

SECOND REGULAR SESSION

[PERFECTED]

HOUSE BILL NO. 2331

101ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE BAKER.

4527H.01P

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal sections 191.500, 191.515, 191.520, 191.525, 191.743, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.300, 194.304, 196.866, 196.868, 197.100, 197.256, 197.258, 197.400, 197.405, 197.415, 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 251.070, 301.020, 302.171, 334.100, 334.104, 334.506, 334.613, 335.011, 335.016, 335.036, 335.046, 335.051, 335.056, 335.061, 335.066, 335.071, 335.076, 335.081, 335.086, 335.175, 335.221, 335.230, 335.257, 338.010, 338.165, and 660.010, RSMo, and to enact in lieu thereof fifty-seven new sections relating to public health, with an emergency clause for certain sections.

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

Section A. Sections 191.500, 191.515, 191.520, 191.525, 191.743, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.300, 194.304, 196.866, 196.868, 197.100, 197.256, 197.258, 197.400, 197.405, 197.415, 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 251.070, 301.020, 302.171, 334.100, 334.104, 334.506, 334.613, 335.011, 335.016, 335.036, 335.046, 335.051, 335.056, 335.061, 335.066, 335.071, 335.076, 335.081, 335.086, 335.175, 335.221, 335.230, 335.257, 338.010, 338.165, and 660.010, RSMo, are repealed and fifty-seven new sections enacted in lieu thereof, to be known as sections 135.690, 191.500, 191.515, 191.520, 191.525, 192.2001, 192.2225, 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.300, 194.304, 194.321, 197.100, 197.256, 197.258, 197.400, 197.405, 197.415, 197.445, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, 198.545, 301.020, 302.171, 334.100, 334.104, 334.506, 334.613,

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.

12 335.011, 335.016, 335.036, 335.046, 335.051, 335.056, 335.061, 335.066, 335.071, 335.076,
13 335.081, 335.086, 335.175, 335.221, 335.230, 335.257, 338.010, 338.011, 338.165, and
14 660.010, 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.

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

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

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

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

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

(5) "Participating school"^[5]:

(a) An institution of higher learning within this state which grants:

a. The degrees of doctor of medicine or doctor of osteopathy, and which is accredited in the appropriate degree program by the American Medical Association ~~[or]~~, the American Osteopathic Association, **or the American Psychiatric Association; or**

b. **The degree of doctor of dental surgery, the degree of doctor of dental medicine, or the bachelor of science degree in dental hygiene, and which is accredited in the appropriate degree program by the American Dental Association; and**

(b) **Applicable residency programs for each degree type and discipline;**

(6) "Primary care"^[5]:

(a) General or family practice, internal medicine, pediatric, **psychiatric**, or obstetric and gynecological care as provided to the general public by physicians licensed and registered pursuant to chapter 334; **and**

(b) **Dental practice as provided to the general public by dentists or dental hygienists licensed under chapter 332;**

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

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

191.515. 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 **or her** application and throughout the period 3 during which he **or she** receives the loan, he **or she is a resident of this state and** has been 4 formally accepted as a student in a participating school in a course of study leading to the 5 degree of doctor of medicine ~~[or]~~, doctor of osteopathy, ~~[and is a resident of this state]~~ **doctor** 6 **of dental surgery, or doctor of dental medicine or to the bachelor of science degree in** 7 **dental hygiene.**

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 **or she** is pursuing a course of study 6 directly leading to a degree of doctor of medicine ~~[or]~~, doctor of osteopathy, **doctor of dental** 7 **surgery, or doctor of dental medicine or to a bachelor of science degree in dental** 8 **hygiene.**

~~[251.070.]~~ **192.2001.** The department shall be responsible for the implementation of 2 the Older Americans Act in Missouri. This agency shall develop a state plan describing a 3 program for carrying out the Older Americans Act and shall be the sole agency responsible 4 for coordinating all state programs related to the implementation of 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 ~~[(22)]~~ (21) **"Potential donor", an individual whose body or part is the subject of**
55 **an anatomical gift, except that the term "potential donor" shall not include an unborn**
56 **child, as defined in section 1.205 or 188.015, if the child did not die of natural causes;**

57 (22) "Procurement organization", an eye bank, organ procurement organization, ~~[or]~~
58 tissue bank, **or entity lawfully established and operated for the procurement and**
59 **distribution of anatomical gifts to be used as donated organs or 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, **a potential donor**, or a prospective donor.
12 During the examination period, measures necessary to ensure the medical suitability of the
13 part may not be withdrawn unless the hospital or procurement organization knows a contrary
14 intent had or has been expressed by the individual or an agent of the individual, or if the
15 individual is incapacitated and he or she has no agent, knows a contrary intent has been
16 expressed by any person listed in section 194.245 having priority to make an anatomical gift
17 on behalf of the 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 director of revenue shall credit to and deposit in the fund all amounts received**
5 **under subsection 8 of section 301.020, section 301.3125, and subsection 2 of section**

6 302.171 and any other amounts that may be received from appropriations, grants, gifts,
7 bequests, the federal government, or any other source. Moneys in the fund shall be
8 expended in the manner set forth in section 194.299.

9 2. The department of health and senior services may pursue funding to support
10 programmatic efforts and initiatives described in section 194.299.

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

16 4. Private contributions, grants, and federal funds may be used and expended by
17 the department of health and senior services for such purposes as may be specified in
18 any requirements, terms, or conditions attached thereto or, in the absence of any specific
19 requirements, terms, or conditions, as the department determines under section 194.299.

20 5. The acceptance and use of federal funds shall not commit any state funds or
21 place any obligation upon the general assembly to continue the programs or activities
22 outlined in the federal fund award for which the federal funds are available.

23 6. The state treasurer shall administer the fund, and the moneys in the fund shall be
24 used solely, upon appropriation, by the department of health and senior services~~[-in~~
25 ~~consultation]. The department may consult with the organ donation advisory committee[-~~
26 ~~for implementation of organ donation awareness programs in the manner prescribed in~~
27 ~~subsection 2 of section 194.300] about implementation of programming and related~~
28 ~~expenditures.~~

29 7. Notwithstanding the provisions of section 33.080 to the contrary, moneys in the
30 organ donor program fund at the end of any biennium shall not be transferred to the credit of
31 the general revenue fund. There shall be no money appropriated from general revenue to
32 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]~~ **Contracts that may be entered into** by the department of health and
3 senior services ~~[to]~~ **with** certified organ procurement organizations **and other organizations,**
4 **individuals, and institutions for services furthering** the development and implementation
5 of organ donation awareness programs in this state;

6 (2) **Initiatives to increase education and awareness of organ, eye, and tissue**
7 **donation; donor family recognition efforts; training and strategic planning efforts**
8 **relating to organ, eye, and tissue donation; and donor registry initiatives;**

9 (3) Publication of informational pamphlets or booklets by the department of health
10 and senior services and the advisory committee regarding organ donations and donations to

11 the organ donor program fund when obtaining or renewing a license to operate a motor
12 vehicle pursuant to subsection 2 of section 302.171;

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

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

17 **(6) Reimbursements for reasonable and necessary expenses incurred by**
18 **members of the organ donation advisory committee as described in subsection 2 of**
19 **section 194.300.**

194.300. 1. There is established within the department of health and senior services
2 the "Organ Donation Advisory Committee", which shall consist of the following members
3 appointed by the governor with the advice and consent of the senate:

4 (1) Four representatives of organ and tissue procurement organizations;

5 (2) Four members representative of organ recipients, families of organ recipients,
6 organ donors and families of organ donors;

7 (3) One health care representative from a hospital located in Missouri; and

8 (4) One representative of the department of health and senior services.

9 2. Members of the advisory committee shall receive no compensation for their
10 services, but may be reimbursed for the reasonable and necessary expenses incurred in the
11 performance of their duties out of ~~[appropriations made for that purpose]~~ **the organ donor**
12 **program fund established in section 194.297.** Members shall serve for five year terms and
13 shall serve at the pleasure of the governor.

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, **a potential**
11 **donor**, or a prospective donor, whether the donor ~~[or prospective donor]~~ has made, amended,
12 or 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 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. No hospital, physician, procurement organization, or other person shall
8 consider the COVID-19 vaccination status of a potential organ transplant recipient or
9 potential organ donor in any part of the organ transplant process including, but not
10 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.

197.100. 1. Any provision of chapter 198 and chapter 338 to the contrary
2 notwithstanding, the department of health and senior services shall have sole authority, and
3 responsibility for inspection and licensure of hospitals in this state including, but not limited
4 to, all parts, services, functions, support functions and activities which contribute directly or
5 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
2 department may make such surveys as it deems necessary during normal business hours. The
3 department shall survey every hospice ~~[not less than once annually]~~ **in accordance with Title**
4 **XVIII of the Social Security Act.** The hospice shall permit the department's representatives
5 to enter upon any of its business premises during normal business hours for the purpose of a
6 survey.

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

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

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

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

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

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

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

3 (1) **"Advanced practice registered nurse", the same meaning given to the term in**
4 **section 335.016;**

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

7 ~~[(2)]~~ (3) "Department", the department of health and senior services;

8 ~~[(3)]~~ (4) "Home health agency", a public agency or private organization or a
9 subdivision or subunit of an agency or organization that provides two or more home health
10 services at the residence of a patient according to a ~~[physician's]~~ written ~~[and signed]~~ plan of
11 treatment **signed by a physician, advanced practice registered nurse, or physician**
12 **assistant;**

13 ~~[(4)]~~ (5) "Home health services", any of the following items and services provided at
14 the residence of the patient on a part-time or intermittent basis: nursing, physical therapy,
15 speech therapy, occupational therapy, home health aid, or medical social service;

16 ~~[(5)]~~ (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 ~~[(8)]~~ (9) **"Physician assistant", a person licensed by the state board of**
25 **registration for the healing arts under the provisions of chapter 334 to practice in this**
26 **state as a physician assistant;**

27 (10) "Plan of treatment", a plan reviewed and signed as often as medically necessary
28 by a physician ~~[or]~~, podiatrist, **advanced practice registered nurse, or physician assistant,**
29 not to exceed sixty days in duration, prescribing items and services for an individual patient's
30 condition;

31 ~~[(9)]~~ (11) "Podiatrist", a person licensed by the state board of podiatry pursuant to the
32 provisions of chapter 330 to practice in this state as a podiatrist;

33 ~~[(10)]~~ (12) "Subunit" or "subdivision", any organizational unit of a larger
34 organization which can be clearly defined as a separate entity within the larger structure,
35 which can meet all of the requirements of sections 197.400 to 197.475 independent of the
36 larger organization, which can be held accountable for the care of patients it is serving, and
37 which provides to all patients care and services meeting the standards and requirements of
38 sections 197.400 to 197.475.

197.405. No home health agency, including Medicare and Medicaid providers, shall
2 provide two or more of the home health services covered by subdivision ~~[(4)]~~ (5) of section
3 197.400 or shall hold itself out as providing such home health services or as a home health
4 agency unless it is licensed and registered in accordance with the provisions of sections
5 197.400 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, advanced practice registered nurse, or**
11 **physician assistant.** No rule or portion of a rule promulgated pursuant to the authority of
12 sections 197.400 to 197.477 shall become effective unless it has been promulgated pursuant
13 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 or]~~ **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

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

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

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

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

26 6. Any person may notify the department if facts exist that would lead a reasonable
27 person to conclude that any inspector or surveyor has any personal or business affiliation that
28 would result in a conflict of interest in conducting an inspection or survey for a facility. Upon
29 receiving that notice, the department, when assigning an inspector or surveyor to inspect or
30 survey a facility, for any purpose, shall take steps to verify the information and, if the
31 department has probable cause to believe that it is correct, shall not assign the inspector or
32 surveyor to the facility or any facility within its organization so as to avoid an appearance of
33 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-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-dollar]~~ donation prescribed in this subsection
51 and whether the applicant is interested in inclusion in the organ donor registry and shall also
52 specifically inform the licensee of the ability to consent to organ donation by placing a donor
53 symbol sticker authorized and issued by the department of health and senior services on the
54 back of his or her driver's license or identification card as prescribed by subdivision (1) of
55 subsection 1 of section 194.225. A symbol may be placed on the front of the license or
56 identification card indicating the applicant's desire to be listed in the registry at the applicant's
57 request at the time of his or her application for a driver's license or identification card, or the
58 applicant may instead request an organ donor sticker from the department of health and senior
59 services by application on the department of health and senior services' website. Upon receipt
60 of an organ donor sticker sent by the department of health and senior services, the applicant
61 shall place the sticker on the back of his or her driver's license or identification card to
62 indicate that he or she has made an anatomical gift. The director shall notify the department
63 of health and senior services of information obtained from applicants who indicate to the
64 director that they are interested in registry participation, and the department of health and
65 senior services shall enter the complete name, address, date of birth, race, gender and a unique
66 personal identifier in the registry established in subsection 1 of section 194.304.

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

78 4. An applicant for registration may make a donation of one dollar to the Missouri
79 medal of honor recipients fund. The director of revenue shall collect the donations and
80 deposit all such donations in the state treasury to the credit of the Missouri medal of honor
81 recipients fund as established in section 226.925. Moneys in the medal of honor recipients
82 fund shall be used solely for the purposes established in section 226.925, except that the
83 department of revenue shall retain no more than one percent for its administrative costs. The

84 donation prescribed in this subsection is voluntary and may be refused by the applicant for
85 registration at the time of issuance or renewal. The director shall inquire of each applicant at
86 the time the applicant presents the completed application to the director whether the applicant
87 is interested in making the one dollar donation prescribed in this subsection.

