 5. If a multidisciplinary adult protection team is  
5 providing certain services to abused, neglected, or exploited  
6 vulnerable or elderly persons or persons with a disability, other  
7 offices and departments shall avoid duplicating such services.

8 6. Adult protection personnel responding to a report under  
9 section 192.2405 shall contact the appropriate law enforcement  
10 agency immediately upon receipt of a report involving potential  
11 criminal activity based on the adult protection personnel's  
12 determination and provide the law enforcement agency with a  
13 detailed description of the report received. In such cases, the  
14 adult protection personnel shall request the assistance of the  
15 local law enforcement agency in all aspects of the investigation  
16 of the complaint. The appropriate law enforcement agency shall  
17 either assist the adult protection personnel in the investigation  
18 or provide the division, within twenty-four hours, an explanation  
19 in writing detailing the reasons why it is unable to assist.

20 7. In conjunction with local law enforcement,  
21 multidisciplinary adult protection teams shall be used whenever  
22 responding to a report involving potential criminal activity  
23 based on the adult protection personnel's determination.  
24 Multidisciplinary adult protection teams shall be used in  
25 providing protective or preventive social services, including the  
26 services of law enforcement and other agencies, both public and  
27 private.

1           8. (1) Except as otherwise permitted by law, records,  
2 reports, and information concerning reports of abuse, neglect, or  
3 exploitation of a vulnerable or elderly person or a person with a  
4 disability shall be kept confidential among the multidisciplinary  
5 adult protection team members.

6           (2) Notwithstanding section 192.2435, disclosure of  
7 records, reports, and information under subdivision (1) of this  
8 subsection may be made to persons and entities directly involved  
9 in the work of the multidisciplinary adult protection team as  
10 needed, including:

11           (a) Attorneys or other representatives of the adult client  
12 who are legally authorized to receive such records, reports, and  
13 information;

14           (b) Representatives of law enforcement;

15           (c) Grand juries or courts in the exercise of official  
16 business;

17           (d) Members of the multidisciplinary adult protection team  
18 as needed to conduct business; and

19           (e) Persons engaged in bona fide research or audit  
20 purposes; provided that, only information in the aggregate  
21 without identifying information may be provided for research or  
22 audit purposes, and confidentiality of the data is maintained.

23           (3) Disclosures under this subsection shall be subject to  
24 the limitations of the Health Insurance Portability and  
25 Accountability Act of 1996.

26           (4) Unless necessary for the provision of medical, legal,  
27 housing, social welfare, or other services, the name of the

1 potential or actual victim or client may only be shared outside  
2 of the multidisciplinary adult protection team with  
3 representatives of law enforcement and organizations devoted to  
4 victims' services or advocacy.

5 (5) The multidisciplinary adult protection team and the  
6 appropriate local law enforcement agency shall coordinate as  
7 needed for the administration of this section.

8 (6) Identifying information of the person who reported a  
9 case of suspected abuse, neglect, or exploitation of a vulnerable  
10 or elderly person or a person with a disability shall be kept  
11 strictly confidential. The identifying information shall not be  
12 disclosed to any person or organization within or without the  
13 multidisciplinary adult protection team unless the reporting  
14 person expressly consents to disclosure.

15 (7) Work products of the multidisciplinary adult protection  
16 team including, but not limited to, internal memoranda; summaries  
17 or minutes of panel meetings; and written, audio recorded, or  
18 electronic records and communications are not:

19 (a) Public records as defined in subdivision (6) of section  
20 610.010;

21 (b) Available for public examination, reproduction, or  
22 disclosure; and

23 (c) Admissible as evidence in any civil, criminal, or  
24 administrative proceeding unless otherwise required by law.

25 9. Any person participating in good faith in any action or  
26 omission authorized or required under this section shall be  
27 immune from civil or criminal liability that may result by reason

1 of such action or omission.

2 10. Nothing in this section shall affect the current  
3 authority of the department of health and senior services.

4 143.1160. 1. As used in this section, the following terms  
5 mean:

6 (1) "Account holder", the same meaning as that term is  
7 defined in section 191.1603;

8 (2) "Deduction", an amount subtracted from the taxpayer's  
9 Missouri adjusted gross income to determine Missouri taxable  
10 income for the tax year in which such deduction is claimed;

11 (3) "Eligible expenses", the same meaning as that term is  
12 defined in section 191.1603;

13 (4) "Long-term dignity savings account", the same meaning  
14 as that term is defined in section 191.1603;

15 (5) "Qualified beneficiary", the same meaning as that term  
16 is defined in section 191.1603;

17 (6) "Taxpayer", any individual who is a resident of this  
18 state and subject to the income tax imposed under this chapter,  
19 excluding withholding tax imposed under sections 143.191 to  
20 143.265.

21 2. For all tax years beginning on or after January 1, 2021,  
22 a taxpayer shall be allowed a deduction of one hundred percent of  
23 a participating taxpayer's contributions to a long-term dignity  
24 savings account in the tax year of the contribution. Each  
25 taxpayer claiming the deduction under this section shall file an  
26 affidavit with the income tax return verifying the amount of  
27 their contributions. The amount of the deduction claimed shall

1 not exceed the amount of the taxpayer's Missouri adjusted gross  
2 income for the tax year that the deduction is claimed, and shall  
3 not exceed four thousand dollars per taxpayer claiming the  
4 deduction, or eight thousand dollars if married filing combined.

5 3. Income earned or received as a result of assets in a  
6 long-term dignity savings account shall not be subject to state  
7 income tax imposed under this chapter. The exemption under this  
8 section shall apply only to income maintained, accrued, or  
9 expended pursuant to the requirements of sections 191.1601 to  
10 191.1607, and no exemption shall apply to assets and income  
11 expended for any other purpose. The amount of the deduction  
12 claimed shall not exceed the amount of the taxpayer's Missouri  
13 adjusted gross income for the tax year the deduction is claimed.

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

21 5. The department of revenue shall promulgate rules to  
22 implement the provisions of this section. Any rule or portion of  
23 a rule, as that term is defined in section 536.010, that is  
24 created under the authority delegated in this section shall  
25 become effective only if it complies with and is subject to all  
26 of the provisions of chapter 536 and, if applicable, section  
27 536.028. This section and chapter 536 are nonseverable, and if

1 any of the powers vested with the general assembly pursuant to  
2 chapter 536 to review, to delay the effective date, or to  
3 disapprove and annul a rule are subsequently held  
4 unconstitutional, then the grant of rulemaking authority and any  
5 rule proposed or adopted after August 28, 2020, shall be invalid  
6 and void.

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

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

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

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

19 160.514. 1. By rule and regulation, and consistent with  
20 the provisions contained in section 160.526, the state board of  
21 education shall adopt no more than seventy-five academic  
22 performance standards which establish the knowledge, skills, and  
23 competencies necessary for students to successfully advance  
24 through the public elementary and secondary education system of  
25 this state; lead to or qualify a student for high school  
26 graduation; prepare students for postsecondary education or the  
27 workplace or both; and are necessary in this era to preserve the

1 rights and liberties of the people.

2 2. Whenever the state board of education develops,  
3 evaluates, modifies, or revises academic performance standards or  
4 learning standards, it shall convene work groups composed of  
5 education professionals to develop and recommend such academic  
6 performance standards or learning standards. Separate work  
7 groups composed of education professionals shall be convened for  
8 the following subject areas: English language arts; mathematics;  
9 science; and history and governments. The subject area of  
10 history and governments shall incorporate geography and the  
11 history and governments of the United States and the world. For  
12 each subject area in which the state board of education develops,  
13 evaluates, modifies, or revises academic performance standards or  
14 learning standards, the state board shall convene two separate  
15 work groups, one work group for standards for grades kindergarten  
16 through five consisting of sixteen members and a second work  
17 group for standards for grades six through twelve consisting of  
18 seventeen members. A person may be selected to serve on more  
19 than one work group if ~~he or she~~ the person is qualified. No  
20 work group member shall be required to be a member of a  
21 professional teacher association. An education professional  
22 serving on a work group shall be a Missouri resident for at least  
23 three years and have taught in the work group's subject area for  
24 at least ten years or have ten years of experience in that  
25 subject area ~~[, except for the parents appointed by the president~~  
26 ~~pro tempore of the senate and the speaker of the house of~~  
27 ~~representatives]~~. Work group members shall be chosen in such a

1 manner as to represent the geographic diversity of the state.

2 3. ~~[Work group members shall be selected in the following~~  
3 ~~manner:]~~

4 ~~—— (1) Two parents of children currently enrolled in grades~~  
5 ~~kindergarten through twelve shall be selected by the president~~  
6 ~~pro tempore of the senate;~~

7 ~~—— (2) Two parents of children currently enrolled in grades~~  
8 ~~kindergarten through twelve shall be selected by the speaker of~~  
9 ~~the house of representatives;~~

10 ~~—— (3) One education professional selected by the state board~~  
11 ~~of education from names submitted to it by the professional~~  
12 ~~teachers' organizations of the state;~~

13 ~~—— (4) One education professional selected by a statewide~~  
14 ~~association of Missouri school boards;~~

15 ~~—— (5) One education professional selected by the state board~~  
16 ~~of education from names submitted to it by a statewide coalition~~  
17 ~~of school administrators;~~

18 ~~—— (6) Two education professionals selected by the president~~  
19 ~~pro tempore of the senate in addition to the members selected~~  
20 ~~under subdivision (1) of this subsection;~~

21 ~~—— (7) Two education professionals selected by the speaker of~~  
22 ~~the house of representatives in addition to the members selected~~  
23 ~~under subdivision (2) of this subsection;~~

24 ~~—— (8) One education professional selected by the governor;~~

25 ~~—— (9) One education professional selected by the lieutenant~~  
26 ~~governor;~~

27 ~~—— (10) One education professional selected by the~~

1 ~~commissioner of higher education;~~

2 ~~—— (11) One education professional selected by the state board~~  
3 ~~of education from names submitted to it by nationally recognized~~  
4 ~~career and technical education student organizations operating in~~  
5 ~~Missouri; and~~

6 ~~—— (12) One education professional selected by the state board~~  
7 ~~of education from names submitted to it by the heads of state-~~  
8 ~~approved baccalaureate-level teacher preparation programs located~~  
9 ~~in Missouri.——~~

10  
11 ~~The state board of education shall also appoint to each work~~  
12 ~~group for grades six through twelve from names submitted to it by~~  
13 ~~a statewide organization for career and technical education one~~  
14 ~~current or retired career and technical education professional~~  
15 ~~who also serves or served as an advisor to any of the nationally~~  
16 ~~recognized career and technical education student organizations~~  
17 ~~identified in subdivision (4) of subsection 2 of section 178.550]~~

18 Work group members shall include, but not be limited to educators  
19 providing instruction in prekindergarten through twelfth grade,  
20 members of statewide parent's organizations, education  
21 professionals representing school principals, administrators, and  
22 school boards, representatives from the department of higher  
23 education and workforce development, institutions of higher  
24 education, and the department of elementary and secondary  
25 education.

26 4. The state board of education shall hold ~~[at least three]~~  
27 public hearings whenever it develops, evaluates, modifies, or

1 revises academic performance standards or learning standards.  
2 The hearings shall provide an opportunity to receive public  
3 testimony, including but not limited to testimony from educators  
4 at all levels in the state, local school boards, parents,  
5 representatives from business and industry, labor and community  
6 leaders, members of the general assembly, and general public.

7 ~~[The state board of education shall hold the first hearing within~~  
8 ~~thirty days of the work groups being convened. The state board~~  
9 ~~of education shall hold the second hearing approximately six~~  
10 ~~months after it holds the first hearing. The state board of~~  
11 ~~education shall hold the third hearing when the work groups~~  
12 ~~submit the academic performance standards they have developed to~~  
13 ~~the state board.]~~ The state board of education shall also

14 solicit comments and feedback on the academic performance  
15 standards or learning standards from the joint committee on  
16 education and from academic researchers. All comments shall be  
17 made publicly available.

18 5. The state board of education shall develop written  
19 curriculum frameworks that may be used by school districts. Such  
20 curriculum frameworks shall incorporate the academic performance  
21 standards adopted by the state board of education pursuant to  
22 subsection 1 of this section. The curriculum frameworks shall  
23 provide guidance to school districts but shall not be mandates  
24 for local school boards in the adoption or development of written  
25 curricula as required by subsection 6 of this section.

26 6. Not later than one year after the development of written  
27 curriculum frameworks pursuant to subsection 5 of this section,

1 the board of education of each school district in the state shall  
2 adopt or develop a written curriculum designed to ensure that  
3 students attain the knowledge, skills, and competencies  
4 established pursuant to subsection 1 of this section. Local  
5 school boards are encouraged to adopt or develop curricula that  
6 are rigorous and ambitious and may, but are not required to, use  
7 the curriculum frameworks developed pursuant to subsection 5 of  
8 this section. Nothing in this section or this act shall prohibit  
9 school districts, as determined by local boards of education, to  
10 develop or adopt curricula that provide for academic standards in  
11 addition to those identified by the state board of education  
12 pursuant to subsection 1 of this section.

13 7. Local school districts and charter schools may adopt  
14 their own education standards, in addition to those already  
15 adopted by the state, provided the additional standards are in  
16 the public domain and do not conflict with the standards adopted  
17 by the state board of education.

18 8. The state board of education shall amend the existing  
19 health or physical education academic performance standards,  
20 learning standards, and curriculum frameworks to include  
21 evidence-based instruction on the use and effects of vapor  
22 products, as such term is defined in section 407.925, in any  
23 instruction or standard relating to the use and effects of  
24 tobacco products. All future health or physical education  
25 academic performance standards, learning standards, and  
26 curriculum frameworks developed, evaluated, modified, or revised  
27 by the state board shall include evidence-based instruction on

1 the use and effects of vapor products as described in this  
2 subsection.

3 161.502. As used in sections 161.500 to 161.508, the  
4 following terms mean:

5 (1) "Department", the department of elementary and  
6 secondary education;

7 (2) "Drugs" includes, but is not limited to:

8 (a) All controlled substances defined in chapter 195; ~~[and]~~

9 (b) Alcoholic beverages;

10 (c) Tobacco products as defined in section 407.925; and

11 (d) Any vapor product as defined in section 407.925.

12 190.092. 1. This section shall be known and may be cited  
13 as the "Public Access to Automated External Defibrillator Act".

