

SECOND REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 2331
101ST GENERAL ASSEMBLY

4527S.04T

2022

AN ACT

To repeal sections 172.800, 190.100, 190.101, 190.103, 190.176, 190.200, 190.241, 190.243, 190.245, 191.116, 191.500, 191.515, 191.520, 191.525, 191.743, 192.005, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 195.206, 195.815, 196.866, 196.868, 197.100, 197.256, 197.258, 197.400, 197.415, 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 251.070, 301.020, 302.171, 335.230, 335.257, and 660.010, RSMo, and to enact in lieu thereof forty-seven new sections relating to programs administered by the department of health and senior services, with penalty provisions.

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

Section A. Sections 172.800, 190.100, 190.101, 190.103, 190.176, 190.200, 190.241, 2 190.243, 190.245, 191.116, 191.500, 191.515, 191.520, 191.525, 191.743, 192.005, 3 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 4 195.206, 195.815, 196.866, 196.868, 197.100, 197.256, 197.258, 197.400, 197.415, 5 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 251.070, 6 301.020, 302.171, 335.230, 335.257, and 660.010, RSMo, are repealed and forty-seven 7 new sections enacted in lieu thereof, to be known as sections 135.690, 172.800, 190.100, 8 190.101, 190.103, 190.176, 190.200, 190.241, 190.243, 190.245, 190.257, 191.116, 191.500, 9 191.515, 191.520, 191.525, 192.005, 192.2225, 194.210, 194.255, 194.265, 194.285, 10 194.290, 194.297, 194.299, 194.304, 194.321, 195.206, 195.815, 197.100, 197.256,

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

11 197.258, 197.400, 197.415, 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526,
12 198.545, 301.020, 302.171, 335.230, 335.257, and 660.010, to read as follows:

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

2 (1) "Community-based faculty preceptor", a physician or physician assistant
3 who is licensed in Missouri and provides preceptorships to Missouri medical students or
4 physician assistant students without direct compensation for the work of precepting;

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

6 (3) "Division", the division of professional registration of the department of
7 commerce and insurance;

8 (4) "Federally Qualified Health Center (FQHC)", a reimbursement designation
9 from the Bureau of Primary Health Care and the Centers for Medicare and Medicaid
10 services of the United States Department of Health and Human Services;

11 (5) "Medical student", an individual enrolled in a Missouri medical college
12 approved and accredited as reputable by the American Medical Association or the
13 Liaison Committee on Medical Education or enrolled in a Missouri osteopathic college
14 approved and accredited as reputable by the Commission on Osteopathic College
15 Accreditation;

16 (6) "Medical student core preceptorship" or "physician assistant student core
17 preceptorship", a preceptorship for a medical student or physician assistant student
18 that provides a minimum of one hundred twenty hours of community-based instruction
19 in family medicine, internal medicine, pediatrics, psychiatry, or obstetrics and
20 gynecology under the guidance of a community-based faculty preceptor. A
21 community-based faculty preceptor may add together the amounts of preceptorship
22 instruction time separately provided to multiple students in determining whether he or
23 she has reached the minimum hours required under this subdivision, but the total
24 preceptorship instruction time provided shall equal at least one hundred twenty hours
25 in order for such preceptor to be eligible for the tax credit authorized under this section;

26 (7) "Physician assistant student", an individual participating in a Missouri
27 physician assistant program accredited by the Accreditation Review Commission on
28 Education for the Physician Assistant or its successor organization;

29 (8) "Taxpayer", any individual, firm, partner in a firm, corporation, or
30 shareholder in an S corporation doing business in this state and subject to the state
31 income tax imposed under chapter 143, excluding withholding tax imposed under
32 sections 143.191 to 143.265.

33 2. (1) Beginning January 1, 2023, any community-based faculty preceptor who
34 serves as the community-based faculty preceptor for a medical student core
35 preceptorship or a physician assistant student core preceptorship shall be allowed a

36 credit against the tax otherwise due under chapter 143, excluding withholding tax
37 imposed under sections 143.191 to 143.265, in an amount equal to one thousand dollars
38 for each preceptorship, up to a maximum of three thousand dollars per tax year, if he or
39 she completes up to three preceptorship rotations during the tax year and did not
40 receive any direct compensation for the preceptorships.

41 (2) To receive the credit allowed by this section, a community-based faculty
42 preceptor shall claim such credit on his or her return for the tax year in which he or she
43 completes the preceptorship rotations and shall submit supporting documentation as
44 prescribed by the division and the department.

45 (3) In no event shall the total amount of a tax credit authorized under this
46 section exceed a taxpayer's income tax liability for the tax year for which such credit is
47 claimed. No tax credit authorized under this section shall be allowed a taxpayer against
48 his or her tax liability for any prior or succeeding tax year.

49 (4) No more than two hundred preceptorship tax credits shall be authorized
50 under this section for any one calendar year. The tax credits shall be awarded on a first-
51 come, first-served basis. The division and the department shall jointly promulgate rules
52 for determining the manner in which taxpayers who have obtained certification under
53 this section are able to claim the tax credit. The cumulative amount of tax credits
54 awarded under this section shall not exceed two hundred thousand dollars per year.

55 (5) Notwithstanding the provisions of subdivision (4) of this subsection, the
56 department is authorized to exceed the two hundred thousand dollars per year tax
57 credit program cap in any amount not to exceed the amount of funds remaining in the
58 medical preceptor fund, as established under subsection 3 of this section, as of the end of
59 the most recent tax year, after any required transfers to the general revenue fund have
60 taken place in accordance with the provisions of subsection 3 of this section.

61 3. (1) Funding for the tax credit program authorized under this section shall be
62 generated by the division from a license fee increase of seven dollars per license for
63 physicians and surgeons and from a license fee increase of three dollars per license for
64 physician assistants. The license fee increases shall take effect beginning January 1,
65 2023, based on the underlying license fee rates prevailing on that date. The underlying
66 license fee rates shall be determined under section 334.090 and all other applicable
67 provisions of chapter 334.

68 (2) (a) There is hereby created in the state treasury the "Medical Preceptor
69 Fund", which shall consist of moneys collected under this subsection. The state
70 treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180,
71 the state treasurer may approve disbursements. The fund shall be a dedicated fund and,
72 upon appropriation, moneys in the fund shall be used solely by the department for the

73 administration of the tax credit program authorized under this section.
74 Notwithstanding the provisions of section 33.080 to the contrary, any moneys
75 remaining in the fund at the end of the biennium shall not revert to the credit of the
76 general revenue fund. The state treasurer shall invest moneys in the medical preceptor
77 fund in the same manner as other funds are invested. Any interest and moneys earned
78 on such investments shall be credited to the fund.

79 (b) Notwithstanding any provision of this chapter or any other provision of law
80 to the contrary, all revenue from the license fee increases described under subdivision
81 (1) of this subsection shall be deposited in the medical preceptor fund. After the end of
82 every tax year, an amount equal to the total dollar amount of all tax credits claimed
83 under this section shall be transferred from the medical preceptor fund to the state's
84 general revenue fund established under section 33.543. Any excess moneys in the
85 medical preceptor fund shall remain in the fund and shall not be transferred to the
86 general revenue fund.

87 4. (1) The department shall administer the tax credit program authorized under
88 this section. Each taxpayer claiming a tax credit under this section shall file an
89 application with the department verifying the number of hours of instruction and the
90 amount of the tax credit claimed. The hours claimed on the application shall be verified
91 by the college or university department head or the program director on the application.
92 The certification by the department affirming the taxpayer's eligibility for the tax credit
93 provided to the taxpayer shall be filed with the taxpayer's income tax return.

94 (2) No amount of any tax credit allowed under this section shall be refundable.
95 No tax credit allowed under this section shall be transferred, sold, or assigned. No
96 taxpayer shall be eligible to receive the tax credit authorized under this section if such
97 taxpayer employs persons who are not authorized to work in the United States under
98 federal law.

99 5. The department of commerce and insurance and the department of health and
100 senior services shall jointly promulgate rules to implement the provisions of this section.
101 Any rule or portion of a rule, as that term is defined in section 536.010, that is created
102 under the authority delegated in this section shall become effective only if it complies
103 with and is subject to all of the provisions of chapter 536 and, if applicable, section
104 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested
105 with the general assembly pursuant to chapter 536 to review, to delay the effective date,
106 or to disapprove and annul a rule are subsequently held unconstitutional, then the grant
107 of rulemaking authority and any rule proposed or adopted after August 28, 2022, shall
108 be invalid and void.

172.800. As used in sections 172.800 to 172.807, unless the context clearly requires
2 otherwise, the following terms shall mean:

3 (1) "Alzheimer's disease and related disorders", diseases resulting from significant
4 destruction of brain tissue and characterized by a decline of memory and other intellectual
5 functions. These diseases include but are not limited to progressive, degenerative and
6 dementing illnesses such as presenile and senile dementias, Alzheimer's disease and other
7 related disorders;

8 (2) "Board of curators", the board of curators of the University of Missouri;

9 (3) "Investigator", any person with research skills who seeks state funding for a
10 research project under sections 172.800 to 172.807;

11 (4) "Research project", any original investigation for the advancement of scientific
12 knowledge in the area of Alzheimer's disease and related disorders;

13 (5) ~~["Task force", the Alzheimer's disease and related disorders task force established
14 pursuant to sections 660.065 and 660.066;~~

15 ~~(6)~~ "Advisory board", a board appointed by the board of curators to advise on the
16 administration of the program established by sections 172.800 to 172.807.

190.100. As used in sections 190.001 to 190.245 **and section 190.257**, the following
2 words and terms mean:

3 (1) "Advanced emergency medical technician" or "AEMT", a person who has
4 successfully completed a course of instruction in certain aspects of advanced life support care
5 as prescribed by the department and is licensed by the department in accordance with sections
6 190.001 to 190.245 and rules and regulations adopted by the department pursuant to sections
7 190.001 to 190.245;

8 (2) "Advanced life support (ALS)", an advanced level of care as provided to the adult
9 and pediatric patient such as defined by national curricula, and any modifications to that
10 curricula specified in rules adopted by the department pursuant to sections 190.001 to
11 190.245;

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

20 (4) "Ambulance service", a person or entity that provides emergency or
21 nonemergency ambulance transportation and services, or both, in compliance with sections

22 190.001 to 190.245, and the rules promulgated by the department pursuant to sections
23 190.001 to 190.245;

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

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

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

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

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

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

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

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

42 (b) Serious impairment to a bodily function;

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

44 (d) Inadequately controlled pain;

45 (12) "Emergency medical dispatcher", a person who receives emergency calls from
46 the public and has successfully completed an emergency medical dispatcher course, meeting
47 or exceeding the national curriculum of the United States Department of Transportation and
48 any modifications to such curricula specified by the department through rules adopted
49 pursuant to sections 190.001 to 190.245;

50 (13) "Emergency medical responder", a person who has successfully completed an
51 emergency first response course meeting or exceeding the national curriculum of the U.S.
52 Department of Transportation and any modifications to such curricula specified by the
53 department through rules adopted under sections 190.001 to 190.245 and who provides
54 emergency medical care through employment by or in association with an emergency medical
55 response agency;

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

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

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

67 (17) "Emergency medical technician", a person licensed in emergency medical care in
68 accordance with standards prescribed by sections 190.001 to 190.245, and by rules adopted
69 by the department pursuant to sections 190.001 to 190.245;

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

75 (19) "Emergency medical technician-community paramedic", "community
76 paramedic", or "EMT-CP", a person who is certified as an emergency medical technician-
77 paramedic and is certified by the department in accordance with standards prescribed in
78 section 190.098;

79 (20) "Emergency medical technician-paramedic" or "EMT-P", a person who has
80 successfully completed a course of instruction in advanced life support care as prescribed by
81 the department and is licensed by the department in accordance with sections 190.001 to
82 190.245 and rules adopted by the department pursuant to sections 190.001 to 190.245;

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

87 (22) "Health care facility", a hospital, nursing home, physician's office or other fixed
88 location at which medical and health care services are performed;

89 (23) "Hospital", an establishment as defined in the hospital licensing law, subsection
90 2 of section 197.020, or a hospital operated by the state;

91 (24) "Medical control", supervision provided by or under the direction of physicians,
92 or their designated registered nurse, including both online medical control, instructions by
93 radio, telephone, or other means of direct communications, and offline medical control
94 through supervision by treatment protocols, case review, training, and standing orders for
95 treatment;

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

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

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

104 (28) "Patient", an individual who is sick, injured, wounded, diseased, or otherwise
105 incapacitated or helpless, or dead, excluding deceased individuals being transported from or
106 between private or public institutions, homes or cemeteries, and individuals declared dead
107 prior to the time an ambulance is called for assistance;

108 (29) "Person", as used in these definitions and elsewhere in sections 190.001 to
109 190.245, any individual, firm, partnership, copartnership, joint venture, association,
110 cooperative organization, corporation, municipal or private, and whether organized for
111 profit or not, state, county, political subdivision, state department, commission, board, bureau
112 or fraternal organization, estate, public trust, business or common law trust, receiver, assignee
113 for the benefit of creditors, trustee or trustee in bankruptcy, or any other service user or
114 provider;

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

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

119 (32) "Professional organization", any organized group or association with an ongoing
120 interest regarding emergency medical services. Such groups and associations could include
121 those representing volunteers, labor, management, firefighters, EMT-B's, nurses, EMT-P's,
122 physicians, communications specialists and instructors. Organizations could also represent
123 the interests of ground ambulance services, air ambulance services, fire service organizations,
124 law enforcement, hospitals, trauma centers, communication centers, pediatric services, labor
125 unions and poison control services;

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

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

134 (35) "Regional EMS advisory committee", a committee formed within an emergency
135 medical services (EMS) region to advise ambulance services, the state advisory council on
136 EMS and the department;

137 (36) "Specialty care transportation", the transportation of a patient requiring the
138 services of an emergency medical technician-paramedic who has received additional training
139 beyond the training prescribed by the department. Specialty care transportation services shall
140 be defined in writing in the appropriate local protocols for ground and air ambulance services
141 and approved by the local physician medical director. The protocols shall be maintained by
142 the local ambulance service and shall define the additional training required of the emergency
143 medical technician-paramedic;

144 (37) "Stabilize", with respect to an emergency, the provision of such medical
145 treatment as may be necessary to attempt to assure within reasonable medical probability that
146 no material deterioration of an individual's medical condition is likely to result from or occur
147 during ambulance transportation unless the likely benefits of such transportation outweigh the
148 risks;

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

151 (39) "State EMS medical directors advisory committee", a subcommittee of the state
152 advisory council on emergency medical services formed to advise the state advisory council
153 on emergency medical services and the department on medical issues;

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

158 (41) "STEMI care", includes education and prevention, emergency transport, triage,
159 and acute care and rehabilitative services for STEMI that requires immediate medical or
160 surgical intervention or treatment;

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

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

165 (44) "Stroke care", includes emergency transport, triage, and acute intervention and
166 other acute care services for stroke that potentially require immediate medical or surgical
167 intervention or treatment, and may include education, primary prevention, acute intervention,

168 acute and subacute management, prevention of complications, secondary stroke prevention,
169 and rehabilitative services;

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

171 (46) **"Time-critical diagnosis", trauma care, stroke care, and STEMI care**
172 **occurring either outside of a hospital or in a center designated under section 190.241;**

173 (47) **"Time-critical diagnosis advisory committee", a committee formed under**
174 **section 190.257 to advise the department on policies impacting trauma, stroke, and**
175 **STEMI center designations; regulations on trauma care, stroke care, and STEMI care;**
176 **and the transport of trauma, stroke, and STEMI patients;**

177 (48) "Trauma", an injury to human tissues and organs resulting from the transfer of
178 energy from the environment;

179 [(47)] (49) "Trauma care" includes injury prevention, triage, acute care and
180 rehabilitative services for major single system or multisystem injuries that potentially require
181 immediate medical or surgical intervention or treatment;

182 [(48)] (50) "Trauma center", a hospital that is currently designated as such by the
183 department.

190.101. 1. There is hereby established a "State Advisory Council on Emergency
2 Medical Services" which shall consist of sixteen members, one of which shall be a resident of
3 a city not within a county. The members of the council shall be appointed by the governor
4 with the advice and consent of the senate and shall serve terms of four years. The governor
5 shall designate one of the members as chairperson. The chairperson may appoint
6 subcommittees that include noncouncil members.

7 2. The state EMS medical directors advisory committee and the regional EMS
8 advisory committees will be recognized as subcommittees of the state advisory council on
9 emergency medical services.

10 3. The council shall have geographical representation and representation from
11 appropriate areas of expertise in emergency medical services including volunteers,
12 professional organizations involved in emergency medical services, EMT's, paramedics,
13 nurses, firefighters, physicians, ambulance service administrators, hospital administrators and
14 other health care providers concerned with emergency medical services. The regional EMS
15 advisory committees shall serve as a resource for the identification of potential members of
16 the state advisory council on emergency medical services.