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

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

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

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

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

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

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

334.100. 1. The board may refuse to issue or renew any certificate of registration or
2 authority, permit or license required pursuant to this chapter for one or any combination of
3 causes stated in subsection 2 of this section. The board shall notify the applicant in writing of
4 the reasons for the refusal and shall advise the applicant of the applicant's right to file a
5 complaint with the administrative hearing commission as provided by chapter 621. As an
6 alternative to a refusal to issue or renew any certificate, registration or authority, the board
7 may, at its discretion, issue a license which is subject to probation, restriction or limitation to
8 an applicant for licensure for any one or any combination of causes stated in subsection 2 of
9 this section. The board's order of probation, limitation or restriction shall contain a statement
10 of the discipline imposed, the basis therefor, the date such action shall become effective, and a
11 statement that the applicant has thirty days to request in writing a hearing before the
12 administrative hearing commission. If the board issues a probationary, limited or restricted
13 license to an applicant for licensure, either party may file a written petition with the
14 administrative hearing commission within thirty days of the effective date of the probationary,
15 limited or restricted license seeking review of the board's determination. If no written request
16 for a hearing is received by the administrative hearing commission within the thirty-day
17 period, the right to seek review of the board's decision shall be considered as waived.

18 2. The board may cause a complaint to be filed with the administrative hearing
19 commission as provided by chapter 621 against any holder of any certificate of registration or
20 authority, permit or license required by this chapter or any person who has failed to renew or
21 has surrendered the person's certificate of registration or authority, permit or license for any
22 one or any combination of the following causes:

23 (1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage
24 to an extent that such use impairs a person's ability to perform the work of any profession
25 licensed or regulated by this chapter;

26 (2) The person has been finally adjudicated and found guilty, or entered a plea of
27 guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the

28 United States, for any offense reasonably related to the qualifications, functions or duties of
29 any profession licensed or regulated pursuant to this chapter, for any offense involving fraud,
30 dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not
31 sentence is imposed;

32 (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of
33 registration or authority, permit or license issued pursuant to this chapter or in obtaining
34 permission to take any examination given or required pursuant to this chapter;

35 (4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or
36 unprofessional conduct in the performance of the functions or duties of any profession
37 licensed or regulated by this chapter, including, but not limited to, the following:

38 (a) Obtaining or attempting to obtain any fee, charge, tuition or other compensation
39 by fraud, deception or misrepresentation; willfully and continually overcharging or
40 overtreating patients; or charging for visits to the physician's office which did not occur
41 unless the services were contracted for in advance, or for services which were not rendered or
42 documented in the patient's records;

43 (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception,
44 to obtain or retain a patient or discourage the use of a second opinion or consultation;

45 (c) Willfully and continually performing inappropriate or unnecessary treatment,
46 diagnostic tests or medical or surgical services;

47 (d) Delegating professional responsibilities to a person who is not qualified by
48 training, skill, competency, age, experience or licensure to perform such responsibilities;

49 (e) Misrepresenting that any disease, ailment or infirmity can be cured by a method,
50 procedure, treatment, medicine or device;

51 (f) Performing or prescribing medical services which have been declared by board
52 rule to be of no medical or osteopathic value;

53 (g) Final disciplinary action by any professional medical or osteopathic association or
54 society or licensed hospital or medical staff of such hospital in this or any other state or
55 territory, whether agreed to voluntarily or not, and including, but not limited to, any removal,
56 suspension, limitation, or restriction of the person's license or staff or hospital privileges,
57 failure to renew such privileges or license for cause, or other final disciplinary action, if the
58 action was in any way related to unprofessional conduct, professional incompetence,
59 malpractice or any other violation of any provision of this chapter;

60 (h) Signing a blank prescription form; or dispensing, prescribing, administering or
61 otherwise distributing any drug, controlled substance or other treatment without sufficient
62 examination including failing to establish a valid physician-patient relationship pursuant to
63 section 334.108, or for other than medically accepted therapeutic or experimental or
64 investigative purposes duly authorized by a state or federal agency, or not in the course of

65 professional practice, or not in good faith to relieve pain and suffering, or not to cure an
66 ailment, physical infirmity or disease, except as authorized in section 334.104;

67 (i) Exercising influence within a physician-patient relationship for purposes of
68 engaging a patient in sexual activity;

69 (j) Being listed on any state or federal sexual offender registry;

70 (k) Terminating the medical care of a patient without adequate notice or without
71 making other arrangements for the continued care of the patient;

72 (l) Failing to furnish details of a patient's medical records to other treating physicians
73 or hospitals upon proper request; or failing to comply with any other law relating to medical
74 records;

75 (m) Failure of any applicant or licensee to cooperate with the board during any
76 investigation;

77 (n) Failure to comply with any subpoena or subpoena duces tecum from the board or
78 an order of the board;

79 (o) Failure to timely pay license renewal fees specified in this chapter;

80 (p) Violating a probation agreement, order, or other settlement agreement with this
81 board or any other licensing agency;

82 (q) Failing to inform the board of the physician's current residence and business
83 address;

84 (r) Advertising by an applicant or licensee which is false or misleading, or which
85 violates any rule of the board, or which claims without substantiation the positive cure of any
86 disease, or professional superiority to or greater skill than that possessed by any other
87 physician. An applicant or licensee shall also be in violation of this provision if the applicant
88 or licensee has a financial interest in any organization, corporation or association which issues
89 or conducts such advertising;

90 (s) Any other conduct that is unethical or unprofessional involving a minor;

91 (5) Any conduct or practice which is or might be harmful or dangerous to the mental
92 or physical health of a patient or the public; or incompetency, gross negligence or repeated
93 negligence in the performance of the functions or duties of any profession licensed or
94 regulated by this chapter. For the purposes of this subdivision, "repeated negligence" means
95 the failure, on more than one occasion, to use that degree of skill and learning ordinarily used
96 under the same or similar circumstances by the member of the applicant's or licensee's
97 profession;

98 (6) Violation of, or attempting to violate, directly or indirectly, or assisting or
99 enabling any person to violate, any provision of this chapter or chapter 324, or of any lawful
100 rule or regulation adopted pursuant to this chapter or chapter 324;

(7) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;

(8) Revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation or other final disciplinary action against the holder of or applicant for a license or other right to practice any profession regulated by this chapter by another state, territory, federal agency or country, whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, the denial of licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or limiting the practice of medicine while subject to an investigation or while actually under investigation by any licensing authority, medical facility, branch of the Armed Forces of the United States of America, insurance company, court, agency of the state or federal government, or employer;

(9) A person is finally adjudged incapacitated or disabled by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by this chapter who is not registered and currently eligible to practice pursuant to this chapter; or knowingly performing any act which in any way aids, assists, procures, advises, or encourages any person to practice medicine who is not registered and currently eligible to practice pursuant to this chapter. A physician who works in accordance with standing orders or protocols or in accordance with the provisions of section 334.104 shall not be in violation of this subdivision;

(11) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

(12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated pursuant to this chapter;

(13) Violation of the drug laws or rules and regulations of this state, including but not limited to any provision of chapter 195, any other state, or the federal government;

(14) Knowingly making, or causing to be made, or aiding, or abetting in the making of, a false statement in any birth, death or other certificate or document executed in connection with the practice of the person's profession;

(15) Knowingly making a false statement, orally or in writing to the board;

(16) Soliciting patronage in person or by agents or representatives, or by any other means or manner, under the person's own name or under the name of another person or concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as to the need or necessity for or appropriateness of health care services for all patients, or the qualifications of an individual person or persons to diagnose, render, or perform health care services;

(17) Using, or permitting the use of, the person's name under the designation of "Doctor", "Dr.", "M.D.", or "D.O.", or any similar designation with reference to the commercial exploitation of any goods, wares or merchandise;

(18) Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter 208 or chapter 630 or for payment from Title XVIII or Title XIX of the Social Security Act;

(19) Failure or refusal to properly guard against contagious, infectious or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or in any health care facility to the board, in writing, within thirty days after the discovery thereof;

(20) Any candidate for licensure or person licensed to practice as a physical therapist, paying or offering to pay a referral fee ~~[or, notwithstanding section 334.010 to the contrary, practicing or offering to practice professional physical therapy independent of the prescription and direction of a person licensed and registered as a physician and surgeon pursuant to this chapter, as a dentist pursuant to chapter 332, as a podiatrist pursuant to chapter 330, as an advanced practice registered nurse under chapter 335, or any licensed and registered physician, dentist, podiatrist, or advanced practice registered nurse practicing in another jurisdiction, whose license is in good standing];~~

(21) Any candidate for licensure or person licensed to practice as a physical therapist, treating or attempting to treat ailments or other health conditions of human beings other than by professional physical therapy and as authorized by sections 334.500 to 334.620;

(22) Any person licensed to practice as a physician or surgeon, requiring, as a condition of the physician-patient relationship, that the patient receive prescribed drugs, devices or other professional services directly from facilities of that physician's office or other entities under that physician's ownership or control. A physician shall provide the patient with a prescription which may be taken to the facility selected by the patient and a physician knowingly failing to disclose to a patient on a form approved by the advisory commission for professional physical therapists as established by section 334.625 which is dated and signed by a patient or guardian acknowledging that the patient or guardian has read and understands that the physician has a pecuniary interest in a physical therapy or rehabilitation service providing prescribed treatment and that the prescribed treatment is available on a competitive basis. This subdivision shall not apply to a referral by one physician to another physician within a group of physicians practicing together;

(23) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed or administered by another physician who is authorized by law to do so;

174 (24) Habitual intoxication or dependence on alcohol, evidence of which may include
175 more than one alcohol-related enforcement contact as defined by section 302.525;

176 (25) Failure to comply with a treatment program or an aftercare program entered into
177 as part of a board order, settlement agreement or licensee's professional health program;

178 (26) Revocation, suspension, limitation, probation, or restriction of any kind
179 whatsoever of any controlled substance authority, whether agreed to voluntarily or not, or
180 voluntary termination of a controlled substance authority while under investigation;

181 (27) For a physician to operate, conduct, manage, or establish an abortion facility, or
182 for a physician to perform an abortion in an abortion facility, if such facility comes under the
183 definition of an ambulatory surgical center pursuant to sections 197.200 to 197.240, and such
184 facility has failed to obtain or renew a license as an ambulatory surgical center.

185 3. Collaborative practice arrangements, protocols and standing orders shall be in
186 writing and signed and dated by a physician prior to their implementation.

187 4. After the filing of such complaint before the administrative hearing commission,
188 the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a
189 finding by the administrative hearing commission that the grounds, provided in subsection 2
190 of this section, for disciplinary action are met, the board may, singly or in combination, warn,
191 censure or place the person named in the complaint on probation on such terms and
192 conditions as the board deems appropriate for a period not to exceed ten years, or may
193 suspend the person's license, certificate or permit for a period not to exceed three years, or
194 restrict or limit the person's license, certificate or permit for an indefinite period of time, or
195 revoke the person's license, certificate, or permit, or administer a public or private reprimand,
196 or deny the person's application for a license, or permanently withhold issuance of a license or
197 require the person to submit to the care, counseling or treatment of physicians designated by
198 the board at the expense of the individual to be examined, or require the person to attend such
199 continuing educational courses and pass such examinations as the board may direct.

200 5. In any order of revocation, the board may provide that the person may not apply for
201 reinstatement of the person's license for a period of time ranging from two to seven years
202 following the date of the order of revocation. All stay orders shall toll this time period.

203 6. Before restoring to good standing a license, certificate or permit issued pursuant to
204 this chapter which has been in a revoked, suspended or inactive state for any cause for more
205 than two years, the board may require the applicant to attend such continuing medical
206 education courses and pass such examinations as the board may direct.

207 7. In any investigation, hearing or other proceeding to determine a licensee's or
208 applicant's fitness to practice, any record relating to any patient of the licensee or applicant
209 shall be discoverable by the board and admissible into evidence, regardless of any statutory or
210 common law privilege which such licensee, applicant, record custodian or patient might

211 otherwise invoke. In addition, no such licensee, applicant, or record custodian may withhold
212 records or testimony bearing upon a licensee's or applicant's fitness to practice on the ground
213 of privilege between such licensee, applicant or record custodian and a patient.

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

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

26 3. The written collaborative practice arrangement shall contain at least the following
27 provisions:

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

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

33 (3) A requirement that there shall be posted at every office where the advanced
34 practice registered nurse is authorized to prescribe, in collaboration with a physician, a

35 prominently displayed disclosure statement informing patients that they may be seen by an
36 advanced practice registered nurse and have the right to see the collaborating physician;

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

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

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

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

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

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

60 (7) A list of all other written practice agreements of the collaborating physician and
61 the advanced practice registered nurse;

62 (8) The duration of the written practice agreement between the collaborating
63 physician and the advanced practice registered nurse;

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

70 (10) The collaborating physician, or any other physician designated in the
71 collaborative practice arrangement, shall review every fourteen days a minimum of twenty

72 percent of the charts in which the advanced practice registered nurse prescribes controlled
73 substances. The charts reviewed under this subdivision may be counted in the number of
74 charts required to be reviewed under subdivision (9) of this subsection.