14 2. A person or entity that acquires an automated external  
15 defibrillator shall:

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

18 (2) Notify an agent of the local EMS agency of the  
19 existence, location, and type of all automated external  
20 defibrillators on the premises, including any changes in location  
21 of or removal of an automated external defibrillator;

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

25 (4) Ensure that the automated external defibrillator is  
26 tested at least biannually and after each use; and

27 (5) Ensure that an inspection is made of all automated

1 external defibrillators on the premises at least every ninety  
2 days for potential issues related to operation of the device,  
3 including a blinking light or other obvious defect that may  
4 suggest tampering or that another problem has arisen with the  
5 functionality of the automated external defibrillator. [A person

6 ~~or entity who acquires an automated external defibrillator shall~~  
7 ~~ensure that:~~

8 ~~—— (1) Expected defibrillator users receive training by the~~  
9 ~~American Red Cross or American Heart Association in~~  
10 ~~cardiopulmonary resuscitation and the use of automated external~~  
11 ~~defibrillators, or an equivalent nationally recognized course in~~  
12 ~~defibrillator use and cardiopulmonary resuscitation;~~

13 ~~—— (2) The defibrillator is maintained and tested according to~~  
14 ~~the manufacturer's operational guidelines;~~

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

19 ~~—— (4) Any person or entity that owns an automated external~~  
20 ~~defibrillator that is for use outside of a health care facility~~  
21 ~~shall have a physician review and approve the clinical protocol~~  
22 ~~for the use of the defibrillator, review and advise regarding the~~  
23 ~~training and skill maintenance of the intended users of the~~  
24 ~~defibrillator and assure proper review of all situations when the~~  
25 ~~defibrillator is used to render emergency care.~~

26 ~~—— 3. Any person or entity who acquires an automated external~~  
27 ~~defibrillator shall notify the emergency communications district~~

1 ~~or the ambulance dispatch center of the primary provider of~~  
2 ~~emergency medical services where the automated external~~  
3 ~~defibrillator is to be located.~~

4 ~~—4.]~~ 3. Any person who gratuitously and in good faith  
5 renders emergency care by use of or provision of an automated  
6 external defibrillator shall not be held liable for any civil  
7 damages or subject to a criminal penalty as a result of such care  
8 or treatment, unless the person acts in a willful and wanton or  
9 reckless manner in providing the care, advice, or assistance.

10 The person or entity ~~[who]~~ that provides ~~[appropriate]~~ training  
11 to the person using an automated external defibrillator, the  
12 person or entity responsible for the site where the automated  
13 external defibrillator is located, and the person or entity that  
14 owns the automated external defibrillator ~~[, the person or entity~~  
15 ~~that provided clinical protocol for automated external~~  
16 ~~defibrillator sites or programs, and the licensed physician who~~  
17 ~~reviews and approves the clinical protocol]~~ shall likewise not be  
18 held liable for civil damages or subject to a criminal penalty  
19 resulting from the use of an automated external defibrillator.

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

22 ~~[5.]~~ 4. All basic life support ambulances and stretcher  
23 vans operated in the state of Missouri shall be equipped with an  
24 automated external defibrillator and be staffed by at least one  
25 individual trained in the use of an automated external  
26 defibrillator.

27 ~~[6.]~~ 5. The provisions of this section shall apply in all

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

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

9 191.116. 1. There is hereby established in the department  
10 of health and senior services the "Alzheimer's State Plan Task  
11 Force". The task force shall consist of twenty members, as  
12 follows:

13 (1) The lieutenant governor or his or her designee, who  
14 shall serve as chair of the task force;

15 (2) The directors of the departments of health and senior  
16 services, social services, and mental health, or their designees;

17 (3) One member of the house of representatives appointed by  
18 the speaker of the house;

19 (4) One member of the senate appointed by the president pro  
20 tempore of the senate;

21 (5) One member who has early-stage Alzheimer's or a related  
22 dementia;

23 (6) One member who is a family caregiver of a person with  
24 Alzheimer's or a related dementia;

25 (7) One member who is a licensed physician with experience  
26 in the diagnosis, treatment, and research of Alzheimer's;

27 (8) One member from the office of the state long-term care

1 ombudsman;

2 (9) One member representing residential long-term care;

3 (10) One member representing the home care profession;

4 (11) One member representing the adult day services  
5 profession;

6 (12) One member representing the area agencies on aging;

7 (13) One member with expertise in minority health;

8 (14) One member representing the law enforcement community;

9 (15) One member from the department of higher education and  
10 workforce development with knowledge of workforce training;

11 (16) Two members from the leading voluntary health  
12 organization in Alzheimer's care, support, and research;

13 (17) One member representing licensed skilled nursing  
14 facilities.

15 2. The members of the task force, other than the lieutenant  
16 governor, members from the general assembly, and department and  
17 division directors, shall be appointed by the governor with the  
18 advice and consent of the senate. Members shall serve on the  
19 task force without compensation.

20 3. The task force shall assess all state programs that  
21 address Alzheimer's and update and maintain an integrated state  
22 plan to overcome Alzheimer's. The state plan shall include  
23 implementation steps and recommendations for priority actions  
24 based on this assessment. The task force's actions shall  
25 include, but not be limited to, the following:

26 (1) Assess the current and future impact of Alzheimer's on  
27 residents of the state of Missouri;

1       (2) Examine the existing services and resources addressing  
2 the needs of persons with Alzheimer's and their families and  
3 caregivers;

4       (3) Develop recommendations to respond to the escalating  
5 public health crisis regarding Alzheimer's;

6       (4) Ensure the inclusion of ethnic and racial populations  
7 that have a higher risk for Alzheimer's or are least likely to  
8 receive care in clinical, research, and service efforts, with the  
9 purpose of decreasing health disparities in Alzheimer's;

10       (5) Identify opportunities for the state of Missouri to  
11 coordinate with federal government entities to integrate and  
12 inform the fight against Alzheimer's;

13       (6) Provide information and coordination of Alzheimer's  
14 research and services across all state agencies;

15       (7) Examine dementia-specific training requirements across  
16 healthcare, adult protective services (APS) workers, law  
17 enforcement, and all other areas in which staff are involved with  
18 the delivery of care to those with Alzheimer's and other  
19 dementias; and

20       (8) Develop strategies to increase the diagnostic rate in  
21 Missouri.

22       4. The task force shall deliver a report of recommendations  
23 to the governor and members of the general assembly no later than  
24 June 1, 2021.

25       5. The task force shall continue to meet at the request of  
26 the chair and at a minimum of one time annually for the purpose  
27 of evaluating the implementation and impact of the task force

1 recommendations and shall provide annual supplemental report  
2 updates on the findings to the governor and the general assembly.

3 6. The provisions of this section shall expire on December  
4 31, 2026.

5 191.255. 1. Notwithstanding any other provision of law to  
6 the contrary, no state agency, including employees therein, shall  
7 disclose to the federal government, any federal government  
8 employee, or any unauthorized third party, the statewide list or  
9 any individual information of persons who have applied for or  
10 obtained a medical marijuana card.

11 2. Any violation of this section is a class E felony.

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

24 (1) Physicians, persons under the direction or  
25 authorization of a physician, emergency medical services  
26 personnel, or health care facilities that cause or participate in  
27 the withholding or withdrawal of cardiopulmonary resuscitation

1 from such patient; and

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

8 190.612. 1. Emergency medical services personnel are  
9 authorized to comply with the outside the hospital  
10 do-not-resuscitate protocol when presented with an outside the  
11 hospital do-not-resuscitate identification or an outside the  
12 hospital do-not-resuscitate order. However, emergency medical  
13 services personnel shall not comply with an outside the hospital  
14 do-not-resuscitate order or the outside the hospital  
15 do-not-resuscitate protocol when the patient or patient's  
16 representative expresses to such personnel in any manner, before  
17 or after the onset of a cardiac or respiratory arrest, the desire  
18 to be resuscitated.

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

25 (1) That is signed by the patient or the patient's  
26 representative and a physician who is licensed to practice in the  
27 other state, the District of Columbia, or a territory of the

1 United States; and

2 (2) That has been previously reviewed and approved by the  
3 Missouri department of health and senior services to authorize  
4 emergency medical services personnel to withhold or withdraw  
5 cardiopulmonary resuscitation from the patient in the event of  
6 cardiac or respiratory arrest.

7  
8 However, emergency medical services personnel shall not comply  
9 with an outside the hospital do-not-resuscitate order from  
10 another state, the District of Columbia, or a territory of the  
11 United States or the outside the hospital do-not-resuscitate  
12 protocol when the patient or patient's representative expresses  
13 to such personnel in any manner, before or after the onset of a  
14 cardiac or respiratory arrest, the desire to be resuscitated.

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

27 191.775. No person shall smoke or otherwise use tobacco

1 ~~[or]~~, tobacco products, or vapor products, as such term is  
2 defined in section 407.925, in any indoor area of a public  
3 elementary or secondary school building or educational facility,  
4 excluding institutions of higher education, or on buses used  
5 solely to transport students to or from school or to transport  
6 students to or from any place for educational purposes. Any  
7 school board of any school district may set policy on the  
8 permissible uses of tobacco products or vapor products in any  
9 other nonclassroom or nonstudent occupant facility, and on the  
10 school grounds or outdoor facility areas as the school board  
11 deems proper. ~~[Any person who violates the provisions of this~~  
12 ~~section shall be guilty of an infraction.]~~

13 191.1160. 1. There is hereby established the "21st Century  
14 Missouri Patient Education Task Force".

15 2. The task force shall consist of the following members:

16 (1) Five members of the house of representatives, with  
17 three members to be appointed by the speaker of the house of  
18 representatives and two members to be appointed by the minority  
19 leader of the house of representatives;

20 (2) Five members of the senate, with three members to be  
21 appointed by the president pro tempore of the senate and two  
22 members to be appointed by the minority leader of the senate;

23 (3) The governor or his or her designee;

24 (4) The director of the department of health and senior  
25 services or his or her designee;

26 (5) The director of the department of social services or  
27 his or her designee;

1       (6) The director of the department of mental health or his  
2 or her designee;

3       (7) The director of the MO HealthNet division of the  
4 department of social services or his or her designee; and

5       (8) Seven members who represent the interests of each of  
6 the following groups, to be appointed by the governor:

7       (a) An organization of licensed primary care physicians;

8       (b) An organization of hospitals;

9       (c) An organization of health insurance carriers;

10      (d) An organization of nurses;

11      (e) An organization of emergency medical personnel;

12      (f) A nonprofit organization focused on health; and

13      (g) A community health program within the state.

14      3. The speaker of the house of representatives shall  
15 designate the chair of the task force, and the president pro  
16 tempore of the senate shall designate the vice chair of the task  
17 force.

18      4. Staff members of house research, house drafting, senate  
19 research, and the joint committee on legislative research shall  
20 provide such legal, research, clerical, technical, and bill  
21 drafting services as the task force may require in the  
22 performance of its duties.

23      5. Members of the task force shall serve without  
24 compensation, but the members and any staff assigned to the task  
25 force shall receive reimbursement for actual and necessary  
26 expenses incurred in attending meetings of the task force or any  
27 subcommittee thereof.

1           6. The task force shall hold its first meeting within two  
2 months from the effective date of this section.

3           7. The mission of the task force shall be to:

4           (1) Evaluate the condition of the state's patient education  
5 system;

6           (2) Study successful patient education models in order to  
7 identify highly effective patient education strategies;

8           (3) Evaluate funding required for a successful patient  
9 education program; and

10           (4) Make recommendations regarding the state's patient  
11 education system to improve health care delivery and outcomes  
12 across the state of Missouri.

13           8. The task force shall report a summary of its activities  
14 and any recommendations for legislation to the general assembly  
15 before August 28, 2021.

16           9. The task force shall terminate on January 1, 2022.

17           191.1601. Section 143.1160 and sections 191.1601 to  
18 191.1607 shall be known and may be cited as the "Long-Term  
19 Dignity Act".

20           191.1603. As used in sections 191.1601 to 191.1607, the  
21 following terms mean:

22           (1) "Account holder", an individual who establishes an  
23 account with a financial institution that is designated as a  
24 long-term dignity savings account in accordance with section  
25 191.1604;

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

27           (3) "Eligible expenses", the same meaning as "qualified

1 long-term care services" in 26 U.S.C. Section 7702B(c);

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

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

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

17 191.1604. 1. Beginning January 1, 2021, any individual may  
18 open an account with a financial institution and designate the  
19 account, in its entirety, as a long-term dignity savings account  
20 to be used to pay or reimburse a qualified beneficiary's eligible  
21 expenses. An individual may be the account holder of multiple  
22 accounts, and an individual may jointly own the account with  
23 another person if such persons file a married filing combined  
24 income tax return. To be eligible for the tax deduction under  
25 section 143.1160, an account holder shall comply with the  
26 requirements of this section.

27 2. An account holder shall designate, no later than April

1 fifteenth of the year following the tax year during which the  
2 account was established, a qualified beneficiary of the long-term  
3 dignity savings account. The account holder may designate  
4 himself or herself as the qualified beneficiary. The account  
5 holder may change the designated qualified beneficiary at any  
6 time, but no long-term dignity savings account shall have more  
7 than one qualified beneficiary at any time. No account holder  
8 shall have multiple accounts with the same qualified beneficiary,  
9 but an individual may be designated as the qualified beneficiary  
10 of multiple accounts.

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

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

20 191.1605. 1. For purposes of the tax benefit conferred  
21 under the long-term dignity savings account act, the moneys in a  
22 long-term dignity savings account may be:

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

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

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

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

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

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

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

13           3. If any moneys are subject to recapture under subsection  
14 2 of this section, the account holder shall pay to the department  
15 a penalty in the same tax year as the recapture. If the  
16 withdrawal was made ten or fewer years after the first deposit in  
17 the long-term dignity savings account, the penalty shall be equal  
18 to five percent of the amount subject to recapture, and, if the  
19 withdrawal was made more than ten years after the first deposit  
20 in the account, the penalty shall be equal to ten percent of the  
21 amount subject to recapture. These penalties shall not apply if  
22 the withdrawn moneys are from a long-term dignity savings account  
23 for which the qualified beneficiary died, and the account holder  
24 does not designate a new qualified beneficiary during the same  
25 tax year.

26           4. If the account holder dies or, if the long-term dignity  
27 account is jointly owned, the account holders die and the account

1 does not have a surviving transfer-on-death beneficiary, then all  
2 of the moneys in the account that were used for a tax deduction  
3 under section 143.1160 shall be subject to recapture in the tax  
4 year of the death or deaths, but no penalty shall be due to the  
5 department.

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

17 2. The department may promulgate rules and regulations  
18 necessary to administer the provisions of sections 191.1601 to  
19 191.1607. Any rule or portion of a rule, as that term is defined  
20 in section 536.010, that is created under the authority delegated  
21 in this section shall become effective only if it complies with  
22 and is subject to all of the provisions of chapter 536 and, if  
23 applicable, section 536.028. This section and chapter 536 are  
24 nonseverable, and if any of the powers vested with the general  
25 assembly pursuant to chapter 536 to review, to delay the  
26 effective date, or to disapprove and annul a rule are  
27 subsequently held unconstitutional, then the grant of rulemaking

1 authority and any rule proposed or adopted after August 28, 2020,  
2 shall be invalid and void.

3 191.1607. 1. No financial institution shall be required  
4 to:

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

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

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

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

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

17 (2) Determining or ensuring that moneys in the account are  
18 used for eligible expenses; or

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

21 3. In implementing sections 143.1160 and 191.1601 to  
22 191.1607, the department shall not establish any administrative,  
23 reporting, or other requirements on financial institutions that  
24 are outside the scope of normal account procedures.