17 4. **The state EMS medical director, as described under section 190.103, shall**
18 **serve as an ex officio member of the council.**

19 5. The members of the council and subcommittees shall serve without compensation
20 except that members of the council shall, subject to appropriations, be reimbursed for
21 reasonable travel expenses and meeting expenses related to the functions of the council.

22 ~~[5-]~~ 6. The purpose of the council is to make recommendations to the governor, the
23 general assembly, and the department on policies, plans, procedures and proposed regulations
24 on how to improve the statewide emergency medical services system. The council shall
25 advise the governor, the general assembly, and the department on all aspects of the emergency
26 medical services system.

27 ~~[6-]~~ 7. (1) There is hereby established a standing subcommittee of the council to
28 monitor the implementation of the recognition of the EMS personnel licensure interstate
29 compact under sections 190.900 to 190.939, the interstate commission for EMS personnel
30 practice, and the involvement of the state of Missouri. The subcommittee shall meet at least
31 biannually and receive reports from the Missouri delegate to the interstate commission for
32 EMS personnel practice. The subcommittee shall consist of at least seven members appointed
33 by the chair of the council, to include at least two members as recommended by the Missouri
34 state council of firefighters and one member as recommended by the Missouri Association of
35 Fire Chiefs. The subcommittee may submit reports and recommendations to the council, the
36 department of health and senior services, the general assembly, and the governor regarding
37 the participation of Missouri with the recognition of the EMS personnel licensure interstate
38 compact.

39 (2) The subcommittee shall formally request a public hearing for any rule proposed
40 by the interstate commission for EMS personnel practice in accordance with subsection 7 of
41 section 190.930. The hearing request shall include the request that the hearing be presented
42 live through the internet. The Missouri delegate to the interstate commission for EMS
43 personnel practice shall be responsible for ensuring that all hearings, notices of, and related
44 rulemaking communications as required by the compact be communicated to the council and
45 emergency medical services personnel under the provisions of subsections 4, 5, 6, and 8 of
46 section 190.930.

47 (3) The department of health and senior services shall not establish or increase fees
48 for Missouri emergency medical services personnel licensure in accordance with this chapter
49 for the purpose of creating the funds necessary for payment of an annual assessment under
50 subdivision (3) of subsection 5 of section 190.924.

51 **8. The council shall consult with the time-critical diagnosis advisory committee,**
52 **as described under section 190.257, regarding time-critical diagnosis.**

190.103. 1. One physician with expertise in emergency medical services from each
2 of the EMS regions shall be elected by that region's EMS medical directors to serve as a
3 regional EMS medical director. The regional EMS medical directors shall constitute the state
4 EMS medical director's advisory committee and shall advise the department and their region's
5 ambulance services on matters relating to medical control and medical direction in
6 accordance with sections 190.001 to 190.245 and rules adopted by the department pursuant to

7 sections 190.001 to 190.245. The regional EMS medical director shall serve a term of four
8 years. The southwest, northwest, and Kansas City regional EMS medical directors shall be
9 elected to an initial two-year term. The central, east central, and southeast regional EMS
10 medical directors shall be elected to an initial four-year term. All subsequent terms following
11 the initial terms shall be four years. The state EMS medical director shall be the chair of the
12 state EMS medical director's advisory committee, and shall be elected by the members of the
13 regional EMS medical director's advisory committee, shall serve a term of four years, and
14 shall seek to coordinate EMS services between the EMS regions, promote educational efforts
15 for agency medical directors, represent Missouri EMS nationally in the role of the state EMS
16 medical director, and seek to incorporate the EMS system into the health care system serving
17 Missouri.

18 2. A medical director is required for all ambulance services and emergency medical
19 response agencies that provide: advanced life support services; basic life support services
20 utilizing medications or providing assistance with patients' medications; or basic life support
21 services performing invasive procedures including invasive airway procedures. The medical
22 director shall provide medical direction to these services and agencies in these instances.

23 3. The medical director, in cooperation with the ambulance service or emergency
24 medical response agency administrator, shall have the responsibility and the authority to
25 ensure that the personnel working under their supervision are able to provide care meeting
26 established standards of care with consideration for state and national standards as well as
27 local area needs and resources. The medical director, in cooperation with the ambulance
28 service or emergency medical response agency administrator, shall establish and develop
29 triage, treatment and transport protocols, which may include authorization for standing
30 orders. Emergency medical technicians shall only perform those medical procedures as
31 directed by treatment protocols approved by the local medical director or when authorized
32 through direct communication with online medical control.

33 4. All ambulance services and emergency medical response agencies that are required
34 to have a medical director shall establish an agreement between the service or agency and
35 their medical director. The agreement will include the roles, responsibilities and authority of
36 the medical director beyond what is granted in accordance with sections 190.001 to 190.245
37 and rules adopted by the department pursuant to sections 190.001 to 190.245. The agreement
38 shall also include grievance procedures regarding the emergency medical response agency or
39 ambulance service, personnel and the medical director.

40 5. Regional EMS medical directors and the state EMS medical director elected as
41 provided under subsection 1 of this section shall be considered public officials for purposes of
42 sovereign immunity, official immunity, and the Missouri public duty doctrine defenses.

43 6. The state EMS medical director's advisory committee shall be considered a peer
44 review committee under section 537.035.

45 7. Regional EMS medical directors may act to provide online telecommunication
46 medical direction to AEMTs, EMT-Bs, EMT-Ps, and community paramedics and provide
47 offline medical direction per standardized treatment, triage, and transport protocols when
48 EMS personnel, including AEMTs, EMT-Bs, EMT-Ps, and community paramedics, are
49 providing care to special needs patients or at the request of a local EMS agency or medical
50 director.

51 8. When developing treatment protocols for special needs patients, regional EMS
52 medical directors may promulgate such protocols on a regional basis across multiple political
53 subdivisions' jurisdictional boundaries, and such protocols may be used by multiple agencies
54 including, but not limited to, ambulance services, emergency response agencies, and public
55 health departments. Treatment protocols shall include steps to ensure the receiving hospital is
56 informed of the pending arrival of the special needs patient, the condition of the patient, and
57 the treatment instituted.

58 9. Multiple EMS agencies including, but not limited to, ambulance services,
59 emergency response agencies, and public health departments shall take necessary steps to
60 follow the regional EMS protocols established as provided under subsection 8 of this section
61 in cases of mass casualty or state-declared disaster incidents.

62 10. When regional EMS medical directors develop and implement treatment
63 protocols for patients or provide online medical direction for patients, such activity shall not
64 be construed as having usurped local medical direction authority in any manner.

65 11. **The state EMS medical directors advisory committee shall review and make**
66 **recommendations regarding all proposed community and regional time-critical**
67 **diagnosis plans.**

68 12. Notwithstanding any other provision of law to the contrary, when regional EMS
69 medical directors are providing either online telecommunication medical direction to AEMTs,
70 EMT-Bs, EMT-Ps, and community paramedics, or offline medical direction per standardized
71 EMS treatment, triage, and transport protocols for patients, those medical directions or
72 treatment protocols may include the administration of the patient's own prescription
73 medications.

190.176. 1. The department shall develop and administer a uniform data collection
2 system on all ambulance runs and injured patients, pursuant to rules promulgated by the
3 department for the purpose of injury etiology, patient care outcome, injury and disease
4 prevention and research purposes. The department shall not require disclosure by hospitals of
5 data elements pursuant to this section unless those data elements are required by a federal
6 agency or were submitted to the department as of January 1, 1998, pursuant to:

7 (1) Departmental regulation of trauma centers; or

8 (2) ~~[The Missouri brain and spinal cord injury registry established by sections~~
9 ~~192.735 to 192.745; or~~

10 ~~(3)]~~ Abstracts of inpatient hospital data; or

11 ~~[(4)]~~ (3) If such data elements are requested by a lawful subpoena or subpoena duces
12 tecum.

13 2. All information and documents in any civil action, otherwise discoverable, may be
14 obtained from any person or entity providing information pursuant to the provisions of
15 sections 190.001 to 190.245.

190.200. 1. The department of health and senior services in cooperation with
2 **hospitals and** local and regional EMS systems and agencies may provide public and
3 professional information and education programs related to emergency medical services
4 systems including trauma, STEMI, and stroke systems and emergency medical care and
5 treatment. The department of health and senior services may also provide public information
6 and education programs for informing residents of and visitors to the state of the availability
7 and proper use of emergency medical services, **of the designation a hospital may receive as**
8 **a trauma center, STEMI center, or stroke center**, of the value and nature of programs to
9 involve citizens in the administering of prehospital emergency care, including
10 cardiopulmonary resuscitation, and of the availability of training programs in emergency
11 care for members of the general public.

12 2. The department shall, for **trauma care**, STEMI care, and stroke care, respectively:

13 (1) Compile ~~and~~, assess, **and make publicly available** peer-reviewed and evidence-
14 based clinical research and guidelines that provide or support recommended treatment
15 standards **and that have been recommended by the time-critical diagnosis advisory**
16 **committee**;

17 (2) Assess the capacity of the emergency medical services system and hospitals to
18 deliver recommended treatments in a timely fashion;

19 (3) Use the research, guidelines, and assessment to promulgate rules establishing
20 protocols for transporting **trauma patients to a trauma center**, STEMI patients to a STEMI
21 center, or stroke patients to a stroke center. Such transport protocols shall direct patients to
22 **trauma centers**, STEMI centers, and stroke centers under section 190.243 based on the
23 centers' capacities to deliver recommended acute care treatments within time limits suggested
24 by clinical research;

25 (4) Define regions within the state for purposes of coordinating the delivery of
26 **trauma care**, STEMI care, and stroke care, respectively;

27 (5) Promote the development of regional or community-based plans for transporting
28 **trauma**, STEMI, or stroke patients via ground or air ambulance to **trauma centers**, STEMI
29 centers, or stroke centers, respectively, in accordance with section 190.243; and

30 (6) Establish procedures for the submission of community-based or regional plans for
31 department approval.

32 3. A community-based or regional plan **for the transport of trauma, STEMI, and**
33 **stroke patients** shall be submitted to the department for approval. Such plan shall be based
34 on the clinical research and guidelines and assessment of capacity described in subsection [H]
35 **2** of this section and shall include a mechanism for evaluating its effect on medical outcomes.
36 Upon approval of a plan, the department shall waive the requirements of rules promulgated
37 under sections 190.100 to 190.245 that are inconsistent with the community-based or regional
38 plan. A community-based or regional plan shall be developed by [~~or in consultation with~~] the
39 representatives of hospitals, physicians, and emergency medical services providers in the
40 community or region.

190.241. 1. **Except as provided for in subsection 4 of this section**, the department
2 shall designate a hospital as an adult, pediatric or adult and pediatric trauma center when a
3 hospital, upon proper application submitted by the hospital and site review, has been found by
4 the department to meet the applicable level of trauma center criteria for designation in
5 accordance with rules adopted by the department as prescribed by section 190.185. **Site**
6 **review may occur on-site or by any reasonable means of communication, or by any**
7 **combination thereof.** Such rules shall include designation as a trauma center without site
8 review if such hospital is verified by a national verifying or designating body at the level
9 which corresponds to a level approved in rule. **In developing trauma center designation**
10 **criteria, the department shall use, as it deems practicable, peer-reviewed and evidence-**
11 **based clinical research and guidelines including, but not limited to, the most recent**
12 **guidelines of the American College of Surgeons.**

13 2. Except as provided for in subsection [S] **4** of this section, the department shall
14 designate a hospital as a STEMI or stroke center when such hospital, upon proper application
15 and site review, has been found by the department to meet the applicable level of STEMI or
16 stroke center criteria for designation in accordance with rules adopted by the department as
17 prescribed by section 190.185. **Site review may occur on-site or by any reasonable means**
18 **of communication, or by any combination thereof.** In developing STEMI center and
19 stroke center designation criteria, the department shall use, as it deems practicable,
20 [~~appropriate~~] peer-reviewed [~~or~~] **and** evidence-based **clinical** research [~~on such topics~~] **and**
21 **guidelines** including, but not limited to, the most recent guidelines of the American College
22 of Cardiology [~~and~~], **the** American Heart Association [~~for STEMI centers, or the Joint~~
23 ~~Commission's Primary Stroke Center Certification program criteria for stroke centers, or~~

24 ~~Primary and Comprehensive Stroke Center Recommendations as published by~~, or the
25 American Stroke Association. Such rules shall include designation as a STEMI center or
26 **stroke center** without site review if such hospital is certified by a national body.

27 3. The department of health and senior services shall, not less than once every [~~five~~]
28 **three** years, conduct [~~an on-site~~] a **site** review of every trauma, STEMI, and stroke center
29 through appropriate department personnel or a qualified contractor, with the exception of
30 **trauma centers, STEMI centers, and** stroke centers designated pursuant to subsection [~~5~~] **4**
31 of this section; however, this provision is not intended to limit the department's ability to
32 conduct a complaint investigation pursuant to subdivision (3) of subsection 2 of section
33 197.080 of any trauma, STEMI, or stroke center. [~~On-site~~] **Site** reviews shall be coordinated
34 for the different types of centers to the extent practicable with hospital licensure inspections
35 conducted under chapter 197. No person shall be a qualified contractor for purposes of this
36 subsection who has a substantial conflict of interest in the operation of any trauma, STEMI, or
37 stroke center under review. The department may deny, place on probation, suspend or revoke
38 such designation in any case in which it has [~~reasonable cause to believe that~~] **determined**
39 there has been a substantial failure to comply with the provisions of this chapter or any rules
40 or regulations promulgated pursuant to this chapter. **Centers that are placed on**
41 **probationary status shall be required to demonstrate compliance with the provisions**
42 **of this chapter and any rules or regulations promulgated under this chapter within**
43 **twelve months of the date of the receipt of the notice of probationary status, unless**
44 **otherwise provided by a settlement agreement with a duration of a maximum of**
45 **eighteen months between the department and the designated center.** If the department of
46 health and senior services has [~~reasonable cause to believe~~] **determined** that a hospital is not
47 in compliance with such provisions or regulations, it may conduct additional announced or
48 unannounced site reviews of the hospital to verify compliance. If a trauma, STEMI, or stroke
49 center fails two consecutive [~~on-site~~] **site** reviews because of substantial noncompliance with
50 standards prescribed by sections 190.001 to 190.245 or rules adopted by the department
51 pursuant to sections 190.001 to 190.245, its center designation shall be revoked.