75 4. The state board of registration for the healing arts pursuant to section 334.125 and
76 the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the
77 use of collaborative practice arrangements. Such rules shall be limited to ~~[specifying~~
78 ~~geographic areas to be covered,]~~ the methods of treatment that may be covered by
79 collaborative practice arrangements and the requirements for review of services provided
80 pursuant to collaborative practice arrangements including delegating authority to prescribe
81 controlled substances. Any rules relating to dispensing or distribution of medications or
82 devices by prescription or prescription drug orders under this section shall be subject to the
83 approval of the state board of pharmacy. Any rules relating to dispensing or distribution of
84 controlled substances by prescription or prescription drug orders under this section shall be
85 subject to the approval of the department of health and senior services and the state board of
86 pharmacy. In order to take effect, such rules shall be approved by a majority vote of a
87 quorum of each board. Neither the state board of registration for the healing arts nor the
88 board of nursing may separately promulgate rules relating to collaborative practice
89 arrangements. Such jointly promulgated rules shall be consistent with guidelines for
90 federally funded clinics. The rulemaking authority granted in this subsection shall not extend
91 to collaborative practice arrangements of hospital employees providing inpatient care within
92 hospitals as defined pursuant to chapter 197 or population-based public health services as
93 defined by 20 CSR 2150-5.100 as of April 30, 2008.

94 5. The state board of registration for the healing arts shall not deny, revoke, suspend
95 or otherwise take disciplinary action against a physician for health care services delegated to a
96 registered professional nurse provided the provisions of this section and the rules
97 promulgated thereunder are satisfied. Upon the written request of a physician subject to a
98 disciplinary action imposed as a result of an agreement between a physician and a registered
99 professional nurse or registered physician assistant, whether written or not, prior to August
100 28, 1993, all records of such disciplinary licensure action and all records pertaining to the
101 filing, investigation or review of an alleged violation of this chapter incurred as a result of
102 such an agreement shall be removed from the records of the state board of registration for the
103 healing arts and the division of professional registration and shall not be disclosed to any
104 public or private entity seeking such information from the board or the division. The state
105 board of registration for the healing arts shall take action to correct reports of alleged
106 violations and disciplinary actions as described in this section which have been submitted to
107 the National Practitioner Data Bank. In subsequent applications or representations relating to
108 his **or her** medical practice, a physician completing forms or documents shall not be required

109 to report any actions of the state board of registration for the healing arts for which the
110 records are subject to removal under this section.

111 6. Within thirty days of any change and on each renewal, the state board of
112 registration for the healing arts shall require every physician to identify whether the physician
113 is engaged in any collaborative practice agreement, including collaborative practice
114 agreements delegating the authority to prescribe controlled substances, or physician
115 assistant agreement and also report to the board the name of each licensed professional
116 with whom the physician has entered into such agreement. The board may make this
117 information available to the public. The board shall track the reported information and may
118 routinely conduct random reviews of such agreements to ensure that agreements are carried
119 out for compliance under this chapter.

120 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as
121 defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services
122 without a collaborative practice arrangement provided that he or she is under the supervision
123 of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if
124 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified
125 registered nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into
126 a collaborative practice arrangement under this section, except that the collaborative practice
127 arrangement may not delegate the authority to prescribe any controlled substances listed in
128 Schedules III, IV, and V of section 195.017, or Schedule II - hydrocodone.

129 8. A collaborating physician shall not enter into a collaborative practice arrangement
130 with more than six full-time equivalent advanced practice registered nurses, full-time
131 equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any
132 combination thereof. This limitation shall not apply to collaborative arrangements of hospital
133 employees providing inpatient care service in hospitals as defined in chapter 197 or
134 population-based public health services as defined by 20 CSR 2150-5.100 as of April 30,
135 2008, or to a certified registered nurse anesthetist providing anesthesia services under the
136 supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately
137 available if needed as set out in subsection 7 of this section.

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

144 10. No agreement made under this section shall supersede current hospital licensing
145 regulations governing hospital medication orders under protocols or standing orders for the

146 purpose of delivering inpatient or emergency care within a hospital as defined in section
147 197.020 if such protocols or standing orders have been approved by the hospital's medical
148 staff and pharmaceutical therapeutics committee.

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

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

334.506. 1. As used in this section, "approved health care provider" means a person
2 holding a current and active license as a physician and surgeon under this chapter, a
3 chiropractor under chapter 331, a dentist under chapter 332, a podiatrist under chapter 330, a
4 physician assistant under this chapter, an advanced practice registered nurse under chapter
5 335, or any licensed and registered physician, chiropractor, dentist, or podiatrist practicing in
6 another jurisdiction whose license is in good standing.

7 2. A physical therapist ~~[shall not]~~ **may evaluate and** initiate treatment ~~[for a new~~
8 ~~injury or illness]~~ **on a patient** without a prescription **or referral** from an approved health care
9 provider.

10 3. A physical therapist may provide educational resources and training, develop
11 fitness or wellness programs ~~[for asymptomatic persons]~~, or provide screening or consultative
12 services within the scope of physical therapy practice without ~~[the]~~ a prescription ~~[and~~
13 ~~direction of]~~ **or referral from** an approved health care provider.

14 4. ~~[A physical therapist may examine and treat without the prescription and direction~~
15 ~~of an approved health care provider any person with a recurring self-limited injury within one~~
16 ~~year of diagnosis by an approved health care provider or a chronic illness that has been~~
17 ~~previously diagnosed by an approved health care provider. The physical therapist shall:~~

18 ~~(1) Contact the patient's current approved health care provider within seven days of~~
19 ~~initiating physical therapy services under this subsection;~~

20 (2) ~~Not change an existing physical therapy referral available to the physical therapist~~
21 ~~without approval of the patient's current approved health care provider;~~

22 (3) ~~Refer to an approved health care provider any patient whose medical condition at~~
23 ~~the time of examination or treatment is determined to be beyond the scope of practice of~~
24 ~~physical therapy;~~

25 (4) ~~Refer to an approved health care provider any patient whose condition for which~~
26 ~~physical therapy services are rendered under this subsection has not been documented to be~~
27 ~~progressing toward documented treatment goals after six visits or fourteen days, whichever~~
28 ~~first occurs;~~

29 (5) ~~Notify the patient's current approved health care provider prior to the continuation~~
30 ~~of treatment if treatment rendered under this subsection is to continue beyond thirty days.~~
31 ~~The physical therapist shall provide such notification for each successive period of thirty~~
32 ~~days.~~

33 ~~5.]~~ The provision of physical therapy services of evaluation and screening pursuant to
34 this section shall be limited to a physical therapist, and any authority for evaluation and
35 screening granted within this section may not be delegated. Upon each reinitiation of
36 physical therapy services, a physical therapist shall provide a full physical therapy evaluation
37 prior to the reinitiation of physical therapy treatment. ~~[Physical therapy treatment provided~~
38 ~~pursuant to the provisions of subsection 4 of this section may be delegated by physical~~
39 ~~therapists to physical therapist assistants only if the patient's current approved health care~~
40 ~~provider has been so informed as part of the physical therapist's seven day notification upon~~
41 ~~reinitiation of physical therapy services as required in subsection 4 of this section.]~~ Nothing
42 in this subsection shall be construed as to limit the ability of physical therapists or physical
43 therapist assistants to provide physical therapy services in accordance with the provisions of
44 this chapter, and upon the referral of an approved health care provider. Nothing in this
45 subsection shall prohibit an approved health care provider from acting within the scope of
46 their practice as defined by the applicable chapters of RSMo.

47 ~~[6:]~~ 5. No person licensed to practice, or applicant for licensure, as a physical
48 therapist or physical therapist assistant shall make a medical diagnosis.

49 ~~[7:]~~ 6. A physical therapist shall only delegate physical therapy treatment to a
50 physical therapist assistant or to a person in an entry level of a professional education
51 program approved by the Commission on Accreditation in Physical Therapy Education
52 (CAPTE) who satisfies supervised clinical education requirements related to the person's
53 physical therapist or physical therapist assistant education. The entry-level person shall be
54 under the supervision of a physical therapist.

334.613. 1. The board may refuse to issue or renew a license to practice as a physical
2 therapist or physical therapist assistant for one or any combination of causes stated in

3 subsection 2 of this section. The board shall notify the applicant in writing of the reasons for
4 the refusal and shall advise the applicant of the applicant's right to file a complaint with the
5 administrative hearing commission as provided by chapter 621. As an alternative to a refusal
6 to issue or renew a license to practice as a physical therapist or physical therapist assistant, the
7 board may, at its discretion, issue a license which is subject to probation, restriction, or
8 limitation to an applicant for licensure for any one or any combination of causes stated in
9 subsection 2 of this section. The board's order of probation, limitation, or restriction shall
10 contain a statement of the discipline imposed, the basis therefor, the date such action shall
11 become effective, and a statement that the applicant has thirty days to request in writing a
12 hearing before the administrative hearing commission. If the board issues a probationary,
13 limited, or restricted license to an applicant for licensure, either party may file a written
14 petition with the administrative hearing commission within thirty days of the effective date of
15 the probationary, limited, or restricted license seeking review of the board's determination. If
16 no written request for a hearing is received by the administrative hearing commission within
17 the thirty-day period, the right to seek review of the board's decision shall be considered as
18 waived.

19 2. The board may cause a complaint to be filed with the administrative hearing
20 commission as provided by chapter 621 against any holder of a license to practice as a
21 physical therapist or physical therapist assistant who has failed to renew or has surrendered
22 his or her license for any one or any combination of the following causes:

23 (1) Use of any controlled substance, as defined in chapter 195, or alcoholic beverage
24 to an extent that such use impairs a person's ability to perform the work of a physical therapist
25 or physical therapist assistant;

26 (2) The person has been finally adjudicated and found guilty, or entered a plea of
27 guilty or nolo contendere, in a criminal prosecution under the laws of any state, of the United
28 States, or of any country, for any offense directly related to the duties and responsibilities of
29 the occupation, as set forth in section 324.012, regardless of whether or not sentence is
30 imposed;

31 (3) Use of fraud, deception, misrepresentation, or bribery in securing any certificate
32 of registration or authority, permit, or license issued under this chapter or in obtaining
33 permission to take any examination given or required under this chapter;

34 (4) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or
35 unprofessional conduct in the performance of the functions or duties of a physical therapist
36 or physical therapist assistant, including but not limited to the following:

37 (a) Obtaining or attempting to obtain any fee, charge, tuition, or other compensation
38 by fraud, deception, or misrepresentation; willfully and continually overcharging or
39 overtreating patients; or charging for sessions of physical therapy which did not occur

40 unless the services were contracted for in advance, or for services which were not rendered or
41 documented in the patient's records;

42 (b) Attempting, directly or indirectly, by way of intimidation, coercion, or deception,
43 to obtain or retain a patient or discourage the use of a second opinion or consultation;

44 (c) Willfully and continually performing inappropriate or unnecessary treatment or
45 services;

46 (d) Delegating professional responsibilities to a person who is not qualified by
47 training, skill, competency, age, experience, or licensure to perform such responsibilities;

48 (e) Misrepresenting that any disease, ailment, or infirmity can be cured by a method,
49 procedure, treatment, medicine, or device;

50 (f) Performing services which have been declared by board rule to be of no physical
51 therapy value;

52 (g) Final disciplinary action by any professional association, professional society,
53 licensed hospital or medical staff of the hospital, or physical therapy facility in this or any
54 other state or territory, whether agreed to voluntarily or not, and including but not limited to
55 any removal, suspension, limitation, or restriction of the person's professional employment,
56 malpractice, or any other violation of any provision of this chapter;

57 (h) Administering treatment without sufficient examination, or for other than
58 medically accepted therapeutic or experimental or investigative purposes duly authorized by a
59 state or federal agency, or not in the course of professional physical therapy practice;

60 (i) Engaging in or soliciting sexual relationships, whether consensual or
61 nonconsensual, while a physical therapist or physical therapist assistant/patient relationship
62 exists; making sexual advances, requesting sexual favors, or engaging in other verbal conduct
63 or physical contact of a sexual nature with patients or clients;

64 (j) Terminating the care of a patient without adequate notice or without making other
65 arrangements for the continued care of the patient;

66 (k) Failing to furnish details of a patient's physical therapy records to treating
67 physicians, other physical therapists, or hospitals upon proper request; or failing to comply
68 with any other law relating to physical therapy records;

69 (l) Failure of any applicant or licensee, other than the licensee subject to the
70 investigation, to cooperate with the board during any investigation;

71 (m) Failure to comply with any subpoena or subpoena duces tecum from the board or
72 an order of the board;

73 (n) Failure to timely pay license renewal fees specified in this chapter;

74 (o) Violating a probation agreement with this board or any other licensing agency;

75 (p) Failing to inform the board of the physical therapist's or physical therapist
76 assistant's current telephone number, residence, and business address;

77 (q) Advertising by an applicant or licensee which is false or misleading, or which
78 violates any rule of the board, or which claims without substantiation the positive cure of any
79 disease, or professional superiority to or greater skill than that possessed by any other
80 physical therapist or physical therapist assistant. An applicant or licensee shall also be in
81 violation of this provision if the applicant or licensee has a financial interest in any
82 organization, corporation, or association which issues or conducts such advertising;

83 (5) Any conduct or practice which is or might be harmful or dangerous to the mental
84 or physical health of a patient or the public; or incompetency, gross negligence, or repeated
85 negligence in the performance of the functions or duties of a physical therapist or physical
86 therapist assistant. For the purposes of this subdivision, "repeated negligence" means the
87 failure, on more than one occasion, to use that degree of skill and learning ordinarily used
88 under the same or similar circumstances by the member of the applicant's or licensee's
89 profession;

90 (6) Violation of, or attempting to violate, directly or indirectly, or assisting or
91 enabling any person to violate, any provision of this chapter, or of any lawful rule adopted
92 under this chapter;

93 (7) Impersonation of any person licensed as a physical therapist or physical therapist
94 assistant or allowing any person to use his or her license or diploma from any school;