25 190.094. 1. Any ambulance licensed in this state, when  
26 used as an ambulance and staffed with volunteer staff, shall be  
27 staffed with a minimum of one emergency medical technician and

1 one other crew member who may be a licensed emergency medical  
2 technician, registered nurse, physician assistant, assistant  
3 physician, physician, or someone who has an emergency medical  
4 responder certification.

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

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

16 190.100. As used in sections 190.001 to 190.245, the  
17 following words and terms mean:

18 (1) "Advanced emergency medical technician" or "AEMT", a  
19 person who has successfully completed a course of instruction in  
20 certain aspects of advanced life support care as prescribed by  
21 the department and is licensed by the department in accordance  
22 with sections 190.001 to 190.245 and rules and regulations  
23 adopted by the department pursuant to sections 190.001 to  
24 190.245;

25 (2) "Advanced life support (ALS)", an advanced level of  
26 care as provided to the adult and pediatric patient such as  
27 defined by national curricula, and any modifications to that

1     curricula specified in rules adopted by the department pursuant  
2     to sections 190.001 to 190.245;

3             (3) "Ambulance", any privately or publicly owned vehicle or  
4     craft that is specially designed, constructed or modified,  
5     staffed or equipped for, and is intended or used, maintained or  
6     operated for the transportation of persons who are sick, injured,  
7     wounded or otherwise incapacitated or helpless, or who require  
8     the presence of medical equipment being used on such individuals,  
9     but the term does not include any motor vehicle specially  
10    designed, constructed or converted for the regular transportation  
11    of persons who are disabled, handicapped, normally using a  
12    wheelchair, or otherwise not acutely ill, or emergency vehicles  
13    used within airports;

14            (4) "Ambulance service", a person or entity that provides  
15    emergency or nonemergency ambulance transportation and services,  
16    or both, in compliance with sections 190.001 to 190.245, and the  
17    rules promulgated by the department pursuant to sections 190.001  
18    to 190.245;

19            (5) "Ambulance service area", a specific geographic area in  
20    which an ambulance service has been authorized to operate;

21            (6) "Basic life support (BLS)", a basic level of care, as  
22    provided to the adult and pediatric patient as defined by  
23    national curricula, and any modifications to that curricula  
24    specified in rules adopted by the department pursuant to sections  
25    190.001 to 190.245;

26            (7) "Council", the state advisory council on emergency  
27    medical services;

1 (8) "Department", the department of health and senior  
2 services, state of Missouri;

3 (9) "Director", the director of the department of health  
4 and senior services or the director's duly authorized  
5 representative;

6 (10) "Dispatch agency", any person or organization that  
7 receives requests for emergency medical services from the public,  
8 by telephone or other means, and is responsible for dispatching  
9 emergency medical services;

10 (11) "Emergency", the sudden and, at the time, unexpected  
11 onset of a health condition that manifests itself by symptoms of  
12 sufficient severity that would lead a prudent layperson,  
13 possessing an average knowledge of health and medicine, to  
14 believe that the absence of immediate medical care could result  
15 in:

16 (a) Placing the person's health, or with respect to a  
17 pregnant woman, the health of the woman or her unborn child, in  
18 significant jeopardy;

19 (b) Serious impairment to a bodily function;

20 (c) Serious dysfunction of any bodily organ or part;

21 (d) Inadequately controlled pain;

22 (12) "Emergency medical dispatcher", a person who receives  
23 emergency calls from the public and has successfully completed an  
24 emergency medical dispatcher course, meeting or exceeding the  
25 national curriculum of the United States Department of  
26 Transportation and any modifications to such curricula specified  
27 by the department through rules adopted pursuant to sections

1 190.001 to 190.245;

2 (13) "Emergency medical responder", a person who has  
3 successfully completed an emergency first response course meeting  
4 or exceeding the national curriculum of the U.S. Department of  
5 Transportation and any modifications to such curricula specified  
6 by the department through rules adopted under sections 190.001 to  
7 190.245 and who provides emergency medical care through  
8 employment by or in association with an emergency medical  
9 response agency;

10 (14) "Emergency medical response agency", any person that  
11 regularly provides a level of care that includes first response,  
12 basic life support or advanced life support, exclusive of patient  
13 transportation;

14 (15) "Emergency medical services for children (EMS-C)  
15 system", the arrangement of personnel, facilities and equipment  
16 for effective and coordinated delivery of pediatric emergency  
17 medical services required in prevention and management of  
18 incidents which occur as a result of a medical emergency or of an  
19 injury event, natural disaster or similar situation;

20 (16) "Emergency medical services (EMS) system", the  
21 arrangement of personnel, facilities and equipment for the  
22 effective and coordinated delivery of emergency medical services  
23 required in prevention and management of incidents occurring as a  
24 result of an illness, injury, natural disaster or similar  
25 situation;

26 (17) "Emergency medical technician", a person licensed in  
27 emergency medical care in accordance with standards prescribed by

1 sections 190.001 to 190.245, and by rules adopted by the  
2 department pursuant to sections 190.001 to 190.245;

3 (18) "Emergency medical technician-basic" or "EMT-B", a  
4 person who has successfully completed a course of instruction in  
5 basic life support as prescribed by the department and is  
6 licensed by the department in accordance with standards  
7 prescribed by sections 190.001 to 190.245 and rules adopted by  
8 the department pursuant to sections 190.001 to 190.245;

9 (19) "Emergency medical technician-community paramedic",  
10 "community paramedic", or "EMT-CP", a person who is certified as  
11 an emergency medical technician-paramedic and is certified by the  
12 department in accordance with standards prescribed in section  
13 190.098;

14 (20) "Emergency medical technician-paramedic" or "EMT-P", a  
15 person who has successfully completed a course of instruction in  
16 advanced life support care as prescribed by the department and is  
17 licensed by the department in accordance with sections 190.001 to  
18 190.245 and rules adopted by the department pursuant to sections  
19 190.001 to 190.245;

20 (21) "Emergency services", health care items and services  
21 furnished or required to screen and stabilize an emergency which  
22 may include, but shall not be limited to, health care services  
23 that are provided in a licensed hospital's emergency facility by  
24 an appropriate provider or by an ambulance service or emergency  
25 medical response agency;

26 (22) "Health care facility", a hospital, nursing home,  
27 physician's office or other fixed location at which medical and

1 health care services are performed;

2 (23) "Hospital", an establishment as defined in the  
3 hospital licensing law, subsection 2 of section 197.020, or a  
4 hospital operated by the state;

5 (24) "Medical control", supervision provided by or under  
6 the direction of physicians, or their designated registered  
7 nurse, including both online medical control, instructions by  
8 radio, telephone, or other means of direct communications, and  
9 offline medical control through supervision by treatment  
10 protocols, case review, training, and standing orders for  
11 treatment;

12 (25) "Medical direction", medical guidance and supervision  
13 provided by a physician to an emergency services provider or  
14 emergency medical services system;

15 (26) "Medical director", a physician licensed pursuant to  
16 chapter 334 designated by the ambulance service or emergency  
17 medical response agency and who meets criteria specified by the  
18 department by rules pursuant to sections 190.001 to 190.245;

19 (27) "Memorandum of understanding", an agreement between an  
20 emergency medical response agency or dispatch agency and an  
21 ambulance service or services within whose territory the agency  
22 operates, in order to coordinate emergency medical services;

23 (28) "Patient", an individual who is sick, injured,  
24 wounded, diseased, or otherwise incapacitated or helpless, or  
25 dead, excluding deceased individuals being transported from or  
26 between private or public institutions, homes or cemeteries, and  
27 individuals declared dead prior to the time an ambulance is

1 called for assistance;

2 (29) "Person", as used in these definitions and elsewhere  
3 in sections 190.001 to 190.245, any individual, firm,  
4 partnership, copartnership, joint venture, association,  
5 cooperative organization, corporation, municipal or private, and  
6 whether organized for profit or not, state, county, political  
7 subdivision, state department, commission, board, bureau or  
8 fraternal organization, estate, public trust, business or common  
9 law trust, receiver, assignee for the benefit of creditors,  
10 trustee or trustee in bankruptcy, or any other service user or  
11 provider;

12 (30) "Physician", a person licensed as a physician pursuant  
13 to chapter 334;

14 (31) "Political subdivision", any municipality, city,  
15 county, city not within a county, ambulance district or fire  
16 protection district located in this state which provides or has  
17 authority to provide ambulance service;

18 (32) "Professional organization", any organized group or  
19 association with an ongoing interest regarding emergency medical  
20 services. Such groups and associations could include those  
21 representing volunteers, labor, management, firefighters,  
22 EMT-B's, nurses, EMT-P's, physicians, communications specialists  
23 and instructors. Organizations could also represent the  
24 interests of ground ambulance services, air ambulance services,  
25 fire service organizations, law enforcement, hospitals, trauma  
26 centers, communication centers, pediatric services, labor unions  
27 and poison control services;

1           (33) "Proof of financial responsibility", proof of ability  
2 to respond to damages for liability, on account of accidents  
3 occurring subsequent to the effective date of such proof, arising  
4 out of the ownership, maintenance or use of a motor vehicle in  
5 the financial amount set in rules promulgated by the department,  
6 but in no event less than the statutory minimum required for  
7 motor vehicles. Proof of financial responsibility shall be used  
8 as proof of self-insurance;

9           (34) "Protocol", a predetermined, written medical care  
10 guideline, which may include standing orders;

11           (35) "Regional EMS advisory committee", a committee formed  
12 within an emergency medical services (EMS) region to advise  
13 ambulance services, the state advisory council on EMS and the  
14 department;

15           (36) "Specialty care transportation", the transportation of  
16 a patient requiring the services of an emergency medical  
17 technician-paramedic who has received additional training beyond  
18 the training prescribed by the department. Specialty care  
19 transportation services shall be defined in writing in the  
20 appropriate local protocols for ground and air ambulance services  
21 and approved by the local physician medical director. The  
22 protocols shall be maintained by the local ambulance service and  
23 shall define the additional training required of the emergency  
24 medical technician-paramedic;

25           (37) "Stabilize", with respect to an emergency, the  
26 provision of such medical treatment as may be necessary to  
27 attempt to assure within reasonable medical probability that no

1 material deterioration of an individual's medical condition is  
2 likely to result from or occur during ambulance transportation  
3 unless the likely benefits of such transportation outweigh the  
4 risks;

5 (38) "State advisory council on emergency medical  
6 services", a committee formed to advise the department on policy  
7 affecting emergency medical service throughout the state;

8 (39) "State EMS medical directors advisory committee", a  
9 subcommittee of the state advisory council on emergency medical  
10 services formed to advise the state advisory council on emergency  
11 medical services and the department on medical issues;

12 (40) "STEMI" or "ST-elevation myocardial infarction", a  
13 type of heart attack in which impaired blood flow to the  
14 patient's heart muscle is evidenced by ST-segment elevation in  
15 electrocardiogram analysis, and as further defined in rules  
16 promulgated by the department under sections 190.001 to 190.250;

17 (41) "STEMI care", includes education and prevention,  
18 emergency transport, triage, and acute care and rehabilitative  
19 services for STEMI that requires immediate medical or surgical  
20 intervention or treatment;

21 (42) "STEMI center", a hospital that is currently  
22 designated as such by the department to care for patients with  
23 ST-segment elevation myocardial infarctions;

24 (43) "Stroke", a condition of impaired blood flow to a  
25 patient's brain as defined by the department;

26 (44) "Stroke care", includes emergency transport, triage,  
27 and acute intervention and other acute care services for stroke

1 that potentially require immediate medical or surgical  
2 intervention or treatment, and may include education, primary  
3 prevention, acute intervention, acute and subacute management,  
4 prevention of complications, secondary stroke prevention, and  
5 rehabilitative services;

6 (45) "Stroke center", a hospital that is currently  
7 designated as such by the department;

8 (46) "Trauma", an injury to human tissues and organs  
9 resulting from the transfer of energy from the environment;

10 (47) "Trauma care" includes injury prevention, triage,  
11 acute care and rehabilitative services for major single system or  
12 multisystem injuries that potentially require immediate medical  
13 or surgical intervention or treatment;

14 (48) "Trauma center", a hospital that is currently  
15 designated as such by the department.

16 190.105. 1. No person, either as owner, agent or  
17 otherwise, shall furnish, operate, conduct, maintain, advertise,  
18 or otherwise be engaged in or profess to be engaged in the  
19 business or service of the transportation of patients by  
20 ambulance in the air, upon the streets, alleys, or any public way  
21 or place of the state of Missouri unless such person holds a  
22 currently valid license from the department for an ambulance  
23 service issued pursuant to the provisions of sections 190.001 to  
24 190.245.

25 2. No ground ambulance shall be operated for ambulance  
26 purposes, and no individual shall drive, attend or permit it to  
27 be operated for such purposes in the state of Missouri unless the

1 ground ambulance is under the immediate supervision and direction  
2 of a person who is holding a currently valid Missouri license as  
3 an emergency medical technician. Nothing in this section shall  
4 be construed to mean that a duly registered nurse, a duly  
5 licensed physician assistant, a duly licensed assistant  
6 physician, or a duly licensed physician be required to hold an  
7 emergency medical technician's license. A physician assistant or  
8 assistant physician shall be exempt from any mileage requirement.

9 Each ambulance service is responsible for assuring that any  
10 person driving its ambulance is competent in emergency vehicle  
11 operations and has a safe driving record. Each ground ambulance  
12 shall be staffed with at least two licensed individuals when  
13 transporting a patient, except as provided in section 190.094.

14 In emergency situations which require additional medical  
15 personnel to assist the patient during transportation, an  
16 emergency medical responder, firefighter, or law enforcement  
17 personnel with a valid driver's license and prior experience with  
18 driving emergency vehicles may drive the ground ambulance  
19 provided the ground ambulance service stipulates to this practice  
20 in operational policies.

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

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

27 (2) Is operated from a location or headquarters outside of

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

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

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

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

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

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

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

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

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

1 established prior to August 28, 1998.

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

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

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

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

1 compliance with the licensure standards of sections 190.001 to  
2 190.245.

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

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

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

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

19 (4) Have not been disciplined pursuant to sections 190.001  
20 to 190.245 and rules promulgated pursuant to sections 190.001 to  
21 190.245;

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

24 2. A temporary emergency medical technician license shall  
25 only authorize the license to practice while under the immediate  
26 supervision of a licensed emergency medical technician,  
27 registered nurse, physician assistant, assistant physician, or

1 physician who is currently licensed, without restrictions, to  
2 practice in Missouri.

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

7 190.196. 1. No employer shall knowingly employ or permit  
8 any employee to perform any services for which a license,  
9 certificate or other authorization is required by sections  
10 190.001 to 190.245, or by rules adopted pursuant to sections  
11 190.001 to 190.245, unless and until the person so employed  
12 possesses all licenses, certificates or authorizations that are  
13 required.

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

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

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

1 (2) Crimes of violence; or

2 (3) Rape or sexual abuse.