52 4. (1) Instead of applying for **trauma, STEMI, or stroke** center designation under
53 subsection **1 or 2** of this section, a hospital may apply for **trauma, STEMI, or stroke** center
54 designation under this subsection. Upon receipt of an application [~~from a hospital~~] on a form
55 prescribed by the department, the department shall designate such hospital[~~]:~~

56 (1) ~~A level I STEMI center if such hospital has been certified as a Joint Commission~~
57 ~~comprehensive cardiac center or another department approved nationally recognized~~
58 ~~organization that provides comparable STEMI center accreditation; or~~

59 (2) ~~A level II STEMI center if such hospital has been accredited as a Mission:~~
60 ~~Lifeline STEMI receiving center by the American Heart Association accreditation process or~~

61 ~~another department approved nationally recognized organization that provides STEMI~~
62 ~~receiving center accreditation.~~

63 ~~5. Instead of applying for stroke center designation pursuant to the provisions of~~
64 ~~subsection 2 of this section, a hospital may apply for stroke center designation pursuant to this~~
65 ~~subsection. Upon receipt of an application from a hospital on a form prescribed by the~~
66 ~~department, the department shall designate such hospital:~~

67 ~~(1) A level I stroke center if such hospital has been certified as a comprehensive~~
68 ~~stroke center by the Joint Commission or any other certifying organization designated by the~~
69 ~~department when such certification is in accordance with the American Heart Association/~~
70 ~~American Stroke Association guidelines;~~

71 ~~(2) A level II stroke center if such hospital has been certified as a primary stroke~~
72 ~~center by the Joint Commission or any other certifying organization designated by the~~
73 ~~department when such certification is in accordance with the American Heart Association/~~
74 ~~American Stroke Association guidelines; or~~

75 ~~(3) A level III stroke center if such hospital has been certified as an acute stroke ready~~
76 ~~hospital by the Joint Commission or any other certifying organization designated by the~~
77 ~~department when such certification is in accordance with the American Heart Association/~~
78 ~~American Stroke Association guidelines] at a state level that corresponds to a similar~~
79 **national designation as set forth in rules promulgated by the department. The rules**
80 **shall be based on standards of nationally recognized organizations and the**
81 **recommendations of the time-critical diagnosis advisory committee.**

82 **(2) Except as provided by subsection [6] 5 of this section, the department shall not**
83 **require compliance with any additional standards for establishing or renewing trauma,**
84 **STEMI, or stroke designations under this subsection. The designation shall continue if**
85 **such hospital remains certified or verified. The department may remove a hospital's**
86 **designation as a trauma center, STEMI center, or stroke center if the hospital requests**
87 **removal of the designation or the department determines that the certificate [recognizing] or**
88 **verification that qualified the hospital [as a stroke center] for the designation under this**
89 **subsection has been suspended or revoked. Any decision made by the department to**
90 **withdraw its designation of a [stroke] center pursuant to this subsection that is based on the**
91 **revocation or suspension of a certification or verification by a certifying or verifying**
92 **organization shall not be subject to judicial review. The department shall report to the**
93 **certifying or verifying organization any complaint it receives related to the [stroke] center**
94 **[certification of a stroke center] designated pursuant to this subsection. The department shall**
95 **also advise the complainant which organization certified or verified the [stroke] center and**
96 **provide the necessary contact information should the complainant wish to pursue a complaint**
97 **with the certifying or verifying organization.**

98 ~~[6.]~~ **5.** Any hospital receiving designation as a **trauma center, STEMI center, or**
99 stroke center pursuant to subsection ~~[5]~~ **4** of this section shall:

100 (1) ~~[Annually and]~~ Within thirty days of any changes **or receipt of a certificate or**
101 **verification**, submit to the department proof of ~~[stroke]~~ **certification or verification** and the
102 names and contact information of the **center's** medical director and the program manager ~~[of~~
103 ~~the stroke center]~~; **and**

104 (2) ~~[Submit to the department a copy of the certifying organization's final stroke~~
105 ~~certification survey results within thirty days of receiving such results;~~

106 (3) ~~Submit every four years an application on a form prescribed by the department for~~
107 ~~stroke center review and designation;~~

108 (4) ~~Participate in the emergency medical services regional system of stroke care in its~~
109 ~~respective emergency medical services region as defined in rules promulgated by the~~
110 ~~department;~~

111 ~~(5)]~~ Participate in local and regional emergency medical services systems ~~[by~~
112 ~~reviewing and sharing outcome data and]~~ **for purposes of providing training [and], sharing**
113 **clinical educational resources, and collaborating on improving patient outcomes.**
114

115 Any hospital receiving designation as a level III stroke center pursuant to subsection ~~[5]~~ **4** of
116 this section shall have a formal agreement with a level I or level II stroke center for physician
117 consultative services for evaluation of stroke patients for thrombolytic therapy and the care of
118 the patient post-thrombolytic therapy.

119 ~~[7.]~~ **6.** Hospitals designated as a **trauma center, STEMI center, or stroke center** by
120 the department~~[, including those designated pursuant to subsection 5 of this section,]~~ shall
121 submit data ~~[to meet the data submission requirements specified by rules promulgated by the~~
122 ~~department. Such submission of data may be done]~~ **by one of** the following methods:

123 (1) Entering hospital data ~~[directly]~~ into a state registry ~~[by direct data entry]; or~~

124 (2) ~~[Downloading hospital data from a nationally recognized registry or data bank~~
125 ~~and importing the data files into a state registry; or~~

126 (3) ~~Authorizing a nationally recognized registry or data bank to disclose or grant~~
127 ~~access to the department facility-specific data held by the]~~ **Entering hospital data into a**

128 **national** registry or data bank. A hospital submitting data pursuant to **this** subdivision ~~[(2) or~~
129 ~~(3) of this subsection]~~ shall not be required to collect and submit any additional **trauma,**

130 **STEMI, or stroke center data elements. No hospital submitting data to a national data**
131 **registry or data bank under this subdivision shall withhold authorization for the**

132 **department to access such data through such national data registry or data bank.**

133 **Nothing in this subdivision shall be construed as requiring duplicative data entry by a**
134 **hospital that is otherwise complying with the provisions of this subsection. Failure of**

135 **the department to obtain access to data submitted to a national data registry or data**
136 **bank shall not be construed as hospital noncompliance under this subsection.**

137 ~~[8.]~~ 7. When collecting and analyzing data pursuant to the provisions of this section,
138 the department shall comply with the following requirements:

139 (1) Names of any health care professionals, as defined in section 376.1350, shall not
140 be subject to disclosure;

141 (2) The data shall not be disclosed in a manner that permits the identification of an
142 individual patient or encounter;

143 (3) The data shall be used for the evaluation and improvement of hospital and
144 emergency medical services' trauma, stroke, and STEMI care; **and**

145 (4) ~~[The data collection system shall be capable of accepting file transfers of data~~
146 ~~entered into any national recognized trauma, stroke, or STEMI registry or data bank to fulfill~~
147 ~~trauma, stroke, or STEMI certification reporting requirements; and~~

148 ~~(5)]~~ **Trauma, STEMI, and stroke center data elements shall conform to [nationally**
149 **recognized performance measures, such as the American Heart Association's Get With the**
150 **Guidelines] national registry or data bank data elements**, and include published detailed
151 measure specifications, data coding instructions, and patient population inclusion and
152 exclusion criteria to ensure data reliability and validity.

153 ~~[9. The board of registration for the healing arts shall have sole authority to establish~~
154 ~~education requirements for physicians who practice in an emergency department of a facility~~
155 ~~designated as a trauma, STEMI, or stroke center by the department under this section. The~~
156 ~~department shall deem such education requirements promulgated by the board of registration~~
157 ~~for the healing arts sufficient to meet the standards for designations under this section.~~

158 ~~10.]~~ **8. The department shall not have authority to establish additional education**
159 **requirements for physicians who are emergency medicine board certified or board**
160 **eligible through the American Board of Emergency Medicine (ABEM) or the American**
161 **Osteopathic Board of Emergency Medicine (AOBEM) and who are practicing in the**
162 **emergency department of a facility designated as a trauma center, STEMI center, or**
163 **stroke center by the department under this section. The department shall deem the**
164 **education requirements promulgated by ABEM or AOBEM to meet the standards for**
165 **designations under this section. Education requirements for non-ABEM or non-**
166 **AOBEM certified physicians, nurses, and other providers who provide care at a facility**
167 **designated as a trauma center, STEMI center, or stroke center by the department under**
168 **this section shall mirror but not exceed those established by national designating or**
169 **verifying bodies of trauma centers, STEMI centers, or stroke centers.**

170 9. The department of health and senior services may establish appropriate fees to
171 offset **only** the costs of trauma, STEMI, and stroke center ~~[reviews]~~ **surveys.**

172 ~~[11.]~~ **10.** No hospital shall hold itself out to the public as a STEMI center, stroke
173 center, adult trauma center, pediatric trauma center, or an adult and pediatric trauma center
174 unless it is designated as such by the department of health and senior services.

175 ~~[12.]~~ **11.** Any person aggrieved by an action of the department of health and senior
176 services affecting the trauma, STEMI, or stroke center designation pursuant to this chapter,
177 including the revocation, the suspension, or the granting of, refusal to grant, or failure to
178 renew a designation, may seek a determination thereon by the administrative hearing
179 commission under chapter 621. It shall not be a condition to such determination that the
180 person aggrieved seek a reconsideration, a rehearing, or exhaust any other procedure within
181 the department.

 190.243. 1. Severely injured patients shall be transported to a trauma center. Patients
2 who suffer a STEMI, as defined in section 190.100, shall be transported to a STEMI center.
3 Patients who suffer a stroke, as defined in section 190.100, shall be transported to a stroke
4 center.

5 2. A physician, **physician assistant**, or registered nurse authorized by a physician
6 who has established verbal communication with ambulance personnel shall instruct the
7 ambulance personnel to transport a severely ill or injured patient to the closest hospital or
8 designated trauma, STEMI, or stroke center, as determined according to estimated transport
9 time whether by ground ambulance or air ambulance, in accordance with transport protocol
10 approved by the medical director and the department of health and senior services, even when
11 the hospital is located outside of the ambulance service's primary service area. When initial
12 transport from the scene of illness or injury to a trauma, STEMI, or stroke center would be
13 prolonged, the STEMI, stroke, or severely injured patient may be transported to the nearest
14 appropriate facility for stabilization prior to transport to a trauma, STEMI, or stroke center.

15 3. Transport of the STEMI, stroke, or severely injured patient shall be governed by
16 principles of timely and medically appropriate care; consideration of reimbursement
17 mechanisms shall not supersede those principles.

18 4. Patients who do not meet the criteria for direct transport to a trauma, STEMI, or
19 stroke center shall be transported to and cared for at the hospital of their choice so long as
20 such ambulance service is not in violation of local protocols.

 190.245. ~~[The department shall require hospitals, as defined by chapter 197,
2 designated as trauma, STEMI, or stroke centers to provide for a peer review system, approved
3 by the department, for trauma, STEMI, and stroke cases, respective to their designations,
4 under section 537.035. For purposes of sections 190.241 to 190.245, the department of health
5 and senior services shall have the same powers and authority of a health care licensing board
6 pursuant to subsection 6 of section 537.035.]~~ Failure of a hospital to provide all medical
7 records **and quality improvement documentation** necessary for the department to

8 implement provisions of sections 190.241 to 190.245 shall result in the revocation of the
9 hospital's designation as a trauma **center**, STEMI **center**, or stroke center. Any medical
10 records obtained by the department [~~or peer review committees~~] shall be used only for
11 purposes of implementing the provisions of sections 190.241 to 190.245 and the names of
12 hospitals, physicians and patients shall not be released by the department or members of
13 review [~~committees~~] **teams**.

**190.257. 1. There is hereby established the "Time-Critical Diagnosis Advisory
2 Committee", to be designated by the director for the purpose of advising and making
3 recommendations to the department on:**

4 **(1) Improvement of public and professional education related to time-critical
5 diagnosis;**

6 **(2) Engagement in cooperative research endeavors;**

7 **(3) Development of standards, protocols, and policies related to time-critical
8 diagnosis, including recommendations for state regulations; and**

9 **(4) Evaluation of community and regional time-critical diagnosis plans,
10 including recommendations for changes.**

11 **2. The members of the committee shall serve without compensation, except that
12 the department shall budget for reasonable travel expenses and meeting expenses
13 related to the functions of the committee.**

14 **3. The director shall appoint sixteen members to the committee from
15 applications submitted for appointment, with the membership to be composed of the
16 following:**

17 **(1) Six members, one from each EMS region, who are active participants
18 providing emergency medical services, with at least:**

19 **(a) One member who is a physician serving as a regional EMS medical director;**

20 **(b) One member who serves on an air ambulance service;**

21 **(c) One member who resides in an urban area; and**

22 **(d) One member who resides in a rural area; and**

23 **(2) Ten members who represent hospitals, with at least:**

24 **(a) One member who is employed by a level I or level II trauma center;**

25 **(b) One member who is employed by a level I or level II STEMI center;**

26 **(c) One member who is employed by a level I or level II stroke center;**

27 **(d) One member who is employed by a rural or critical access hospital; and**

28 **(e) Three physicians, with one physician certified by the American Board of
29 Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine
30 (AOBEM) and two physicians employed in time-critical diagnosis specialties at a level I
31 or level II trauma center, STEMI center, or stroke center.**

32 **4. In addition to the sixteen appointees, the state EMS medical director shall**
33 **serve as an ex officio member of the committee.**

34 **5. The director shall make a reasonable effort to ensure that the members**
35 **representing hospitals have geographical representation from each district of the state**
36 **designated by a statewide nonprofit membership association of hospitals.**

37 **6. Members appointed by the director shall be appointed for three-year terms.**
38 **Initial appointments shall include extended terms in order to establish a rotation to**
39 **ensure that only approximately one-third of the appointees will have their term expire in**
40 **any given year. An appointee wishing to continue in his or her role on the committee**
41 **shall resubmit an application as required by this section.**

42 **7. The committee shall consult with the state advisory council on emergency**
43 **medical services, as described in section 190.101, regarding issues involving emergency**
44 **medical services.**

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

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

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

8 (3) One member of the house of representatives to be appointed by the speaker of the
9 house of representatives;

10 (4) One member of the senate to be appointed by the president pro tempore of the
11 senate;

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

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

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

17 (8) One member from the office of state ombudsman for long-term care facility
18 residents;

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

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

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

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

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

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

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

27 (16) Two members representing voluntary health organizations in Alzheimer's disease
28 care, support, and research;

29 (17) One member representing licensed skilled nursing facilities; and

30 (18) One member representing Missouri veterans' homes.

31 2. The members of the task force, other than the lieutenant governor, members from
32 the general assembly, and department and division directors, shall be appointed by the
33 governor with the advice and consent of the senate. Members shall serve on the task force
34 without compensation.

35 3. The task force shall assess all state programs that address Alzheimer's disease and
36 update and maintain an integrated state plan to overcome the challenges caused by
37 Alzheimer's disease. The state plan shall include implementation steps and recommendations
38 for priority actions based on this assessment. The task force's actions shall include, but shall
39 not be limited to, the following:

40 (1) Assess the current and future impact of Alzheimer's disease on residents of the
41 state of Missouri;

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

44 (3) Develop recommendations to respond to the escalating public health crisis
45 regarding Alzheimer's disease;

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

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

51 (6) Provide information and coordination of Alzheimer's disease research and
52 services across all state agencies;

53 (7) Examine dementia-specific training requirements across health care, adult
54 protective services workers, law enforcement, and all other areas in which staff are involved
55 with the delivery of care to those with Alzheimer's disease and other dementias; and

56 (8) Develop strategies to increase the diagnostic rate of Alzheimer's disease in
57 Missouri.

58 4. The task force shall deliver a report of recommendations to the governor and
59 members of the general assembly no later than ~~June 1, 2022~~ **January 1, 2023**.

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

62 force recommendations and shall provide annual supplemental report updates on the findings
63 to the governor and the general assembly.

64 6. The provisions of this section shall expire on December 31, ~~2026~~ 2027.

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

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

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

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

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

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

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

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

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

191.515. An eligible student may apply to the department for a loan under sections
2 191.500 to 191.550 only if, at the time of his application and throughout the period during
3 which he receives the loan, he has been formally accepted as a student in a participating
4 school in a course of study leading to the degree of doctor of medicine or doctor of

5 osteopathy, **including psychiatry, or a doctor of dental surgery, a doctor of dental**
6 **medicine, or a bachelor of science degree in dental hygiene**, and is a resident of this state.

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

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

192.005. 1. There is hereby created and established as a department of state
2 government the "Department of Health and Senior Services". The department of health and
3 senior services shall supervise and manage all public health functions and programs. The
4 department shall be governed by the provisions of the Omnibus State Reorganization Act of
5 1974, Appendix B, RSMo, unless otherwise provided in sections 192.005 to 192.014. The
6 division of health of the department of social services, chapter 191, this chapter, and others,
7 including, but not limited to, such agencies and functions as the state health planning and
8 development agency, the crippled children's service, chapter 201, the bureau and the program
9 for the prevention of developmental disability, the hospital subsidy program, chapter 189, the
10 state board of health and senior services, section 191.400, the student loan program, sections
11 191.500 to 191.550, the family practice residency program, the licensure and certification of
12 hospitals, chapter 197, the Missouri chest hospital, sections 199.010 to 199.070, are hereby
13 transferred to the department of health and senior services by a type I transfer, and the state
14 cancer center and cancer commission, chapter 200, is hereby transferred to the department of
15 health and senior services by a type III transfer as such transfers are defined in section 1 of the
16 Omnibus State Reorganization Act of 1974, Appendix B, RSMo Supp. 1984. The provisions
17 of section 1 of the Omnibus State Reorganization Act of 1974, Appendix B, RSMo Supp.
18 1984, relating to the manner and procedures for transfers of state agencies shall apply to the
19 transfers provided in this section. The division of health of the department of social services
20 is abolished.

21 **2. The state's responsibility under public law 73, Older Americans Act of 1965,**
22 **of the eighty-ninth Congress is transferred by type I transfer to the department of**
23 **health and senior services. The department shall be responsible for the implementation**

24 **of the Older Americans Act in Missouri. The department shall develop a state plan**
25 **describing a program for carrying out the Older Americans Act and shall be the sole**
26 **agency responsible for coordinating all state programs related to the implementation of**
27 **such plan.**

192.2225. 1. The department shall have the right to enter the premises of an applicant
2 for or holder of a license at any time during the hours of operation of a center to determine
3 compliance with provisions of sections 192.2200 to 192.2260 and applicable rules
4 promulgated pursuant thereto. Entry shall also be granted for investigative purposes
5 involving complaints regarding the operations of an adult day care program. The department
6 shall make at least ~~[two inspections]~~ **one inspection** per year, ~~[at least one of]~~ which shall be
7 unannounced to the operator or provider. The department may make such other inspections,
8 announced or unannounced, as it deems necessary to carry out the provisions of sections
9 192.2200 to 192.2260.

