Volume 42, Number 16 Pages 1133–1218 August 15, 2017

SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."



JOHN R. ASHCROFT

SECRETARY OF STATE

MISSOURI REGISTER

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JOHN R. ASHCROFT

Administrative Rules Division James C. Kirkpatrick State Information Center 600 W. Main Jefferson City, MO 65101 (573) 751-4015

EDITOR-IN-CHIEF

CURTIS W. TREAT

MANAGING EDITOR Amanda McKay

•

Editor Vonne Kilbourn

Associate Editor Marty Spann

PUBLICATION SPECIALIST JACQUELINE D. WHITE

Administrative Aide Alisha Dudenhoeffer

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Missouri



REGISTER

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Register	Register	Code	Code
Filing Deadlines	Publication Date	Publication Date	Effective Date
April 3, 2017	May 1, 2017	May 31, 2017	June 30, 2017
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November 15, 2017	December 15, 2017	December 31, 2017	January 30, 2018
December 1, 2017	January 2, 2018	January 29, 2018	February 28, 2018
December 15, 2017	January 16, 2018	January 29, 2018	February 28, 2018

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at http://www.sos.mo.gov/adrules/pubsched.asp

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HOW TO CITE RULES AND RSMo

RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in th	e Code of State Regulations in this sys	stem—		
Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo-The most recent version of the statute containing the section number and the date.

Emergency Rules

Missouri Register

ules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the Missouri and the United States Constitutions; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

Il emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or thirty (30) legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Regulation and Licensure Chapter 81—Certification

EMERGENCY AMENDMENT

19 CSR 30-81.030 Evaluation and Assessment Measures for Title XIX Recipients and Applicants in Long-Term Care Facilities. The department is amending subsections (5)(C) and (D).

PURPOSE: This amendment changes the point levels used in making determinations as to level of care.

EMERGENCY STATEMENT: The Department of Health and Senior Services, by regulation, must define the minimum level-of-care point count which qualifies individuals for intermediate and skilled nursing care and, derivatively, for home and community-based services. The Department of Health and Senior Services must implement House Bill 2010, 99th General Assembly, First Regular Session (2017), which appropriated funds for home and community-based services based on projected savings from an increase in the minimum level-of-care point count which qualifies individuals for intermediate and skilled nursing care and, derivatively, for home and community-based services. For the fiscal year that ends June 30, 2018, House Bill 2010 was predicated on projected budget savings of \$16,493,107 in general revenue and \$29,654,368 in associated federal funds, for a total budget savings of \$46,147,475. The department must take proactive action to

create an efficient and sustainable home and community-based services program which serves those of greatest need with available funding. This emergency amendment provides for an increase in the minimum level-of-care point count which qualifies individuals for intermediate and skilled nursing care and, derivatively, for home and community-based services from twenty-one (21) points to twenty-four (24) points. Since the level-of-care assessment is in increments of three (3) points, this amounts to an increase of one (1) step in calculating level of care. In order to realize the full budget savings contemplated by House Bill 2010, the increase in the level-of-care point count must be effective at the beginning of the fiscal year, i.e., July 1, 2017, or as soon as possible thereafter. This adjustment to the minimum level-of-care point count is necessary to ensure that payments for home and community-based services are in line with the funds appropriated for that purpose. If the funds appropriated for the payment of home and community-based services at any time become insufficient to pay the full amount of the payment, no further payment will be made through the Medicaid claims processing system. By this emergency amendment, the department adopts a solution to this funding issue within the means that taxpayers, through the General Assembly, have given the department. At any given time, there are approximately sixty - six thousand (66,000) elderly and disabled adults receiving home and community-based services. There are a total of approximately eight thousand (8,000) such recipients who, at the time of their last assessment, were assessed at twenty-one (21) points. During State Fiscal Year 2016, some three hundred seventy-one (371) persons who were assessed at only the twenty-one-(21-) point count level entered intermediate and skilled nursing facilities at various times during the year. The continued availability of payment for home and community-based services to approximately fifty-eight thousand (58,000) senior Missourians who have been assessed at a level-of-care point count higher than twenty-one (21) points will ensure that quality home and community-based services will continue to be provided to these Medicaid recipients. This emergency amendment, that increases the minimum level-of-care point count from twenty-one (21) to twenty-four (24) points, will help to ensure that appropriated funds for home and community-based services will be available for those individuals with greater limitations on their activities of daily living. This emergency amendment must be implemented in a timely fashion to ensure that quality home and community-based services continue to be provided to those individuals with greater limitations on their activities of daily living. As a result, the Department of Health and Senior Services finds an immediate danger to public health, safety, and/or welfare, and a compelling governmental interest, which require emergency action. The department has a compelling government interest in providing continued services for those individuals with greater limitations on their activities of daily living. A proposed amendment, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The Department of Health and Senior Services believe this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed July 5, 2017, becomes effective July 15, 2017, and expires February 22, 2018.

(5) Assessed Needs Point Designations Requirements.