95 (8) Revocation, suspension, restriction, modification, limitation, reprimand, warning,
96 censure, probation, or other final disciplinary action against a physical therapist or physical
97 therapist assistant for a license or other right to practice as a physical therapist or physical
98 therapist assistant by another state, territory, federal agency or country, whether or not
99 voluntarily agreed to by the licensee or applicant, including but not limited to the denial of
100 licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or
101 limiting the practice of physical therapy while subject to an investigation or while actually
102 under investigation by any licensing authority, medical facility, branch of the Armed Forces
103 of the United States of America, insurance company, court, agency of the state or federal
104 government, or employer;

105 (9) A person is finally adjudged incapacitated or disabled by a court of competent
106 jurisdiction;

107 (10) Assisting or enabling any person to practice or offer to practice who is not
108 licensed and currently eligible to practice under this chapter; or knowingly performing any act
109 which in any way aids, assists, procures, advises, or encourages any person to practice
110 physical therapy who is not licensed and currently eligible to practice under this chapter;

111 (11) Issuance of a license to practice as a physical therapist or physical therapist
112 assistant based upon a material mistake of fact;

113 (12) Failure to display a valid license pursuant to practice as a physical therapist or
114 physical therapist assistant;

115 (13) Knowingly making, or causing to be made, or aiding, or abetting in the making
116 of, a false statement in any document executed in connection with the practice of physical
117 therapy;

118 (14) Soliciting patronage in person or by agents or representatives, or by any other
119 means or manner, under the person's own name or under the name of another person or
120 concern, actual or pretended, in such a manner as to confuse, deceive, or mislead the public as
121 to the need or necessity for or appropriateness of physical therapy services for all patients, or
122 the qualifications of an individual person or persons to render, or perform physical therapy
123 services;

124 (15) Using, or permitting the use of, the person's name under the designation of
125 "physical therapist", "physiotherapist", "registered physical therapist", "P.T.", "Ph.T.",
126 "P.T.T.", "D.P.T.", "M.P.T." or "R.P.T.", "physical therapist assistant", "P.T.A.", "L.P.T.A.",
127 "C.P.T.A.", or any similar designation with reference to the commercial exploitation of any
128 goods, wares or merchandise;

129 (16) Knowingly making or causing to be made a false statement or misrepresentation
130 of a material fact, with intent to defraud, for payment under chapter 208 or chapter 630 or for
131 payment from Title XVIII or Title XIX of the Social Security Act;

132 (17) Failure or refusal to properly guard against contagious, infectious, or
133 communicable diseases or the spread thereof; maintaining an unsanitary facility or
134 performing professional services under unsanitary conditions; or failure to report the
135 existence of an unsanitary condition in any physical therapy facility to the board, in writing,
136 within thirty days after the discovery thereof;

137 (18) Any candidate for licensure or person licensed to practice as a physical therapist
138 or physical therapist assistant paying or offering to pay a referral fee ~~[or, notwithstanding~~
139 ~~section 334.010 to the contrary, practicing or offering to practice professional physical~~
140 ~~therapy independent of the prescription and direction of a person licensed and registered as a~~
141 ~~physician and surgeon under this chapter, as a physician assistant under this chapter, as a~~
142 ~~chiropractor under chapter 331, as a dentist under chapter 332, as a podiatrist under chapter~~
143 ~~330, as an advanced practice registered nurse under chapter 335, or any licensed and~~
144 ~~registered physician, chiropractor, dentist, podiatrist, or advanced practice registered nurse~~
145 ~~practicing in another jurisdiction, whose license is in good standing];~~

146 (19) Any candidate for licensure or person licensed to practice as a physical therapist
147 or physical therapist assistant treating or attempting to treat ailments or other health
148 conditions of human beings other than by professional physical therapy and as authorized by
149 sections 334.500 to 334.685;

150 (20) A pattern of personal use or consumption of any controlled substance unless it is
151 prescribed, dispensed, or administered by a physician who is authorized by law to do so;

152 (21) Failing to maintain adequate patient records under section 334.602;

153 (22) Attempting to engage in conduct that subverts or undermines the integrity of the
154 licensing examination or the licensing examination process, including but not limited to
155 utilizing in any manner recalled or memorized licensing examination questions from or with
156 any person or entity, failing to comply with all test center security procedures, communicating
157 or attempting to communicate with any other examinees during the test, or copying or sharing
158 licensing examination questions or portions of questions;

159 (23) Any candidate for licensure or person licensed to practice as a physical therapist
160 or physical therapist assistant who requests, receives, participates or engages directly or
161 indirectly in the division, transferring, assigning, rebating or refunding of fees received for
162 professional services or profits by means of a credit or other valuable consideration such as
163 wages, an unearned commission, discount or gratuity with any person who referred a patient,
164 or with any relative or business associate of the referring person;

165 (24) Being unable to practice as a physical therapist or physical therapist assistant
166 with reasonable skill and safety to patients by reasons of incompetency, or because of illness,
167 drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or
168 physical condition. The following shall apply to this subdivision:

169 (a) In enforcing this subdivision the board shall, after a hearing by the board, upon a
170 finding of probable cause, require a physical therapist or physical therapist assistant to submit
171 to a reexamination for the purpose of establishing his or her competency to practice as a
172 physical therapist or physical therapist assistant conducted in accordance with rules adopted
173 for this purpose by the board, including rules to allow the examination of the pattern and
174 practice of such physical therapist's or physical therapist assistant's professional conduct, or to
175 submit to a mental or physical examination or combination thereof by a facility or
176 professional approved by the board;

177 (b) For the purpose of this subdivision, every physical therapist and physical therapist
178 assistant licensed under this chapter is deemed to have consented to submit to a mental or
179 physical examination when directed in writing by the board;

180 (c) In addition to ordering a physical or mental examination to determine competency,
181 the board may, notwithstanding any other law limiting access to medical or other health data,
182 obtain medical data and health records relating to a physical therapist, physical therapist
183 assistant or applicant without the physical therapist's, physical therapist assistant's or
184 applicant's consent;

185 (d) Written notice of the reexamination or the physical or mental examination shall be
186 sent to the physical therapist or physical therapist assistant, by registered mail, addressed to

187 the physical therapist or physical therapist assistant at the physical therapist's or physical
188 therapist assistant's last known address. Failure of a physical therapist or physical therapist
189 assistant to submit to the examination when directed shall constitute an admission of the
190 allegations against the physical therapist or physical therapist assistant, in which case the
191 board may enter a final order without the presentation of evidence, unless the failure was due
192 to circumstances beyond the physical therapist's or physical therapist assistant's control. A
193 physical therapist or physical therapist assistant whose right to practice has been affected
194 under this subdivision shall, at reasonable intervals, be afforded an opportunity to
195 demonstrate that the physical therapist or physical therapist assistant can resume the
196 competent practice as a physical therapist or physical therapist assistant with reasonable skill
197 and safety to patients;

198 (e) In any proceeding under this subdivision neither the record of proceedings nor the
199 orders entered by the board shall be used against a physical therapist or physical therapist
200 assistant in any other proceeding. Proceedings under this subdivision shall be conducted by
201 the board without the filing of a complaint with the administrative hearing commission;

202 (f) When the board finds any person unqualified because of any of the grounds set
203 forth in this subdivision, it may enter an order imposing one or more of the disciplinary
204 measures set forth in subsection 3 of this section.

205 3. After the filing of such complaint before the administrative hearing commission,
206 the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a
207 finding by the administrative hearing commission that the grounds provided in subsection 2
208 of this section for disciplinary action are met, the board may, singly or in combination:

209 (1) Warn, censure or place the physical therapist or physical therapist assistant named
210 in the complaint on probation on such terms and conditions as the board deems appropriate
211 for a period not to exceed ten years;

212 (2) Suspend the physical therapist's or physical therapist assistant's license for a
213 period not to exceed three years;

214 (3) Restrict or limit the physical therapist's or physical therapist assistant's license for
215 an indefinite period of time;

216 (4) Revoke the physical therapist's or physical therapist assistant's license;

217 (5) Administer a public or private reprimand;

218 (6) Deny the physical therapist's or physical therapist assistant's application for a
219 license;

220 (7) Permanently withhold issuance of a license;

221 (8) Require the physical therapist or physical therapist assistant to submit to the care,
222 counseling or treatment of physicians designated by the board at the expense of the physical
223 therapist or physical therapist assistant to be examined;

224 (9) Require the physical therapist or physical therapist assistant to attend such
225 continuing educational courses and pass such examinations as the board may direct.

226 4. In any order of revocation, the board may provide that the physical therapist or
227 physical therapist assistant shall not apply for reinstatement of the physical therapist's or
228 physical therapist assistant's license for a period of time ranging from two to seven years
229 following the date of the order of revocation. All stay orders shall toll this time period.

230 5. Before restoring to good standing a license issued under this chapter which has
231 been in a revoked, suspended, or inactive state for any cause for more than two years, the
232 board may require the applicant to attend such continuing medical education courses and pass
233 such examinations as the board may direct.

234 6. In any investigation, hearing or other proceeding to determine a physical
235 therapist's, physical therapist assistant's or applicant's fitness to practice, any record relating to
236 any patient of the physical therapist, physical therapist assistant, or applicant shall be
237 discoverable by the board and admissible into evidence, regardless of any statutory or
238 common law privilege which such physical therapist, physical therapist assistant, applicant,
239 record custodian, or patient might otherwise invoke. In addition, no such physical therapist,
240 physical therapist assistant, applicant, or record custodian may withhold records or testimony
241 bearing upon a physical therapist's, physical therapist assistant's, or applicant's fitness to
242 practice on the grounds of privilege between such physical therapist, physical therapist
243 assistant, applicant, or record custodian and a patient.

335.011. Sections 335.011 to ~~[335.096]~~ **335.099** may be known as "The Nursing
2 Practice Act".

335.016. As used in this chapter, unless the context clearly requires otherwise, the
2 following words and terms mean:

3 (1) "Accredited", the official authorization or status granted by an agency for a
4 program through a voluntary process;

5 (2) "Advanced practice registered nurse" or "APRN", a ~~[nurse who has education~~
6 ~~beyond the basic nursing education and is certified by a nationally recognized professional~~
7 ~~organization as a certified nurse practitioner, certified nurse midwife, certified registered~~
8 ~~nurse anesthetist, or a certified clinical nurse specialist. The board shall promulgate rules~~
9 ~~specifying which nationally recognized professional organization certifications are to be~~
10 ~~recognized for the purposes of this section. Advanced practice nurses and only such~~
11 ~~individuals may use the title "Advanced Practice Registered Nurse" and the abbreviation~~
12 ~~"APRN"]~~ **person who is licensed under the provisions of this chapter to engage in the**
13 **practice of advanced practice nursing as a certified clinical nurse specialist, certified**
14 **nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist;**

- 15 (3) "Approval", official recognition of nursing education programs which meet
16 standards established by the board of nursing;
- 17 (4) "Board" or "state board", the state board of nursing;
- 18 (5) "Certified clinical nurse specialist", a registered nurse who is currently certified as
19 a clinical nurse specialist by a nationally recognized certifying board approved by the board
20 of nursing;
- 21 (6) "Certified nurse midwife", a registered nurse who is currently certified as a nurse
22 midwife by the American ~~[College of Nurse-Midwives]~~ **Midwifery Certification Board**, or
23 other nationally recognized certifying body approved by the board of nursing;
- 24 (7) "Certified nurse practitioner", a registered nurse who is currently certified as a
25 nurse practitioner by a nationally recognized certifying body approved by the board of
26 nursing;
- 27 (8) "Certified registered nurse anesthetist", a registered nurse who is currently
28 certified as a nurse anesthetist by the Council on Certification of Nurse Anesthetists, the
29 ~~[Council on Recertification of Nurse Anesthetists]~~ **National Board of Certification and**
30 **Recertification for Nurse Anesthetists**, or other nationally recognized certifying body
31 approved by the board of nursing;
- 32 (9) "Executive ~~[director]~~ **officer**", a qualified individual employed by the board as
33 executive secretary or otherwise to administer the provisions of this chapter under the board's
34 direction. Such person employed as executive ~~[director]~~ **officer** shall not be a member of the
35 board;
- 36 (10) "Inactive ~~[nurse]~~ **license status**", as defined by rule pursuant to section 335.061;
- 37 (11) "Lapsed license status", as defined by rule under section 335.061;
- 38 (12) "Licensed practical nurse" or "practical nurse", a person licensed pursuant to the
39 provisions of this chapter to engage in the practice of practical nursing;
- 40 (13) "Licensure", the issuing of a license ~~[to practice professional or practical~~
41 ~~nursing]~~ to candidates who have met the ~~[specified]~~ **requirements specified under this**
42 **chapter authorizing the person to engage in the practice of advanced practice,**
43 **professional, or practical nursing** and the recording of the names of those persons as
44 holders of a license to practice **advanced practice**, professional, or practical nursing;
- 45 (14) **"Practice of advanced practice nursing", the performance for compensation**
46 **of activities and services consistent with the required education, training, certification,**
47 **demonstrated competencies, and experiences of an advanced practice registered nurse;**
- 48 (15) **"Practice of practical nursing", the performance for compensation of selected**
49 **acts for the promotion of health and in the care of persons who are ill, injured, or experiencing**
50 **alterations in normal health processes. Such performance requires substantial specialized**
51 **skill, judgment and knowledge. All such nursing care shall be given under the direction of a**

52 person licensed by a state regulatory board to prescribe medications and treatments or under
53 the direction of a registered professional nurse. For the purposes of this chapter, the term
54 "direction" shall mean guidance or supervision provided by a person licensed by a state
55 regulatory board to prescribe medications and treatments or a registered professional nurse,
56 including, but not limited to, oral, written, or otherwise communicated orders or directives for
57 patient care. When practical nursing care is delivered pursuant to the direction of a person
58 licensed by a state regulatory board to prescribe medications and treatments or under the
59 direction of a registered professional nurse, such care may be delivered by a licensed practical
60 nurse without direct physical oversight;

61 ~~[(15)]~~ (16) "**Practice of professional nursing**", the performance for compensation of
62 any act **or action** which requires substantial specialized education, judgment and skill based
63 on knowledge and application of principles derived from the biological, physical, social,
64 **behavioral**, and nursing sciences, including, but not limited to:

65 (a) Responsibility for the **promotion and** teaching of health care and the prevention
66 of illness to the patient and his or her family;

67 (b) Assessment, **data collection**, nursing diagnosis, nursing care, **evaluation**, and
68 counsel of persons who are ill, injured, or experiencing alterations in normal health processes;

69 (c) The administration of medications and treatments as prescribed by a person
70 licensed by a state regulatory board to prescribe medications and treatments;

71 (d) The coordination and assistance in the **determination and** delivery of a plan of
72 health care with all members of a health team;

73 (e) The teaching and supervision of other persons in the performance of any of the
74 foregoing;

75 ~~[(16)-A]~~ (17) "Registered professional nurse" or "registered nurse", a person licensed
76 pursuant to the provisions of this chapter to engage in the practice of professional nursing;

77 ~~[(17)]~~ (18) "Retired license status", any person licensed in this state under this chapter
78 who retires from such practice. Such person shall file with the board an affidavit, on a form
79 to be furnished by the board, which states the date on which the licensee retired from such
80 practice, an intent to retire from the practice for at least two years, and such other facts as tend
81 to verify the retirement as the board may deem necessary; but if the licensee thereafter
82 reengages in the practice, the licensee shall renew his or her license with the board as
83 provided by this chapter and by rule and regulation.