10 2. ~~[The department may reduce the frequency of inspections to once a year if an adult~~
11 ~~day care program is found to be in substantial compliance. The basis for such determination~~
12 ~~shall include, but not be limited to, the following:~~

13 ~~(1) Previous inspection reports;~~

14 ~~(2) The adult day care program's history of compliance with rules promulgated~~
15 ~~pursuant to this chapter; and~~

16 ~~(3) The number and severity of complaints received about the adult day care program.~~

17 ~~3.]~~ The applicant for or holder of a license shall cooperate with the investigation and
18 inspection by providing access to the adult day care program, records and staff, and by
19 providing access to the adult day care program to determine compliance with the rules
20 promulgated pursuant to sections 192.2200 to 192.2260.

21 ~~[4.]~~ **3.** Failure to comply with any lawful request of the department in connection with
22 the investigation and inspection is a ground for refusal to issue a license or for the revocation
23 of a license.

24 ~~[5.]~~ **4.** The department may designate to act for it, with full authority of law, any
25 instrumentality of any political subdivision of the state of Missouri deemed by the department
26 to be competent to investigate and inspect applicants for or holders of licenses.

194.210. 1. Sections 194.210 to 194.294 may be cited as the "Revised Uniform
2 Anatomical Gift Act".

3 2. As used in sections 194.210 to 194.294, the following terms mean:

4 (1) "Adult", an individual who is at least eighteen years of age;

5 (2) "Agent", an individual:

6 (a) Authorized to make health-care decisions on the principal's behalf by a power of
7 attorney for health care; or

8 (b) Expressly authorized to make an anatomical gift on the principal's behalf by any
9 other record signed by the principal;

10 (3) "Anatomical gift", a donation of all or part of a human body to take effect after the
11 donor's death for the purposes of transplantation, therapy, research, or education;

12 (4) [~~"Cadaver procurement organization", an entity lawfully established and operated~~
13 ~~for the procurement and distribution of anatomical gifts to be used as cadavers or cadaver~~
14 ~~tissue for appropriate education or research;~~

15 (5) "Decedent", a deceased individual whose body or part is or may be the source of
16 an anatomical gift. The term includes a stillborn infant but does not include an unborn child
17 as defined in section 1.205 or 188.015 if the child has not died of natural causes;

18 (6) (5) "Disinterested witness", a witness other than the spouse, child, parent,
19 sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes,
20 or refuses to make an anatomical gift. The term does not include a person to which an
21 anatomical gift could pass under section 194.255;

22 (7) (6) "Document of gift", a donor card or other record used to make an anatomical
23 gift. The term includes a statement or symbol on a driver's license, identification card, or
24 donor registry;

25 (8) (7) "Donor", an individual whose body or part is the subject of an anatomical
26 gift provided that donor does not include an unborn child as defined in section 1.205 or
27 section 188.015 if the child has not died of natural causes;

28 (9) (8) "Donor registry", a database that contains records of anatomical gifts and
29 amendments to or revocations of anatomical gifts;

30 (10) (9) "Driver's license", a license or permit issued by the department of revenue
31 to operate a vehicle whether or not conditions are attached to the license or permit;

32 (11) (10) "Eye bank", a person that is licensed, accredited, or regulated under
33 federal or state law to engage in the recovery, screening, testing, processing, storage, or
34 distribution of human eyes or portions of human eyes;

35 (12) (11) "Guardian", a person appointed by a court pursuant to chapter 475. The
36 term does not include a guardian ad litem;

37 (13) (12) "Hospital", a facility licensed as a hospital under the laws of any state or a
38 facility operated as a hospital by the United States, a state, or a subdivision of a state;

39 (14) (13) "Identification card", an identification card issued by the department of
40 revenue;

41 (15) (14) "Know", to have actual knowledge;

42 (16) (15) "Minor", an individual who is under eighteen years of age;

43 (17) (16) "Organ procurement organization", [~~a person~~] **an entity** designated by the
44 United States Secretary of Health and Human Services as an organ procurement organization;

45 ~~[(18)]~~ (17) "Parent", a parent whose parental rights have not been terminated;

46 ~~[(19)]~~ (18) "Part", an organ, an eye, or tissue of a human being. The term does not
47 include the whole body;

48 ~~[(20)]~~ (19) "Person", an individual, corporation, business trust, estate, trust,
49 partnership, limited liability company, association, joint venture, public corporation,
50 government or governmental subdivision, agency, or instrumentality, or any other legal or
51 commercial entity;

52 ~~[(21)]~~ (20) "Physician", an individual authorized to practice medicine or osteopathy
53 under the laws of any state;

54 (21) **"Potential donor", an individual whose body or part is the subject of an**
55 **anatomical gift, provided that donor does not include an unborn child, as defined in**
56 **section 188.015, if the child has not died of natural causes;**

57 (22) "Procurement organization", an eye bank, organ procurement organization, ~~[or]~~
58 tissue bank, **or an entity lawfully established and operated for the procurement and**
59 **distribution of anatomical gifts to be used as donated organs, donated tissues, or for**
60 **appropriate scientific or medical research;**

61 (23) "Prospective donor", an individual who is dead or near death and has been
62 determined by a procurement organization to have a part that could be medically suitable for
63 transplantation, therapy, research, or education. The term does not include an individual who
64 has made a refusal;

65 (24) "Reasonably available", able to be contacted by a procurement organization with
66 reasonable effort and willing and able to act in a timely manner consistent with existing
67 medical criteria necessary for the making of an anatomical gift;

68 (25) "Recipient", an individual into whose body a decedent's part has been or is
69 intended to be transplanted;

70 (26) "Record", information that is inscribed on a tangible medium or that is stored in
71 an electronic or other medium and is retrievable in perceivable form;

72 (27) "Refusal", a record created under section 194.235 that expressly states an intent
73 to bar other persons from making an anatomical gift of an individual's body or part;

74 (28) "Sign", with the present intent to authenticate or adopt a record:

75 (a) To execute or adopt a tangible symbol; or

76 (b) To attach or logically associate with the record an electronic symbol, sound, or
77 process;

78 (29) "State", a state of the United States, the District of Columbia, Puerto Rico, the
79 United States Virgin Islands, or any territory or insular possession subject to the United
80 States;

81 (30) "Technician", an individual determined to be qualified to remove or process parts
82 by an appropriate organization that is licensed, accredited, or regulated under federal or state
83 law. The term includes an eye enucleator;

84 (31) "Tissue", a portion of the human body other than an organ or an eye. The term
85 does not include blood unless the blood is donated for purposes of research or education;

86 (32) "Tissue bank", a person that is licensed, accredited, or regulated under federal or
87 state law to engage in the recovery, screening, testing, processing, storage, or distribution of
88 tissue;

89 (33) "Transplant hospital", a hospital that furnishes organ transplants and other
90 medical and surgical specialty services required for the care of transplant patients.

194.255. 1. An anatomical gift may be made to the following persons named in the
2 document of gift:

3 (1) A hospital, accredited medical school, dental school, college, university, or
4 ~~[organ] procurement organization, [cadaver procurement organization,]~~ or other appropriate
5 person for **appropriate scientific or medical** research or education;

6 (2) Subject to subsection 2 of this section, an individual designated by the person
7 making the anatomical gift if the individual is the recipient of the part; or

8 (3) An eye bank or tissue bank.

9 2. If an anatomical gift to an individual under subdivision (2) of subsection 1 of this
10 section cannot be transplanted into the individual, the part passes in accordance with
11 subsection 7 of this section in the absence of an express, contrary indication by the person
12 making the anatomical gift.

13 3. If an anatomical gift of one or more specific parts or of all parts is made in a
14 document of gift that does not name a person described in subsection 1 of this section but
15 identifies the purpose for which an anatomical gift may be used, the following rules apply:

16 (1) If the part is an eye and the gift is for the purpose of transplantation or therapy, the
17 gift passes to the appropriate eye bank;

18 (2) If the part is tissue and the gift is for the purpose of transplantation or therapy, the
19 gift passes to the appropriate tissue bank;

20 (3) If the part is an organ and the gift is for the purpose of transplantation or therapy,
21 the gift passes to the appropriate organ procurement organization as custodian of the organ;

22 (4) If the part is an organ, an eye, or tissue and the gift is for the purpose of research
23 or education, the gift passes to the appropriate procurement organization.

24 4. For the purpose of subsection 3 of this section, if there is more than one purpose of
25 an anatomical gift set forth in the document of gift but the purposes are not set forth in any
26 priority, the gift must be used for transplantation or therapy if suitable. If the gift cannot be
27 used for transplantation or therapy, the gift may be used for research or education.

28 5. If an anatomical gift of one or more specific parts is made in a document of gift
29 that does not name a person described in subsection 1 of this section and does not identify the
30 purpose of the gift, the gift may be used only for transplantation or therapy, and the gift passes
31 in accordance with subsection 7 of this section.

32 6. If a document of gift specifies only a general intent to make an anatomical gift by
33 words such as "donor", "organ donor", or "body donor", or by a symbol or statement of
34 similar import, the gift may be used only for transplantation or therapy, and the gift passes in
35 accordance with subsection 7 of this section.

36 7. For purposes of subsections 2, 5, and 6 of this section, the following rules apply:

37 (1) If the part is an eye, the gift passes to the appropriate eye bank;

38 (2) If the part is tissue, the gift passes to the appropriate tissue bank;

39 (3) If the part is an organ, the gift passes to the appropriate organ procurement
40 organization as custodian of the organ;

41 (4) If the gift is medically unsuitable for transplantation or therapy, the gift may be
42 used for **appropriate scientific or medical** research or education and pass to the appropriate
43 procurement organization [~~or cadaver procurement organization~~].

44 8. An anatomical gift of an organ for transplantation or therapy, other than an
45 anatomical gift under subdivision (2) of subsection 1 of this section, passes to the organ
46 procurement organization as custodian of the organ.

47 9. If an anatomical gift does not pass under subsections 1 through 8 of this section or
48 the decedent's body or part is not used for transplantation, therapy, research, or education,
49 custody of the body or part passes to the person under obligation to dispose of the body or
50 part.

51 10. A person may not accept an anatomical gift if the person knows that the gift was
52 not effectively made under section 194.225 or 194.250 or if the person knows that the
53 decedent made a refusal under section 194.235 that was not revoked. For purposes of this
54 subsection, if a person knows that an anatomical gift was made on a document of gift, the
55 person is deemed to know of any amendment or revocation of the gift or any refusal to make
56 an anatomical gift on the same document of gift.

57 11. A person may not accept an anatomical gift if the person knows that the gift is
58 from the body of an executed prisoner from another country.

59 12. Except as otherwise provided in subdivision (2) of subsection 1 of this section,
60 nothing in this act affects the allocation of organs for transplantation or therapy.

194.265. 1. When a hospital refers an individual at or near death to a procurement
2 organization, the organization shall make a reasonable search of any donor registry and other
3 applicable records that it knows exist for the geographical area in which the individual resides
4 to ascertain whether the individual has made an anatomical gift.

5 2. A procurement organization must be allowed reasonable access to information in
6 the records of the department of health and senior services and department of revenue to
7 ascertain whether an individual at or near death is a donor.

8 3. When a hospital refers an individual at or near death to a procurement organization,
9 the organization may conduct any reasonable examination necessary to ensure the medical
10 suitability of a part that is or could be the subject of an anatomical gift for transplantation,
11 therapy, research, or education from a donor, **potential donor**, or a prospective donor. During
12 the examination period, measures necessary to ensure the medical suitability of the part may
13 not be withdrawn unless the hospital or procurement organization knows a contrary intent had
14 or has been expressed by the individual or an agent of the individual, or if the individual is
15 incapacitated and he or she has no agent, knows a contrary intent has been expressed by any
16 person listed in section 194.245 having priority to make an anatomical gift on behalf of the
17 individual.

18 4. Unless prohibited by law other than sections 194.210 to 194.294, at any time after
19 a donor's death, the person to which a part passes under section 194.255 may conduct any
20 reasonable examination necessary to ensure the medical suitability of the body or part for its
21 intended purpose.

22 5. Unless prohibited by law other than sections 194.210 to 194.294, an examination
23 under subsection 3 or 4 of this section may include an examination of all medical records of
24 the donor, **potential donor**, or prospective donor.

25 6. Upon the death of a minor who was a donor or had signed a refusal, unless a
26 procurement organization knows the minor is emancipated, the procurement organization
27 shall conduct a reasonable search for the parents of the minor and provide the parents with an
28 opportunity to revoke or amend the anatomical gift or revoke a refusal.

29 7. Upon referral by a hospital under subsection 1 of this section, a procurement
30 organization shall make a reasonable search for any person listed in section 194.245 having
31 priority to make an anatomical gift on behalf of a **donor, potential donor, or** prospective
32 donor. If a procurement organization receives information that an anatomical gift to any other
33 person was made, amended, or revoked, it shall promptly advise the other person of all
34 relevant information.

35 8. Subject to subsection 9 of section 194.255 and section 58.785, the rights of the
36 person to which a part passes under section 194.255 are superior to rights of all others with
37 respect to the part. The person may accept or reject an anatomical gift in whole or in part.
38 Subject to the terms of the document of gift and this act, a person that accepts an anatomical
39 gift of an entire body may allow embalming or cremation and use of remains in a funeral
40 service. If the gift is of a part, the person to which the part passes under section 194.255,

41 upon the death of the donor and before embalming, burial, or cremation, shall cause the part
42 to be removed without unnecessary mutilation.

43 9. Neither the physician who attends the decedent immediately prior to or at death nor
44 the physician who determines the time of the decedent's death may participate in the
45 procedures for removing or transplanting a part from the decedent.

46 10. No physician who removes or transplants a part from the decedent, or a
47 procurement organization, shall have primary responsibility for the health care treatment, or
48 health care decision-making for such individual's terminal condition during the
49 hospitalization for which the individual becomes a donor.

50 11. A physician or technician may remove a donated part from the body of a donor
51 that the physician or technician is qualified to remove.

194.285. 1. A person that acts in accordance with sections 194.210 to 194.294 or
2 with the applicable anatomical gift law of another state that is not inconsistent with the
3 provisions of sections 194.210 to 194.294 or attempts without negligence and in good faith to
4 do so is not liable for the act in any civil action, criminal, or administrative proceeding.

5 2. Neither the person making an anatomical gift nor the donor's estate is liable for any
6 injury or damage that results from the making or use of the gift.

7 3. In determining whether an anatomical gift has been made, amended, or revoked
8 under sections 194.210 to 194.294, a person may rely upon representations of individuals
9 listed in subdivision (2), (3), (4), (5), (6), (7), or (8) of subsection 1 of section 194.245
10 relating to the individual's relationship to the donor, **potential donor**, or prospective donor
11 unless the person knows that representation is untrue.

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

2 (1) "Advance health-care directive", a power of attorney for health care or a record
3 signed or authorized by a **donor, potential donor, or** prospective donor, containing the
4 ~~[prospective]~~ donor's direction concerning a health-care decision for the ~~[prospective]~~ donor;

5 (2) "Declaration", a record, including but not limited to a living will, or a do-not-
6 resuscitate order, signed by a **donor, potential donor, or** prospective donor specifying the
7 circumstances under which a life support system may be withheld or withdrawn;

8 (3) "Health-care decision", any decision regarding the health care of the **donor,**
9 **potential donor, or** prospective donor.

10 2. If a **donor, potential donor, or** prospective donor has a declaration or advance
11 health-care directive and the terms of the declaration or directive and the express or implied
12 terms of a potential anatomical gift are in conflict with regard to the administration of
13 measures necessary to ensure the medical suitability of a part for transplantation or therapy,
14 the ~~[prospective]~~ donor's attending physician and ~~[prospective]~~ donor shall confer to resolve
15 the conflict. If the **donor, potential donor, or** prospective donor is incapable of resolving the

16 conflict, an agent acting under the ~~[prospective]~~ donor's declaration or directive or, if none or
17 the agent is not reasonably available, another person authorized by law to make health-care
18 decisions on behalf of the ~~[prospective]~~ donor shall act for the donor to resolve the conflict.
19 The conflict must be resolved as expeditiously as possible. Information relevant to the
20 resolution of the conflict may be obtained from the appropriate procurement organization and
21 any other person authorized to make an anatomical gift for the prospective donor under
22 section 194.245. Before the resolution of the conflict, measures necessary to ensure the
23 medical suitability of an organ for transplantation or therapy may not be withheld or
24 withdrawn from the **donor, potential donor, or** prospective donor if withholding or
25 withdrawing the measures is not contraindicated by appropriate end-of-life care.