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

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

9 192.2000. 1. The "Division of Aging" is hereby transferred  
10 from the department of social services to the department of  
11 health and senior services by a type I transfer as defined in the  
12 Omnibus State Reorganization Act of 1974. The department shall  
13 aid and assist the elderly and low-income disabled adults living  
14 in the state of Missouri to secure and maintain maximum economic  
15 and personal independence and dignity. The department shall  
16 regulate adult long-term care facilities pursuant to the laws of  
17 this state and rules and regulations of federal and state  
18 agencies, to safeguard the lives and rights of residents in these  
19 facilities.

20 2. In addition to its duties and responsibilities  
21 enumerated pursuant to other provisions of law, the department  
22 shall:

23 (1) Serve as advocate for the elderly by promoting a  
24 comprehensive, coordinated service program through administration  
25 of Older Americans Act (OAA) programs (Title III) P.L. 89-73, (42  
26 U.S.C. Section 3001, et seq.), as amended;

27 (2) Assure that an information and referral system is

1 developed and operated for the elderly, including information on  
2 home and community based services;

3 (3) Provide technical assistance, planning and training to  
4 local area agencies on aging;

5 (4) Contract with the federal government to conduct surveys  
6 of long-term care facilities certified for participation in the  
7 Title XVIII program;

8 (5) Conduct medical review (inspections of care) activities  
9 such as utilization reviews, independent professional reviews,  
10 and periodic medical reviews to determine medical and social  
11 needs for the purpose of eligibility for Title XIX, and for level  
12 of care determination;

13 (6) Certify long-term care facilities for participation in  
14 the Title XIX program;

15 (7) Conduct a survey and review of compliance with P.L. 96-  
16 566 Sec. 505(d) for Supplemental Security Income recipients in  
17 long-term care facilities and serve as the liaison between the  
18 Social Security Administration and the department of health and  
19 senior services concerning Supplemental Security Income  
20 beneficiaries;

21 (8) Review plans of proposed long-term care facilities  
22 before they are constructed to determine if they meet applicable  
23 state and federal construction standards;

24 (9) Provide consultation to long-term care facilities in  
25 all areas governed by state and federal regulations;

26 (10) Serve as the central state agency with primary  
27 responsibility for the planning, coordination, development, and

1 evaluation of policy, programs, and services for elderly persons  
2 in Missouri consistent with the provisions of subsection 1 of  
3 this section and serve as the designated state unit on aging, as  
4 defined in the Older Americans Act of 1965;

5 (11) Develop long-range state plans for programs, services,  
6 and activities for elderly and handicapped persons. State plans  
7 should be revised annually and should be based on area agency on  
8 aging plans, statewide priorities, and state and federal  
9 requirements;

10 (12) Receive and disburse all federal and state funds  
11 allocated to the division and solicit, accept, and administer  
12 grants, including federal grants, or gifts made to the division  
13 or to the state for the benefit of elderly persons in this state;

14 (13) Serve, within government and in the state at large, as  
15 an advocate for elderly persons by holding hearings and  
16 conducting studies or investigations concerning matters affecting  
17 the health, safety, and welfare of elderly persons and by  
18 assisting elderly persons to assure their rights to apply for and  
19 receive services and to be given fair hearings when such services  
20 are denied;

21 (14) Conduct research and other appropriate activities to  
22 determine the needs of elderly persons in this state, including,  
23 but not limited to, their needs for social and health services,  
24 and to determine what existing services and facilities, private  
25 and public, are available to elderly persons to meet those needs;

26 (15) Maintain and serve as a clearinghouse for up-to-date  
27 information and technical assistance related to the needs and

1 interests of elderly persons and persons with Alzheimer's disease  
2 or related dementias, including information on the home and  
3 community based services program, dementia-specific training  
4 materials and dementia-specific trainers. Such dementia-specific  
5 information and technical assistance shall be maintained and  
6 provided in consultation with agencies, organizations and/or  
7 institutions of higher learning with expertise in dementia care;

8 (16) Provide information and support to persons with  
9 Alzheimer's disease and related dementias by establishing a  
10 family support group in every county;

11 (17) Provide area agencies on aging with assistance in  
12 applying for federal, state, and private grants and identifying  
13 new funding sources;

14 [~~17~~] (18) Determine area agencies on aging annual  
15 allocations for Title XX and Title III of the Older Americans Act  
16 expenditures;

17 [~~18~~] (19) Provide transportation services, home-delivered  
18 and congregate meals, in-home services, counseling and other  
19 services to the elderly and low-income handicapped adults as  
20 designated in the Social Services Block Grant Report, through  
21 contract with other agencies, and shall monitor such agencies to  
22 ensure that services contracted for are delivered and meet  
23 standards of quality set by the division;

24 [~~19~~] (20) Monitor the process pursuant to the federal  
25 Patient Self-determination Act, 42 U.S.C. Section 1396a (w), in  
26 long-term care facilities by which information is provided to  
27 patients concerning durable powers of attorney and living wills.

1           3. The department may withdraw designation of an area  
2 agency on aging only when it can be shown the federal or state  
3 laws or rules have not been complied with, state or federal funds  
4 are not being expended for the purposes for which they were  
5 intended, or the elderly are not receiving appropriate services  
6 within available resources, and after consultation with the  
7 director of the area agency on aging and the area agency board.  
8 Withdrawal of any particular program of services may be appealed  
9 to the director of the department of health and senior services  
10 and the governor. In the event that the division withdraws the  
11 area agency on aging designation in accordance with the Older  
12 Americans Act, the department shall administer the services to  
13 clients previously performed by the area agency on aging until a  
14 new area agency on aging is designated.

15           4. Any person hired by the department of health and senior  
16 services after August 13, 1988, to conduct or supervise  
17 inspections, surveys or investigations pursuant to chapter 198  
18 shall complete at least one hundred hours of basic orientation  
19 regarding the inspection process and applicable rules and  
20 statutes during the first six months of employment. Any such  
21 person shall annually, on the anniversary date of employment,  
22 present to the department evidence of having completed at least  
23 twenty hours of continuing education in at least two of the  
24 following categories: communication techniques, skills  
25 development, resident care, or policy update. The department of  
26 health and senior services shall by rule describe the curriculum  
27 and structure of such continuing education.

1           5. The department may issue and promulgate rules to  
2 enforce, implement and effectuate the powers and duties  
3 established in this section and sections 198.070 and 198.090 and  
4 sections 192.2400 and 192.2475 to 192.2500. Any rule or portion  
5 of a rule, as that term is defined in section 536.010, that is  
6 created under the authority delegated in this section shall  
7 become effective only if it complies with and is subject to all  
8 of the provisions of chapter 536 and, if applicable, section  
9 536.028. This section and chapter 536 are nonseverable and if  
10 any of the powers vested with the general assembly pursuant to  
11 chapter 536 to review, to delay the effective date or to  
12 disapprove and annul a rule are subsequently held  
13 unconstitutional, then the grant of rulemaking authority and any  
14 rule proposed or adopted after August 28, 2001, shall be invalid  
15 and void.

16           6. Home and community based services is a program, operated  
17 and coordinated by the department of health and senior services,  
18 which informs individuals of the variety of care options  
19 available to them when they may need long-term care.

20           7. The division shall maintain minimum dementia-specific  
21 training requirements for employees involved in the delivery of  
22 care to persons with Alzheimer's disease or related dementias who  
23 are employed by skilled nursing facilities, intermediate care  
24 facilities, residential care facilities, agencies providing in-  
25 home care services authorized by the division of aging, adult  
26 day-care programs, independent contractors providing direct care  
27 to persons with Alzheimer's disease or related dementias and the

1 division of aging. Such training shall be incorporated into new  
2 employee orientation and ongoing in-service curricula for all  
3 employees involved in the care of persons with dementia. The  
4 department of health and senior services shall maintain minimum  
5 dementia-specific training requirements for employees involved in  
6 the delivery of care to persons with Alzheimer's disease or  
7 related dementias who are employed by home health and hospice  
8 agencies licensed by chapter 197. Such training shall be  
9 incorporated into the home health and hospice agency's new  
10 employee orientation and ongoing in-service curricula for all  
11 employees involved in the care of persons with dementia. The  
12 dementia training need not require additional hours of  
13 orientation or ongoing in-service. Training shall include at a  
14 minimum, the following:

15 (1) For employees providing direct care to persons with  
16 Alzheimer's disease or related dementias, the training shall  
17 include an overview of Alzheimer's disease and related dementias,  
18 communicating with persons with dementia, behavior management,  
19 promoting independence in activities of daily living, and  
20 understanding and dealing with family issues;

21 (2) For other employees who do not provide direct care for,  
22 but may have daily contact with, persons with Alzheimer's disease  
23 or related dementias, the training shall include an overview of  
24 dementias and communicating with persons with dementia.

25  
26 As used in this subsection, the term "employee" includes persons  
27 hired as independent contractors. The training requirements of

1 this subsection shall not be construed as superceding any other  
2 laws or rules regarding dementia-specific training.

3 192.2435. 1. Subject to section 56.086, reports made  
4 pursuant to sections 192.2400 to 192.2470 shall be confidential  
5 and shall not be deemed a public record and shall not be subject  
6 to the provisions of section 109.180 or chapter 610.

7 2. Such reports shall be accessible for examination and  
8 copying only to the following persons or offices, or to their  
9 designees:

10 (1) The department or any person or agency designated by  
11 the department;

12 (2) The attorney general;

13 (3) The department of mental health for persons referred to  
14 that department;

15 (4) Any appropriate law enforcement agency; and

16 (5) The eligible adult or such adult's legal guardian.

17 3. The name of the reporter shall not be disclosed unless:

18 (1) Such reporter specifically authorizes disclosure of his  
19 name; and

20 (2) The department determines that disclosure of the name  
21 of the reporter is necessary in order to prevent further harm to  
22 an eligible adult.

23 4. Any person who violates the provisions of this section,  
24 or who permits or encourages the unauthorized dissemination of  
25 information contained in the central registry and in reports and  
26 records made pursuant to sections 192.2400 to 192.2470, shall be  
27 guilty of a class A misdemeanor.

1           5. The department shall maintain a central registry capable  
2 of receiving and maintaining reports received in a manner that  
3 facilitates rapid access and recall of the information reported,  
4 and of subsequent investigations and other relevant information.  
5 The department shall electronically record any telephone report  
6 of suspected abuse and neglect received by the department and  
7 such recorded reports shall be retained by the department for a  
8 period of one year after recording.

9           6. Although reports to the central registry may be made  
10 anonymously, the department shall in all cases, after obtaining  
11 relevant information regarding the alleged abuse or neglect,  
12 attempt to obtain the name and address of any person making a  
13 report.

14           195.070. 1. A physician, podiatrist, dentist, a registered  
15 optometrist certified to administer pharmaceutical agents as  
16 provided in section 336.220, or an assistant physician in  
17 accordance with section 334.037 or a physician assistant in  
18 accordance with section 334.747 in good faith and in the course  
19 of his or her professional practice only, may prescribe,  
20 administer, and dispense controlled substances or he or she may  
21 cause the same to be administered or dispensed by an individual  
22 as authorized by statute.

23           2. An advanced practice registered nurse, as defined in  
24 section 335.016, but not a certified registered nurse anesthetist  
25 as defined in subdivision (8) of section 335.016, who holds a  
26 certificate of controlled substance prescriptive authority from  
27 the board of nursing under section 335.019 and who is delegated

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

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

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

23 (1) When the controlled substance is delivered to the  
24 practitioner to be administered to the patient for whom the drug  
25 is prescribed. Practitioners shall maintain records and secure  
26 the controlled substance as required under chapter 195 and  
27 regulations promulgated pursuant to such chapter; or

1           (2) As provided in section 195.265.

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

5           195.815. 1. The department of health and senior services  
6 shall require all officers, managers, contractors, employees, and  
7 other support staff of licensed or certified medical marijuana  
8 facilities, and all owners of such medical marijuana facilities  
9 with access to the facilities or to the facilities' medical  
10 marijuana, to submit fingerprints to the Missouri state highway  
11 patrol for the purpose of conducting state and federal  
12 fingerprint-based criminal background checks.

13           2. The department shall require that such fingerprint  
14 submissions be made as a part of a medical marijuana facility  
15 application for licensure or certification and an individual's  
16 application for an identification card authorizing such  
17 individual to be an owner, officer, manager, contractor,  
18 employee, or other support staff of a medical marijuana facility.

19           3. Fingerprint cards and any required fees shall be sent to  
20 the Missouri state highway patrol's central repository. The  
21 fingerprints shall be used for searching the state criminal  
22 history repository and shall also be forwarded to the Federal  
23 Bureau of Investigation for the searching of the federal criminal  
24 history files under section 43.540. The Missouri state highway  
25 patrol shall notify the department of any criminal history  
26 information or lack of criminal history information on the  
27 individual. Notwithstanding the provisions of section 610.120,

1 all records related to any criminal history information shall be  
2 available to the department.

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

16 196.1170. 1. The provisions of this section shall be known  
17 and may be cited as the "Kratom Consumer Protection Act".

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

19 (1) "Dealer", a person who sells, prepares, or maintains  
20 kratom products or advertises, represents, or holds himself or  
21 herself out as selling, preparing, or maintaining kratom  
22 products. Such person may include, but not be limited to, a  
23 manufacturer, wholesaler, store, restaurant, hotel, catering  
24 facility, camp, bakery, delicatessen, supermarket, grocery store,  
25 convenience store, nursing home, or food or drink company;

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

1           (3) "Director", the director of the department or the  
2 director's designee;

3           (4) "Food", a food, food product, food ingredient, dietary  
4 ingredient, dietary supplement, or beverage for human  
5 consumption;

6           (5) "Kratom product", a food product or dietary ingredient  
7 containing any part of the leaf of the plant Mitragyna speciosa.

8           3. The general assembly hereby occupies and preempts the  
9 entire field of regulating kratom products as provided in this  
10 section to the complete exclusion of any order, ordinance, or  
11 regulation by any political subdivision of this state. Any  
12 existing or future orders, ordinances, or regulations relating to  
13 kratom products as provided in this section are hereby void.

14           4. (1) A dealer who prepares, distributes, sells, or  
15 exposes for sale a food that is represented to be a kratom  
16 product shall disclose on the product label the factual basis  
17 upon which that representation is made.

18           (2) A dealer shall not prepare, distribute, sell, or expose  
19 for sale a food represented to be a kratom product that does not  
20 conform to the disclosure requirement under subdivision (1) of  
21 this subsection.

22           5. A dealer shall not prepare, distribute, sell, or expose  
23 for sale any of the following:

24           (1) A kratom product that is adulterated with a dangerous  
25 non-kratom substance. A kratom product shall be considered to be  
26 adulterated with a dangerous non-kratom substance if the kratom  
27 product is mixed or packed with a non-kratom substance and that

1 substance affects the quality or strength of the kratom product  
2 to such a degree as to render the kratom product injurious to a  
3 consumer;

4 (2) A kratom product that is contaminated with a dangerous  
5 non-kratom substance. A kratom product shall be considered to be  
6 contaminated with a dangerous non-kratom substance if the kratom  
7 product contains a poisonous or otherwise deleterious non-kratom  
8 ingredient including, but not limited to, any substance listed in  
9 section 195.017;

10 (3) A kratom product containing a level of 7-  
11 hydroxymitragynine in the alkaloid fraction that is greater than  
12 two percent of the alkaloid composition of the product;

13 (4) A kratom product containing any synthetic alkaloids,  
14 including synthetic mitragynine, synthetic 7-hydroxymitragynine,  
15 or any other synthetically derived compounds of the plant  
16 Mitragyna speciosa; or

17 (5) A kratom product that does not include on its package  
18 or label the amount of mitragynine and 7-hydroxymitragynine  
19 contained in the product.

20 6. A dealer shall not distribute, sell, or expose for sale  
21 a kratom product to an individual under eighteen years of age.

22 7. (1) If a dealer violates subdivision (1) of subsection  
23 4 of this section, the director may, after notice and hearing,  
24 impose a fine on the dealer of not more than five hundred dollars  
25 for the first offense and not more than one thousand dollars for  
26 the second or subsequent offense.

27 (2) A dealer who violates subdivision (2) of subsection 4

1 of this section, subsection 5 of this section, or subsection 6 of  
2 this section is guilty of a class D misdemeanor.

3 (3) A person aggrieved by a violation of subdivision (2) of  
4 subsection 4 of this section or subsection 5 of this section may,  
5 in addition to and distinct from any other remedy at law or in  
6 equity, bring a private cause of action in a court of competent  
7 jurisdiction for damages resulting from that violation including,  
8 but not limited to, economic, noneconomic, and consequential  
9 damages.

10 (4) A dealer does not violate subdivision (2) of subsection  
11 4 of this section or subsection 5 of this section if a  
12 preponderance of the evidence shows that the dealer relied in  
13 good faith upon the representations of a manufacturer, processor,  
14 packer, or distributor of food represented to be a kratom  
15 product.

16 8. The department shall promulgate rules to implement the  
17 provisions of this section including, but not limited to, the  
18 requirements for the format, size, and placement of the  
19 disclosure label required under subdivision (1) of subsection 4  
20 of this section and for the information to be included in the  
21 disclosure label. Any rule or portion of a rule, as that term is  
22 defined in section 536.010, that is created under the authority  
23 delegated in this section shall become effective only if it  
24 complies with and is subject to all of the provisions of chapter  
25 536 and, if applicable, section 536.028. This section and  
26 chapter 536 are nonseverable, and if any of the powers vested  
27 with the general assembly pursuant to chapter 536 to review, to

1 delay the effective date, or to disapprove and annul a rule are  
2 subsequently held unconstitutional, then the grant of rulemaking  
3 authority and any rule proposed or adopted after August 28, 2020,  
4 shall be invalid and void.

5 198.610. 1. The provisions of sections 198.610 to 198.632  
6 shall be known and may be cited as the "Authorized Electronic  
7 Monitoring in Long-Term Care Facilities Act".

8 2. For purposes of sections 198.610 to 198.632, the  
9 following terms shall mean:

10 (1) "Authorized electronic monitoring", the placement and  
11 use of an electronic monitoring device by a resident in his or  
12 her room in accordance with the provisions of sections 198.610 to  
13 198.632;

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

16 (3) "Electronic monitoring device", a surveillance  
17 instrument capable of recording or transmitting audio or video  
18 footage of any activity occurring in a resident's room;

19 (4) "Facility" or "long-term care facility", any  
20 residential care facility, assisted living facility, intermediate  
21 care facility, or skilled nursing facility, as such terms are  
22 defined under section 198.006;

23 (5) "Guardian", the same meaning as defined under section  
24 475.010;

25 (6) "Legal representative", a person authorized under a  
26 durable power of attorney that complies with sections 404.700 to  
27 404.737 to act on behalf of a resident of a facility;

1           (7) "Resident", a person residing in a facility.

2           198.612. 1. Residents of long-term care facilities in this  
3 state shall have the right to place in the resident's room an  
4 authorized electronic monitoring device that is owned and  
5 operated by the resident or provided by the resident's guardian  
6 or legal representative.

7           2. No facility shall be civilly or criminally liable for  
8 activity or action arising out of the use by any resident or any  
9 resident's guardian or legal representative of any electronic  
10 monitoring device, including the facility's inadvertent or  
11 intentional disclosure of a recording made by a resident, or by a  
12 person who consents on behalf of the resident, for any purpose  
13 not authorized under sections 198.610 to 198.632.

14           3. No facility shall be civilly or criminally liable for a  
15 violation of the Health Insurance Portability and Accountability  
16 Act (HIPAA) or any resident's right to privacy arising out of any  
17 electronic monitoring conducted under sections 198.610 to  
18 198.632.

19           4. Except for cases of abuse and neglect, no person shall  
20 release any recording made under sections 198.610 to 198.632  
21 without the written permission of the resident or the resident's  
22 guardian or legal representative and the long-term care facility.

23           5. The department shall promulgate rules to implement the  
24 provisions of sections 198.610 to 198.632. Any rule or portion  
25 of a rule, as that term is defined in section 536.010, that is  
26 created under the authority delegated in this section shall  
27 become effective only if it complies with and is subject to all

1 of the provisions of chapter 536 and, if applicable, section  
2 536.028. This section and chapter 536 are nonseverable, and if  
3 any of the powers vested with the general assembly pursuant to  
4 chapter 536 to review, to delay the effective date, or to  
5 disapprove and annul a rule are subsequently held  
6 unconstitutional, then the grant of rulemaking authority and any  
7 rule proposed or adopted after August 28, 2020, shall be invalid  
8 and void.

9 198.614. 1. For purposes of sections 198.610 to 198.632,  
10 the placement and use of an electronic monitoring device in the  
11 room of a resident is considered to be unauthorized if:

12 (1) The placement and use of the device is not open and  
13 obvious; or

14 (2) The facility and the department are not informed about  
15 the device by the resident, by a person who placed the device in  
16 the room, or by a person who is using the device.

17 2. The department and the facility shall be immune from  
18 civil liability in connection with the unauthorized placement or  
19 use of an electronic monitoring device in the room of a resident.

20 198.616. Each facility shall use an electronic monitoring  
21 device acknowledgment form developed by the department and  
22 adopted by regulation. The form shall be offered to any resident  
23 or resident's guardian or legal representative upon request. The  
24 form shall be completed and signed by or on behalf of a resident  
25 prior to the installation of, or any use of, an electronic  
26 monitoring device in the facility. The form shall state:

27 (1) That a person who places an electronic monitoring

1 device in the room of a resident or who uses or discloses a tape  
2 or other recording made by the device may be civilly liable for  
3 any unlawful violation of the privacy rights of another;

4 (2) That a person who, without authorization, places an  
5 electronic monitoring device in the room of a resident or who  
6 consents to or acquiesces in the unauthorized placement of the  
7 device in the room of a resident has waived any privacy right the  
8 person may have had in connection with images or sounds that may  
9 be acquired by the device;

10 (3) That a resident or the resident's guardian or legal  
11 representative is entitled to conduct authorized electronic  
12 monitoring, and that if the facility refuses to permit the  
13 electronic monitoring or fails to make reasonable physical  
14 accommodations for the authorized electronic monitoring, the  
15 person should contact the department;

16 (4) The basic procedures that shall be followed to request  
17 authorized electronic monitoring;

18 (5) The manner in which sections 198.610 to 198.632 affect  
19 the legal requirement to report abuse or neglect when electronic  
20 monitoring is being conducted; and

21 (6) Any other information regarding authorized or  
22 unauthorized electronic monitoring that the department, by  
23 regulation, specifies should be included on the form.

24 198.618. 1. If a resident has capacity to request  
25 electronic monitoring and has not been judicially declared to  
26 lack the required capacity, only the resident may request  
27 authorized electronic monitoring under sections 198.610 to

1 198.632, notwithstanding the terms of any durable power of  
2 attorney, general power of attorney, or similar instrument.

3 2. If a resident has been judicially declared to lack the  
4 capacity required for taking an action such as requesting  
5 electronic monitoring, only the guardian of the resident may  
6 request electronic monitoring under sections 198.610 to 198.632.

7 3. If a resident has been determined by a physician to lack  
8 capacity to request electronic monitoring but has not been  
9 judicially declared to lack the required capacity, only the legal  
10 representative of the resident may request electronic monitoring  
11 under sections 198.610 to 198.632.

12 198.620. 1. A resident or the guardian or legal  
13 representative of a resident who wishes to conduct authorized  
14 electronic monitoring shall make the request to the facility on  
15 an electronic monitoring request form prescribed by the  
16 department and provided to the resident by the facility.

17 2. The form shall require the resident or the resident's  
18 guardian or legal representative to:

19 (1) Release the facility from any civil liability for a  
20 violation of the resident's privacy rights in connection with the  
21 use of the electronic monitoring device;

22 (2) Choose whether the camera will always be unobstructed  
23 or whether the camera should be obstructed in specified  
24 circumstances to protect the dignity of the resident, if the  
25 electronic monitoring device is a video surveillance camera; and

26 (3) Obtain the consent of other residents residing in the  
27 room, using a form prescribed for such purpose by the department.

1           3. Consent under subdivision (3) of subsection 2 of this  
2 section shall be given only:

3           (1) By the other resident or residents in the room;

4           (2) By the guardian of a person described under subdivision  
5 (1) of subsection 3 of this section, if the person has been  
6 judicially declared to lack the required capacity; or

7           (3) By the legal representative of a person described under  
8 subdivision (1) of subsection 3 of this section, if the person  
9 does not have capacity to sign the form but has not been  
10 judicially declared to lack the required capacity.

11           4. The form prescribed by the department under subdivision  
12 (3) of subsection 2 of this section shall require any other  
13 resident in the room to consent to release the facility from any  
14 civil liability for a violation of the resident's privacy rights  
15 in connection with the use of the electronic monitoring device.

16           5. Another resident in the room may:

17           (1) If the proposed electronic monitoring device is a video  
18 surveillance camera, condition his or her consent on the camera  
19 being pointed away from the consenting resident; and

20           (2) Condition his or her consent on the use of an audio  
21 electronic monitoring device being limited or prohibited.

22           6. If authorized electronic monitoring is being conducted  
23 in the room of a resident and another resident is moved into the  
24 room who has not yet consented to the electronic monitoring,  
25 authorized electronic monitoring shall cease until the new  
26 resident has consented in accordance with this section.

27           7. The department shall include other information that the

1 department considers to be appropriate on either of the forms  
2 that the department is required to prescribe under this section.

3 8. The department shall adopt rules prescribing the place  
4 or places that a form signed under this section shall be  
5 maintained and the period for which it shall be maintained.

6 9. Authorized electronic monitoring:

7 (1) Shall not commence nor an electronic monitoring device  
8 installed until all request and consent forms required by this  
9 section have been completed and returned to the facility;

10 (2) Shall be conducted in accordance with any limitation  
11 placed on the monitoring as a condition of the consent given by  
12 or on behalf of another resident in the room; and

13 (3) Shall be installed and conducted only in a fixed  
14 position.

15 10. The facility shall be granted access to all footage  
16 made by an electronic monitoring device at the facility's  
17 expense.

18 198.622. 1. A facility shall permit a resident or the  
19 resident's guardian or legal representative to monitor the room  
20 of the resident through the use of electronic monitoring devices.

21 2. The facility shall require a resident who conducts  
22 authorized electronic monitoring, or the resident's guardian or  
23 legal representative, to post and maintain a conspicuous notice  
24 at the entrance to the resident's room. The notice shall state  
25 that the room is being monitored by an electronic monitoring  
26 device.

27 3. Authorized electronic monitoring conducted under

1 sections 198.610 to 198.632 shall not be compulsory and shall be  
2 conducted only at the request of the resident or the resident's  
3 guardian or legal representative.

4 4. A facility shall not refuse to admit an individual to  
5 residency in the facility and shall not remove a resident from  
6 the facility because of a request to conduct authorized  
7 electronic monitoring. A facility shall not remove a resident  
8 from the facility because unauthorized electronic monitoring is  
9 being conducted by or on behalf of a resident.

10 5. A facility shall make reasonable physical accommodation  
11 for authorized electronic monitoring, including:

12 (1) Providing a reasonably secure place to mount the video  
13 surveillance camera or other electronic monitoring device; and

14 (2) Providing access to power sources for the video  
15 surveillance camera or other electronic monitoring device.

16 6. The resident or the resident's guardian or legal  
17 representative shall pay for all costs associated with conducting  
18 electronic monitoring, except for the costs of electricity. The  
19 resident or the resident's guardian or legal representative shall  
20 be responsible for:

21 (1) All costs associated with installation of equipment  
22 incurred by the resident or the facility; and

23 (2) Maintaining the equipment.

24 7. A facility shall require an electronic monitoring device  
25 to be installed in a manner that is safe for residents,  
26 employees, or visitors who may be moving about the room. The  
27 department shall adopt rules regarding the safe placement of an

1 electronic monitoring device.

2 8. If authorized electronic monitoring is conducted, the  
3 facility shall require the resident or the resident's guardian or  
4 legal representative to conduct the electronic monitoring in  
5 plain view.

6 9. A facility shall not be required to provide internet  
7 service or network access to any electronic monitoring device.  
8 Any internet service for an electronic monitoring device shall be  
9 the sole responsibility of the resident or the resident's  
10 guardian or legal representative.

11 10. A facility may move a resident to a comparable room to  
12 accommodate a request to conduct authorized electronic  
13 monitoring.

14 198.624. 1. If a resident who has capacity to determine  
15 that he or she has been abused or neglected and who is conducting  
16 electronic monitoring under sections 198.610 to 198.632 gives  
17 footage made by the electronic monitoring device to a person and  
18 directs the person to view or listen to the footage to determine  
19 whether abuse or neglect has occurred, the person to whom the  
20 resident gives the footage is considered to have viewed or  
21 listened to the footage on or before the seventh day after the  
22 date the person receives the footage for the purposes of  
23 reporting abuse or neglect.

24 2. A person is required to report abuse based on the  
25 person's viewing of, or listening to, footage only if the  
26 incident of abuse is acquired on the footage. A person is  
27 required to report neglect based on the person's viewing of, or

1 listening to, footage only if it is clear from viewing or  
2 listening to the footage that neglect has occurred.

3 3. If abuse or neglect of the resident is reported to the  
4 facility, and the facility requests a copy of any relevant  
5 footage made by an electronic monitoring device, the person who  
6 possesses the footage shall provide the facility with a copy at  
7 the facility's expense.

8 198.626. 1. Subject to applicable rules of evidence and  
9 procedure and the requirements of this section, footage created  
10 through the use of unauthorized or authorized electronic  
11 monitoring described by sections 198.610 to 198.632 may be  
12 admitted into evidence in a civil or criminal court action or  
13 administrative proceeding, provided that a proper foundation is  
14 offered to support its admission.

15 2. A court or administrative agency shall not admit into  
16 evidence footage created through the use of unauthorized or  
17 authorized electronic monitoring or take or authorize action  
18 based on the footage unless:

19 (1) If the footage is a videotape or recording, the footage  
20 shows the time and date that the events acquired on the footage  
21 occurred;

22 (2) The contents of the footage have not been edited or  
23 artificially enhanced; and

24 (3) If the contents of the footage have been transferred  
25 from the original format to another technological format, the  
26 transfer was done by a qualified professional and the contents of  
27 the footage were not altered.

1           3. A person who sends more than one specimen of footage to  
2 the department shall identify for the department each specimen on  
3 which the person believes that an incident of abuse or evidence  
4 of neglect may be found. The department may adopt rules  
5 encouraging persons who send footage to the department to  
6 identify the place on the footage that an incident of abuse or  
7 evidence of neglect may be found.

8           198.628. Each facility shall post a notice at the entrance  
9 to the facility stating that the rooms of some residents may be  
10 monitored electronically by, or on behalf of, the residents and  
11 that the monitoring is not necessarily open and obvious. The  
12 department by rule shall prescribe the format and the precise  
13 content of the notice.

14           198.630. 1. The department may impose appropriate  
15 sanctions under this chapter on an administrator of a facility  
16 who knowingly:

17           (1) Refuses to permit a resident or the resident's guardian  
18 or legal representative to conduct authorized electronic  
19 monitoring;

20           (2) Refuses to admit an individual to residency or allows  
21 the removal of a resident from the institution solely because of  
22 a request to conduct authorized electronic monitoring by a  
23 resident or a resident's guardian or legal representative;

24           (3) Allows the removal of a resident from the facility  
25 solely because unauthorized electronic monitoring is being  
26 conducted by or on behalf of the resident; or

27           (4) Violates another provision of sections 198.610 to

1 198.632.

2 2. The department may assess an administrative penalty  
3 against a facility that:

4 (1) Refuses to permit a resident or the resident's guardian  
5 or legal representative to conduct authorized electronic  
6 monitoring;

7 (2) Refuses to admit an individual to residency or allows  
8 the removal of a resident from the institution because of a  
9 request to conduct authorized electronic monitoring;

10 (3) Allows the removal of a resident from the facility  
11 solely because unauthorized electronic monitoring is being  
12 conducted by, or on behalf of, the resident; or

13 (4) Violates another provision of sections 198.610 to  
14 198.632.

15 198.632. 1. A person who intentionally hampers, obstructs,  
16 tampers with, or destroys an electronic monitoring device  
17 installed in a resident's room in accordance with sections  
18 198.610 to 198.632 or who destroys or corrupts any data collected  
19 by the device is guilty of a class B misdemeanor.

20 2. Evidence that the person had the consent of the resident  
21 or the resident's guardian or legal representative to engage in  
22 the conduct described in subsection 1 of this section shall be an  
23 affirmative defense to any prosecution brought under the  
24 provisions of subsection 1 of this section.

25 3. A person other than a resident of the facility who,  
26 without authorization, places an electronic monitoring device in  
27 the room of a resident or who consents to or acquiesces in the

1 unauthorized placement of the device in the room of a resident is  
2 guilty of a class B misdemeanor if the person continues the  
3 conduct after a written warning to cease and desist from that  
4 conduct.

5 208.175. 1. The "Drug Utilization Review Board" is hereby  
6 established within the MO HealthNet division and shall be  
7 composed of the following twelve health care professionals who  
8 shall be appointed by the governor and whose appointment shall be  
9 subject to the advice and consent of the senate:

10 (1) ~~【Six physicians who shall include:~~

11 ~~—— (a) Three physicians who hold the doctor of medicine degree~~  
12 ~~and are active in medical practice;~~

13 ~~—— (b) Two physicians who hold the doctor of osteopathy degree~~  
14 ~~and are active in medical practice; and~~

15 ~~—— (c) One physician who holds the doctor of medicine or the~~  
16 ~~doctor of osteopathy degree and is active in the practice of~~  
17 ~~psychiatry;~~

18 ~~—— (2) Six actively practicing pharmacists who shall include:~~

19 ~~—— (a) Three pharmacists who hold bachelor of science degrees~~  
20 ~~in pharmacy and are active as retail or patient care pharmacists;~~

21 ~~—— (b) Two pharmacists who hold advanced clinical degrees in~~  
22 ~~pharmacy and are active in the practice of pharmaceutical therapy~~  
23 ~~and clinical pharmaceutical management; and~~

24 ~~—— (c) One pharmacist who holds either a bachelor of science~~  
25 ~~degree in pharmacy or an advanced clinical degree in pharmacy and~~  
26 ~~is employed by a pharmaceutical manufacturer of Medicaid-approved~~  
27 ~~formulary drugs; and~~

1 ~~— (3) One certified medical quality assurance registered~~  
2 ~~nurse with an advanced degree.~~

3 ~~— 2. The membership of the drug utilization review board~~  
4 ~~shall include health care professionals who have recognized~~  
5 ~~knowledge and expertise in one or more of the following:~~

6 ~~— (1) The clinically appropriate prescribing of covered~~  
7 ~~outpatient drugs;~~

8 ~~— (2) The clinically appropriate dispensing and monitoring of~~  
9 ~~covered outpatient drugs;~~

10 ~~— (3) Drug use review, evaluation and intervention;~~

11 ~~— (4) Medical quality assurance.~~

12 ~~— 3. A chairperson shall be elected by the board members.~~

13 ~~The board shall meet at least once every ninety days. A quorum~~  
14 ~~of eight members, including no fewer than three physicians and~~  
15 ~~three pharmacists, shall be required for the board to act in its~~

16 ~~official capacity] At least four members, but no more than six~~  
17 ~~members, shall be licensed and actively practicing physicians;~~

18 (a) At least one physician shall be a doctor of medicine;

19 (b) At least one physician shall be a doctor of osteopathy;

20 (2) At least four members shall be licensed and actively  
21 practicing pharmacists;

22 (3) At least one member shall be a licensed and actively  
23 practicing psychiatrist or psychiatric nurse practitioner; and

24 (4) All other members shall be licensed and actively  
25 practicing physicians, subject to the limitation in subdivision

26 (1) of this subsection; pharmacists; or nurse practitioners.

27 ~~[4.]~~ 2. Members appointed pursuant to subsection 1 of this

1 section shall serve four-year terms, except that of the original  
2 members, four shall be appointed for a term of two years, four  
3 shall be appointed for a term of three years and five shall be  
4 appointed for a term of four years. Members may be reappointed.

5 ~~[5.]~~ 3. The members of the drug utilization review board or  
6 any regional advisory committee shall receive no compensation for  
7 their services other than reasonable expenses actually incurred  
8 in the performance of their official duties.

9 ~~[6.]~~ 4. The drug utilization review board shall, either  
10 directly or through contracts between the MO HealthNet division  
11 and accredited health care educational institutions, state  
12 medical societies or state pharmacist associations or societies  
13 or other appropriate organizations, provide for educational  
14 outreach programs to educate practitioners on common drug therapy  
15 problems with the aim of improving prescribing and dispensing  
16 practices.

17 ~~[7.]~~ 5. The drug utilization review board shall monitor  
18 drug usage and prescribing practices in the Medicaid program.  
19 The board shall conduct its activities in accordance with the  
20 requirements of subsection (g) of section 4401 of the Omnibus  
21 Budget Reconciliation Act of 1990 (P.L. 101-508). ~~【The board  
22 shall publish an educational newsletter to Missouri Medicaid  
23 providers as to its considered opinion of the proper usage of the  
24 Medicaid formulary. It】~~ The board shall advise providers of  
25 inappropriate drug utilization when it deems it appropriate to do  
26 so.

27 ~~[8.]~~ 6. The drug utilization review board may provide

1 advice on guidelines, policies, and procedures necessary to  
2 establish and maintain the Missouri Rx plan.

3 ~~[9.]~~ 7. Office space and support personnel shall be  
4 provided by the MO HealthNet division.

5 ~~[10. Subject to appropriations made specifically for that~~  
6 ~~purpose, up to six regional advisory committees to the drug~~  
7 ~~utilization review board may be appointed. Members of the~~  
8 ~~regional advisory committees shall be physicians and pharmacists~~  
9 ~~appointed by the drug utilization review board. Each such member~~  
10 ~~of a regional advisory committee shall have recognized knowledge~~  
11 ~~and expertise in one or more of the following:~~

12 ~~—— (1) The clinically appropriate prescribing of covered~~  
13 ~~outpatient drugs;~~

14 ~~—— (2) The clinically appropriate dispensing and monitoring of~~  
15 ~~covered outpatient drugs;~~

16 ~~—— (3) Drug use review, evaluation, and intervention; or~~

17 ~~—— (4) Medical quality assurance.]~~

18 302.205. 1. Any resident of this state may elect to have a  
19 medical alert notation placed on the person's driver's license or  
20 nondriver's identification card. The following conditions,  
21 illnesses, and disorders may be recorded on a driver's license or  
22 nondriver's identification card as medical alert information at  
23 the request of the applicant:

24 (1) Posttraumatic stress disorder;

25 (2) Diabetes;

26 (3) Heart conditions;

27 (4) Epilepsy;

1           (5) Drug allergies;

2           (6) Alzheimer's or dementia;

3           (7) Schizophrenia;

4           (8) Autism; or

5           (9) Other conditions as approved by the director of the  
6 department of revenue or his or her designee.

7           2. Any person requesting the inclusion of a medical alert  
8 notation on his or her driver's license or nondriver's  
9 identification card shall submit an application form to include a  
10 waiver of liability for the release of any medical information to  
11 the department, any person who is eligible for access to such  
12 medical information as recorded on the person's driving record  
13 under this chapter, and any other person who may view or receive  
14 notice of such medical information by virtue of having seen such  
15 person's driver's license or nondriver's identification card.

16 Such application shall advise the person that he or she will be  
17 consenting to the release of such medical information to anyone  
18 who sees or copies his or her driver's license or nondriver's  
19 identification card, even if such person is otherwise ineligible  
20 to access such medical information under state or federal law.

21           3. Such application shall include space for a person  
22 requesting the inclusion of a medical alert notation on his or  
23 her driver's license or nondriver's identification card to obtain  
24 a sworn statement from a person licensed to practice medicine or  
25 psychology in this state verifying such diagnosis.

26           4. Any person who has been issued a driver's license or  
27 nondriver's identification card bearing medical alert information

1 may be issued a replacement driver's license or nondriver's  
2 identification card excluding such medical alert information at  
3 his or her request and upon payment of the fee provided in this  
4 chapter for replacement of lost licenses or identification cards.

5 5. No medical alert information shall be printed on or  
6 removed from a driver's license or nondriver's identification  
7 card without the express consent of the licensee. If the  
8 licensee is a child under the age of eighteen, consent for the  
9 printing of medical alert information shall be provided by the  
10 parent or guardian of the child when he or she signs the  
11 application for the driver's license or nondriver's  
12 identification card. If the licensee is an incapacitated adult,  
13 consent for the printing of medical alert information shall be  
14 given by the guardian of such adult as appointed by a court of  
15 competent jurisdiction.

16 6. The director of the department of revenue may promulgate  
17 all necessary rules and regulations for the administration of  
18 this section. Any rule or portion of a rule, as that term is  
19 defined in section 536.010, that is created under the authority  
20 delegated in this section shall become effective only if it  
21 complies with and is subject to all of the provisions of chapter  
22 536 and, if applicable, section 536.028. This section and  
23 chapter 536 are nonseverable, and if any of the powers vested  
24 with the general assembly pursuant to chapter 536 to review, to  
25 delay the effective date, or to disapprove and annul a rule are  
26 subsequently held unconstitutional, then the grant of rulemaking  
27 authority and any rule proposed or adopted after August 28, 2020,

1 shall be invalid and void.

2           332.181. 1. No person shall engage in the practice of  
3 dentistry in Missouri without having first secured a license as  
4 provided for in this chapter.

5           2. Any person desiring a license to practice dentistry in  
6 Missouri shall pay the required fee and make application to the  
7 board on a form prescribed by the board pursuant to section  
8 332.141. An application for licensure shall be active for one  
9 year after the date it is received by the board. The application  
10 becomes void if not completed within such one-year period.

11           3. All persons once licensed to practice dentistry in  
12 Missouri shall renew his or her license to practice dentistry in  
13 Missouri on or before the license renewal date and shall display  
14 his or her license for each current licensing period in the  
15 office in which he or she practices or offers to practice  
16 dentistry.

17           4. Effective with the licensing period beginning on  
18 December 1, 2002, a license shall be renewed every two years. To  
19 renew a license, each dentist shall submit satisfactory evidence  
20 of completion of fifty hours of continuing education during the  
21 two-year period immediately preceding the renewal period. Each  
22 dentist shall maintain documentation of completion of the  
23 required continuing education hours as provided by rule. Failure  
24 to obtain the required continuing education hours, submit  
25 satisfactory evidence, or maintain documentation is a violation  
26 of section 332.321. As provided by rule, the board may waive  
27 and/or extend the time requirements for completion of continuing

1 education for reasons related to health, military service,  
2 foreign residency or for other good cause. All requests for  
3 waivers and/or extensions of time shall be made in writing and  
4 submitted to the board before the renewal date.

5 5. The board shall give credit for continuing education  
6 hours performed by a dentist on a volunteer basis working within  
7 his or her professional scope of practice at a nonprofit entity.  
8 The board shall determine how many hours of continuing education  
9 credit shall be given for each hour of volunteering and specify  
10 the maximum number of continuing education credit hours that  
11 shall be given for volunteer work under this subsection.

12 6. Any licensed dentist who fails to renew his or her  
13 license on or before the renewal date may apply to the board for  
14 renewal of his or her license within four years subsequent to the  
15 date of the license expiration. To renew an expired license, the  
16 person shall submit an application for renewal, pay the renewal  
17 fee and renewal penalty fee as set by rule, and submit  
18 satisfactory evidence of completion of at least fifty hours of  
19 continuing education for each renewal period that his or her  
20 license was expired as provided by rule. The required hours must  
21 be obtained within four years prior to renewal. The license of  
22 any dentist who fails to renew within four years of the time his  
23 or her license has expired shall be void. The dentist may apply  
24 for a new license; provided that, unless application is made  
25 under section 332.321, the dentist shall pay the same fees and be  
26 examined in the same manner as an original applicant for  
27 licensure as a dentist.

1           332.261. 1. No person shall engage in the practice of  
2 dental hygiene without having first secured a license as provided  
3 for in this chapter.

4           2. Any person desiring a license to practice dental hygiene  
5 in Missouri shall pay the required fee and make application to  
6 the board on a form prescribed by the board pursuant to section  
7 332.241. An application for licensure shall be active for one  
8 year after the date it is received by the board. The application  
9 becomes void if not completed within such one-year period.