335.036. 1. The board shall:

2 (1) Elect for a one-year term a president and a secretary, who shall also be treasurer,
3 and the board may appoint, employ and fix the compensation of a legal counsel and such
4 board personnel as defined in subdivision (4) of subsection 11 of section 324.001 as are
5 necessary to administer the provisions of sections 335.011 to ~~[335.096]~~ **335.099**;

6 (2) Adopt and revise such rules and regulations as may be necessary to enable it to
7 carry into effect the provisions of sections 335.011 to ~~[335.096]~~ **335.099**;

8 (3) Prescribe minimum standards for educational programs preparing persons for
9 licensure pursuant to the provisions of sections 335.011 to ~~[335.096]~~ **335.099**;

10 (4) Provide for surveys of such programs every five years and in addition at such
11 times as it may deem necessary;

12 (5) Designate as "approved" such programs as meet the requirements of sections
13 335.011 to ~~[335.096]~~ **335.099** and the rules and regulations enacted pursuant to such sections;
14 and the board shall annually publish a list of such programs;

15 (6) Deny or withdraw approval from educational programs for failure to meet
16 prescribed minimum standards;

17 (7) Examine, license, and cause to be renewed the licenses of duly qualified
18 applicants;

19 (8) Cause the prosecution of all persons violating provisions of sections 335.011 to
20 ~~[335.096]~~ **335.099**, and may incur such necessary expenses therefor;

21 (9) Keep a record of all the proceedings; and make an annual report to the governor
22 and to the director of the department of commerce and insurance.

23 2. The board shall set the amount of the fees which this chapter authorizes and
24 requires by rules and regulations. The fees shall be set at a level to produce revenue which
25 shall not substantially exceed the cost and expense of administering this chapter.

26 3. All fees received by the board pursuant to the provisions of sections 335.011 to
27 ~~[335.096]~~ **335.099** shall be deposited in the state treasury and be placed to the credit of the
28 state board of nursing fund. All administrative costs and expenses of the board shall be paid
29 from appropriations made for those purposes. The board is authorized to provide funding for
30 the nursing education incentive program established in sections 335.200 to 335.203.

31 4. The provisions of section 33.080 to the contrary notwithstanding, money in this
32 fund shall not be transferred and placed to the credit of general revenue until the amount in
33 the fund at the end of the biennium exceeds two times the amount of the appropriation from
34 the board's funds for the preceding fiscal year or, if the board requires by rule, permit renewal
35 less frequently than yearly, then three times the appropriation from the board's funds for the
36 preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the
37 fund which exceeds the appropriate multiple of the appropriations from the board's funds for
38 the preceding fiscal year.

39 5. Any rule or portion of a rule, as that term is defined in section 536.010, that is
40 created under the authority delegated in this chapter shall become effective only if it complies
41 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
42 All rulemaking authority delegated prior to August 28, 1999, is of no force and effect and

43 repealed. Nothing in this section shall be interpreted to repeal or affect the validity of any
44 rule filed or adopted prior to August 28, 1999, if it fully complied with all applicable
45 provisions of law. This section and chapter 536 are nonseverable and if any of the powers
46 vested with the general assembly pursuant to chapter 536 to review, to delay the effective date
47 or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of
48 rulemaking authority and any rule proposed or adopted after August 28, 1999, shall be invalid
49 and void.

335.046. 1. An applicant for a license to practice as a registered professional nurse
2 shall submit to the board a written application on forms furnished to the applicant. The
3 original application shall contain the applicant's statements showing the applicant's education
4 and other such pertinent information as the board may require. The applicant shall be of good
5 moral character and have completed at least the high school course of study, or the equivalent
6 thereof as determined by the state board of education, and have successfully completed the
7 basic professional curriculum in an accredited or approved school of nursing and earned a
8 professional nursing degree or diploma. Each application shall contain a statement that it is
9 made under oath or affirmation and that its representations are true and correct to the best
10 knowledge and belief of the person signing same, subject to the penalties of making a false
11 affidavit or declaration. Applicants from non-English-speaking lands shall be required to
12 submit evidence of proficiency in the English language. The applicant must be approved by
13 the board and shall pass an examination as required by the board. The board may require by
14 rule as a requirement for licensure that each applicant shall pass an oral or practical
15 examination. Upon successfully passing the examination, the board may issue to the
16 applicant a license to practice nursing as a registered professional nurse. The applicant for a
17 license to practice registered professional nursing shall pay a license fee in such amount as set
18 by the board. The fee shall be uniform for all applicants. Applicants from foreign countries
19 shall be licensed as prescribed by rule.

20 2. An applicant for license to practice as a licensed practical nurse shall submit to the
21 board a written application on forms furnished to the applicant. The original application shall
22 contain the applicant's statements showing the applicant's education and other such pertinent
23 information as the board may require. Such applicant shall be of good moral character, and
24 have completed at least two years of high school, or its equivalent as established by the state
25 board of education, and have successfully completed a basic prescribed curriculum in a state-
26 accredited or approved school of nursing, earned a nursing degree, certificate or diploma and
27 completed a course approved by the board on the role of the practical nurse. Each application
28 shall contain a statement that it is made under oath or affirmation and that its representations
29 are true and correct to the best knowledge and belief of the person signing same, subject to the
30 penalties of making a false affidavit or declaration. Applicants from non-English-speaking

31 countries shall be required to submit evidence of their proficiency in the English language.
32 The applicant must be approved by the board and shall pass an examination as required by the
33 board. The board may require by rule as a requirement for licensure that each applicant shall
34 pass an oral or practical examination. Upon successfully passing the examination, the board
35 may issue to the applicant a license to practice as a licensed practical nurse. The applicant for
36 a license to practice licensed practical nursing shall pay a fee in such amount as may be set by
37 the board. The fee shall be uniform for all applicants. Applicants from foreign countries shall
38 be licensed as prescribed by rule.

39 **3. (1) An applicant for license to practice as an advanced practice registered**
40 **nurse shall submit to the board a written application on forms furnished to the**
41 **applicant. The original application shall contain:**

42 **(a) Statements showing the applicant's education and other such pertinent**
43 **information as the board may require; and**

44 **(b) A statement that it is made under oath or affirmation and that its**
45 **representations are true and correct to the best knowledge and belief of the person**
46 **signing same, subject to the penalties of making a false affidavit or declaration.**

47 **(2) The applicant for a license to practice as an advanced practice registered**
48 **nurse shall pay a fee in such amount as may be set by the board. The fee shall be**
49 **uniform for all applicants.**

50 **(3) An applicant shall:**

51 **(a) Hold a current registered professional nurse license or privilege to practice,**
52 **shall not be currently subject to discipline or any restrictions, and shall not hold an**
53 **encumbered license or privilege to practice as a registered professional nurse or**
54 **advanced practice registered nurse in any state or territory;**

55 **(b) Have completed an accredited graduate-level advanced practice registered**
56 **nurse program and achieved at least one certification as a clinical nurse specialist, nurse**
57 **midwife, nurse practitioner, or registered nurse anesthetist, with at least one population**
58 **focus prescribed by rule of the board;**

59 **(c) Be currently certified by a national certifying body recognized by the**
60 **Missouri state board of nursing in the advanced practice registered nurse role; and**

61 **(d) Have a population focus on his or her certification, corresponding with his or**
62 **her educational advanced practice registered nurse program.**

63 **(4) Any person holding a document of recognition to practice nursing as an**
64 **advanced practice registered nurse in this state that is current on August 28, 2022, shall**
65 **be deemed to be licensed as an advanced practice registered nurse under the provisions**
66 **of this section and shall be eligible for renewal of such license under the conditions and**
67 **standards prescribed in this chapter and as prescribed by rule.**

68 4. Upon refusal of the board to allow any applicant to ~~[sit for]~~ **take** either the
69 registered professional nurses' examination or the licensed practical nurses' examination, ~~[as~~
70 ~~the case may be,]~~ **or upon refusal to issue an advanced practice registered nurse license,**
71 the board shall comply with the provisions of section 621.120 and advise the applicant of his
72 or her right to have a hearing before the administrative hearing commission. The
73 administrative hearing commission shall hear complaints taken pursuant to section 621.120.
74 ~~[4-]~~ 5. The board shall not deny a license because of sex, religion, race, ethnic origin,
75 age or political affiliation.

 335.051. 1. The board shall issue a license to practice nursing as ~~[either]~~ **an**
2 **advanced practice registered nurse**, a registered professional nurse, or a licensed practical
3 nurse without examination to an applicant who has duly become licensed as ~~[a]~~ **an advanced**
4 **practice registered nurse**, registered nurse, or licensed practical nurse pursuant to the laws
5 of another state, territory, or foreign country if the applicant meets the qualifications required
6 of **advanced practice registered nurses**, registered nurses, or licensed practical nurses in this
7 state at the time the applicant was originally licensed in the other state, territory, or foreign
8 country.

9 2. Applicants from foreign countries shall be licensed as prescribed by rule.

10 3. Upon application, the board shall issue a temporary permit to an applicant pursuant
11 to subsection 1 of this section for a license as ~~[either]~~ **an advanced practice registered**
12 **nurse**, a registered professional nurse, or a licensed practical nurse who has made a prima
13 facie showing that the applicant meets all of the requirements for such a license. The
14 temporary permit shall be effective only until the board shall have had the opportunity to
15 investigate his **or her** qualifications for licensure pursuant to subsection 1 of this section and
16 to notify the applicant that his or her application for a license has been either granted or
17 rejected. In no event shall such temporary permit be in effect for more than twelve months
18 after the date of its issuance nor shall a permit be reissued to the same applicant. No fee shall
19 be charged for such temporary permit. The holder of a temporary permit which has not
20 expired, or been suspended or revoked, shall be deemed to be the holder of a license issued
21 pursuant to section 335.046 until such temporary permit expires, is terminated or is suspended
22 or revoked.

 335.056. 1. The license of every person licensed under the provisions of ~~[sections~~
2 ~~335.011 to 335.096]~~ **this chapter** shall be renewed as provided. An application for renewal
3 of license shall be mailed to every person to whom a license was issued or renewed during the
4 current licensing period. The applicant shall complete the application and return it to the
5 board by the renewal date with a renewal fee in an amount to be set by the board. The fee
6 shall be uniform for all applicants. The certificates of renewal shall render the holder thereof
7 a legal practitioner of nursing for the period stated in the certificate of renewal. Any person

8 who practices nursing as **an advanced practice registered nurse**, a registered professional
9 nurse, or ~~[as]~~ a licensed practical nurse during the time his **or her** license has lapsed shall be
10 considered an illegal practitioner and shall be subject to the penalties provided for violation of
11 the provisions of sections 335.011 to ~~[335.096]~~ **335.099**.

12 **2. The renewal of advanced practice registered nurse licenses and registered**
13 **professional nurse licenses shall occur at the same time as prescribed by rule. Failure to**
14 **renew and maintain the registered professional nurse license or privilege to practice or**
15 **failure to provide the required fee and evidence of active certification or maintenance of**
16 **certification as prescribed by rules and regulations shall result in expiration of the**
17 **advanced practice registered nurse license.**

335.061. 1. Any licensee who allows his or her license to be placed on inactive status
2 as provided in sections 335.011 to ~~[335.096]~~ **335.099** shall be reinstated as provided by
3 sections 335.011 to ~~[335.096]~~ **335.099** and by rule and regulation. The board may by rule and
4 regulation provide for an inactive license status. In the event the board shall refuse to renew
5 the license pursuant to one of the provisions of this section and related requirements for
6 relicensure, the individual may appeal to the administrative hearing commission pursuant to
7 the provisions of section 621.120.