194.297. **1.** There is established in the state treasury the "Organ Donor Program
2 Fund"~~], which shall consist of all moneys deposited by the director of revenue pursuant to~~
3 ~~subsection 2 of section 302.171 and any other moneys donated or appropriated to the fund].~~
4 **The state treasurer shall credit to and deposit in the organ donor program fund all**
5 **amounts received under sections 301.020, 301.3125, and subsection 2 of section 302.171,**
6 **and any other amounts which may be received from grants, gifts, bequests, the federal**
7 **government, or other sources granted or given. Funds shall be used for implementing**
8 **efforts that support or provide organ, eye, and tissue donation education awareness,**
9 **recognition, training, and registry efforts unless designated for a specific purpose as**
10 **outlined in subsection 4 of this section. Funds may be used to support expenses incurred**
11 **by organ donation advisory committee members pursuant to section 194.300.**

12 **2.** The department of health and senior services may pursue funding to support
13 **programmatic efforts and initiatives as outlined in subsection 1 of this section.**

14 **3.** The state treasurer shall invest any funds in excess of five hundred thousand
15 **dollars in the organ donor program fund not required for immediate disbursement or**
16 **program allocation in the same manner as surplus state funds are invested under section**
17 **30.260. All earnings resulting from the investment of money in the organ donor**
18 **program fund shall be credited to the organ donor program fund.**

19 **4.** The organ donor program fund can accept gifts, grants, appropriations, or
20 **contributions from any source, public or private, including contributions from sections**
21 **301.020, 301.3125, and 302.171, and individuals, private organizations and foundations,**
22 **and bequests. Private contributions, grants, and federal funds may be used and**
23 **expended by the department for such purposes as may be specified in any requirements,**
24 **terms, or conditions attached thereto or, in the absence of any specific requirements,**
25 **terms, or conditions, as the department may determine for purposes outlined in**
26 **subsection 1 of this section.**

27 **5. The acceptance and use of federal funds shall not commit any state funds, nor**
28 **place any obligation upon the general assembly to continue the programs or activities**
29 **outlined in the federal fund award for which the federal funds are available.**

30 6. The state treasurer shall administer the fund, and the moneys in the fund shall be
31 used solely, upon appropriation, by the department [~~of health and senior services, in~~
32 ~~consultation~~]. **The department may consult** with the organ donation advisory committee,
33 ~~for implementation of organ donation awareness programs in the manner prescribed in~~
34 ~~subsection 2 of section 194.300]~~ **about the implementation of programming and related**
35 **expenditures.**

36 7. Notwithstanding the provisions of section 33.080 to the contrary, moneys in the
37 organ donor program fund at the end of any biennium shall not be transferred to the credit of
38 the general revenue fund. There shall be no money appropriated from general revenue to
39 administer the fund in the event the fund cannot sustain itself.

194.299. The moneys in the organ donor program fund shall be expended as follows:

2 (1) [~~Grants by~~] The department of health and senior services [~~to~~] **may enter into**
3 **contracts with** certified organ procurement organizations, **other organizations, individuals,**
4 **and institutions for services furthering** the development and implementation of organ
5 donation awareness programs in this state;

6 (2) **Education and awareness initiatives, donor family recognition efforts,**
7 **training, strategic planning efforts, and registry initiatives;**

8 (3) Publication of informational pamphlets or booklets by the department of health
9 and senior services and the advisory committee regarding organ donations and donations to
10 the organ donor program fund when obtaining or renewing a license to operate a motor
11 vehicle pursuant to subsection 2 of section 302.171;

12 [~~3~~] (4) Maintenance of a central registry of **potential organ, eye, and tissue** donors
13 pursuant to subsection 1 of section 194.304; [~~and~~

14 [~~4~~] (5) Implementation of organ donation awareness programs in the secondary
15 schools of this state by the department of elementary and secondary education; **and**

16 (6) **Reimbursements for reasonable and necessary expenses incurred by advisory**
17 **committee members pursuant to subsection 2 of section 194.300.**

194.304. 1. The department of revenue shall cooperate with any donor registry that
2 this state establishes, contracts for, or recognizes for the purpose of transferring to the donor
3 registry all relevant information regarding a donor's making, amendment to, or revocation of
4 an anatomical gift.

5 2. A first person consent organ and tissue donor registry shall:

6 (1) Allow a donor, **potential donor, prospective donor**, or other person authorized
7 under section 194.220 to include on the donor registry a statement or symbol that the donor
8 has made, amended, or revoked an anatomical gift;

9 (2) Be accessible to a procurement organization to allow it to obtain relevant
10 information on the donor registry to determine, at or near death of the donor, **potential donor**,
11 or ~~[a]~~ prospective donor, whether the donor ~~[or prospective donor]~~ has made, amended, or
12 revoked an anatomical gift; and

13 (3) Be accessible for purposes of subdivisions (1) and (2) of this subsection seven
14 days a week on a twenty-four-hour basis.

15 3. Personally identifiable information on ~~[a first person consent organ and tissue]~~ the
16 donor registry about a donor, **potential donor**, or prospective donor may not be used or
17 disclosed without the express consent of the donor~~[-, prospective donor,]~~ or the person ~~[that]~~
18 **who** made the anatomical gift for any purpose other than to determine, at or near death of the
19 donor ~~[or a prospective donor]~~, whether the donor ~~[or prospective donor]~~ has made, amended,
20 or revoked an anatomical gift.

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

2 (1) "COVID-19 vaccination status", an indication of whether a person has
3 received a vaccination against COVID-19;

4 (2) "Hospital", the same meaning given to the term in section 197.020;

5 (3) "Procurement organization", the same meaning given to the term in section
6 194.210.

7 2. Except if the organ being transplanted is a lung, no hospital, physician,
8 procurement organization, or other person shall consider the COVID-19 vaccination
9 status of a potential organ transplant recipient or potential organ donor in any part of
10 the organ transplant process including, but not limited to:

11 (1) The referral of a patient to be considered for a transplant;

12 (2) The evaluation of a patient for a transplant;

13 (3) The consideration of a patient for placement on a waiting list;

14 (4) A patient's particular position on a waiting list; and

15 (5) The evaluation of a potential donor to determine his or her suitability as an
16 organ donor.

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

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

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

8 ~~(2)~~ (3) "Opioid-related drug overdose", a condition including, but not limited to,
9 extreme physical illness, decreased level of consciousness, respiratory depression, coma, or
10 death resulting from the consumption or use of an opioid or other substance with which an
11 opioid was combined or a condition that a layperson would reasonably believe to be an
12 opioid-related drug overdose that requires medical assistance.

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

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

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

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

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

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

36 6. Any person who administers an opioid antagonist to another person shall,
37 immediately after administering the drug, contact emergency personnel. Any person who,
38 acting in good faith and with reasonable care, administers an opioid antagonist to another
39 person whom the person believes to be suffering an opioid-related overdose shall be immune
40 from criminal prosecution, disciplinary actions from his or her professional licensing board,
41 and civil liability due to the administration of the opioid antagonist.

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

2. The department may require that such fingerprint submissions be made as part of a medical marijuana facility application ~~[for licensure or certification]~~, a medical marijuana facility **renewal** application ~~[for renewal of licensure or certification]~~, and an individual's application for **licensure and issuance** of an identification card authorizing that individual to be an **employee, contractor**, owner, ~~[officer, manager, contractor, employee, or other support staff]~~ **or volunteer** of a medical marijuana facility.

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

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

(1) **"Contractor"**, a person performing work or service of any kind for a medical marijuana facility in accordance with a contract with that facility;

(2) **"Employee"**, ~~[any]~~ a person performing work or service of any kind or character for hire in a medical marijuana facility;

~~[(2)]~~ (3) **"Medical marijuana facility"**, an entity licensed or certified by the department of health and senior services ~~[, or its successor agency,]~~ to acquire, cultivate, process, manufacture, test, store, sell, transport, or deliver medical marijuana[;]

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

197.100. 1. Any provision of chapter 198 and chapter 338 to the contrary notwithstanding, the department of health and senior services shall have sole authority, and responsibility for inspection and licensure of hospitals in this state including, but not limited to, all parts, services, functions, support functions and activities which contribute directly or indirectly to patient care of any kind whatsoever. The department of health and senior

6 services shall [~~annually~~] inspect each licensed hospital **in accordance with Title XVIII of**
7 **the Social Security Act** and shall make any other inspections and investigations as it deems
8 necessary for good cause shown. The department of health and senior services shall accept
9 reports of hospital inspections from or on behalf of governmental agencies, the joint
10 commission, and the American Osteopathic Association Healthcare Facilities Accreditation
11 Program, provided the accreditation inspection was conducted within one year of the date of
12 license renewal. Prior to granting acceptance of any other accrediting organization reports in
13 lieu of the required licensure survey, the accrediting organization's survey process must be
14 deemed appropriate and found to be comparable to the department's licensure survey. It shall
15 be the accrediting organization's responsibility to provide the department any and all
16 information necessary to determine if the accrediting organization's survey process is
17 comparable and fully meets the intent of the licensure regulations. The department of health
18 and senior services shall attempt to schedule inspections and evaluations required by this
19 section so as not to cause a hospital to be subject to more than one inspection in any twelve-
20 month period from the department of health and senior services or any agency or
21 accreditation organization the reports of which are accepted for licensure purposes pursuant to
22 this section, except for good cause shown.

23 2. Other provisions of law to the contrary notwithstanding, the department of health
24 and senior services shall be the only state agency to determine life safety and building codes
25 for hospitals defined or licensed pursuant to the provisions of this chapter, including but not
26 limited to sprinkler systems, smoke detection devices and other fire safety-related matters so
27 long as any new standards shall apply only to new construction.

197.256. 1. A hospice shall apply for renewal of its certificate not less than once
2 every twelve months. In addition, such hospice shall apply for renewal not less than thirty
3 days before any change in ownership or management of the hospice. Such application shall
4 be accompanied by the appropriate fee as set forth in subsection 1 of section 197.254.
5 Application shall be made upon a form prescribed by the department.

6 2. Upon receipt of the application and fee, if a fee is required, the department [~~shall~~]
7 **may** conduct a survey to evaluate the quality of services rendered by an applicant for renewal.
8 The department shall **inspect each licensed facility in accordance with Title XVIII of the**
9 **Social Security Act and** approve the application and renew the certificate of any applicant
10 which is in compliance with sections 197.250 to 197.280 and the rules made pursuant thereto
11 and which passes the department's survey.

12 3. The certificate of any hospice which has not been renewed as required by this
13 section shall be void.

14 4. The department shall require all certificated hospices to submit statistical reports.
15 The content, format, and frequency of such reports shall be prescribed by the department.

197.258. 1. In addition to any survey pursuant to sections 197.250 to 197.280, the department may make such surveys as it deems necessary during normal business hours. The department shall survey every hospice ~~[not less than once annually]~~ **in accordance with Title XVIII of the Social Security Act**. The hospice shall permit the department's representatives to enter upon any of its business premises during normal business hours for the purpose of a survey.

2. As a part of its survey of a hospice, the department may visit the home of any client of such hospice with such client's consent.

3. In lieu of any survey required by sections 197.250 to 197.280, the department may accept in whole or in part the survey of any state or federal agency, or of any professional accrediting agency, if such survey:

(1) Is comparable in scope and method to the department's surveys; and

(2) Is conducted ~~[within one year of initial application]~~ **in accordance with Title XVIII of the Social Security Act** for **initial application** or renewal of the hospice's certificate.

4. The department shall not be required to survey any hospice providing service to Missouri residents through an office located in a state bordering Missouri if such bordering state has a reciprocal agreement with Missouri on hospice certification and the area served in Missouri by the agency is contiguous to the area served in the bordering state.

5. Any hospice which has its parent office in a state which does not have a reciprocal agreement with Missouri on hospice certification shall maintain a branch office in Missouri. Such branch office shall maintain all records required by the department for survey and shall be certificated as a hospice.

197.400. As used in sections 197.400 to 197.475, unless the context otherwise requires, the following terms mean:

(1) "Council", the home health services advisory council created by sections 197.400 to 197.475;

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

(3) "Home health agency", a public agency or private organization or a subdivision or subunit of an agency or organization that provides two or more home health services at the residence of a patient according to a ~~[physician's]~~ written ~~[and signed]~~ **signed by a physician, nurse practitioner, clinical nurse specialist, or physician assistant;**

(4) "Home health services", any of the following items and services provided at the residence of the patient on a part-time or intermittent basis: nursing, physical therapy, speech therapy, occupational therapy, home health aid, or medical social service;

13 (5) **"Nurse practitioner, clinical nurse specialist", a person recognized by the**
14 **state board of nursing pursuant to the provisions of chapter 335 to practice in this state**
15 **as a nurse practitioner or clinical nurse specialist;**

16 (6) "Part-time or intermittent basis", the providing of home health services in an
17 interrupted interval sequence on the average of not to exceed three hours in any twenty-four-
18 hour period;

19 ~~[(6)]~~ (7) "Patient's residence", the actual place of residence of the person receiving
20 home health services, including institutional residences as well as individual dwelling units;

21 ~~[(7)]~~ (8) "Physician", a person licensed by the state board of registration for the
22 healing arts pursuant to the provisions of chapter 334 to practice in this state as a physician
23 and surgeon;

24 (9) **"Physician assistant", a person licensed by the state board of registration for**
25 **the healing arts pursuant to the provisions of chapter 334 to practice in this state as a**
26 **physician assistant;**

27 ~~[(8)]~~ (10) "Plan of treatment", a plan reviewed and signed as often as ~~[medically]~~
28 necessary by a physician ~~[or]~~, podiatrist, **nurse practitioner, clinical nurse specialist, or a**
29 **physician assistant**, not to exceed sixty days in duration, **and reviewed by a physician at**
30 **least once every six months**, prescribing items and services for an individual patient's
31 condition;

32 ~~[(9)]~~ (11) "Podiatrist", a person licensed by the state board of podiatry pursuant to the
33 provisions of chapter 330 to practice in this state as a podiatrist;

34 ~~[(10)]~~ (12) "Subunit" or "subdivision", any organizational unit of a larger
35 organization which can be clearly defined as a separate entity within the larger structure,
36 which can meet all of the requirements of sections 197.400 to 197.475 independent of the
37 larger organization, which can be held accountable for the care of patients it is serving, and
38 which provides to all patients care and services meeting the standards and requirements of
39 sections 197.400 to 197.475.

197.415. 1. The department shall review the applications and shall issue a license to
2 applicants who have complied with the requirements of sections 197.400 to 197.475 and have
3 received approval of the department.

4 2. A license shall be renewed annually upon approval of the department when the
5 following conditions have been met:

6 (1) The application for renewal is accompanied by a six-hundred-dollar license fee;

7 (2) The home health agency is in compliance with the requirements established
8 pursuant to the provisions of sections 197.400 to 197.475 as evidenced by ~~[a survey]~~ **an**
9 inspection by the department which shall occur ~~[at least every thirty-six months for agencies~~
10 ~~that have been in operation thirty-six consecutive months from initial inspection. The~~

11 ~~frequency of inspections for agencies in operation at least thirty-six consecutive months from~~
12 ~~the initial inspection shall be determined by such factors as number of complaints received~~
13 ~~and changes in management, supervision or ownership. The frequency of each survey~~
14 ~~inspection for any agency in operation less than thirty-six consecutive months from the initial~~
15 ~~inspection shall occur and be conducted at least every twelve months] in accordance with~~
16 **Title XVIII of the Social Security Act;**

17 (3) The application is accompanied by a statement of any changes in the information
18 previously filed with the department pursuant to section 197.410.

19 3. Each license shall be issued only for the home health agency listed in the
20 application. Licenses shall be posted in a conspicuous place in the main offices of the
21 licensed home health agency.

22 4. In lieu of any survey required by sections 197.400 to 197.475, the department may
23 accept in whole or in part written reports of the survey of any state or federal agency, or of
24 any professional accrediting agency, if such survey:

25 (1) Is comparable in scope and method to the department's surveys; and

26 (2) Is conducted [~~within one year of initial application or within thirty-six months for~~
27 ~~the renewal of the home health license] **in accordance with Title XVIII of the Social**
28 **Security Act** as required by subdivision (2) of subsection 2 of this section.~~

197.445. 1. The department may adopt reasonable rules and standards necessary to
2 carry out the provisions of sections 197.400 to 197.477. The rules and standards adopted
3 shall not be less than the standards established by the federal government for home health
4 agencies under Title XVIII of the Federal Social Security Act. The reasonable rules and
5 standards shall be initially promulgated within one year of September 28, 1983.

6 2. The rules and standards adopted by the department pursuant to the provisions of
7 sections 197.400 to 197.477 shall apply to all health services covered by sections 197.400 to
8 197.477 rendered to any patient being served by a home health agency regardless of source of
9 payment for the service, patient's condition, or place of residence, at which the home health
10 services are ordered by the physician [~~or~~], **podiatrist, nurse practitioner, clinical nurse**
11 **specialist, or physician assistant.** No rule or portion of a rule promulgated pursuant to the
12 authority of sections 197.400 to 197.477 shall become effective unless it has been
13 promulgated pursuant to the provisions of section 536.024.

198.006. As used in sections 198.003 to 198.186, unless the context clearly indicates
2 otherwise, the following terms mean:

3 (1) "Abuse", the infliction of physical, sexual, or emotional injury or harm;

4 (2) "Activities of daily living" or "ADL", one or more of the following activities of
5 daily living:

6 (a) Eating;

- 7 (b) Dressing;
- 8 (c) Bathing;
- 9 (d) Toileting;
- 10 (e) Transferring; and
- 11 (f) Walking;
- 12 (3) "Administrator", the person who is in general administrative charge of a facility;
- 13 (4) "Affiliate":
- 14 (a) With respect to a partnership, each partner thereof;
- 15 (b) With respect to a limited partnership, the general partner and each limited partner
- 16 with an interest of five percent or more in the limited partnership;
- 17 (c) With respect to a corporation, each person who owns, holds or has the power to
- 18 vote five percent or more of any class of securities issued by the corporation, and each officer
- 19 and director;
- 20 (d) With respect to a natural person, any parent, child, sibling, or spouse of that
- 21 person;
- 22 (5) "Appropriately trained and qualified individual", an individual who is licensed or
- 23 registered with the state of Missouri in a health care-related field or an individual with a
- 24 degree in a health care-related field or an individual with a degree in a health care, social
- 25 services, or human services field or an individual licensed under chapter 344 and who has
- 26 received facility orientation training under 19 CSR [~~30-86042(18)~~] **30-86.047**, and dementia
- 27 training under section 192.2000 and twenty-four hours of additional training, approved by the
- 28 department, consisting of definition and assessment of activities of daily living, assessment of
- 29 cognitive ability, service planning, and interview skills;
- 30 (6) "Assisted living facility", any premises, other than a residential care facility,
- 31 intermediate care facility, or skilled nursing facility, that is utilized by its owner, operator, or
- 32 manager to provide twenty-four-hour care and services and protective oversight to three or
- 33 more residents who are provided with shelter, board, and who may need and are provided
- 34 with the following:
- 35 (a) Assistance with any activities of daily living and any instrumental activities of
- 36 daily living;
- 37 (b) Storage, distribution, or administration of medications; and
- 38 (c) Supervision of health care under the direction of a licensed physician, provided
- 39 that such services are consistent with a social model of care;
- 40
- 41 Such term shall not include a facility where all of the residents are related within the fourth
- 42 degree of consanguinity or affinity to the owner, operator, or manager of the facility;

43 (7) "Community-based assessment", documented basic information and analysis
44 provided by appropriately trained and qualified individuals describing an individual's abilities
45 and needs in activities of daily living, instrumental activities of daily living, vision/hearing,
46 nutrition, social participation and support, and cognitive functioning using an assessment tool
47 approved by the department of health and senior services that is designed for community-
48 based services and that is not the nursing home minimum data set;

49 (8) "Dementia", a general term for the loss of thinking, remembering, and reasoning
50 so severe that it interferes with an individual's daily functioning, and may cause symptoms
51 that include changes in personality, mood, and behavior;

52 (9) "Department", the Missouri department of health and senior services;

53 (10) "Emergency", a situation, physical condition or one or more practices, methods
54 or operations which presents imminent danger of death or serious physical or mental harm to
55 residents of a facility;

56 (11) "Facility", any residential care facility, assisted living facility, intermediate care
57 facility, or skilled nursing facility;

58 (12) "Health care provider", any person providing health care services or goods to
59 residents and who receives funds in payment for such goods or services under Medicaid;

60 (13) "Instrumental activities of daily living", or "IADL", one or more of the following
61 activities:

62 (a) Preparing meals;

63 (b) Shopping for personal items;

64 (c) Medication management;

65 (d) Managing money;

66 (e) Using the telephone;

67 (f) Housework; and

68 (g) Transportation ability;

69 (14) "Intermediate care facility", any premises, other than a residential care facility,
70 assisted living facility, or skilled nursing facility, which is utilized by its owner, operator, or
71 manager to provide twenty-four-hour accommodation, board, personal care, and basic health
72 and nursing care services under the daily supervision of a licensed nurse and under the
73 direction of a licensed physician to three or more residents dependent for care and supervision
74 and who are not related within the fourth degree of consanguinity or affinity to the owner,
75 operator or manager of the facility;

76 (15) "Manager", any person other than the administrator of a facility who contracts or
77 otherwise agrees with an owner or operator to supervise the general operation of a facility,
78 providing such services as hiring and training personnel, purchasing supplies, keeping
79 financial records, and making reports;

80 (16) "Medicaid", medical assistance under section 208.151, et seq., in compliance
81 with Title XIX, Public Law 89-97, 1965 amendments to the Social Security Act (42 U.S.C.
82 301, et seq.), as amended;

83 (17) "Neglect", the failure to provide, by those responsible for the care, custody, and
84 control of a resident in a facility, the services which are reasonable and necessary to maintain
85 the physical and mental health of the resident, when such failure presents either an imminent
86 danger to the health, safety or welfare of the resident or a substantial probability that death or
87 serious physical harm would result;

88 (18) "Operator", any person licensed or required to be licensed under the provisions
89 of sections 198.003 to 198.096 in order to establish, conduct or maintain a facility;

90 (19) "Owner", any person who owns an interest of five percent or more in:

91 (a) The land on which any facility is located;

92 (b) The structure or structures in which any facility is located;

93 (c) Any mortgage, contract for deed, or other obligation secured in whole or in part by
94 the land or structure in or on which a facility is located; or

95 (d) Any lease or sublease of the land or structure in or on which a facility is located.

96

97 Owner does not include a holder of a debenture or bond purchased at public issue nor does it
98 include any regulated lender unless the entity or person directly or through a subsidiary
99 operates a facility;

100 (20) "Protective oversight", an awareness twenty-four hours a day of the location of a
101 resident, the ability to intervene on behalf of the resident, the supervision of nutrition,
102 medication, or actual provisions of care, and the responsibility for the welfare of the resident,
103 except where the resident is on voluntary leave;

104 (21) "Resident", a person who by reason of aging, illness, disease, or physical or
105 mental infirmity receives or requires care and services furnished by a facility and who resides
106 or boards in or is otherwise kept, cared for, treated or accommodated in such facility for a
107 period exceeding twenty-four consecutive hours;

108 (22) "Residential care facility", any premises, other than an assisted living facility,
109 intermediate care facility, or skilled nursing facility, which is utilized by its owner, operator or
110 manager to provide twenty-four-hour care to three or more residents, who are not related
111 within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the
112 facility and who need or are provided with shelter, board, and with protective oversight,
113 which may include storage and distribution or administration of medications and care during
114 short-term illness or recuperation, except that, for purposes of receiving supplemental welfare
115 assistance payments under section 208.030, only any residential care facility licensed as a
116 residential care facility II immediately prior to August 28, 2006, and that continues to meet

117 such licensure requirements for a residential care facility II licensed immediately prior to
118 August 28, 2006, shall continue to receive after August 28, 2006, the payment amount
119 allocated immediately prior to August 28, 2006, for a residential care facility II under section
120 208.030;

121 (23) "Skilled nursing facility", any premises, other than a residential care facility, an
122 assisted living facility, or an intermediate care facility, which is utilized by its owner, operator
123 or manager to provide for twenty-four-hour accommodation, board and skilled nursing care
124 and treatment services to at least three residents who are not related within the fourth degree
125 of consanguinity or affinity to the owner, operator or manager of the facility. Skilled nursing
126 care and treatment services are those services commonly performed by or under the
127 supervision of a registered professional nurse for individuals requiring twenty-four-hours-a-
128 day care by licensed nursing personnel including acts of observation, care and counsel of the
129 aged, ill, injured or infirm, the administration of medications and treatments as prescribed by
130 a licensed physician or dentist, and other nursing functions requiring substantial specialized
131 judgment and skill;

132 (24) "Social model of care", long-term care services based on the abilities, desires,
133 and functional needs of the individual delivered in a setting that is more home-like than
134 institutional and promotes the dignity, individuality, privacy, independence, and autonomy of
135 the individual. Any facility licensed as a residential care facility II prior to August 28, 2006,
136 shall qualify as being more home-like than institutional with respect to construction and
137 physical plant standards;

138 (25) "Vendor", any person selling goods or services to a health care provider;

139 (26) "Voluntary leave", an off-premise leave initiated by:

140 (a) A resident that has not been declared mentally incompetent or incapacitated by a
141 court; or

142 (b) A legal guardian of a resident that has been declared mentally incompetent or
143 incapacitated by a court.

198.022. 1. Upon receipt of an application for a license to operate a facility, the
2 department shall review the application, investigate the applicant and the statements sworn to
3 in the application for license and conduct any necessary inspections. A license shall be issued
4 if the following requirements are met:

5 (1) The statements in the application are true and correct;

6 (2) The facility and the operator are in substantial compliance with the provisions of
7 sections 198.003 to 198.096 and the standards established thereunder;

8 (3) The applicant has the financial capacity to operate the facility;

9 (4) The administrator of an assisted living facility, a skilled nursing facility, or an
10 intermediate care facility is currently licensed under the provisions of chapter 344;

11 (5) Neither the operator nor any principals in the operation of the facility have ever
12 been convicted of a felony offense concerning the operation of a long-term health care facility
13 or other health care facility or ever knowingly acted or knowingly failed to perform any duty
14 which materially and adversely affected the health, safety, welfare or property of a resident,
15 while acting in a management capacity. The operator of the facility or any principal in the
16 operation of the facility shall not be under exclusion from participation in the Title XVIII
17 (Medicare) or Title XIX (Medicaid) program of any state or territory;

18 (6) Neither the operator nor any principals involved in the operation of the facility
19 have ever been convicted of a felony in any state or federal court arising out of conduct
20 involving either management of a long-term care facility or the provision or receipt of health
21 care;

22 (7) All fees due to the state have been paid.

23 2. Upon denial of any application for a license, the department shall so notify the
24 applicant in writing, setting forth therein the reasons and grounds for denial.

25 3. The department may inspect any facility and any records and may make copies of
26 records, at the facility, at the department's own expense, required to be maintained by sections
27 198.003 to 198.096 or by the rules and regulations promulgated thereunder at any time if a
28 license has been issued to or an application for a license has been filed by the operator of such
29 facility. Copies of any records requested by the department shall be prepared by the staff of
30 such facility within two business days or as determined by the department. The department
31 shall not remove or disassemble any medical record during any inspection of the facility, but
32 may observe the photocopying or may make its own copies if the facility does not have the
33 technology to make the copies. In accordance with the provisions of section 198.525, the
34 department shall make at least ~~two inspections~~ **one inspection** per year, ~~[at least one of]~~
35 which shall be unannounced to the operator. The department may make such other
36 inspections, announced or unannounced, as it deems necessary to carry out the provisions of
37 sections 198.003 to 198.136.

38 4. Whenever the department has reasonable grounds to believe that a facility required
39 to be licensed under sections 198.003 to 198.096 is operating without a license, and the
40 department is not permitted access to inspect the facility, or when a licensed operator refuses
41 to permit access to the department to inspect the facility, the department shall apply to the
42 circuit court of the county in which the premises is located for an order authorizing entry for
43 such inspection, and the court shall issue the order if it finds reasonable grounds for
44 inspection or if it finds that a licensed operator has refused to permit the department access to
45 inspect the facility.

46 5. Whenever the department is inspecting a facility in response to an application from
47 an operator located outside of Missouri not previously licensed by the department, the

48 department may request from the applicant the past five years compliance history of all
49 facilities owned by the applicant located outside of this state.

198.026. 1. Whenever a duly authorized representative of the department finds upon
2 an inspection of a facility that it is not in compliance with the provisions of sections 198.003
3 to 198.096 and the standards established thereunder, the operator or administrator shall be
4 informed of the deficiencies in an exit interview conducted with the operator or administrator,
5 or his or her designee. The department shall inform the operator or administrator, in writing,
6 of any violation of a class I standard at the time the determination is made. A written report
7 shall be prepared of any deficiency for which there has not been prompt remedial action, and
8 a copy of such report and a written correction order shall be sent to the operator or
9 administrator by ~~[certified mail or other]~~ a delivery service that provides a dated receipt of
10 delivery ~~[at the facility address]~~ within ten working days after the inspection, stating
11 separately each deficiency and the specific statute or regulation violated.

12 2. The operator or administrator shall have five working days following receipt of a
13 written report and correction order regarding a violation of a class I standard and ten working
14 days following receipt of the report and correction order regarding violations of class II or
15 class III standards to request any conference and to submit a plan of correction for the
16 department's approval which contains specific dates for achieving compliance. Within five
17 working days after receiving a plan of correction regarding a violation of a class I standard
18 and within ten working days after receiving a plan of correction regarding a violation of a
19 class II or III standard, the department shall give its written approval or rejection of the plan.
20 If there was a violation of any class I standard, immediate corrective action shall be taken by
21 the operator or administrator and a written plan of correction shall be submitted to the
22 department. The department shall give its written approval or rejection of the plan and if the
23 plan is acceptable, a reinspection shall be conducted within twenty calendar days of the exit
24 interview to determine if deficiencies have been corrected. If there was a violation of any
25 class II standard and the plan of correction is acceptable, an unannounced reinspection shall
26 be conducted between forty and ninety calendar days from the date of the exit conference to
27 determine the status of all previously cited deficiencies. If there was a violation of class III
28 standards sufficient to establish that the facility was not in substantial compliance, an
29 unannounced reinspection shall be conducted within one hundred twenty days of the exit
30 interview to determine the status of previously identified deficiencies.

31 3. If, following the reinspection, the facility is found not in substantial compliance
32 with sections 198.003 to 198.096 and the standards established thereunder or the operator is
33 not correcting the noncompliance in accordance with the approved plan of correction, the
34 department shall issue a notice of noncompliance, which shall be sent by ~~[certified mail or
35 other]~~ a delivery service that provides a dated receipt of delivery to ~~[each person disclosed to~~

36 ~~be an owner of~~ **the operator or administrator** of the facility, according to the most recent
37 information or documents on file with the department.

38 4. The notice of noncompliance shall inform the operator or administrator that the
39 department may seek the imposition of any of the sanctions and remedies provided for in
40 section 198.067, or any other action authorized by law.

41 5. At any time after an inspection is conducted, the operator may choose to enter into
42 a consent agreement with the department to obtain a probationary license. The consent
43 agreement shall include a provision that the operator will voluntarily surrender the license if
44 substantial compliance is not reached in accordance with the terms and deadlines established
45 under the agreement. The agreement shall specify the stages, actions and time span to
46 achieve substantial compliance.

47 6. Whenever a notice of noncompliance has been issued, the operator shall post a
48 copy of the notice of noncompliance and a copy of the most recent inspection report in a
49 conspicuous location in the facility, and the department shall send a copy of the notice of
50 noncompliance to the department of social services, the department of mental health, and any
51 other concerned federal, state or local governmental agencies.

198.036. 1. The department may revoke a license in any case in which it finds that:

2 (1) The operator failed or refused to comply with class I or II standards, as established
3 by the department pursuant to section 198.085; or failed or refused to comply with class III
4 standards as established by the department pursuant to section 198.085, where the aggregate
5 effect of such noncompliances presents either an imminent danger to the health, safety or
6 welfare of any resident or a substantial probability that death or serious physical harm would
7 result;

8 (2) The operator refused to allow representatives of the department to inspect the
9 facility for compliance with standards or denied representatives of the department access to
10 residents and employees necessary to carry out the duties set forth in this chapter and rules
11 promulgated thereunder, except where employees of the facility are in the process of
12 rendering immediate care to a resident of such facility;

13 (3) The operator knowingly acted or knowingly omitted any duty in a manner which
14 would materially and adversely affect the health, safety, welfare or property of a resident;

15 (4) The operator demonstrated financial incapacity to operate and conduct the facility
16 in accordance with the provisions of sections 198.003 to 198.096;

17 (5) The operator or any principals in the operation of the facility have ever been
18 convicted of, or pled guilty or nolo contendere to a felony offense concerning the operation of
19 a long-term health care facility or other health care facility, or ever knowingly acted or
20 knowingly failed to perform any duty which materially and adversely affected the health,
21 safety, welfare, or property of a resident while acting in a management capacity. The operator

22 of the facility or any principal in the operation of the facility shall not be under exclusion
23 from participation in the Title XVIII (Medicare) or Title XIX (Medicaid) program of any state
24 or territory; or

25 (6) The operator or any principals involved in the operation of the facility have ever
26 been convicted of or pled guilty or nolo contendere to a felony in any state or federal court
27 arising out of conduct involving either management of a long-term care facility or the
28 provision or receipt of health care.