10          3. All persons once licensed to practice as a dental  
11 hygienist in Missouri shall renew his or her license to practice  
12 on or before the renewal date and shall display his or her  
13 license for each current licensing period in the office in which  
14 he or she practices or offers to practice as a dental hygienist.

15          4. Effective with the licensing period beginning on  
16 December 1, 2002, a license shall be renewed every two years. To  
17 renew a license, each dental hygienist shall submit satisfactory  
18 evidence of completion of thirty hours of continuing education  
19 during the two-year period immediately preceding the renewal  
20 period. Each dental hygienist shall maintain documentation of  
21 completion of the required continuing education hours as provided  
22 by rule. Failure to obtain the required continuing education  
23 hours, submit satisfactory evidence, or maintain documentation is  
24 a violation of section 332.321 and may subject the licensee to  
25 discipline. As provided by rule, the board may waive and/or  
26 extend the time requirements for completion of the continuing  
27 education for reasons related to health, military service,

1 foreign residency or for other good cause. All requests for  
2 waivers and/or extensions of time shall be made in writing and  
3 submitted to the board before the renewal date.

4 5. The board shall give credit for continuing education  
5 hours performed by a dental hygienist on a volunteer basis  
6 working within his or her professional scope of practice at a  
7 nonprofit entity. The board shall determine how many hours of  
8 continuing education credit shall be given for each hour of  
9 volunteering and specify the maximum number of continuing  
10 education credit hours that shall be given for volunteer work  
11 under this subsection.

12 6. Any licensed dental hygienist who fails to renew his or  
13 her license on or before the renewal date may apply to the board  
14 for renewal of his or her license within four years subsequent to  
15 the date of the license expiration. To renew an expired license,  
16 the person shall submit an application for renewal, pay the  
17 renewal fee and renewal penalty fee as set by rule, and submit  
18 satisfactory evidence of completion of at least thirty hours of  
19 continuing education for each renewal period that his or her  
20 license was expired as provided by rule. The required hours must  
21 be obtained within four years prior to renewal. The license of  
22 any dental hygienist who fails to renew within four years of the  
23 time his or her license has expired shall be void. The dental  
24 hygienist may reapply for a license; provided that, unless  
25 application is made under section 332.281, the dental hygienist  
26 shall pay the same fees and be examined in the same manner as an  
27 original applicant for licensure as a dental hygienist.

1           334.036. 1. For purposes of this section, the following  
2 terms shall mean:

3           (1) "Assistant physician", any medical school graduate who:

4           (a) Is a resident and citizen of the United States or is a  
5 legal resident alien;

6           (b) Has successfully completed Step 2 of the United States  
7 Medical Licensing Examination or the equivalent of such step of  
8 any other board-approved medical licensing examination within the  
9 three-year period immediately preceding application for licensure  
10 as an assistant physician, or within three years after graduation  
11 from a medical college or osteopathic medical college, whichever  
12 is later;

13           (c) Has not completed an approved postgraduate residency  
14 and has successfully completed Step 2 of the United States  
15 Medical Licensing Examination or the equivalent of such step of  
16 any other board-approved medical licensing examination within the  
17 immediately preceding three-year period unless when such three-  
18 year anniversary occurred he or she was serving as a resident  
19 physician in an accredited residency in the United States and  
20 continued to do so within thirty days prior to application for  
21 licensure as an assistant physician; and

22           (d) Has proficiency in the English language.

23  
24 Any medical school graduate who could have applied for licensure  
25 and complied with the provisions of this subdivision at any time  
26 between August 28, 2014, and August 28, 2017, may apply for  
27 licensure and shall be deemed in compliance with the provisions

1 of this subdivision;

2 (2) "Assistant physician collaborative practice  
3 arrangement", an agreement between a physician and an assistant  
4 physician that meets the requirements of this section and section  
5 334.037;

6 (3) "Medical school graduate", any person who has graduated  
7 from a medical college or osteopathic medical college described  
8 in section 334.031.

9 2. (1) An assistant physician collaborative practice  
10 arrangement shall limit the assistant physician to providing only  
11 primary care services and only in medically underserved rural or  
12 urban areas of this state or in any pilot project areas  
13 established in which assistant physicians may practice.

14 (2) For a physician-assistant physician team working in a  
15 rural health clinic under the federal Rural Health Clinic  
16 Services Act, P.L. 95-210, as amended:

17 (a) An assistant physician shall be considered a physician  
18 assistant for purposes of regulations of the Centers for Medicare  
19 and Medicaid Services (CMS); and

20 (b) No supervision requirements in addition to the minimum  
21 federal law shall be required.

22 3. (1) For purposes of this section, the licensure of  
23 assistant physicians shall take place within processes  
24 established by rules of the state board of registration for the  
25 healing arts. The board of healing arts is authorized to  
26 establish rules under chapter 536 establishing licensure and  
27 renewal procedures, supervision, collaborative practice

1 arrangements, fees, and addressing such other matters as are  
2 necessary to protect the public and discipline the profession.  
3 No licensure fee for an assistant physician shall exceed the  
4 amount of any licensure fee for a physician assistant. An  
5 application for licensure may be denied or the licensure of an  
6 assistant physician may be suspended or revoked by the board in  
7 the same manner and for violation of the standards as set forth  
8 by section 334.100, or such other standards of conduct set by the  
9 board by rule. No rule or regulation shall require an assistant  
10 physician to complete more hours of continuing medical education  
11 than that of a licensed physician. The board shall give credit  
12 for continuing education hours performed by an assistant  
13 physician on a volunteer basis working within his or her  
14 professional scope of practice at a nonprofit entity. The board  
15 shall determine how many hours of continuing education credit  
16 shall be given for each hour of volunteering and specify the  
17 maximum number of continuing education credit hours that shall be  
18 given for volunteer work under this subsection.

19 (2) Any rule or portion of a rule, as that term is defined  
20 in section 536.010, that is created under the authority delegated  
21 in this section shall become effective only if it complies with  
22 and is subject to all of the provisions of chapter 536 and, if  
23 applicable, section 536.028. This section and chapter 536 are  
24 nonseverable and if any of the powers vested with the general  
25 assembly under chapter 536 to review, to delay the effective  
26 date, or to disapprove and annul a rule are subsequently held  
27 unconstitutional, then the grant of rulemaking authority and any

1 rule proposed or adopted after August 28, 2014, shall be invalid  
2 and void.

3 (3) Any rules or regulations regarding assistant physicians  
4 in effect as of the effective date of this section that conflict  
5 with the provisions of this section and section 334.037 shall be  
6 null and void as of the effective date of this section.

7 4. An assistant physician shall clearly identify himself or  
8 herself as an assistant physician and shall be permitted to use  
9 the terms "doctor", "Dr.", or "doc". No assistant physician  
10 shall practice or attempt to practice without an assistant  
11 physician collaborative practice arrangement, except as otherwise  
12 provided in this section and in an emergency situation.

13 5. The collaborating physician is responsible at all times  
14 for the oversight of the activities of and accepts responsibility  
15 for primary care services rendered by the assistant physician.

16 6. The provisions of section 334.037 shall apply to all  
17 assistant physician collaborative practice arrangements. Any  
18 renewal of licensure under this section shall include  
19 verification of actual practice under a collaborative practice  
20 arrangement in accordance with this subsection during the  
21 immediately preceding licensure period.

22 7. Each health carrier or health benefit plan that offers  
23 or issues health benefit plans that are delivered, issued for  
24 delivery, continued, or renewed in this state shall reimburse an  
25 assistant physician for the diagnosis, consultation, or treatment  
26 of an insured or enrollee on the same basis that the health  
27 carrier or health benefit plan covers the service when it is

1 delivered by another comparable mid-level health care provider  
2 including, but not limited to, a physician assistant.

3 334.075. 1. The board shall not renew any certificate of  
4 registration unless the licensee shall provide satisfactory  
5 evidence that he has complied with the board's minimum  
6 requirements for continuing education. At the discretion of the  
7 board, compliance with the provisions of this section may be  
8 waived for licensed physicians who have discontinued their  
9 practice of medicine because of retirement.

10 2. The board shall give credit for continuing education  
11 hours performed by a licensee on a volunteer basis working within  
12 his or her professional scope of practice at a nonprofit entity.  
13 The board shall determine how many hours of continuing education  
14 credit shall be given for each hour of volunteering and specify  
15 the maximum number of continuing education credit hours that  
16 shall be given for volunteer work under this subsection.

17 334.150. It is not intended by sections 334.010 to 334.140  
18 to prohibit isolated or occasional gratuitous service to and  
19 treatment of the afflicted, and sections 334.010 to 334.140 shall  
20 not apply to physicians and surgeons commissioned as officers of  
21 the Armed Forces of the United States or of the public health  
22 services of the United States while in the performance of their  
23 official duties, nor to any licensed practitioner of medicine and  
24 surgery in ~~[a border]~~ another state attending the sick in this  
25 state, including attending to the sick in a 501(c)(3)  
26 organization located in this state, if he or she does not  
27 maintain an office or appointed place to meet patients or receive

1 calls within the limits of this state, and if he or she complies  
2 with the statutes of Missouri and the rules and regulations of  
3 the department of social services relating to the reports of  
4 births, deaths and contagious diseases; and sections 334.010 to  
5 334.140 shall not apply to Christian Science practitioners who  
6 endeavor to cure or prevent disease or suffering exclusively by  
7 spiritual means or prayer, so long as quarantine regulations  
8 relating to contagious diseases are not infringed upon; but no  
9 provision of this section shall be construed or held in any way  
10 to interfere with the enforcement of the rules and regulations  
11 adopted and approved by the department of health and senior  
12 services or any municipality under the laws of this state for the  
13 control of communicable or contagious diseases.

14 334.507. Each person licensed pursuant to sections 334.500  
15 to 334.685 shall accumulate thirty hours of continuing education  
16 every two years to be eligible for relicensure, as follows:

17 (1) Continuing education shall be obtained through courses  
18 approved by the Missouri advisory commission for physical  
19 therapists and physical therapist assistants;

20 (2) Ten hours of continuing education shall be equivalent  
21 to one continuing education unit;

22 (3) Adherence to the continuing education requirement shall  
23 be reviewed for licensure renewal in each even-numbered year and  
24 shall include all approved continuing education courses taken  
25 during the previous two years;

26 (4) The board shall give credit for continuing education  
27 hours performed by a licensee on a volunteer basis working within

1 his or her professional scope of practice at a nonprofit entity.  
2 The board shall determine how many hours of continuing education  
3 credit shall be given for each hour of volunteering and specify  
4 the maximum number of continuing education credit hours that  
5 shall be given for volunteer work under this subsection.

6       336.080. 1. Every licensed optometrist who continues in  
7 active practice or service shall, on or before the renewal date,  
8 renew his or her license and pay the required renewal fee and  
9 present satisfactory evidence to the board of his or her  
10 attendance for a minimum of thirty-two hours of board-approved  
11 continuing education, or their equivalent during the preceding  
12 two-year continuing education reporting period as established by  
13 rule and regulation. The board shall give credit for continuing  
14 education hours performed by a optometrist on a volunteer basis  
15 working within his or her professional scope of practice at a  
16 nonprofit entity. The board shall determine how many hours of  
17 continuing education credit shall be given for each hour of  
18 volunteering and specify the maximum number of continuing  
19 education credit hours that shall be given for volunteer work  
20 under this subsection. The continuing education requirement may  
21 be waived by the board upon presentation to it of satisfactory  
22 evidence of the illness of the optometrist or for other good  
23 cause as defined by rule and regulation. The board shall not  
24 reject any such application if approved programs are not  
25 available within the state of Missouri. Every license which has  
26 not been renewed on or before the renewal date shall expire.

27       2. Any licensed optometrist who permits his or her license

1 to expire may renew it within five years of expiration upon  
2 payment of the required reactivation fee and presentation of  
3 satisfactory evidence to the board of his or her attendance for a  
4 minimum of forty-eight hours of board-approved continuing  
5 education, or their equivalent, during the five years.

6 337.050. 1. There is hereby created and established a  
7 "State Committee of Psychologists", which shall consist of seven  
8 licensed psychologists and one public member. The state  
9 committee of psychologists existing on August 28, 1989, is  
10 abolished. Nothing in this section shall be construed to prevent  
11 the appointment of any current member of the state committee of  
12 psychologists to the new state committee of psychologists created  
13 on August 28, 1989.

14 2. Appointments to the committee shall be made by the  
15 governor upon the recommendations of the director of the  
16 division, upon the advice and consent of the senate. The  
17 division, prior to submitting nominations, shall solicit nominees  
18 from professional psychological associations and licensed  
19 psychologists in the state. The term of office for committee  
20 members shall be five years, and committee members shall not  
21 serve more than ten years. No person who has previously served  
22 on the committee for ten years shall be eligible for appointment.  
23 In making initial appointments to the committee, the governor  
24 shall stagger the terms of the appointees so that two members  
25 serve initial terms of two years, two members serve initial terms  
26 of three years, and two members serve initial terms of four  
27 years.

1           3. Each committee member shall be a resident of the state  
2 of Missouri for one year, shall be a United States citizen, and  
3 shall, other than the public member, have been licensed as a  
4 psychologist in this state for at least three years. Committee  
5 members shall reflect a diversity of practice specialties. To  
6 ensure adequate representation of the diverse fields of  
7 psychology, the committee shall consist of at least two  
8 psychologists who are engaged full time in the doctoral teaching  
9 and training of psychologists, and at least two psychologists who  
10 are engaged full time in the professional practice of psychology.  
11 In addition, the first appointment to the committee shall include  
12 at least one psychologist who shall be licensed on the basis of a  
13 master's degree who shall serve a full term of five years.  
14 Nothing in sections 337.010 to 337.090 shall be construed to  
15 prohibit full membership rights on the committee for  
16 psychologists licensed on the basis of a master's degree. If a  
17 member of the committee shall, during the member's term as a  
18 committee member, remove the member's domicile from the state of  
19 Missouri, then the committee shall immediately notify the  
20 director of the division, and the seat of that committee member  
21 shall be declared vacant. All such vacancies shall be filled by  
22 appointment of the governor with the advice and consent of the  
23 senate, and the member so appointed shall serve for the unexpired  
24 term of the member whose seat has been declared vacant.

25           4. The public member shall be at the time of the public  
26 member's appointment a citizen of the United States; a resident  
27 of this state for a period of one year and a registered voter; a

1 person who is not and never was a member of any profession  
2 licensed or regulated pursuant to sections 337.010 to 337.093 or  
3 the spouse of such person; and a person who does not have and  
4 never has had a material, financial interest in either the  
5 providing of the professional services regulated by sections  
6 337.010 to 337.093, or an activity or organization directly  
7 related to any profession licensed or regulated pursuant to  
8 sections 337.010 to 337.093. The duties of the public member  
9 shall not include the determination of the technical requirements  
10 to be met for licensure or whether any person meets such  
11 technical requirements or of the technical competence or  
12 technical judgment of a licensee or a candidate for licensure.