8 2. Any licensee who allows his or her license to lapse by failing to renew the license
9 as provided in sections 335.011 to ~~[335.096]~~ **335.099** shall be reinstated as provided by this
10 chapter and by rule and regulation. The board may by rule and regulation provide for a lapsed
11 license status. In the event the board shall refuse to renew the license pursuant to one of the
12 provisions of this section and related requirements for relicensure, the individual may appeal
13 to the administrative hearing commission pursuant to the provisions of sections 621.120.

335.066. 1. The board may refuse to issue or reinstate any certificate of registration
2 or authority, permit or license required pursuant to this chapter for one or any combination of
3 causes stated in subsection 2 of this section or the board may, as a condition to issuing or
4 reinstating any such permit or license, require a person to submit himself or herself for
5 identification, intervention, treatment, or monitoring by the intervention program and
6 alternative program as provided in section 335.067. The board shall notify the applicant in
7 writing of the reasons for the refusal and shall advise the applicant of his or her right to file a
8 complaint with the administrative hearing commission as provided by chapter 621.

9 2. The board may cause a complaint to be filed with the administrative hearing
10 commission as provided by chapter 621 against any holder of any certificate of registration or
11 authority, permit or license required by sections 335.011 to ~~[335.096]~~ **335.099** or any person
12 who has failed to renew or has surrendered his or her certificate of registration or authority,
13 permit or license for any one or any combination of the following causes:

- 14 (1) Use or unlawful possession of any controlled substance, as defined in chapter 195,
15 by the federal government, or by the department of health and senior services by regulation,
16 regardless of impairment, or alcoholic beverage to an extent that such use impairs a person's
17 ability to perform the work of any profession licensed or regulated by sections 335.011 to
18 ~~335.096~~ **335.099**. A blood alcohol content of .08 shall create a presumption of impairment;
- 19 (2) The person has been finally adjudicated and found guilty, or entered a plea of
20 guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the
21 United States, for any offense reasonably related to the qualifications, functions or duties of
22 any profession licensed or regulated pursuant to sections 335.011 to ~~335.096~~ **335.099**, for
23 any offense an essential element of which is fraud, dishonesty or an act of violence, or for any
24 offense involving moral turpitude, whether or not sentence is imposed;
- 25 (3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of
26 registration or authority, permit or license issued pursuant to sections 335.011 to ~~335.096~~
27 **335.099** or in obtaining permission to take any examination given or required pursuant to
28 sections 335.011 to ~~335.096~~ **335.099**;
- 29 (4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation
30 by fraud, deception or misrepresentation;
- 31 (5) Incompetency, gross negligence, or repeated negligence in the performance of the
32 functions or duties of any profession licensed or regulated by this chapter. For the purposes
33 of this subdivision, "repeated negligence" means the failure, on more than one occasion, to
34 use that degree of skill and learning ordinarily used under the same or similar circumstances
35 by the member of the applicant's or licensee's profession;
- 36 (6) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct, or
37 unprofessional conduct in the performance of the functions or duties of any profession
38 licensed or regulated by this chapter, including, but not limited to, the following:
- 39 (a) Willfully and continually overcharging or overtreating patients; or charging for
40 visits which did not occur unless the services were contracted for in advance, or for services
41 which were not rendered or documented in the patient's records;
- 42 (b) Attempting, directly or indirectly, by way of intimidation, coercion or deception,
43 to obtain or retain a patient or discourage the use of a second opinion or consultation;
- 44 (c) Willfully and continually performing inappropriate or unnecessary treatment,
45 diagnostic tests, or nursing services;
- 46 (d) Delegating professional responsibilities to a person who is not qualified by
47 training, skill, competency, age, experience, or licensure to perform such responsibilities;
- 48 (e) Performing nursing services beyond the authorized scope of practice for which the
49 individual is licensed in this state;

- 50 (f) Exercising influence within a nurse-patient relationship for purposes of engaging a
51 patient in sexual activity;
- 52 (g) Being listed on any state or federal sexual offender registry;
- 53 (h) Failure of any applicant or licensee to cooperate with the board during any
54 investigation;
- 55 (i) Failure to comply with any subpoena or subpoena duces tecum from the board or
56 an order of the board;
- 57 (j) Failure to timely pay license renewal fees specified in this chapter;
- 58 (k) Violating a probation agreement, order, or other settlement agreement with this
59 board or any other licensing agency;
- 60 (l) Failing to inform the board of the nurse's current residence within thirty days of
61 changing residence;
- 62 (m) Any other conduct that is unethical or unprofessional involving a minor;
- 63 (n) A departure from or failure to conform to nursing standards;
- 64 (o) Failure to establish, maintain, or communicate professional boundaries with the
65 patient. A nurse may provide health care services to a person with whom the nurse has a
66 personal relationship as long as the nurse otherwise meets the standards of the profession;
- 67 (p) Violating the confidentiality or privacy rights of the patient, resident, or client;
- 68 (q) Failing to assess, accurately document, or report the status of a patient, resident, or
69 client, or falsely assessing, documenting, or reporting the status of a patient, resident, or
70 client;
- 71 (r) Intentionally or negligently causing physical or emotional harm to a patient,
72 resident, or client;
- 73 (s) Failing to furnish appropriate details of a patient's, client's, or resident's nursing
74 needs to succeeding nurses legally qualified to provide continuing nursing services to a
75 patient, client, or resident;
- 76 (7) Violation of, or assisting or enabling any person to violate, any provision of
77 sections 335.011 to ~~[335.096]~~ **335.099**, or of any lawful rule or regulation adopted pursuant to
78 sections 335.011 to ~~[335.096]~~ **335.099**;
- 79 (8) Impersonation of any person holding a certificate of registration or authority,
80 permit or license or allowing any person to use his or her certificate of registration or
81 authority, permit, license or diploma from any school;
- 82 (9) Disciplinary action against the holder of a license or other right to practice any
83 profession regulated by sections 335.011 to ~~[335.096]~~ **335.099** granted by another state,
84 territory, federal agency or country upon grounds for which revocation or suspension is
85 authorized in this state;

86 (10) A person is finally adjudged insane or incompetent by a court of competent
87 jurisdiction;

88 (11) Assisting or enabling any person to practice or offer to practice any profession
89 licensed or regulated by sections 335.011 to ~~335.096~~ **335.099** who is not registered and
90 currently eligible to practice pursuant to sections 335.011 to ~~335.096~~ **335.099**;

91 (12) Issuance of a certificate of registration or authority, permit or license based upon
92 a material mistake of fact;

93 (13) Violation of any professional trust or confidence;

94 (14) Use of any advertisement or solicitation which is false, misleading or deceptive
95 to the general public or persons to whom the advertisement or solicitation is primarily
96 directed;

97 (15) Violation of the drug laws or rules and regulations of this state, any other state or
98 the federal government;

99 (16) Placement on an employee disqualification list or other related restriction or
100 finding pertaining to employment within a health-related profession issued by any state or
101 federal government or agency following final disposition by such state or federal government
102 or agency;

103 (17) Failure to successfully complete the intervention or alternative program for
104 substance use disorder;

105 (18) Knowingly making or causing to be made a false statement or misrepresentation
106 of a material fact, with intent to defraud, for payment pursuant to the provisions of chapter
107 208 or chapter 630, or for payment from Title XVIII or Title XIX of the federal Medicare
108 program;

109 (19) Failure or refusal to properly guard against contagious, infectious, or
110 communicable diseases or the spread thereof; maintaining an unsanitary office or
111 performing professional services under unsanitary conditions; or failure to report the
112 existence of an unsanitary condition in the office of a physician or in any health care facility
113 to the board, in writing, within thirty days after the discovery thereof;

114 (20) A pattern of personal use or consumption of any controlled substance or any
115 substance which requires a prescription unless it is prescribed, dispensed, or administered by
116 a provider who is authorized by law to do so or a pattern of abuse of any prescription
117 medication;

118 (21) Habitual intoxication or dependence on alcohol, evidence of which may include
119 more than one alcohol-related enforcement contact as defined by section 302.525;

120 (22) Failure to comply with a treatment program or an aftercare program entered into
121 as part of a board order, settlement agreement, or licensee's professional health program;

(23) Failure to submit to a drug or alcohol screening when requested by an employer or by the board. Failure to submit to a drug or alcohol screening shall create the presumption that the test would have been positive for a drug for which the individual did not have a prescription in a drug screening or positive for alcohol in an alcohol screening;

(24) Adjudged by a court in need of a guardian or conservator, or both, obtaining a guardian or conservator, or both, and who has not been restored to capacity;

(25) Diversion ~~of~~ or attempting to divert any medication, controlled substance, or medical supplies;

(26) Failure to answer, failure to disclose, or failure to fully provide all information requested on any application or renewal for a license. This includes disclosing all pleas of guilt or findings of guilt in a case where the imposition of sentence was suspended, whether or not the case is now confidential;

(27) Physical or mental illness, including but not limited to deterioration through the aging process or loss of motor skill, or disability that impairs the licensee's ability to practice the profession with reasonable judgment, skill, or safety. This does not include temporary illness which is expected to resolve within a short period of time;

(28) Any conduct that constitutes a serious danger to the health, safety, or welfare of a patient or the public.

3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2 of this section, for disciplinary action are met, the board may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.

4. For any hearing before the full board, the board shall cause the notice of the hearing to be served upon such licensee in person or by certified mail to the licensee at the licensee's last known address. If service cannot be accomplished in person or by certified mail, notice by publication as described in subsection 3 of section 506.160 shall be allowed; any representative of the board is authorized to act as a court or judge would in that section; any employee of the board is authorized to act as a clerk would in that section.

5. An individual whose license has been revoked shall wait one year from the date of revocation to apply for relicensure. Relicensure shall be at the discretion of the board after compliance with all the requirements of sections 335.011 to ~~[335.096]~~ **335.099** relative to the licensing of an applicant for the first time.

157 6. The board may notify the proper licensing authority of any other state concerning
158 the final disciplinary action determined by the board on a license in which the person whose
159 license was suspended or revoked was also licensed of the suspension or revocation.

160 7. Any person, organization, association or corporation who reports or provides
161 information to the board of nursing pursuant to the provisions of sections 335.011 to
162 ~~335.259~~ **335.257** and who does so in good faith shall not be subject to an action for civil
163 damages as a result thereof.

164 8. The board may apply to the administrative hearing commission for an emergency
165 suspension or restriction of a license for the following causes:

166 (1) Engaging in sexual conduct as defined in section 566.010, with a patient who is
167 not the licensee's spouse, regardless of whether the patient consented;

168 (2) Engaging in sexual misconduct with a minor or person the licensee believes to be
169 a minor. "Sexual misconduct" means any conduct of a sexual nature which would be illegal
170 under state or federal law;

171 (3) Possession of a controlled substance in violation of chapter 195 or any state or
172 federal law, rule, or regulation, excluding record-keeping violations;

173 (4) Use of a controlled substance without a valid prescription;

174 (5) The licensee is adjudicated incapacitated or disabled by a court of competent
175 jurisdiction;

176 (6) Habitual intoxication or dependence upon alcohol or controlled substances or
177 failure to comply with a treatment or aftercare program entered into pursuant to a board order,
178 settlement agreement, or as part of the licensee's professional health program;

179 (7) A report from a board-approved facility or a professional health program stating
180 the licensee is not fit to practice. For purposes of this section, a licensee is deemed to have
181 waived all objections to the admissibility of testimony from the provider of the examination
182 and admissibility of the examination reports. The licensee shall sign all necessary releases for
183 the board to obtain and use the examination during a hearing; or

184 (8) Any conduct for which the board may discipline that constitutes a serious danger
185 to the health, safety, or welfare of a patient or the public.

186 9. The board shall submit existing affidavits and existing certified court records
187 together with a complaint alleging the facts in support of the board's request for an emergency
188 suspension or restriction to the administrative hearing commission and shall supply the
189 administrative hearing commission with the last home or business addresses on file with the
190 board for the licensee. Within one business day of the filing of the complaint, the
191 administrative hearing commission shall return a service packet to the board. The service
192 packet shall include the board's complaint and any affidavits or records the board intends to
193 rely on that have been filed with the administrative hearing commission. The service packet

194 may contain other information in the discretion of the administrative hearing commission.
195 Within twenty-four hours of receiving the packet, the board shall either personally serve the
196 licensee or leave a copy of the service packet at all of the licensee's current addresses on file
197 with the board. Prior to the hearing, the licensee may file affidavits and certified court
198 records for consideration by the administrative hearing commission.

199 10. Within five days of the board's filing of the complaint, the administrative hearing
200 commission shall review the information submitted by the board and the licensee and shall
201 determine based on that information if probable cause exists pursuant to subsection 8 of this
202 section and shall issue its findings of fact and conclusions of law. If the administrative
203 hearing commission finds that there is probable cause, the administrative hearing commission
204 shall enter the order requested by the board. The order shall be effective upon personal
205 service or by leaving a copy at all of the licensee's current addresses on file with the board.

206 11. (1) The administrative hearing commission shall hold a hearing within forty-five
207 days of the board's filing of the complaint to determine if cause for discipline exists. The
208 administrative hearing commission may grant a request for a continuance, but shall in any
209 event hold the hearing within one hundred twenty days of the board's initial filing. The board
210 shall be granted leave to amend its complaint if it is more than thirty days prior to the hearing.
211 If less than thirty days, the board may be granted leave to amend if public safety requires.

212 (2) If no cause for discipline exists, the administrative hearing commission shall issue
213 findings of fact, conclusions of law, and an order terminating the emergency suspension or
214 restriction.

215 (3) If cause for discipline exists, the administrative hearing commission shall issue
216 findings of fact and conclusions of law and order the emergency suspension or restriction to
217 remain in full force and effect pending a disciplinary hearing before the board. The board
218 shall hold a hearing following the certification of the record by the administrative hearing
219 commission and may impose any discipline otherwise authorized by state law.

220 12. Any action under this section shall be in addition to and not in lieu of any
221 discipline otherwise in the board's power to impose and may be brought concurrently with
222 other actions.

223 13. If the administrative hearing commission does not find probable cause and does
224 not grant the emergency suspension or restriction, the board shall remove all reference to such
225 emergency suspension or restriction from its public records. Records relating to the
226 suspension or restriction shall be maintained in the board's files. The board or licensee may
227 use such records in the course of any litigation to which they are both parties. Additionally,
228 such records may be released upon a specific, written request of the licensee.

229 14. If the administrative hearing commission grants temporary authority to the board
230 to restrict or suspend the nurse's license, such temporary authority of the board shall become

231 final authority if there is no request by the nurse for a full hearing within thirty days of the
232 preliminary hearing. The administrative hearing commission shall, if requested by the nurse
233 named in the complaint, set a date to hold a full hearing under the provisions of chapter 621
234 regarding the activities alleged in the initial complaint filed by the board.

235 15. If the administrative hearing commission refuses to grant temporary authority to
236 the board or restrict or suspend the nurse's license under subsection 8 of this section, such
237 dismissal shall not bar the board from initiating a subsequent disciplinary action on the same
238 grounds.

239 16. (1) The board may initiate a hearing before the board for discipline of any
240 licensee's license or certificate upon receipt of one of the following:

241 (a) Certified court records of a finding of guilt or plea of guilty or nolo contendere in
242 a criminal prosecution under the laws of any state or of the United States for any offense
243 involving the qualifications, functions, or duties of any profession licensed or regulated under
244 this chapter, for any offense involving fraud, dishonesty, or an act of violence, or for any
245 offense involving moral turpitude, whether or not sentence is imposed;

246 (b) Evidence of final disciplinary action against the licensee's license, certification, or
247 registration issued by any other state, by any other agency or entity of this state or any other
248 state, or the United States or its territories, or any other country;

249 (c) Evidence of certified court records finding the licensee has been judged
250 incapacitated or disabled under Missouri law or under the laws of any other state or of the
251 United States or its territories.

252 (2) The board shall provide the licensee not less than ten days' notice of any hearing
253 held pursuant to chapter 536.

254 (3) Upon a finding that cause exists to discipline a licensee's license, the board may
255 impose any discipline otherwise available.

335.071. 1. Any institution desiring to conduct an approved educational program of
2 professional nursing or of practical nursing shall apply to the board and submit evidence that
3 it is prepared to meet standards established by this law and the board.

4 2. The board, through its executive officer or other authorized representatives, shall
5 initially survey a nursing education program. A written report of the survey shall be
6 submitted to the board. If the board determines that the requirements for an accredited
7 nursing education program are met, such program shall be approved as a nursing education
8 program for professional or for practical nurses upon payment of a fee in an amount to be set
9 by the board and in accord with board rules.

10 3. The board, through its executive officer or other authorized representatives, shall
11 periodically survey all nursing education programs in the state. Written reports of such
12 surveys shall be submitted to the board. If the board determines that any approved nursing

13 education program is not maintaining the standards required by sections 335.011 to ~~[335.096]~~
14 **335.099** and by the board, notice thereof in writing specifying the defect or defects shall be
15 immediately given to the institution conducting the program. A program which fails to
16 correct these conditions to the satisfaction of the board within a reasonable time shall, after
17 notice and hearing, be removed from the board's listing of approved programs. All hearings
18 shall be conducted in accordance with chapter 621.

19 4. All such approved programs shall pay an annual registration fee in an amount to be
20 determined by the board.

335.076. 1. Any person who holds a license to practice professional nursing in this
2 state may use the title "Registered Professional Nurse" and the abbreviation [~~"R.N.:"~~] **"RN"**.
3 No other person shall use the title "Registered Professional Nurse" or the abbreviation
4 [~~"R.N.:"~~] **"RN"**. No other person shall assume any title or use any abbreviation or any other
5 words, letters, signs, or devices to indicate that the person using the same is a registered
6 professional nurse.

7 2. Any person who holds a license to practice practical nursing in this state may use
8 the title "Licensed Practical Nurse" and the abbreviation [~~"L.P.N.:"~~] **"LPN"**. No other person
9 shall use the title "Licensed Practical Nurse" or the abbreviation [~~"L.P.N.:"~~] **"LPN"**. No other
10 person shall assume any title or use any abbreviation or any other words, letters, signs, or
11 devices to indicate that the person using the same is a licensed practical nurse.

12 3. Any person who holds a license [~~or recognition~~] to practice advanced practice
13 nursing in this state may use the title "Advanced Practice Registered Nurse", **the**
14 **designations of "certified registered nurse anesthetist", "certified nurse midwife",**
15 **"certified clinical nurse specialist", and "certified nurse practitioner",** and the
16 [~~abbreviation~~] **abbreviations "APRN", [and any other title designations appearing on his**
17 **or her license] "CRNA", "CNM", "CNS", and "NP", respectively.** No other person shall
18 use the title "Advanced Practice Registered Nurse" or the abbreviation "APRN". No other
19 person shall assume any title or use any abbreviation or any other words, letters, signs, or
20 devices to indicate that the person using the same is an advanced practice registered nurse.

21 4. No person shall practice or offer to practice professional nursing, practical nursing,
22 or advanced practice nursing in this state or use any title, sign, abbreviation, card, or device to
23 indicate that such person is a practicing professional nurse, practical nurse, or advanced
24 practice nurse unless he or she has been duly licensed under the provisions of this chapter.

25 5. In the interest of public safety and consumer awareness, it is unlawful for any
26 person to use the title "nurse" in reference to himself or herself in any capacity, except
27 individuals who are or have been licensed as a registered nurse, licensed practical nurse, or
28 advanced practice registered nurse under this chapter.

29 6. Notwithstanding any law to the contrary, nothing in this chapter shall prohibit a
30 Christian Science nurse from using the title "Christian Science nurse", so long as such person
31 provides only religious nonmedical services when offering or providing such services to those
32 who choose to rely upon healing by spiritual means alone and does not hold his or her own
33 religious organization and does not hold himself or herself out as a registered nurse, advanced
34 practice registered nurse, nurse practitioner, licensed practical nurse, nurse midwife, clinical
35 nurse specialist, or nurse anesthetist, unless otherwise authorized by law to do so.

 335.081. So long as the person involved does not represent or hold himself or herself
2 out as a nurse licensed to practice in this state, no provision of sections 335.011 to ~~[335.096]~~
3 **335.099** shall be construed as prohibiting:

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

6 (2) The services rendered by technicians, nurses' aides or their equivalent trained and
7 employed in public or private hospitals and licensed long-term care facilities except the
8 services rendered in licensed long-term care facilities shall be limited to administering
9 medication, excluding injectable other than insulin;

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

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

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

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

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

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

20 (c) A graduate nurse who is prevented from attending the first licensing examination
21 following graduation by reason of active duty in the military may practice as a graduate nurse
22 pending the results of the first licensing examination scheduled by the board following the
23 release of such graduate nurse from active military duty or pending the results of the first
24 licensing examination taken by the graduate nurse while involved in active military service
25 whichever comes first;

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

29 (8) The practice of any legally qualified nurse who is employed by the government of
30 the United States or any bureau, division or agency thereof, while in the discharge of his or

31 her official duties or to the practice of any legally qualified nurse serving in the Armed Forces
32 of the United States while stationed within this state;

33 (9) Nonmedical nursing care of the sick with or without compensation when done in
34 connection with the practice of the religious tenets of any church by adherents thereof, as long
35 as they do not engage in the practice of nursing as defined in sections 335.011 to ~~[335.096]~~
36 **335.099**;

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

335.086. No person, firm, corporation or association shall:

2 (1) Sell or attempt to sell or fraudulently obtain or furnish or attempt to furnish any
3 nursing diploma, license, renewal or record or aid or abet therein;

4 (2) Practice ~~[professional or practical]~~ nursing as defined by sections 335.011 to
5 ~~[335.096]~~ **335.099** under cover of any diploma, license, or record illegally or fraudulently
6 obtained or signed or issued unlawfully or under fraudulent representation;

7 (3) Practice ~~[professional nursing or practical]~~ nursing as defined by sections 335.011
8 to ~~[335.096]~~ **335.099** unless duly licensed to do so under the provisions of sections 335.011 to
9 ~~[335.096]~~ **335.099**;

10 (4) Use in connection with his **or her** name any designation tending to imply that he
11 **or she** is a licensed **advanced practice registered nurse, a licensed** registered professional
12 nurse, or a licensed practical nurse unless duly licensed so to practice under the provisions of
13 sections 335.011 to ~~[335.096]~~ **335.099**;

14 (5) Practice ~~[professional nursing or practical]~~ nursing during the time his **or her**
15 license issued under the provisions of sections 335.011 to ~~[335.096]~~ **335.099** shall be
16 suspended or revoked; or

17 (6) Conduct a nursing education program for the preparation of professional or
18 practical nurses unless the program has been accredited by the board.

335.175. 1. No later than January 1, 2014, there is hereby established within the state
2 board of registration for the healing arts and the state board of nursing the "Utilization of
3 Telehealth by Nurses". ~~[An advanced practice registered nurse (APRN) providing nursing~~
4 ~~services under a collaborative practice arrangement under section 334.104 may provide such~~
5 ~~services outside the geographic proximity requirements of section 334.104 if the~~
6 ~~collaborating physician and advanced practice registered nurse utilize telehealth in the care~~
7 ~~of the patient and if the services are provided in a rural area of need.]~~ Telehealth providers
8 shall be required to obtain patient consent before telehealth services are initiated and ensure
9 confidentiality of medical information.

10 2. As used in this section, "telehealth" shall have the same meaning as such term is
11 defined in section 191.1145.

12 3. (1) The boards shall jointly promulgate rules governing the practice of telehealth
13 under this section. Such rules shall address, but not be limited to, appropriate standards for
14 the use of telehealth.

15 (2) Any rule or portion of a rule, as that term is defined in section 536.010, that is
16 created under the authority delegated in this section shall become effective only if it complies
17 with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028.
18 This section and chapter 536 are nonseverable and if any of the powers vested with the
19 general assembly pursuant to chapter 536 to review, to delay the effective date, or to
20 disapprove and annul a rule are subsequently held unconstitutional, then the grant of
21 rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid
22 and void.

23 ~~[4. For purposes of this section, "rural area of need" means any rural area of this state~~
24 ~~which is located in a health professional shortage area as defined in section 354.650.]~~

 335.221. The board, in addition to any other duties it may have regarding licensure of
2 nurses, shall collect, at the time of licensure or licensure renewal, an education surcharge
3 from each person licensed or relicensed pursuant to sections 335.011 to ~~[335.096]~~ **335.099**, in
4 the amount of one dollar per year for practical nurses and five dollars per year for professional
5 nurses. These funds shall be deposited in the professional and practical nursing student loan
6 and nurse loan repayment fund. All expenditures authorized by sections 335.212 to ~~[335.259]~~
7 **335.257** shall be paid from funds appropriated by the general assembly from the professional
8 and practical nursing student loan and nurse loan repayment fund. The provisions of section
9 33.080 to the contrary notwithstanding, money in this fund shall not be transferred and placed
10 to the credit of general revenue.

 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 **or she** remains a student
7 in 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.

338.010. 1. The "practice of pharmacy" means the interpretation, implementation, and evaluation of medical prescription orders, including any legend drugs under 21 U.S.C. Section 353; receipt, transmission, or handling of such orders or facilitating the dispensing of such orders; the designing, initiating, implementing, and monitoring of a medication therapeutic plan ~~[as defined by the prescription order so long as the prescription order is specific to each patient for care by a pharmacist]~~; the compounding, dispensing, labeling, and administration of drugs and devices pursuant to medical prescription orders ~~[and administration of viral influenza, pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, and meningitis vaccines by written protocol authorized by a physician for persons at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is higher, or the administration of pneumonia, shingles, hepatitis A, hepatitis B, diphtheria, tetanus, pertussis, meningitis, and viral influenza vaccines by written protocol authorized by a physician for a specific patient as authorized by rule]~~; the **ordering and administration of vaccines approved or authorized by the United States Food and Drug Administration, excluding vaccines for cholera, monkeypox, Japanese encephalitis, typhoid, rabies, yellow fever, tick-borne encephalitis, and anthrax, to persons at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is older, pursuant to joint promulgation of rules established by the board of pharmacy and the state board of registration for the healing arts unless rules are established under a state of emergency as described in section 44.100;** the participation in drug selection according to state law and participation in drug utilization reviews; the proper and safe storage of drugs and devices and the maintenance of proper records thereof; consultation with patients and other health care practitioners, and veterinarians and their clients about legend drugs, about the safe and effective use of drugs and devices; the prescribing and dispensing of any nicotine replacement therapy product under section 338.665; the dispensing of HIV postexposure prophylaxis pursuant to section 338.730; and the offering or performing of those acts, services, operations, or transactions necessary in the conduct, operation, management and control of a pharmacy. No person shall engage in the practice of pharmacy unless he or she is licensed under the provisions of this chapter. This chapter shall not be construed to prohibit the use of auxiliary personnel under the direct supervision of a pharmacist from assisting the pharmacist in any of his or her duties. This assistance in no way is intended to relieve the pharmacist from his or her responsibilities for compliance with this chapter and he or she will be responsible for the actions of the auxiliary personnel acting in his or her assistance. This chapter shall also not be construed to prohibit or interfere with any legally registered practitioner of medicine, dentistry, or podiatry, or veterinary medicine only for use in animals, or the practice of optometry in accordance

37 with and as provided in sections 195.070 and 336.220 in the compounding, administering,
38 prescribing, or dispensing of his or her own prescriptions.

39 2. ~~[Any pharmacist who accepts a prescription order for a medication therapeutic plan~~
40 ~~shall have a written protocol from the physician who refers the patient for medication therapy~~
41 ~~services.]~~ **A pharmacist with a certificate of medication therapeutic plan authority may**
42 **provide medication therapy services pursuant to a statewide standing order issued by**
43 **the department of health and senior services or pursuant to a written protocol with a**
44 **physician licensed under chapter 334.** The written protocol ~~[and the prescription order for a~~
45 ~~medication therapeutic plan]~~ **authorized by this section** shall come **only** from the physician
46 **[only] or similar body authorized by this section,** and shall not come from a nurse engaged
47 in a collaborative practice arrangement under section 334.104, or from a physician assistant
48 engaged in a collaborative practice arrangement under section 334.735.

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

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

55 5. No health carrier as defined in chapter 376 shall require any physician with which
56 they contract to enter into a written protocol with a pharmacist for medication therapeutic
57 services.

58 6. This section shall not be construed to allow a pharmacist to diagnose or
59 independently prescribe pharmaceuticals.

60 7. The state board of registration for the healing arts, under section 334.125, and the
61 state board of pharmacy, under section 338.140, shall jointly promulgate rules regulating the
62 use of protocols ~~[for prescription orders]~~ for medication therapy services ~~[and administration~~
63 ~~of viral influenza vaccines]~~. Such rules shall require protocols to include provisions allowing
64 for timely communication between the pharmacist and the ~~[referring]~~ **protocol physician or**
65 **similar body authorized by this section,** and any other patient protection provisions deemed
66 appropriate by both boards. In order to take effect, such rules shall be approved by a majority
67 vote of a quorum of each board. Neither board shall separately promulgate rules regulating
68 the use of protocols for ~~[prescription orders for]~~ medication therapy services~~[and~~
69 ~~administration of viral influenza vaccines]~~. Any rule or portion of a rule, as that term is
70 defined in section 536.010, that is created under the authority delegated in this section shall
71 become effective only if it complies with and is subject to all of the provisions of chapter 536
72 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any
73 of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the

74 effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then
75 the grant of rulemaking authority and any rule proposed or adopted after August 28, 2007,
76 shall be invalid and void.

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

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

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

90 ~~[11.]~~ 10. "Veterinarian", "doctor of veterinary medicine", "practitioner of veterinary
91 medicine", "DVM", "VMD", "BVSe", "BVMS", "BSe (Vet Science)", "VMB", "MRCVS", or
92 an equivalent title means a person who has received a doctor's degree in veterinary medicine
93 from an accredited school of veterinary medicine or holds an Educational Commission for
94 Foreign Veterinary Graduates (EDFVG) certificate issued by the American Veterinary
95 Medical Association (AVMA).

96 ~~[12. In addition to other requirements established by the joint promulgation of rules~~
97 ~~by the board of pharmacy and the state board of registration for the healing arts:~~

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

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

103 ~~(3)]~~ 11. In addition to other requirements by the board, a pharmacist shall receive
104 additional training as required by the board and evidenced by receiving a certificate from the
105 board upon completion, and shall display the certification in his or her pharmacy where
106 vaccines are delivered.

107 ~~[13.]~~ 12. A pharmacist shall inform the patient that the administration of ~~[the]~~ a
108 vaccine will be entered into the ShowMeVax system, as administered by the department of
109 health and senior services. The patient shall attest to the inclusion of such information in the
110 system by signing a form provided by the pharmacist. If the patient indicates that he or she

111 does not want such information entered into the ShowMeVax system, the pharmacist shall
112 provide a written report within fourteen days of administration of a vaccine to the patient's
113 health care provider, if provided by the patient, containing:

- 114 (1) The identity of the patient;
- 115 (2) The identity of the vaccine or vaccines administered;
- 116 (3) The route of administration;
- 117 (4) The anatomic site of the administration;
- 118 (5) The dose administered; and
- 119 (6) The date of administration.

338.011. 1. A pharmacist licensed under this chapter may:

- 2 (1) **Order and administer medication approved or authorized by the United**
3 **States Food and Drug Administration to address a public health need, as lawfully**
4 **authorized by the state or federal government, or a department or agency thereof,**
5 **during a state or federally declared public health emergency; and**
 - 6 (2) **Administer medication pursuant to a statewide standing order issued by the**
7 **director of the department of health and senior services if a licensed physician, or a**
8 **licensed physician approved and designated by the department of health and senior**
9 **services, to address a public health need.**
- 10 **2. The board of pharmacy may promulgate rules to implement the provisions of**
11 **this section. Any rule or portion of a rule, as that term is defined in section 536.010, that**
12 **is created under the authority delegated in this section shall become effective only if it**
13 **complies with and is subject to all of the provisions of chapter 536 and, if applicable,**
14 **section 536.028. This section and chapter 536 are nonseverable, and if any of the powers**
15 **vested with the general assembly pursuant to chapter 536 to review, to delay the**
16 **effective date, or to disapprove and annul a rule are subsequently held unconstitutional,**
17 **then the grant of rulemaking authority and any rule proposed or adopted after August**
18 **28, 2022, shall be invalid and void.**

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

- 2 (1) "Board", the Missouri board of pharmacy;
- 3 (2) "Hospital", a hospital as defined in section 197.020;
- 4 (3) "Hospital clinic or facility", a clinic or facility under the common control,
5 management, or ownership of the same hospital or hospital system;
- 6 (4) "Medical staff committee", the committee or other body of a hospital or hospital
7 system responsible for formulating policies regarding pharmacy services and medication
8 management;
- 9 (5) "Medication order", an order for a legend drug or device that is:

10 (a) Authorized or issued by an authorized prescriber acting within the scope of his or
11 her professional practice or pursuant to a protocol or standing order approved by the medical
12 staff committee; and

13 (b) To be distributed or administered to the patient by a health care practitioner or
14 lawfully authorized designee at a hospital or a hospital clinic or facility;

15 (6) "Patient", an individual receiving medical diagnosis, treatment or care at a
16 hospital or a hospital clinic or facility.

17 2. The department of health and senior services shall have sole authority and
18 responsibility for the inspection and licensure of hospitals as provided by chapter 197
19 including, but not limited to all parts, services, functions, support functions and activities
20 which contribute directly or indirectly to patient care of any kind whatsoever. However, the
21 board may inspect a class B pharmacy or any portion thereof that is not under the inspection
22 authority vested in the department of health and senior services by chapter 197 to determine
23 compliance with this chapter or the rules of the board. This section shall not be construed to
24 bar the board from conducting an investigation pursuant to a public or governmental
25 complaint to determine compliance by an individual licensee or registrant of the board with
26 any applicable provisions of this chapter or the rules of the board.

27 3. The department of health and senior services shall have authority to promulgate
28 rules in conjunction with the board governing medication distribution and the provision of
29 medication therapy services by a pharmacist at or within a hospital. Rules may include, but
30 are not limited to, medication management, preparation, compounding, administration,
31 storage, distribution, packaging and labeling. Until such rules are jointly promulgated,
32 hospitals shall comply with all applicable state law and department of health and senior
33 services rules governing pharmacy services and medication management in hospitals. The
34 rulemaking authority granted herein to the department of health and senior services shall not
35 include the dispensing of medication by prescription.

36 4. All pharmacists providing medication therapy services shall obtain a certificate of
37 medication therapeutic plan authority as provided by rule of the board. Medication therapy
38 services may be provided by a pharmacist for patients of a hospital pursuant to **a statewide**
39 **standing order issued by the department of health and senior services, pursuant to a**
40 protocol with a physician as required by section 338.010, or pursuant to a protocol approved
41 by the medical staff committee. However, the medical staff protocol shall include a process
42 whereby an exemption to the protocol for a patient may be granted for clinical efficacy should
43 the patient's physician make such request. The medical staff protocol shall also include an
44 appeals process to request a change in a specific protocol based on medical evidence
45 presented by a physician on staff.

46 5. Medication may be dispensed by a class B hospital pharmacy pursuant to a
47 prescription or a medication order.

48 6. A drug distributor license shall not be required to transfer medication from a class
49 B hospital pharmacy to a hospital clinic or facility for patient care or treatment.

50 7. Medication dispensed by a class A pharmacy located in a hospital to a hospital
51 patient for use or administration outside of the hospital under a medical staff-approved
52 protocol for medication therapy shall be dispensed only by a prescription order for medication
53 therapy from an individual physician for a specific patient.

54 8. Medication dispensed by a hospital to a hospital patient for use or administration
55 outside of the hospital shall be labeled as provided by rules jointly promulgated by the
56 department of health and senior services and the board including medication distributed for
57 administration by or under the supervision of a health care practitioner at a hospital clinic or
58 facility.

59 9. This section shall not be construed to preempt any law or rule governing controlled
60 substances.

61 10. Any rule, as that term is defined in section 536.010, that is created under the
62 authority delegated in this section shall only become effective if it complies with and is
63 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section
64 and chapter 536 are nonseverable and if any of the powers vested with the general assembly
65 under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are
66 subsequently held unconstitutional, then the grant of rulemaking authority and any rule
67 proposed or adopted after August 28, 2014, shall be invalid and void.

68 11. The board shall appoint an advisory committee to review and make
69 recommendations to the board on the merit of all rules and regulations to be jointly
70 promulgated by the board and the department of health and senior services pursuant to the
71 joint rulemaking authority granted by this section. The advisory committee shall consist of:

72 (1) Two representatives designated by the Missouri Hospital Association, one of
73 whom shall be a pharmacist;

74 (2) One pharmacist designated by the Missouri Society of Health System
75 Pharmacists;

76 (3) One pharmacist designated by the Missouri Pharmacy Association;

77 (4) One pharmacist designated by the department of health and senior services from a
78 hospital with a licensed bed count that does not exceed fifty beds or from a critical access
79 hospital as defined by the department of social services for purposes of MO HealthNet
80 reimbursement;

81 (5) One pharmacist designated by the department of health and senior services from a
82 hospital with a licensed bed count that exceeds two hundred beds; and

83 (6) One pharmacist designated by the board with experience in the provision of
84 hospital pharmacy services.

85 12. Nothing in this section shall be construed to limit the authority of a licensed
86 health care provider to prescribe, administer, or dispense medications and treatments within
87 the scope of their professional practice.

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.~~

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

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

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

18 ~~5. The consent required by subsection 2 of this section shall be deemed~~
19 ~~a waiver of the physician-patient privilege solely for the purpose of making the~~
~~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~~
~~are manufactured or frozen. Hotels, motels, restaurants, boardinghouses, or~~

9 other concerns or agents which shall manufacture or freeze ice cream, or
10 related frozen food products defined in sections 196.851 to 196.895 for the use
11 of their patrons, guests, or servants, shall be required to take out the license
12 herein provided for; provided, that nothing in this section shall apply to private
13 homes, hospitals, churches, or fraternal organizations manufacturing such
14 products for their own use or to retailers dealing in ice cream or frozen dessert
15 products received in the final frozen form from a licensed manufacturer.

16 2. ~~Applications for such licenses, both frozen dessert and mellorine,~~
17 ~~shall be accompanied by a statutory fee as follows: For each plant producing~~
18 ~~annually not in excess of five thousand gallons, ten dollars; in excess of five~~
19 ~~thousand gallons and not in excess of fifteen thousand gallons, fifteen dollars;~~
20 ~~in excess of fifteen thousand gallons and not in excess of twenty five thousand~~
21 ~~gallons, twenty five dollars; in excess of twenty five thousand gallons and not~~
22 ~~in excess of fifty thousand gallons, fifty dollars; in excess of fifty thousand~~
23 ~~gallons and not in excess of one hundred thousand gallons, seventy five~~
24 ~~dollars; in excess of one hundred thousand gallons and not in excess of two~~
25 ~~hundred thousand gallons, one hundred dollars; in excess of two hundred~~
26 ~~thousand gallons and not in excess of four hundred thousand gallons, one~~
27 ~~hundred twenty five dollars; over four hundred thousand gallons, one hundred~~
28 ~~fifty dollars, and shall be made to the director of the department of health and~~
29 ~~senior services, upon such forms and shall show such information as may be~~
30 ~~demande by the department of health and senior services, and the said~~
31 ~~director of the department of health and senior services, upon receipt of~~
32 ~~application for such license, shall cause to be investigated the equipment and~~
33 ~~the sanitary conditions of the plant or place of business for which the license is~~
34 ~~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~~
8 ~~the other provisions of sections 196.851 to 196.895.]~~

Section B. Because immediate action is necessary to increase the independence of
2 certain health care professionals in order to ensure the residents of this state have access to
3 health care during the ongoing COVID-19 pandemic, the repeal and reenactment of sections
4 197.400, 197.405, 197.445, 334.104, and 335.175 of section A of this act is deemed necessary
5 for the immediate preservation of the public health, welfare, peace, and safety, and is hereby
6 declared to be an emergency act within the meaning of the constitution, and the repeal and
7 reenactment of sections 197.400, 197.405, 197.445, 334.104, and 335.175 of section A of this
8 act shall be in full force and effect upon its passage and approval.

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