(C) For individuals seeking admission to a long-term care facility on or after July [1, 2005] **15**, 2017, the applicant or recipient will be determined to be qualified for long-term care facility care if he or she is determined to need care with an assessed point level of [twenty-one (21)] twenty-four (24) points or above, using the assessment procedure as required in this rule.

(D) For individuals seeking admission to a long-term care facility on or after July [1, 2005] 15, 2017, an applicant with [eighteen

(18)/ twenty-one (21) points or lower will be assessed as ineligible for Title XIX-funded long-term care in a long-term care facility, unless the applicant qualifies as otherwise provided in subsections[,] (5)(E) and/or (F) of the rule.

AUTHORITY: sections 192.006, [and 198.079, RSMo 2000 and 660.050,] 192.2000, and 198.079, RSMo [Supp. 2004] 2016. This rule was previously filed as 13 CSR 40-81.084 and 13 CSR 15-9.030. Original rule filed Aug. 9, 1982, effective Nov. 11, 1982. For intervening history, please consult the Code of State Regulations. Emergency amendment filed July 5, 2017, effective July 15, 2017, expires Feb. 22, 2018. A proposed amendment covering this same material is published in this issue of the Missouri Register.

Executive Orders

MISSOURI REGISTER

he Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo 2016.



Office of the Governor State of Missouri

Proclamation

July 6, 2017

SPECIAL MESSAGE

TO ALL MEMBERS OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF MISSOURI:

WHEREAS, by my proclamation dated June 7, 2017, I convened the Ninety-Ninth General Assembly of the State of Missouri in the Second Extra Session of the First Regular Session; and

WHEREAS, it has come to my attention that additional extraordinary matters need to be considered during this Second Extra Session; and

WHEREAS, the said Second Extra Session of the General Assembly has convened in the City of Jefferson on June 12, 2017, pursuant to my call.

NOW THEREFORE, I, ERIC R. GREITENS, GOVERNOR OF THE STATE OF MISSOURI, pursuant to the authority vested in me as Governor by the Constitution of the State of Missouri, do hereby amend the matters specifically designated in said Proclamation for consideration by the General Assembly as follows:

I HEREBY state that the action of said General Assembly is deemed necessary concerning each matter specially designated and limited hereinafter as follows:

To amend section 197.200, RSMo, to define "Abortion Facility" or 1 "Abortion Facilities;"

2. To amend section 197.200, RSMo, by deleting the portion of the definition of "ambulatory surgical center" that includes "any establishment operated for the purpose of performing or inducing any second or third-trimester abortions or five or more first-trimester abortions per month;"

3. To amend chapters 188, 191, 192, 197, and 595 so that each and every applicable section and subsection applies to "Abortion Facility" or "Abortion Facilities;"

4. To amend section 197.215, RSMo, to require that "Abortion Facilities" provide affirmative evidence that each person performing an abortion is a physician currently licensed to practice in Missouri;

5. To add a new subsection to § 197.225, RSMo, that authorizes the Department of Health and Senior Services to adopt rules, regulations, and standards regarding patient health and safety that apply to ambulatory surgical centers and, separately, that apply to "Abortion Facility" or "Abortion Facilities;"

6. To add a new subsection to § 197.225, RSMo, that requires "Abortion Facilities" to maintain a written protocol for managing medical emergencies and the transfer of patients requiring further emergency care to a hospital within a reasonable distance from the "Abortion Facility;"

7. To amend section 197.287, RSMo, to require that all "Abortion Facilities" comply with the requirements of said section by July 1, 2018;

8. To add a new subsection to § 197.230, RSMo, that requires the Department of Health and Senior Services to annually inspect every "Abortion Facility" for safety and compliance with state law and to establish the requirements of such inspections and to make reports of such inspections publicly available;

9. To amend the definition of "nosocomial infection" in section 192.665, RSMo, to be defined according to the definition established by the federal Centers for Disease Control and Prevention;

10. To add a new section to chapter 188 that preempts a political subdivision from enacting a law or policy that adversely affects the operations, speech, or legal rights of a person or entity due to that person or entity's view on abortion; acknowledges those legal rights; and establishes judicial mechanisms to protect those legal rights;

11. To add a new subsection to § 188.021, RSMo, that requires "Abortion Facilities" to submit to the Department of Health and Senior Services their plans for dealing with complications resulting from certain abortions, to obtain approval from the Department of Health and Senior Services of these complication plans; and, further, to authorize the Department of Health and Senior Services to adopt rules, regulations, and standards governing these plans;

12. To amend sections 188.027.9 and 188.039.6, RSMo, to define "qualified professional" as a physician who has referred the woman to the physician who is to perform the abortion, or to an advance practice registered nurse engaged in a collaborative practice agreement with the physician who is to perform the abortion, as provided for in section 334.104, RSMo;

13. To amend section 188.027, RSMo, to require that the physician performing the abortion inform the woman seeking an abortion of the medical risks associated with the proposed abortion method;

14. To amend sections 188.027 and 188.039, RSMo, to apply to "the referring physician;"

15. To add a new section to chapter 574 that prohibits a person, while working in an "Abortion Facility," from knowingly ordering, requesting, or attempting to prevent medical personnel or emergency services personnel from providing care to a patient in accordance with ordinary standards of care for reasons unrelated to that patient's health or welfare and to create the offense of interference with medical assistance;