13 5. The committee shall hold a regular annual meeting at  
14 which it shall select from among its members a chairperson and a  
15 secretary. A quorum of the committee shall consist of a majority  
16 of its members. In the absence of the chairperson, the secretary  
17 shall conduct the office of the chairperson.

18 6. Each member of the committee shall receive, as  
19 compensation, an amount set by the division not to exceed fifty  
20 dollars for each day devoted to the affairs of the committee and  
21 shall be entitled to reimbursement for necessary and actual  
22 expenses incurred in the performance of the member's official  
23 duties.

24 7. Staff for the committee shall be provided by the  
25 director of the division of professional registration.

26 8. The governor may remove any member of the committee for  
27 misconduct, inefficiency, incompetency, or neglect of office.

1           9. In addition to the powers set forth elsewhere in  
2 sections 337.010 to 337.090, the division may adopt rules and  
3 regulations, not otherwise inconsistent with sections 337.010 to  
4 337.090, to carry out the provisions of sections 337.010 to  
5 337.090. The committee may promulgate, by rule, "Ethical Rules  
6 of Conduct" governing the practices of psychology which rules  
7 shall be based upon the ethical principles promulgated and  
8 published by the American Psychological Association.

9           10. Any rule or portion of a rule, as that term is defined  
10 in section 536.010, that is promulgated to administer and enforce  
11 sections 337.010 to 337.090, shall become effective only if the  
12 agency has fully complied with all of the requirements of chapter  
13 536 including but not limited to section 536.028 if applicable,  
14 after August 28, 1998. All rulemaking authority delegated prior  
15 to August 28, 1998, is of no force and effect and repealed as of  
16 August 28, 1998, however nothing in this act shall be interpreted  
17 to repeal or affect the validity of any rule adopted and  
18 promulgated prior to August 28, 1998. If the provisions of  
19 section 536.028 apply, the provisions of this section are  
20 nonseverable and if any of the powers vested with the general  
21 assembly pursuant to section 536.028 to review, to delay the  
22 effective date, or to disapprove and annul a rule or portion of a  
23 rule are held unconstitutional or invalid, the purported grant of  
24 rulemaking authority and any rule so proposed and contained in  
25 the order of rulemaking shall be invalid and void, except that  
26 nothing in this act shall affect the validity of any rule adopted  
27 and promulgated prior to August 28, 1998.

1           11. The committee may sue and be sued in its official name,  
2 and shall have a seal which shall be affixed to all certified  
3 copies or records and papers on file, and to such other  
4 instruments as the committee may direct. All courts shall take  
5 judicial notice of such seal. Copies of records and proceedings  
6 of the committee, and of all papers on file with the division on  
7 behalf of the committee certified under the seal shall be  
8 received as evidence in all courts of record.

9           12. When applying for a renewal of a license pursuant to  
10 section 337.030, each licensed psychologist shall submit proof of  
11 the completion of at least forty hours of continuing education  
12 credit within the two-year period immediately preceding the date  
13 of the application for renewal of the license. The type of  
14 continuing education to be considered shall include, but not be  
15 limited to:

16           (1) Attending recognized educational seminars, the content  
17 of which are primarily psychological, as defined by rule;

18           (2) Attending a graduate level course at a recognized  
19 educational institution where the contents of which are primarily  
20 psychological, as defined by rule;

21           (3) Presenting a recognized educational seminar, the  
22 contents of which are primarily psychological, as defined by  
23 rule;

24           (4) Presenting a graduate level course at a recognized  
25 educational institution where the contents of which are primarily  
26 psychological, as defined by rule; and

27           (5) Independent course of studies, the contents of which

1 are primarily psychological, which have been approved by the  
2 committee and defined by rule.

3  
4 The committee shall determine by administrative rule the amount  
5 of training, instruction, self-instruction or teaching that shall  
6 be counted as an hour of continuing education credit. The  
7 committee shall give credit for continuing education hours  
8 performed by a psychologist on a volunteer basis working within  
9 his or her professional scope of practice at a nonprofit entity.  
10 The board shall determine how many hours of continuing education  
11 credit shall be given for each hour of volunteering and specify  
12 the maximum number of continuing education credit hours that  
13 shall be given for volunteer work under this subsection.

14 376.455. 1. As used in this section, the following terms  
15 shall mean:

16 (1) "Health information exchange activities", the  
17 electronic exchange of individually identifiable information  
18 among unaffiliated organizations according to nationally  
19 recognized standards. The following activities are not  
20 considered "health information exchange activities":

21 (a) Electronic exchange of individually identifiable  
22 information among unaffiliated organizations solely for the  
23 purposes of an organized health care arrangement as defined under  
24 the HIPAA Laws; and

25 (b) Electronic exchange of individually identifiable  
26 information among unaffiliated organizations solely for research  
27 purposes;

1       (2) "Health information organization", any organization  
2 that oversees and governs health information exchange activities;

3       (3) "Individual", the person who is the subject of the  
4 individually identifiable information;

5       (4) "Individually identifiable information", any  
6 information that identifies an individual or there is a  
7 reasonable basis to believe can be used to identify the  
8 individual including, but not limited to, information created or  
9 received by health care providers, health plans, organizations  
10 providing social services, or assessing social determinants of  
11 health and organizations that provide services to or on behalf of  
12 any of the foregoing;

13       (5) "Participant", a person or entity who accesses, uses,  
14 or discloses individually identifiable information through a  
15 health information exchange operated by a health information  
16 organization including, but not limited to, health care  
17 providers, health plans, health care clearinghouses,  
18 organizations providing social services or assessing social  
19 determinants of health and organizations that provide services to  
20 or on behalf of any of the foregoing.

21       2. (1) Notwithstanding any other law to the contrary, any  
22 participant may disclose, access, or use individually  
23 identifiable information through a health information exchange  
24 operated by a health information organization pursuant to this  
25 chapter and in accordance with applicable federal laws including,  
26 but not limited to, the Health Insurance Portability and  
27 Accountability Act of 1996, as amended, and the Health

1 Information Technology for Economic and Clinical Health Act, and  
2 implementing regulations, without obtaining individual consent or  
3 authorization.

4 (2) Except as otherwise provided in state or federal law,  
5 an individual has the right to opt out of having the individual's  
6 individually identifiable information accessible through a health  
7 information exchange operated by a health information  
8 organization under this chapter.

9 (3) A health information organization shall implement  
10 policies that meet the requirements under Pub. L. 104-191 and  
11 section 376.450 governing the privacy and security of  
12 individually identifiable information that is accessible through  
13 the health information exchange.

14 (4) All participants in a health information exchange  
15 operated by a health information organization pursuant to this  
16 chapter shall comply with Pub. L. 104-191 and section 376.450, if  
17 such participant is subject to Pub. L. 104-191 and section  
18 376.450, and all policies and procedures of the health  
19 information organization with respect to the health information  
20 exchange.

21 (5) To the extent any provision of state law regarding the  
22 confidentiality of any individually identifiable information  
23 conflicts with, is contrary to or more stringent than the  
24 provisions of this section, the provisions of this section shall  
25 control with respect to a participant's disclosure, access, or  
26 use of that individually identifiable information through a  
27 health information exchange operated by a health information

1 under this chapter.

2 (6) This section does not limit, change, or otherwise  
3 affect the use or disclosure of individually identifiable  
4 information outside of a health information exchange operated by  
5 a health information organization pursuant to this chapter.

6 3. (1) A health information organization shall maintain a  
7 written notice of health information practices for the health  
8 information exchange activities that describes all of the  
9 following:

10 (a) The categories of individually identifiable information  
11 that are accessible through the health information exchange;

12 (b) The categories of participants who have access to  
13 individually identifiable information through the health  
14 information exchange;

15 (c) The purposes for which access to individually  
16 identifiable information is provided through the health  
17 information exchange;

18 (d) Except as otherwise provided in state or federal law,  
19 that an individual has the right to opt out of having the  
20 individual's individually identifiable information accessible  
21 through the health information exchange; and

22 (e) An explanation as to how an individual may opt out of  
23 having the individual's individually identifiable information  
24 accessible through the health information exchange.

25 (2) The notice of health information practices may  
26 reference a publicly accessible website that contains some or all  
27 of the information described in subdivision (1) of this

1 subsection, such as a current list of participants and the  
2 permitted purposes for accessing individually identifiable  
3 information through the health information exchange. A health  
4 information organization shall post a current notice of health  
5 information practices on a website in a conspicuous manner.

6 4. (1) A health information organization is not subject to  
7 liability for damages or costs of any nature, in law or in  
8 equity, arising out of chapter 538, the common law of the state  
9 of Missouri, or any statute defining a cause of action against a  
10 health care provider for personal injury, death, or professional  
11 malpractice arising out of or related to its health information  
12 exchange activities.

13 (2) Participants in a health information exchange operated  
14 by a health information organization pursuant to this chapter  
15 shall not be liable in any action for damages or costs of any  
16 nature, in law or equity, which result solely from that  
17 participant's use or failure to use the health information  
18 exchange or participant's disclosure of individually identifiable  
19 information through the health information exchange in accordance  
20 with the requirements of this chapter.

21 (3) No person shall be subject to antitrust or unfair  
22 competition liability based solely on participation in a health  
23 information exchange operated by a health information  
24 organization under this chapter.

25 (4) All employees, officers, and members of the governing  
26 board of a health information organization that operates a health  
27 information exchange under this chapter, whether temporary or

1 permanent, shall not be subject to and shall be immune from any  
2 claim, suit, liability, damages, or any other recourse, civil or  
3 criminal, arising from any act or proceeding, decision, or  
4 determination undertaken, performed, or reached in good faith and  
5 without malice by any such member or members acting individually  
6 or jointly in carrying out the responsibilities, authority,  
7 duties, powers, and privileges of the offices conferred by law  
8 upon them under this chapter, or any other state law, or policies  
9 and procedures of the health information exchange, good faith  
10 being presumed until proven otherwise, with malice required to be  
11 shown by a complainant.

12 (5) Individually identifiable information accessible  
13 through a health information exchange operated by a health  
14 information organization under this chapter is not subject to  
15 discovery, subpoena, or other means of legal compulsion for the  
16 release of such individually identifiable information to any  
17 person or entity. Such a health information organization shall  
18 not be compelled by a request for production, subpoena, court  
19 order, or otherwise, to disclose individually identifiable health  
20 information.

21 376.1345. 1. As used in this section, unless the context  
22 clearly indicates otherwise, terms shall have the same meaning as  
23 ascribed to them in section 376.1350.

24 2. No health carrier, nor any entity acting on behalf of a  
25 health carrier, shall restrict methods of reimbursement to health  
26 care providers for health care services to a reimbursement method  
27 requiring the provider to pay a fee, discount the amount of their

1 claim for reimbursement, or remit any other form of remuneration  
2 in order to redeem the amount of their claim for reimbursement.

3 3. If a health carrier initiates or changes the method used  
4 to reimburse a health care provider to a method of reimbursement  
5 that will require the health care provider to pay a fee, discount  
6 the amount of its claim for reimbursement, or remit any other  
7 form of remuneration to the health carrier or any entity acting  
8 on behalf of the health carrier in order to redeem the amount of  
9 its claim for reimbursement, the health carrier or an entity  
10 acting on its behalf shall:

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

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

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

26 5. A health carrier may only withhold or recoup an amount  
27 it overpaid to a provider from the provider or entity in receipt

1 of the payment for the claim. A withhold or recoupment by a  
2 health carrier shall also inform the provider or entity in  
3 receipt of the payment of the claim, the health service provided,  
4 date of service, and patient for whom the withhold or recoupment  
5 is being made.

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

8 376.1590. 1. As used in this section, the term "insurance  
9 policy" means a policy or other contract of life insurance as  
10 such term is defined in section 376.365, a policy of accident and  
11 sickness insurance as such term is defined in section 376.773, or  
12 a long-term care insurance policy as such term is defined in  
13 section 376.1100.

14 2. Notwithstanding any provision of law to the contrary, a  
15 person's status as a living organ donor shall not be the sole  
16 factor in the offering, issuance, cancellation, price, or  
17 conditions of an insurance policy, nor in the amount of coverage  
18 provided under an insurance policy.

19 3. (1) The department of commerce and insurance shall  
20 provide information to the public on the access of a living organ  
21 donor to insurance as specified in this section. If the  
22 department of commerce and insurance receives materials related  
23 to live organ donation from a recognized live organ donation  
24 organization, the department of commerce and insurance may make  
25 the materials available to the public.

26 (2) If the department of health and senior services  
27 receives materials related to live organ donation from a

1 recognized live organ donation organization, the department of  
2 health and senior services may make the materials available to  
3 the public.

4 (3) The department of commerce and insurance and the  
5 department of health and senior services may seek and accept  
6 gifts, grants, or donations from private or public sources for  
7 the purposes of this subsection.

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

21 579.040. 1. A person commits the offense of unlawful  
22 distribution, delivery, or sale of drug paraphernalia if he or  
23 she unlawfully distributes, delivers, or sells, or possesses with  
24 intent to distribute, deliver, or sell drug paraphernalia  
25 knowing, or under circumstances in which one reasonably should  
26 know, that it will be used to plant, propogate, cultivate, grow,  
27 harvest, manufacture, compound, convert, produce, process,

1 prepare, test, analyze, pack, repack, store, contain, conceal,  
2 inject, ingest, inhale, or otherwise introduce into the human  
3 body a controlled substance or an imitation controlled substance  
4 in violation of this chapter. Any entity registered with the  
5 department of health and senior services that possesses,  
6 distributes, or delivers hypodermic needles or syringes for the  
7 purpose of operating a syringe exchange program or otherwise  
8 mitigating health risks associated with unsterile injection drug  
9 use shall be exempt from the provisions of this section.

10 2. No entity shall be present within five hundred feet of  
11 any school building, unless such entity is in operation prior to  
12 the school building.

13 3. The offense of unlawful delivery of drug paraphernalia  
14 is a class A misdemeanor, unless done for commercial purposes, in  
15 which case it is a class E felony.

16 579.076. 1. A person commits the offense of unlawful  
17 manufacture of drug paraphernalia if he or she unlawfully  
18 manufactures with intent to deliver drug paraphernalia, knowing,  
19 or under circumstances where one reasonably should know, that it  
20 will be used to plant, propagate, cultivate, grow, harvest,  
21 manufacture, compound, convert, produce, process, prepare, test,  
22 analyze, pack, repack, store, contain, conceal, inject, ingest,  
23 inhale, or otherwise introduce into the human body a controlled  
24 substance or an imitation controlled substance in violation of  
25 this chapter or chapter 195. Any entity registered with the  
26 department of health and senior services that delivers or  
27 manufactures hypodermic needles or syringes for the purpose of

1 operating a syringe exchange program or otherwise mitigating  
2 health risks associated with unsterile injection drug use shall  
3 be exempt from the provisions of this section.

4         2. The offense of unlawful manufacture of drug  
5 paraphernalia is a class A misdemeanor, unless done for  
6 commercial purposes, in which case it is a class E felony.

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

19         Section C. The enactment of section 302.205 of section A of  
20 this act shall become effective on July 31, 2021.