29 2. Nothing in subdivision (2) of subsection 1 of this section shall be construed as
30 allowing the department access to information not necessary to carry out the duties set forth in
31 sections 198.006 to 198.186.

32 3. Upon revocation of a license, the director of the department shall so notify the
33 operator in writing, setting forth the reason and grounds for the revocation. Notice of such
34 revocation shall be sent ~~[either by certified mail, return receipt requested,]~~ **by a delivery**
35 **service that provides a dated receipt of delivery** to the operator ~~[at the address of the~~
36 ~~facility]~~ **and administrator**, or served personally upon the operator **and administrator**. The
37 department shall provide the operator notice of such revocation at least ten days prior to its
38 effective date.

198.525. 1. ~~[Except as otherwise provided pursuant to section 198.526,]~~ In order to
2 comply with sections 198.012 and 198.022, the department of health and senior services shall
3 inspect residential care facilities, assisted living facilities, intermediate care facilities, and
4 skilled nursing **facilities**, including those facilities attached to acute care hospitals at least
5 ~~[twice]~~ **once** a year.

6 2. The department shall not assign an individual to inspect or survey a long-term care
7 facility licensed under this chapter, for any purpose, in which the inspector or surveyor was an
8 employee of such facility within the preceding two years.

9 3. For any inspection or survey of a facility licensed under this chapter, regardless of
10 the purpose, the department shall require every newly hired inspector or surveyor at the time
11 of hiring or, with respect to any currently employed inspector or surveyor as of August 28,
12 2009, to disclose:

13 (1) The name of every Missouri licensed long-term care facility in which he or she
14 has been employed; and

15 (2) The name of any member of his or her immediate family who has been employed
16 or is currently employed at a Missouri licensed long-term care facility.

17 The disclosures under this subsection shall be disclosed to the department whenever
18 the event giving rise to disclosure first occurs.

19 4. For purposes of this section, the phrase "immediate family member" shall mean
20 husband, wife, natural or adoptive parent, child, sibling, stepparent, stepchild, stepbrother,

21 stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-
22 law, grandparent or grandchild.

23 5. The information called for in this section shall be a public record under the
24 provisions of subdivision (6) of section 610.010.

25 6. Any person may notify the department if facts exist that would lead a reasonable
26 person to conclude that any inspector or surveyor has any personal or business affiliation that
27 would result in a conflict of interest in conducting an inspection or survey for a facility. Upon
28 receiving that notice, the department, when assigning an inspector or surveyor to inspect or
29 survey a facility, for any purpose, shall take steps to verify the information and, if the
30 department has probable cause to believe that it is correct, shall not assign the inspector or
31 surveyor to the facility or any facility within its organization so as to avoid an appearance of
32 prejudice or favor to the facility or bias on the part of the inspector or surveyor.

198.526. 1. ~~[Except as provided in subsection 3 of this section,]~~ The department of
2 health and senior services shall inspect all facilities licensed by the department at least ~~[twice]~~
3 **once** each year. Such inspections shall be conducted:

4 (1) Without the prior notification of the facility; and

5 (2) At times of the day, on dates and at intervals which do not permit facilities to
6 anticipate such inspections.

7 2. The department shall annually reevaluate the inspection process to ensure the
8 requirements of subsection 1 of this section are met.

9 3. ~~[The department may reduce the frequency of inspections to once a year if a
10 facility is found to be in substantial compliance. The basis for such determination shall
11 include, but not be limited to, the following:~~

12 ~~(1) Previous inspection reports;~~

13 ~~(2) The facility's history of compliance with rules promulgated pursuant to this
14 chapter;~~

15 ~~(3) The number and severity of complaints received about the facility; and~~

16 ~~(4) In the year subsequent to a finding of no class I violations or class II violations,
17 the facility does not have a change in ownership, operator, or, if the department finds it
18 significant, a change in director of nursing.~~

19 4.] Information regarding unannounced inspections shall be disclosed to employees
20 of the department on a need-to-know basis only. Any employee of the department who
21 knowingly discloses the time of an unannounced inspection in violation of this section is
22 guilty of a class A misdemeanor and shall have his or her employment immediately
23 terminated.

198.545. 1. This section shall be known and may be cited as the "Missouri Informal
2 Dispute Resolution Act".

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

- 4 (1) "Deficiency", a facility's failure to meet a participation requirement or standard,
5 whether state or federal, supported by evidence gathered from observation, interview, or
6 record review;
- 7 (2) "Department", the department of health and senior services;
- 8 (3) "Facility", a long-term care facility licensed under this chapter;
- 9 (4) "IDR", informal dispute resolution as provided for in this section;
- 10 (5) "Independent third party", the federally designated Medicare Quality
11 Improvement Organization in this state;
- 12 (6) "Plan of correction", a facility's response to deficiencies which explains how
13 corrective action will be accomplished, how the facility will identify other residents who may
14 be affected by the deficiency practice, what measures will be used or systemic changes made
15 to ensure that the deficient practice will not reoccur, and how the facility will monitor to
16 ensure that solutions are sustained;
- 17 (7) "QIO", the federally designated Medicare Quality Improvement Organization in
18 this state.

19 3. The department of health and senior services shall contract with an independent
20 third party to conduct informal dispute resolution (IDR) for facilities licensed under this
21 chapter. The IDR process, including conferences, shall constitute an informal administrative
22 process and shall not be construed to be a formal evidentiary hearing. Use of IDR under this
23 section shall not waive the facility's right to pursue further or additional legal actions.

24 4. The department shall establish an IDR process to determine whether a cited
25 deficiency as evidenced by a statement of deficiencies against a facility shall be upheld. The
26 department shall promulgate rules to incorporate by reference the provisions of 42 CFR
27 488.331 regarding the IDR process and to include the following minimum requirements for
28 the IDR process:

29 (1) Within ten working days of the end of the survey, the department shall by
30 ~~certified mail~~ **a delivery service that provides dated receipt of delivery** transmit to the
31 facility a statement of deficiencies committed by the facility. Notification of the availability
32 of an IDR and IDR process shall be included in the transmittal;

33 (2) Within ten ~~calendar~~ **working** days of receipt of the statement of deficiencies, the
34 facility shall return a plan of correction to the department. Within such ten-day period, the
35 facility may request in writing an IDR conference to refute the deficiencies cited in the
36 statement of deficiencies;

37 (3) Within ten working days of receipt **of a request** for an IDR conference made by a
38 facility, the QIO shall hold an IDR conference unless otherwise requested by the facility. The
39 IDR conference shall provide the facility with an opportunity to provide additional

40 information or clarification in support of the facility's contention that the deficiencies were
41 erroneously cited. The facility may be accompanied by counsel during the IDR conference.
42 The type of IDR held shall be at the discretion of the facility, but shall be limited to:

- 43 (a) A desk review of written information submitted by the facility; or
- 44 (b) A telephonic conference; or
- 45 (c) A face-to-face conference held at the headquarters of the QIO or at the facility at
46 the request of the facility.

47

48 If the QIO determines the need for additional information, clarification, or discussion after
49 conclusion of the IDR conference, the department and the facility shall be present.

50 5. Within ten days of the IDR conference described in subsection 4 of this section, the
51 QIO shall make a determination, based upon the facts and findings presented, and shall
52 transmit the decision and rationale for the outcome in writing to the facility and the
53 department.

54 6. If the department disagrees with such determination, the department shall transmit
55 the department's decision and rationale for the reversal of the QIO's decision to the facility
56 within ten calendar days of receiving the QIO's decision.

57 7. If the QIO determines that the original statement of deficiencies should be changed
58 as a result of the IDR conference, the department shall transmit a revised statement of
59 deficiencies to the facility with the notification of the determination within ten calendar days
60 of the decision to change the statement of deficiencies.

61 8. Within ten calendar days of receipt of the determination made by the QIO and the
62 revised statement of deficiencies, the facility shall submit a plan of correction to the
63 department.

64 9. The department shall not post on its website or enter into the Centers for Medicare
65 & Medicaid Services Online Survey, Certification and Reporting System, or report to any
66 other agency, any information about the deficiencies which are in dispute unless the dispute
67 determination is made and the facility has responded with a revised plan of correction, if
68 needed.

69 10. Any rule or portion of a rule, as that term is defined in section 536.010, that is
70 created under the authority delegated in this section shall become effective only if it complies
71 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
72 This section and chapter 536 are nonseverable and if any of the powers vested with the
73 general assembly pursuant to chapter 536 to review, to delay the effective date, or to
74 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
75 rulemaking authority and any rule proposed or adopted after August 28, 2009, shall be invalid
76 and void.

301.020. 1. Every owner of a motor vehicle or trailer, which shall be operated or
2 driven upon the highways of this state, except as herein otherwise expressly provided, shall
3 annually file, by mail or otherwise, in the office of the director of revenue, an application for
4 registration on a blank to be furnished by the director of revenue for that purpose containing:

5 (1) A brief description of the motor vehicle or trailer to be registered, including the
6 name of the manufacturer, the vehicle identification number, the amount of motive power of
7 the motor vehicle, stated in figures of horsepower and whether the motor vehicle is to be
8 registered as a motor vehicle primarily for business use as defined in section 301.010;

9 (2) The name, the applicant's identification number and address of the owner of such
10 motor vehicle or trailer;

11 (3) The gross weight of the vehicle and the desired load in pounds if the vehicle is a
12 commercial motor vehicle or trailer.

13 2. If the vehicle is a motor vehicle primarily for business use as defined in section
14 301.010 and if such vehicle is ten years of age or less and has less than one hundred fifty
15 thousand miles on the odometer, the director of revenue shall retain the odometer information
16 provided in the vehicle inspection report, and provide for prompt access to such information,
17 together with the vehicle identification number for the motor vehicle to which such
18 information pertains, for a period of ten years after the receipt of such information. This
19 section shall not apply unless:

20 (1) The application for the vehicle's certificate of ownership was submitted after July
21 1, 1989; and

22 (2) The certificate was issued pursuant to a manufacturer's statement of origin.

23 3. If the vehicle is any motor vehicle other than a motor vehicle primarily for business
24 use, a recreational motor vehicle, motorcycle, motortricycle, autocycle, bus, or any
25 commercial motor vehicle licensed for over twelve thousand pounds and if such motor
26 vehicle is ten years of age or less and has less than one hundred fifty thousand miles on the
27 odometer, the director of revenue shall retain the odometer information provided in the
28 vehicle inspection report, and provide for prompt access to such information, together with
29 the vehicle identification number for the motor vehicle to which such information pertains,
30 for a period of ten years after the receipt of such information. This subsection shall not apply
31 unless:

32 (1) The application for the vehicle's certificate of ownership was submitted after July
33 1, 1990; and

34 (2) The certificate was issued pursuant to a manufacturer's statement of origin.

35 4. If the vehicle qualifies as a reconstructed motor vehicle, motor change vehicle,
36 specially constructed motor vehicle, non-USA-std motor vehicle, as defined in section
37 301.010, or prior salvage as referenced in section 301.573, the owner or lienholder shall

38 surrender the certificate of ownership. The owner shall make an application for a new
39 certificate of ownership, pay the required title fee, and obtain the vehicle examination
40 certificate required pursuant to subsection 9 of section 301.190. If an insurance company
41 pays a claim on a salvage vehicle as defined in section 301.010 and the owner retains the
42 vehicle, as prior salvage, the vehicle shall only be required to meet the examination
43 requirements under subsection 10 of section 301.190. Notarized bills of sale along with a
44 copy of the front and back of the certificate of ownership for all major component parts
45 installed on the vehicle and invoices for all essential parts which are not defined as major
46 component parts shall accompany the application for a new certificate of ownership. If the
47 vehicle is a specially constructed motor vehicle, as defined in section 301.010, two pictures of
48 the vehicle shall be submitted with the application. If the vehicle is a kit vehicle, the
49 applicant shall submit the invoice and the manufacturer's statement of origin on the kit. If the
50 vehicle requires the issuance of a special number by the director of revenue or a replacement
51 vehicle identification number, the applicant shall submit the required application and
52 application fee. All applications required under this subsection shall be submitted with any
53 applicable taxes which may be due on the purchase of the vehicle or parts. The director of
54 revenue shall appropriately designate "Reconstructed Motor Vehicle", "Motor Change
55 Vehicle", "Non-USA-Std Motor Vehicle", or "Specially Constructed Motor Vehicle" on the
56 current and all subsequent issues of the certificate of ownership of such vehicle.

57 5. Every insurance company that pays a claim for repair of a motor vehicle which as
58 the result of such repairs becomes a reconstructed motor vehicle as defined in section 301.010
59 or that pays a claim on a salvage vehicle as defined in section 301.010 and the owner is
60 retaining the vehicle shall in writing notify the owner of the vehicle, and in a first party claim,
61 the lienholder if a lien is in effect, that he is required to surrender the certificate of ownership,
62 and the documents and fees required pursuant to subsection 4 of this section to obtain a prior
63 salvage motor vehicle certificate of ownership or documents and fees as otherwise required
64 by law to obtain a salvage certificate of ownership, from the director of revenue. The
65 insurance company shall within thirty days of the payment of such claims report to the
66 director of revenue the name and address of such owner, the year, make, model, vehicle
67 identification number, and license plate number of the vehicle, and the date of loss and
68 payment.

69 6. Anyone who fails to comply with the requirements of this section shall be guilty of
70 a class B misdemeanor.

71 7. An applicant for registration may make a donation of one dollar to promote a
72 blindness education, screening and treatment program. The director of revenue shall collect
73 the donations and deposit all such donations in the state treasury to the credit of the blindness
74 education, screening and treatment program fund established in section 209.015. Moneys in

75 the blindness education, screening and treatment program fund shall be used solely for the
76 purposes established in section 209.015; except that the department of revenue shall retain no
77 more than one percent for its administrative costs. The donation prescribed in this subsection
78 is voluntary and may be refused by the applicant for registration at the time of issuance or
79 renewal. The director shall inquire of each applicant at the time the applicant presents the
80 completed application to the director whether the applicant is interested in making the one
81 dollar donation prescribed in this subsection.

82 8. An applicant for registration may make a donation of **an amount not less than one**
83 dollar to promote an organ donor program. The director of revenue shall collect the donations
84 and deposit all such donations in the state treasury to the credit of the organ donor program
85 fund as established in sections 194.297 to 194.304. Moneys in the organ donor fund shall be
86 used solely for the purposes established in sections 194.297 to 194.304, except that the
87 department of revenue shall retain no more than one percent for its administrative costs. The
88 donation prescribed in this subsection is voluntary and may be refused by the applicant for
89 registration at the time of issuance or renewal. The director shall inquire of each applicant at
90 the time the applicant presents the completed application to the director whether the applicant
91 is interested in making ~~the~~ **a contribution not less than** one dollar ~~[donation]~~ **as** prescribed
92 in this subsection.

93 9. An applicant for registration may make a donation of one dollar to the Missouri
94 medal of honor recipients fund. The director of revenue shall collect the donations and
95 deposit all such donations in the state treasury to the credit of the Missouri medal of honor
96 recipients fund as established in section 226.925. Moneys in the medal of honor recipients
97 fund shall be used solely for the purposes established in section 226.925, except that the
98 department of revenue shall retain no more than one percent for its administrative costs. The
99 donation prescribed in this subsection is voluntary and may be refused by the applicant for
100 registration at the time of issuance or renewal. The director shall inquire of each applicant at
101 the time the applicant presents the completed application to the director whether the applicant
102 is interested in making the one dollar donation prescribed in this subsection.

302.171. 1. The director shall verify that an applicant for a driver's license is a
2 Missouri resident or national of the United States or a noncitizen with a lawful immigration
3 status, and a Missouri resident before accepting the application. The director shall not issue a
4 driver's license for a period that exceeds the duration of an applicant's lawful immigration
5 status in the United States. The director may establish procedures to verify the Missouri
6 residency or United States naturalization or lawful immigration status and Missouri residency
7 of the applicant and establish the duration of any driver's license issued under this section. An
8 application for a license shall be made upon an approved form furnished by the director.
9 Every application shall state the full name, Social Security number, age, height, weight, color

10 of eyes, sex, residence, mailing address of the applicant, and the classification for which the
11 applicant has been licensed, and, if so, when and by what state, and whether or not such
12 license has ever been suspended, revoked, or disqualified, and, if revoked, suspended or
13 disqualified, the date and reason for such suspension, revocation or disqualification and
14 whether the applicant is making a one **or more** dollar donation to promote an organ donation
15 program as prescribed in subsection 2 **of this section**, to promote a blindness education,
16 screening and treatment program as prescribed in subsection 3 **of this section**, or the Missouri
17 medal of honor recipients fund prescribed in subsection 4 of this section. A driver's license,
18 nondriver's license, or instruction permit issued under this chapter shall contain the applicant's
19 legal name as it appears on a birth certificate or as legally changed through marriage or court
20 order. No name change by common usage based on common law shall be permitted. The
21 application shall also contain such information as the director may require to enable the
22 director to determine the applicant's qualification for driving a motor vehicle; and shall state
23 whether or not the applicant has been convicted in this or any other state for violating the laws
24 of this or any other state or any ordinance of any municipality, relating to driving without a
25 license, careless driving, or driving while intoxicated, or failing to stop after an accident and
26 disclosing the applicant's identity, or driving a motor vehicle without the owner's consent.
27 The application shall contain a certification by the applicant as to the truth of the facts stated
28 therein. Every person who applies for a license to operate a motor vehicle who is less than
29 twenty-one years of age shall be provided with educational materials relating to the hazards of
30 driving while intoxicated, including information on penalties imposed by law for violation of
31 the intoxication-related offenses of the state. Beginning January 1, 2001, if the applicant is
32 less than eighteen years of age, the applicant must comply with all requirements for the
33 issuance of an intermediate driver's license pursuant to section 302.178. For persons
34 mobilized and deployed with the United States Armed Forces, an application under this
35 subsection shall be considered satisfactory by the department of revenue if it is signed by a
36 person who holds general power of attorney executed by the person deployed, provided the
37 applicant meets all other requirements set by the director.

38 2. An applicant for a license may make a donation of **an amount not less than one**
39 dollar to promote an organ donor program. The director of revenue shall collect the donations
40 and deposit all such donations in the state treasury to the credit of the organ donor program
41 fund established in sections 194.297 to 194.304. Moneys in the organ donor program fund
42 shall be used solely for the purposes established in sections 194.297 to 194.304 except that
43 the department of revenue shall retain no more than one percent for its administrative costs.
44 The donation prescribed in this subsection is voluntary and may be refused by the applicant
45 for the license at the time of issuance or renewal of the license. The director shall make
46 available an informational booklet or other informational sources on the importance of organ

47 and tissue donations to applicants for licensure as designed by the organ donation advisory
48 committee established in sections 194.297 to 194.304. The director shall inquire of each
49 applicant at the time the licensee presents the completed application to the director whether
50 the applicant is interested in making the one **or more** dollar donation prescribed in this
51 subsection and whether the applicant is interested in inclusion in the organ donor registry and
52 shall also specifically inform the licensee of the ability to consent to organ donation by
53 placing a donor symbol sticker authorized and issued by the department of health and senior
54 services on the back of his or her driver's license or identification card as prescribed by
55 subdivision (1) of subsection 1 of section 194.225. A symbol may be placed on the front of
56 the license or identification card indicating the applicant's desire to be listed in the registry at
57 the applicant's request at the time of his or her application for a driver's license or
58 identification card, or the applicant may instead request an organ donor sticker from the
59 department of health and senior services by application on the department of health and senior
60 services' website. Upon receipt of an organ donor sticker sent by the department of health and
61 senior services, the applicant shall place the sticker on the back of his or her driver's license or
62 identification card to indicate that he or she has made an anatomical gift. The director shall
63 notify the department of health and senior services of information obtained from applicants
64 who indicate to the director that they are interested in registry participation, and the
65 department of health and senior services shall enter the complete name, address, date of birth,
66 race, gender and a unique personal identifier in the registry established in subsection 1 of
67 section 194.304.

68 3. An applicant for a license may make a donation of one dollar to promote a
69 blindness education, screening and treatment program. The director of revenue shall collect
70 the donations and deposit all such donations in the state treasury to the credit of the blindness
71 education, screening and treatment program fund established in section 209.015. Moneys in
72 the blindness education, screening and treatment program fund shall be used solely for the
73 purposes established in section 209.015; except that the department of revenue shall retain no
74 more than one percent for its administrative costs. The donation prescribed in this subsection
75 is voluntary and may be refused by the applicant for the license at the time of issuance or
76 renewal of the license. The director shall inquire of each applicant at the time the licensee
77 presents the completed application to the director whether the applicant is interested in
78 making the one dollar donation prescribed in this subsection.

79 4. An applicant for registration may make a donation of one dollar to the Missouri
80 medal of honor recipients fund. The director of revenue shall collect the donations and
81 deposit all such donations in the state treasury to the credit of the Missouri medal of honor
82 recipients fund as established in section 226.925. Moneys in the medal of honor recipients
83 fund shall be used solely for the purposes established in section 226.925, except that the

84 department of revenue shall retain no more than one percent for its administrative costs. The
85 donation prescribed in this subsection is voluntary and may be refused by the applicant for
86 registration at the time of issuance or renewal. The director shall inquire of each applicant at
87 the time the applicant presents the completed application to the director whether the applicant
88 is interested in making the one dollar donation prescribed in this subsection.

89 5. Beginning July 1, 2005, the director shall deny the driving privilege of any person
90 who commits fraud or deception during the examination process or who makes application
91 for an instruction permit, driver's license, or nondriver's license which contains or is
92 substantiated with false or fraudulent information or documentation, or who knowingly
93 conceals a material fact or otherwise commits a fraud in any such application. The period of
94 denial shall be one year from the effective date of the denial notice sent by the director. The
95 denial shall become effective ten days after the date the denial notice is mailed to the person.
96 The notice shall be mailed to the person at the last known address shown on the person's
97 driving record. The notice shall be deemed received three days after mailing unless returned
98 by the postal authorities. No such individual shall reapply for a driver's examination,
99 instruction permit, driver's license, or nondriver's license until the period of denial is
100 completed. No individual who is denied the driving privilege under this section shall be
101 eligible for a limited driving privilege issued under section 302.309.

102 6. All appeals of denials under this section shall be made as required by section
103 302.311.

104 7. The period of limitation for criminal prosecution under this section shall be
105 extended under subdivision (1) of subsection 3 of section 556.036.

106 8. The director may promulgate rules and regulations necessary to administer and
107 enforce this section. No rule or portion of a rule promulgated pursuant to the authority of this
108 section shall become effective unless it has been promulgated pursuant to chapter 536.

109 9. Notwithstanding any provision of this chapter that requires an applicant to provide
110 proof of Missouri residency for renewal of a noncommercial driver's license, noncommercial
111 instruction permit, or nondriver's license, an applicant who is sixty-five years and older and
112 who was previously issued a Missouri noncommercial driver's license, noncommercial
113 instruction permit, or Missouri nondriver's license is exempt from showing proof of Missouri
114 residency.

115 10. Notwithstanding any provision of this chapter, for the renewal of a
116 noncommercial driver's license, noncommercial instruction permit, or nondriver's license, a
117 photocopy of an applicant's United States birth certificate along with another form of
118 identification approved by the department of revenue, including, but not limited to, United
119 States military identification or United States military discharge papers, shall constitute
120 sufficient proof of Missouri citizenship.

121 11. Notwithstanding any other provision of this chapter, if an applicant does not meet
122 the requirements of subsection 9 of this section and does not have the required documents to
123 prove Missouri residency, United States naturalization, or lawful immigration status, the
124 department may issue a one-year driver's license renewal. This one-time renewal shall only
125 be issued to an applicant who previously has held a Missouri noncommercial driver's license,
126 noncommercial instruction permit, or nondriver's license for a period of fifteen years or more
127 and who does not have the required documents to prove Missouri residency, United States
128 naturalization, or lawful immigration status. After the expiration of the one-year period, no
129 further renewal shall be provided without the applicant producing proof of Missouri
130 residency, United States naturalization, or lawful immigration status.

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

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

660.010. 1. There is hereby created a "Department of Social Services" in charge of a
2 director appointed by the governor, by and with the advice and consent of the senate. All the
3 powers, duties and functions of the director of the department of public health and welfare,
4 chapters 191 and 192, and others, not previously reassigned by executive reorganization plan
5 number 2 of 1973 as submitted by the governor under chapter 26 except those assigned to the
6 department of mental health, are transferred by type I transfer to the director of the
7 department of social services and the office of the director, department of public health and
8 welfare is abolished. The department of public health and welfare is abolished. All
9 employees of the department of social services shall be covered by the provisions of chapter
10 36 except the director of the department and the director's secretary, all division directors and
11 their secretaries, and no more than three additional positions in each division which may be
12 designated by the division director.

13 2. It is the intent of the general assembly in establishing the department of social
14 services, as provided herein, to authorize the director of the department to coordinate the
15 state's programs devoted to those unable to provide for themselves and for the rehabilitation
16 of victims of social disadvantage. The director shall use the resources provided to the

17 department to provide comprehensive programs and leadership striking at the roots of
18 dependency, disability and abuse of society's rules with the purpose of improving service and
19 economical operations. The department is directed to take all steps possible to consolidate
20 and coordinate the field operations of the department to maximize service to the citizens of
21 the state.

22 3. All references to the division of welfare shall hereafter be construed to mean the
23 department of social services or the appropriate division within the department.

24 4. The state's responsibility under public law 452 of the eighty-eighth Congress and
25 others, pertaining to the Office of Economic Opportunity, is transferred by type I transfer to
26 the department of social services.

27 5. ~~The state's responsibility under public law 73, Older Americans Act of 1965, of~~
28 ~~the eighty-ninth Congress is transferred by type I transfer to the department of social services.~~

29 ~~6.]~~ All the powers, duties and functions vested by law in the curators of the
30 University of Missouri relating to crippled children's services, chapter 201, are transferred by
31 type I transfer to the department of social services.

32 ~~[7.]~~ 6. All the powers, duties and functions vested in the state board of training
33 schools, chapter 219 and others, are transferred by type I transfer to the "Division of Youth
34 Services" hereby authorized in the department of social services headed by a director
35 appointed by the director of the department. The state board of training schools shall be
36 reconstituted as an advisory board on youth services, appointed by the director of the
37 department. The advisory board shall visit each facility of the division as often as possible,
38 shall file a written report with the director of the department and the governor on conditions
39 they observed relating to the care and rehabilitative efforts in behalf of children assigned to
40 the facility, the security of the facility and any other matters pertinent in their judgment.
41 Copies of these reports shall be filed with the legislative library. Members of the advisory
42 board shall receive reimbursement for their expenses and twenty-five dollars a day for each
43 day they engage in official business relating to their duties. The members of the board shall
44 be provided with identification means by the director of the division permitting immediate
45 access to all facilities enabling them to make unannounced entrance to facilities they wish to
46 inspect.

2 ~~[191.743. 1. Any physician or health care provider who provides~~
3 ~~services to pregnant women shall identify all such women who are high risk~~
4 ~~pregnancies by use of protocols developed by the department of health and~~
5 ~~senior services pursuant to section 191.741. The physician or health care~~
6 ~~provider shall upon identification inform such woman of the availability of~~
7 ~~services and the option of referral to the department of health and senior~~
8 ~~services.~~

8 2. ~~Upon consent by the woman identified as having a high risk~~
9 ~~pregnancy, the physician or health care provider shall make a report, within~~
10 ~~seventy-two hours, to the department of health and senior services on forms~~
11 ~~approved by the department of health and senior services.~~

12 3. ~~Any physician or health care provider complying with the~~
13 ~~provisions of this section, in good faith, shall have immunity from any civil~~
14 ~~liability that might otherwise result by reason of such actions.~~

15 4. ~~Referral and associated documentation provided for in this section~~
16 ~~shall be confidential and shall not be used in any criminal prosecution.~~

17 5. ~~The consent required by subsection 2 of this section shall be deemed~~
18 ~~a waiver of the physician-patient privilege solely for the purpose of making the~~
19 ~~report pursuant to subsection 2 of this section.]~~

2 ~~[196.866. 1. Every person, firm, association or corporation, before~~
3 ~~engaging in the business of manufacturing or freezing ice cream, mellorine,~~
4 ~~frozen dessert products or any other product defined in sections 196.851 to~~
5 ~~196.895, shall first obtain a license from the director of the department of~~
6 ~~health and senior services of the state of Missouri. A license shall be obtained~~
7 ~~for each plant or place of business where ice cream, ice cream mix, ice milk,~~
8 ~~sherbet, frozen malt, ice milk mix, mellorine, edible fat frozen dessert or ices~~
9 ~~are manufactured or frozen. Hotels, motels, restaurants, boardinghouses, or~~
10 ~~other concerns or agents which shall manufacture or freeze ice cream, or~~
11 ~~related frozen food products defined in sections 196.851 to 196.895 for the use~~
12 ~~of their patrons, guests, or servants, shall be required to take out the license~~
13 ~~herein provided for; provided, that nothing in this section shall apply to private~~
14 ~~homes, hospitals, churches, or fraternal organizations manufacturing such~~
15 ~~products for their own use or to retailers dealing in ice cream or frozen dessert~~
16 ~~products received in the final frozen form from a licensed manufacturer.~~

17 2. ~~Applications for such licenses, both frozen dessert and mellorine,~~
18 ~~shall be accompanied by a statutory fee as follows: For each plant producing~~
19 ~~annually not in excess of five thousand gallons, ten dollars; in excess of five~~
20 ~~thousand gallons and not in excess of fifteen thousand gallons, fifteen dollars;~~
21 ~~in excess of fifteen thousand gallons and not in excess of twenty-five thousand~~
22 ~~gallons, twenty-five dollars; in excess of twenty-five thousand gallons and not~~
23 ~~in excess of fifty thousand gallons, fifty dollars; in excess of fifty thousand~~
24 ~~gallons and not in excess of one hundred thousand gallons, seventy-five~~
25 ~~dollars; in excess of one hundred thousand gallons and not in excess of two~~
26 ~~hundred thousand gallons, one hundred dollars; in excess of two hundred~~
27 ~~thousand gallons and not in excess of four hundred thousand gallons, one~~
28 ~~hundred twenty-five dollars; over four hundred thousand gallons, one hundred~~
29 ~~fifty dollars, and shall be made to the director of the department of health and~~
30 ~~senior services, upon such forms and shall show such information as may be~~
31 ~~demanding by the department of health and senior services, and the said~~
32 ~~director of the department of health and senior services, upon receipt of~~
33 ~~application for such license, shall cause to be investigated the equipment and~~
34 ~~the sanitary conditions of the plant or place of business for which the license is~~
~~applied. If the condition of the plant or place of business is found to be~~

35 satisfactory, a license shall be issued by the director of the department of
36 health and senior services to such applicant.

37 3. Each license so issued shall expire one year following the date of
38 issuance. All licenses for plants or places of business, when the manufacture
39 of ice cream, ice cream mix, ice milk, sherbets, or ices is continued after the
40 expiration of such licenses, shall be renewed annually.

41 4. The director of the department of health and senior services may
42 withhold and refuse to issue a license for any plant or place of business that
43 has not been conducted or is not prepared to be conducted in accordance with
44 the requirements of sections 196.851 to 196.895 or any rules issued hereunder.
45 The director of the department of health and senior services shall have the
46 power to revoke any license issued under sections 196.851 to 196.895
47 whenever it is determined by him that any of the provisions of sections
48 196.851 to 196.895 have been violated. Any person, firm, association or
49 corporation, whose license has been so revoked, shall discontinue operation of
50 the business for which the license was issued until such time as the provisions
51 of sections 196.851 to 196.895 have been complied with and a new license
52 granted by the director of the department of health and senior services. Before
53 revoking any such license, the director of the department of health and senior
54 services shall give written notice to the licensee affected, stating that he
55 contemplates revocation of the same and giving his reasons therefor. Said
56 notice shall appoint a time and place for hearing and shall be mailed by
57 registered mail to the licensee at least ten days before the date set for the
58 hearing or personal service rendered. The licensee may present to the director
59 of the department of health and senior services such evidence as may have a
60 bearing on the case, and, after hearing of the testimony, the director of the
61 department of health and senior services shall decide the question in such
62 manner as to him appears just and right.

63 5. Any licensee who feels aggrieved at the decision of the director of
64 the department of health and senior services may appeal from said decision
65 within sixty days by writ of certiorari to the circuit court of the county in
66 which such person resides or in case of a firm, association or corporation, the
67 county in which is located its principal place of business.

68 6. All fees collected under this section shall be deposited in the state
69 treasury, subject to appropriation by the general assembly.]

2 [~~196.868. Any person who operates a plant manufacturing or freezing
3 ice cream, mellorine, frozen dessert products or any other product defined in
4 sections 196.851 to 196.895, located outside of this state and sells, offers for
5 sale or distributes the products in this state shall obtain a broker's license from
6 the director and pay a broker's license fee, equivalent to the license fee
7 provided in section 196.866, on all sales in this state, and shall be subject to
the other provisions of sections 196.851 to 196.895.]~~

2 [~~251.070. The department shall be responsible for the implementation
of the Older Americans Act in Missouri. This agency shall develop a state~~

3 ~~plan describing a program for carrying out the Older Americans Act and shall~~
4 ~~be the sole agency responsible for coordinating all state programs related to~~
5 ~~the implementation of such plan.]~~

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