16. To add a new subsection to § 188.075, RSMo, that allows the Attorney General of Missouri to have concurrent original jurisdiction throughout the State, along with each prosecuting attorney and circuit attorney within their respective jurisdictions, to prosecute violations of chapter 188, violations of any state law on the use of public funds for abortion, and violations of any state law that regulates an "Abortion Facility" or person performing or inducing abortion, including the offense of interference with medical assistance;

17. To amend section 188.047, RSMo, to modify the law relating to the requirement of pathological examinations and related reports, and further, to authorize the Department of Health and Senior Services to adopt rules, regulations, and standards governing such examinations and reports;

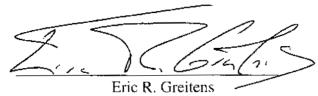
18. To add a new section to chapter 188 protecting employees who disclose violations of applicable federal or state law related to chapter 188, and, further, authorizing the Department of Health and Senior Services to adopt rules, regulations, and standards regarding the implementation of such policies;

19. To add an Emergency Clause to all legislation enacted by the Ninety-Ninth General Assembly of the State of Missouri in the Second Extra Session of the First Regular Session; and

20. Such additional and other matters as may be recommended by the Governor by special message to the General Assembly after it shall have convened.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 6th day of July, 2017.





Governor

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John R. Asheloft Secretary of State

ATTEST:

EXECUTIVE ORDER 17-18

WHEREAS, the Centers for Disease Control and Prevention has declared a national opioid epidemic, which poses a grave danger to Missouri; and

WHEREAS, Missouri is facing a public health crisis of epidemic proportions from the unlawful distribution and misuse of opioids ("Opioid Public Health Crisis"); and

WHEREAS, one cause of Missouri's Opioid Public Health Crisis is the overabundance of prescription opioids, with evidence showing that at least half of opioid overdose deaths involve prescription opioids. In Missouri, there are approximately 89,000 prescriptions for narcotics for every 100,000 Missourians; and

WHEREAS, Missouri's Opioid Public Health Crisis is impacting Missouri families and communities every day. It is estimated that two Missourians die from narcotic overdose and two babies are born with narcotic withdrawal every day somewhere in Missouri; and

WHEREAS, in 2016, more than 900 Missourians died from an opioid overdose; and

WHEREAS, deaths that are the result of opioid overdose are preventable; and

WHEREAS, Missouri's Opioid Public Health Crisis is overwhelming law enforcement, health care, and social services providers; and

WHEREAS, Missouri is the only State in the country that does not have a system to monitor prescription drug activity; and

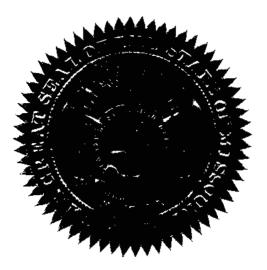
WHEREAS, despite Missouri's Opioid Public Health Crisis, the 99th General Assembly failed to pass legislation instituting a prescription drug monitoring program; and

WHEREAS, Missouri's Opioid Public Health Crisis necessitates the marshalling of all appropriate resources to combat the harmful effects of opioids on Missouri families and communities.

NOW THEREFORE, I, ERIC R. GREITENS, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, hereby declare, order, and direct the following:

- 1. The Department of Health and Senior Services ("DHSS") shall implement a multi-phase prescription drug monitoring program ("PDMP").
- 2. To implement the first phase of the PDMP, DHSS shall enter into contracts with pharmacy benefit management organizations to analyze prescriber and pharmacy prescription and dispensing data for schedule II-IV controlled substances, which includes opioids.
 - a. DHSS shall use the analyses for the purpose of identifying activity indicating that controlled substances are being inappropriately prescribed, dispensed, or obtained; investigating such activity; and making referrals regarding such activity to appropriate government officials, including law enforcement and professional licensing boards.

- b. Prescription and dispensation information received by DHSS shall be confidential and shall be disclosed only as provided by section 195.042, RSMo.
- 3. For the second phase of the PDMP, DHSS shall promulgate a rule pursuant to Chapter 195, RSMo, requiring dispensers to submit controlled substance prescription and dispensation information to DHSS or its designee for the purpose of identifying activity indicating that controlled substances are being inappropriately obtained, prescribed, or dispensed; investigating such activity; and making referrals regarding such activity to appropriate government officials, including law enforcement and professional licensing boards. Prescription and dispensation information shall be confidential and shall be disclosed only as provided by section 195.042, RSMo.
- 4. Finally, DHSS shall work with private companies, government entities, or others to purchase and utilize innovative technology and software to effectively and efficiently monitor controlled substance prescription information sent to DHSS or its designee under a prescription drug monitoring program. Prescription and dispensation information shall be confidential and shall be disclosed only as provided by section 195.042, RSMo.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 17th day of July, 2017.

Eric R. Greitens Governor

Secretary of State

ATTEST: