Volume 42, Number 23
Pages 1747–1820
December 1, 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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The *Missouri Register* is published semi-monthly by

SECRETARY OF STATE

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

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•

MANAGING EDITOR

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•

EDITOR

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•

ASSOCIATE EDITOR

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•

PUBLICATION SPECIALIST

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•

ADMINISTRATIVE AIDE

ALISHA DUDENHOEFFER

ISSN 0149-2942, USPS 320-630; periodical postage paid at Jefferson City, MO

Subscription fee: $56.00 per year

POSTMASTER: Send change of address notices and undelivered copies to:

MISSOURI REGISTER
Office of the Secretary of State
Administrative Rules Division
PO Box 1767
Jefferson City, MO 65102

The *Missouri Register* and *Code of State Regulations* (CSR) are available on the Internet. The Register address is www.sos.mo.gov/adrules/moreg/moreg and the CSR is www.sos.mo.gov/adrules/csr/csr. These websites contain rulemakings and regulations as they appear in the paper copies of the Registers and CSR. The Administrative Rules Division may be contacted by email at rules@sos.mo.gov.

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MISSOURI REGISTER

December 1, 2017 Vol. 42 No. 23 **Pages 1747–1820**

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Register Filing Deadlines	Register Publication Date	Code Publication Date	Code Effective Date
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September 1, 2017	**October 2, 2017**	October 31, 2017	November 30, 2017
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April 16, 2018	**May 15, 2018**	May 31, 2018	June 30, 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 www.sos.mo.gov/adrules/pubsched.

HOW TO CITE RULES AND RSMO

RULES

The rules are codified in the *Code of State Regulations* in this system–

Title		Division	Chapter	Rule
3	CSR	10-	4	.115
Department	*Code of State Regulations*	Agency Division	General area regulated	Specific area regulated

and should be cited in this manner: 3 CSR 10-4.115.

Each department of state government is assigned a title. Each agency or division in 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 paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

The rule is properly cited by using the full citation, for example, 3 CSR 10-4.115 NOT Rule 10-4.115.

Citations of RSMo are to the *Missouri Revised Statutes* as of the date indicated.

Code and *Register* on the Internet

The *Code of State Regulations* and *Missouri Register* are available on the Internet.

The *Code* address is www.sos.mo.gov/adrules/csr/csr

The *Register* address is www.sos.mo.gov/adrules/moreg/moreg

These websites contain rulemakings and regulations as they appear in the *Code* and *Registers*.

Rules 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.

All 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 11—DEPARTMENT OF PUBLIC SAFETY
Division 50—Missouri State Highway Patrol
Chapter 2—Motor Vehicle Inspection Division

EMERGENCY AMENDMENT

11 CSR 50-2.010 Definitions. The division is adding new subsection (1)(H) and relettering as necessary.

PURPOSE: This amendment adds a definition of "proper function of lighting equipment and signaling devices."

EMERGENCY STATEMENT: Section 307.005, RSMo was amended during the 99th General Assembly, addressing proper operating requirements for lighting and signaling devices consisting of light emitting diodes, with the legislation effective date of August 28, 2017. This emergency amendment defines the proper function of such lighting equipment and signaling devices. The Department of Public Safety finds a compelling governmental interest which requires emergency action. 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 believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed October 19, 2017, becomes effective October 29, 2017, and expires April 26, 2018.*

(1) The following words and terms as used in these rules shall have the following meaning:

(H) Lights, lamps, and signaling devices consisting of multiple light emitting diodes shall be deemed to function properly if no less than seventy-five percent (75%) of the light emitting diodes of such light, lamp, or signaling device is operational;

*[(H)]***(I)** Rejection notice is a document which is given to the vehicle owner indicating the vehicle does not meet the inspection requirements;

*[(I)]***(J)** Revocation is the rescinding of an inspection permit for a period of not less than one (1) year;

*[(J)]***(K)** School bus is any motor vehicle used solely to transport students to and from school or to transport students to or from any place for educational purposes.

1. A Type "A" school bus is a van conversion or bus constructed utilizing a cutaway front-section vehicle with a left side driver's door. The entrance door is behind the front wheels. This definition includes two (2) classifications: Type A1, with a Gross Vehicle Weight Rating (GVWR) less than or equal to ten thousand pounds (10,000 lbs.); and Type A2, with a GVWR of greater than ten thousand pounds (10,000 lbs.).

2. A Type "B" school bus is constructed utilizing a stripped chassis. The entrance door is behind the front wheels. This definition includes two (2) classifications: Type B1, with a GVWR less than or equal to ten thousand pounds (10,000 lbs.); and Type B2, with a GVWR greater than ten thousand pounds (10,000 lbs.).

3. A Type "C" school bus is constructed utilizing a chassis with a hood and fender assembly. The entrance door is behind the front wheels.

4. A Type "D" school bus is constructed utilizing a stripped chassis. The entrance door is ahead of the front wheels;

*[(K)]***(L)** Sticker is a gummed label or decalcomania that is attached to the windshield of a motor vehicle when the vehicle meets the inspection requirements;

*[(L)]***(M)** Suspension is the temporary removal of an inspection permit for a period of less than one (1) year, but not less than thirty (30) days;

*[(M)]***(N)** Trailer is any vehicle without motor power designed for carrying property or passengers on its own structure and for being drawn by self-propelled vehicles, except those running exclusively on tracks, including a semitrailer or vehicle of the trailer type designed and used in conjunction with a self-propelled vehicle that a considerable part of its own weight rests upon and is carried by the towing vehicle;

*[(N)]***(O)** Truck-tractor is any self-propelled motor vehicle designed and used primarily for drawing other vehicles and not constructed to carry a load other than a part of the weight of the vehicle and load being drawn; and

*[(O)]***(P)** Vehicle owner is any person, firm, corporation, or association who holds the legal title to a vehicle, or in the event a vehicle is the subject of an agreement for the conditional sale or lease thereof with the right of purchase upon performance of the conditions stated in the agreement and with an immediate right of possession vested in the conditional vendee or lessee, or in the event a mortgagor of a vehicle is entitled to possession, then such conditional vendee or lessee or mortgagor shall be deemed the owner for the purpose of this chapter. The term "vehicle owner" also shall include any person renting or leasing a vehicle and having exclusive use of the vehicle for a period longer than thirty (30) days, the holder of a lessee title or the agent or personal representative of an owner as defined in this rule.

AUTHORITY: section 307.360, RSMo [2000] ***2016****. Original rule filed Nov. 4, 1968, effective Nov. 14, 1968. For intervening history, please consult the* ***Code of State Regulations****. Emergency amendment filed Oct. 19, 2017, effective Oct. 29, 2017, expires April 26, 2018. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register****.*

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 41—General Tax Provisions

EMERGENCY AMENDMENT

12 CSR 10-41.010 Annual Adjusted Rate of Interest. The department proposes to amend section (1).

PURPOSE: This emergency amendment establishes the annual adjusted rate of interest to be implemented and applied on taxes remaining unpaid during calendar year 2018.

*EMERGENCY STATEMENT: The Director of Revenue is mandated to establish not later than October 22 annual adjusted rate of interest based upon the adjusted prime rate charged by banks during September of that year as set by the Board of Governors of the Federal Reserve rounded to the nearest full percent. This emergency amendment is necessary to ensure public awareness and to preserve a compelling governmental interest requiring an early effective date in that the amendment informs the public of the established rate of interest to be paid on unpaid amounts of taxes for the 2018 calendar year. A proposed amendment, that covers the same material, is published in this issue of the **Missouri Register**. The director has limited the scope of the emergency amendment to the circumstances creating the emergency. The director has followed procedures calculated to assure fairness to all interested persons and parties and has complied with protections extended by the **Missouri** and **United States Constitutions**. Emergency amendment filed October 20, 2017, effective January 1, 2018, expires June 29, 2018.*

(1) Pursuant to section 32.065, RSMo, the *[d]***D**irector of *[r]***R**evenue upon official notice of the average predominant prime rate quoted by commercial banks to large businesses, as determined and reported by the Board of Governors of the Federal Reserve System in the Federal Reserve Statistical Release H.15(519) for the month of September of each year has set by administrative order the annual adjusted rate of interest to be paid on unpaid amounts of taxes during the succeeding calendar year as follows:

Calendar Year	Rate of Interest on Unpaid Amounts of Taxes
1995	12%
1996	9%
1997	8%
1998	9%
1999	8%
2000	8%
2001	10%
2002	6%
2003	5%
2004	4%
2005	5%
2006	7%
2007	8%
2008	8%
2009	5%
2010	3%
2011	3%
2012	3%
2013	3%
2014	3%
2015	3%
2016	3%
2017	4%
2018	**4%**

*AUTHORITY: section 32.065, RSMo 2016. Emergency rule filed Oct. 13, 1982, effective Oct. 23, 1982, expired Feb. 19, 1983. Original rule filed Nov. 5, 1982, effective Feb. 11, 1983. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Oct. 20, 2017, effective Jan. 1, 2018, expires June 29, 2018. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

EMERGENCY RULE

19 CSR 10-15.050 Complication Plans for Certain Drug- and Chemically-Induced Abortions by Physicians Via Hospitals

PURPOSE: This rule establishes the standards governing complication plans required by section 188.021, RSMo, for abortions induced by physicians via hospitals. This rule also explains the process for submitting such complication plans to the Department of Health and Senior Services for approval.

*EMERGENCY STATEMENT: On October 24, 2017, HCS for SS for SB 5, Ninety-ninth General Assembly, Second Extraordinary Session (2017), took effect. Under the legislation, certain drugs or chemicals cannot be prescribed or administered to induce an abortion in Missouri until the department has approved a complication plan applicable to the physician prescribing or administering the drug or chemical. Before the department can approve any complication plans, the department must first establish the standards for such plans by rule. An emergency rule is necessary because the regular rulemaking process takes several months, and during that time, no patient obtaining an abortion in Missouri would be able to obtain a drug- or chemically-induced abortion; every patient obtaining an abortion would have to obtain a surgical abortion. A surgical abortion would not be in the best medical interest of every patient and could put some patients at unnecessary risk. This emergency rule establishes the standards for complication plans and explains the process for submitting such plans to the department for approval, as required by SB5. The department finds an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest, which requires this emergency action. A proposed rule, which covers the same material, is published in this issue of the **Missouri Register**. This emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The DHSS believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed October 24, 2017, becomes effective November 3, 2017, and expires May 1, 2018.*

(1) For purposes of this rule, the following terms mean:

(A) Abortion—The act of using or prescribing any instrument, device, drug, or any other means or substance resulting in the intentional destruction of an embryo or fetus in a woman's uterus or the intentional termination of a pregnancy of a woman with intent other than to increase the probability of a live birth or to remove a dead or dying embryo or fetus;

(B) Hospital—As such term is defined in section 197.020, RSMo;

(C) Complication—Includes, but is not limited to, incomplete abortion, excessive hemorrhage, endometritis, parametritis, pyrexia, pelvic abscess, uterine perforation, failed abortion, retained products, cervical lacerations, or psychiatric issues;

(D) Department—The Missouri Department of Health and Senior Services;

(E) Drug—A drug or chemical used to induce an abortion for which the federal Food and Drug Administration (FDA) label includes any clinical study in which more than one percent (1%) of those administered the drug required surgical intervention after its administration;

(F) OB/GYN—

1. A physician who is board-certified or board-eligible by the American Osteopathic Board of Obstetrics and Gynecology, or who is in a residency approved by that board; or

2. A physician who is board-certified by the American Board of Obstetrics and Gynecology (ABOG); or who is an ABOG Registered Residency Graduate or an ABOG Active Candidate; or who is in an ABOG-approved residency;

(G) Physician—A person licensed to practice medicine pursuant to Chapter 334, RSMo.

(2) Complication plans for certain drug- and chemically-induced abortions.

(A) A physician shall not prescribe or administer a drug without first obtaining written approval from the department of a complication plan applicable to the physician's prescription or administration of the drug.

(B) A physician may obtain approval of a complication plan applicable to the physician prescribing or administering drugs via a hospital. In the alternative, a hospital may obtain approval of a complication plan applicable to a physician prescribing or administering drugs via the hospital.

(C) Each hospital shall take reasonable measures to ensure that no physician prescribes or administers drugs via the hospital in the absence of a complication plan as required by these rules. Each hospital shall also take reasonable measures to ensure that physicians prescribing or administering drugs via the hospital comply with this rule.

(D) To ensure the safety of all patients, a primary objective of complication plans shall be to recognize the importance of the physician-patient relationship by providing for continuity of care and ensuring communication among the physician who induced the abortion and all subsequent health care providers involved in treating the patient's complication.

(E) Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered by the physician via the hospital. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written agreement between the hospital and an OB/GYN or group of OB/GYNs to treat complications.

(F) If the physician who will prescribe or administer drugs is an OB/GYN, that physician's complication plan may provide that the physician treats complications, but the physician and/or the hospital must have a written agreement with an OB/GYN or group of OB/GYNs to ensure the required twenty-four hours a day, seven days a week (24/7) coverage when the physician is unavailable to treat complications.

(G) Every complication plan shall provide that the OB/GYN with whom there is a written agreement or member of the group of OB/GYNs with which there is a written agreement, or the physician who prescribes or administers drugs if he or she is an OB/GYN, shall:

1. Personally treat all complications, including those requiring surgical intervention, except in any case where doing so would not be in accordance with the standard of care, or in any case where it would be in the patient's best interest for a different physician to treat her; and

2. Assess each patient suffering a complication individually, and shall not, as a matter of course, refer all patients to the emergency room or other facilities or physicians unless the patient is experiencing an immediately life-threatening complication.

3. This regulation does not prohibit screening or triage of patients by a nurse or physician to determine whether or when it is necessary to contact the OB/GYN.

(H) Every complication plan shall provide that, in any case where it would not be in accordance with the standard of care or would not be in the patient's best interest for the OB/GYN to personally treat the complication (e.g., surgery in a hospital is required, and it is not in the patient's best interest to travel to a hospital where the OB/GYN has privileges), the OB/GYN shall arrange for hand-off of the patient to an appropriately-qualified physician and shall fully brief such physician regarding the patient at the time of hand-off.

(I) Every complication plan shall require that the OB/GYN treating a patient's complication shall prepare a complication report as required by section 188.052, RSMo and ensure that it is submitted to the department as well as placed in the patient's medical record at the physician's office or hospital.

(J) The physician shall ensure that before discharge, every patient who receives a drug also receives the phone number, in writing, for the OB/GYN or group of OB/GYNs providing complication coverage.

(K) The physician or hospital shall submit complication plans to the department for approval in writing using the complication plan submission form provided by the department. The form shall require at least the following information:

1. The full name of each physician whose prescription or administration of drugs via the hospital will be covered by the plan;

2. The full name of the OB/GYN who will provide complication coverage, or if a group of OB/GYNs will provide coverage, the full legal name of the group and the full name of each OB/GYN who is part of the group; and

3. A description of how the complication plan meets each requirement in this regulation, including treating complications requiring surgical intervention.

(L) With the completed complication plan forms, the facility shall also submit:

1. Documents establishing that each OB/GYN who will provide complication coverage under the plan is board-eligible or board-certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology; and

2. A copy of the executed written agreement between the physician(s) whose prescription or administration of drugs will be covered by the plan (and/or the hospital) and the OB/GYN or group of OB/GYNs that will provide the complication coverage. The written agreement shall cite this regulation and specify that complication coverage under the written agreement shall be provided in compliance with this regulation.

(M) If any change occurs that prevents full compliance with a complication plan as approved by the department, the physician or hospital shall immediately notify the department in writing, providing details regarding the change. If the change results in the physician being unable to provide twenty-four hours a day, seven days a week (24/7) OB/GYN coverage for complications as required by this regulation, the physician shall ensure that no drugs are prescribed or administered until 1) full compliance with the plan is achieved and the physician or hospital has so notified the department in writing, or 2) a new or revised complication plan has been submitted to and approved by the department in writing.

(N) The physician shall ensure that each complication plan approved by the department and currently in use is on file at the physician's office or hospital. The physician or hospital shall maintain copies of complication plans no longer in use for seven (7) years following the last use. The physician or hospital shall make current and past complication plans available to patients or the department for review upon request.

AUTHORITY: sections 188.021 and 197.225, RSMo Supp. 2017.

Emergency rule filed Oct. 24, 2017, effective Nov. 3, 2017, expires May 1, 2018. A proposed rule covering this same material is published in this issue of the ***Missouri Register****.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers and Abortion Facilities

EMERGENCY RULE

19 CSR 30-30.061 Complication Plans for Certain Drug- and Chemically-Induced Abortions Via Abortion Facilities

PURPOSE: This rule establishes the standards governing complication plans required by section 188.021, RSMo, for abortions induced by physicians via abortion facilities. This rule also explains the process for submitting such complication plans to the Department of Health and Senior Services for approval.

EMERGENCY STATEMENT: On October 24, 2017, HCS for SS for SB 5, Ninety-ninth General Assembly, Second Extraordinary Session (2017), took effect. Under the legislation, certain drugs or chemicals cannot be prescribed or administered to induce an abortion in Missouri until the department has approved a complication plan applicable to the physician prescribing or administering the drug or chemical. Before the department can approve any complication plans, the department must first establish the standards for such plans by rule. An emergency rule is necessary because the regular rulemaking process takes several months, and during that time, no patient obtaining an abortion in Missouri would be able to obtain a drug- or chemically-induced abortion; every patient obtaining an abortion would have to obtain a surgical abortion. A surgical abortion would not be in the best medical interest of every patient and could put some patients at unnecessary risk. This emergency rule establishes the standards for complication plans and explains the process for submitting such plans to the department for approval, as required by SB5. The department finds an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest, which requires this emergency action. A proposed rule, which covers the same material, is published in this issue of the ***Missouri Register****. This emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the* ***Missouri*** *and* ***United States Constitutions****. The DHSS believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed October 24, 2017, becomes effective November 3, 2017, and expires May 1, 2018.*

(1) For purposes of this rule, the following terms mean:

(A) Abortion—The act of using or prescribing any instrument, device, drug, or any other means or substance resulting in the intentional destruction of an embryo or fetus in a woman's uterus or the intentional termination of a pregnancy of a woman with intent other than to increase the probability of a live birth or to remove a dead or dying embryo or fetus;

(B) Abortion facility—Any clinic, physician's office, or any other place or facility in which abortions are performed or induced other than a hospital;

(C) Complication—Includes, but is not limited to, incomplete abortion, excessive hemorrhage, endometritis, parametritis, pyrexia, pelvic abscess, uterine perforation, failed abortion, retained products, cervical lacerations, or psychiatric issues;

(D) Department—The Missouri Department of Health and Senior Services;

(E) Drug—A drug or chemical used to induce an abortion for which the federal Food and Drug Administration (FDA) label includes any clinical study in which more than one percent (1%) of those administered the drug required surgical intervention after its administration;

(F) OB/GYN—

1. A physician who is board-certified or board-eligible by the American Osteopathic Board of Obstetrics and Gynecology, or who is in a residency approved by that board; or

2. A physician who is board-certified by the American Board of Obstetrics and Gynecology (ABOG); or who is an ABOG Registered Residency Graduate or an ABOG Active Candidate; or who is in an ABOG-approved residency;

(G) Physician—A person licensed to practice medicine pursuant to Chapter 334, RSMo.

(2) Complication plans for certain drug- and chemically-induced abortions.

(A) A physician shall not prescribe or administer a drug without first obtaining written approval from the department of a complication plan applicable to the physician's prescription or administration of the drug.

(B) Each abortion facility shall ensure that no drug is prescribed or administered via its facility until the facility has received written approval from the department of the complication plan of the physician who will prescribe or administer the drug.

(C) To ensure the safety of all patients, a primary objective of complication plans shall be to recognize the importance of the physician-patient relationship by providing for continuity of care and ensuring communication among the physician who induced the abortion and all subsequent health care providers involved in treating the patient's complication.

(D) Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered via the facility. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written agreement between the abortion facility and an OB/GYN or group of OB/GYNs to treat complications.

(E) If the physician who will prescribe or administer drugs is an OB/GYN, that physician's complication plan may provide that the physician treats complications, but the physician and/or the abortion facility must have a written agreement with an OB/GYN or group of OB/GYNs to ensure the required twenty-four hours a day, seven days a week (24/7) coverage when the physician is unavailable to treat complications.

(F) An OB/GYN who is a staff member or consultant to the abortion facility as required in 19 CSR 30-30.060 may have a written agreement to treat complications under a complication plan.

(G) Every complication plan shall provide that the OB/GYN with whom there is a written agreement or member of the group of OB/GYNs with which there is a written agreement, or the physician who prescribes or administers drugs if he or she is an OB/GYN, shall:

1. Personally treat all complications, including those requiring surgical intervention, except in any case where doing so would not be in accordance with the standard of care, or in any case where it would be in the patient's best interest for a different physician to treat her; and

2. Assess each patient suffering a complication individually, and shall not, as a matter of course, refer all patients to the emergency room or other facilities or physicians unless the patient is experiencing an immediately life-threatening complication.

3. This regulation does not prohibit screening or triage of patients by a nurse or physician to determine whether or when it is necessary to contact the OB/GYN.

(H) Every complication plan shall provide that, in any case where it would not be in accordance with the standard of care or would not be in the patient's best interest for the OB/GYN to personally treat the complication (e.g., surgery in a hospital is required, and it is not in the patient's best interest to travel to a hospital where the OB/GYN has privileges), the OB/GYN shall arrange for hand-off of the patient to an appropriately-qualified physician and shall fully brief such physician regarding the patient at the time of hand-off.

(I) Every complication plan shall require that the OB/GYN treating a patient's complication shall prepare a complication report as required by section 188.052, RSMo and ensure that it is submitted to the department as well as placed in the patient's medical record at the abortion facility.

(J) The abortion facility shall ensure that before discharge, every patient who receives a drug via the facility also receives the phone number, in writing, for the OB/GYN or group of OB/GYNs providing complication coverage.

(K) The physician or hospital shall submit complication plans to the department for approval in writing using the complication plan submission form provided by the department. The form shall require at least the following information:

1. The full name of each physician whose prescription or administration of drugs via the facility will be covered by the plan;

2. The full name of the OB/GYN who will provide complication coverage, or if a group of OB/GYNs will provide coverage, the full legal name of the group and the full name of each OB/GYN who is part of the group; and

3. A description of how the complication plan meets each requirement in this regulation, including treating complications requiring surgical intervention.

(L) With the completed complication plan form, the facility shall also submit:

1. Documents establishing that each OB/GYN who will provide complication coverage under the plan is board-eligible or board-certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology; and

2. A copy of the executed written agreement between the physician(s) whose prescription or administration of drugs via the facility will be covered by the plan (and/or the abortion facility) and the OB/GYN or group of OB/GYNs that will provide the complication coverage. The written agreement shall cite this regulation and specify that complication coverage under the written agreement shall be provided in compliance with this regulation.

(M) If any change occurs that prevents full compliance with a complication plan as approved by the department, the facility shall immediately notify the department in writing, providing details regarding the change. If the change results in the facility being unable to provide twenty-four hours a day, seven days a week (24/7) OB/GYN coverage for complications as required by this regulation, the facility shall ensure that no drugs are prescribed or administered via the facility until 1) full compliance with the plan is achieved and the facility has so notified the department in writing, or 2) a new or revised complication plan has been submitted to and approved by the department in writing.

(N) The facility shall ensure that each complication plan approved by the department and currently in use is on file at the facility. The facility shall maintain copies of complication plans no longer in use for seven (7) years following the last use. The facility shall make current and past complication plans available to patients or the department for review upon request.

AUTHORITY: sections 188.021 and 197.225, RSMo Supp. 2017. Emergency rule filed Oct. 24, 2017, effective Nov. 3, 2017, expires May 1, 2018. A proposed rule covering this same material is published in this issue of the ***Missouri Register****.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

EMERGENCY AMENDMENT

22 CSR 10-2.030 Contributions. The Missouri Consolidated Health Care Plan is amending sections (7) and (8).

PURPOSE: This amendment clarifies the Missouri Consolidated Health Care Plan (MCHCP) subsidy toward the retiree and survivor premium for members enrolled in the Medicare Prescription Drug Only Plan and adds provisions for premium payment by debit or credit card.

EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2018, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (employees, retirees, officers, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forgo coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to members as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers the same material, is published in this issue of the ***Missouri Register****. This emergency amendment complies with the protections extended by the* ***Missouri*** *and* ***United States Constitutions*** *and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 27, 2017, becomes effective January 1, 2018, and expires June 29, 2018.*

(7) The Missouri Consolidated Health Care Plan (MCHCP) contribution toward the retiree and survivor premium for members enrolled in the Medicare Prescription Drug Only Plan is based on either of the following:

(B) For those retiring prior to July 1, 2002, the amount calculated in subsection (7)(A) is compared to *[fifty-eight percent (58%)]* **fifty-nine percent (59%)** of the total premium for the Medicare Prescription Drug Only Plan. The retiree's subsidy is the greater of the amount calculated in subsection (7)(A) or *[fifty-eight percent (58%)]* **fifty-nine percent (59%)** of the Medicare Prescription Drug Only Plan.

(8) Premium. Payroll deductions, Automated Clearing House (ACH) transactions, **debit cards, credit cards,** and/or direct bills are processed by MCHCP.

AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10,

*1994. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Oct. 27, 2017, effective Jan. 1, 2018, expires June 29, 2018. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

EMERGENCY AMENDMENT

22 CSR 10-2.089 Pharmacy Employer Group Waiver Plan for Medicare Primary Members. The Missouri Consolidated Health Care Plan is amending subsection (1)(F).

PURPOSE: This amendment revises the amount thresholds in the initial coverage stage, coverage gap stage, and catastrophic coverage stage.

*EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2018, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (employees, retirees, officers, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forgo coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to members as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. This emergency amendment complies with the protections extended by the **Missouri** and **United States Constitutions** and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 27, 2017, becomes effective January 1, 2018, and expires June 29, 2018.*

(1) The pharmacy benefit for Medicare primary members is provided through a Pharmacy Employer Group Waiver Plan (EGWP) as regulated by the Centers for Medicare and Medicaid Services herein after referred to as the Medicare Prescription Drug Plan.

(F) The Medicare Prescription Drug Plan is comprised of a Medicare Part D prescription drug plan contracted by MCHCP and some non–Part D medications that are not normally covered by a Medicare Part D prescription drug plan. The requirements for the Medicare Part D prescription drug plan are as follows:

1. The Centers for Medicare and Medicaid Services regulates the Medicare Part D prescription drug program. The Medicare Prescription Drug Plan abides by those regulations;

2. Initial Coverage Stage. Until a member's total yearly Part D prescription drug costs reach *[three thousand seven hundred dollars ($3,700)]* **three thousand seven hundred fifty dollars ($3,750)**, the member will pay the following copayments:

A. Preferred Formulary Generic Drugs: thirty-one- (31-) day supply has an eight dollar ($8) copayment; sixty- (60-) day supply has a sixteen dollar ($16) copayment; ninety- (90-) day supply at retail has a twenty-four dollar ($24) copayment; and a ninety- (90-) day supply through home delivery has a twenty dollar ($20) copayment;

B. Preferred Formulary Brand Drugs: thirty-one- (31-) day supply has a thirty-five dollar ($35) copayment; sixty- (60-) day supply has a seventy dollar ($70) copayment; ninety- (90-) day supply at retail has a one hundred five dollar ($105) copayment; and a ninety- (90-) day supply through home delivery has an eighty-seven dollar and fifty cent ($87.50) copayment; and

C. Non-preferred Formulary Drugs and approved excluded drugs: thirty-one- (31-) day supply has a one hundred dollar ($100) copayment; sixty- (60-) day supply has a two hundred dollar ($200) copayment; ninety- (90-) day supply at retail has a three hundred dollar ($300) copayment; and a ninety- (90-) day supply through home delivery has a two hundred fifty dollar ($250) copayment;

3. Coverage Gap Stage. After a member's total yearly Part D prescription drug costs exceed *[three thousand seven hundred dollars ($3,700)]* **three thousand seven hundred fifty dollars ($3,750)** and remain below *[four thousand nine hundred fifty dollars ($4,950)]* **five thousand dollars ($5,000)**, the member will continue to pay the same cost-sharing amount as in the Initial Coverage stage until the yearly out-of-pocket Part D prescription drug costs reach *[four thousand nine hundred fifty dollars ($4,950)]* **five thousand dollars ($5,000)**;

4. Catastrophic Coverage Stage. After a member's total yearly out-of-pocket Part D prescription drug costs reach *[four thousand nine hundred fifty dollars ($4,950)]* **five thousand dollars ($5,000)**, the member will pay the greater of—

A. Five percent (5%) coinsurance or a *[three dollar and thirty cent ($3.30)]* **three dollar and thirty-five cent ($3.35)** copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage; or

B. Five percent (5%) coinsurance or an *[eight dollar and twenty-five cent ($8.25)]* **eight dollar and thirty-five cent ($8.35)** copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage;

5. Amounts paid by the member or the plan for non-Part D prescription drugs will not count toward total Part D prescription drug costs or total Part D prescription drug out-of-pocket costs; and

6. Medicare Prescription Drug Only Plan. Medicare retirees have the option of choosing the Medicare Prescription Drug Plan for coverage for prescription drugs only, without MCHCP medical coverage.

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Oct. 30, 2013, effective Jan. 1, 2014, expired June 29, 2014. Original rule filed Oct. 30, 2013, effective June 30, 2014. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Oct. 27, 2017, effective Jan. 1, 2018, expires June 29, 2018. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

EMERGENCY RULE

22 CSR 10-2.135 Benefit Package Option

PURPOSE: This rule establishes the policy of the board of trustees

in regard to subscriber's objection to contraception coverage due to religious or moral objections.

EMERGENCY STATEMENT: This emergency rule must be in place by November 6, 2017 in order to keep the Missouri Consolidated Health Care Plan (MCHCP) in compliance with state law. The United States Department of Health and Human Services issued an interim final rule, effective October 6, 2017 that would allow MCHCP to offer a benefit package without contraceptive services to those who object to such services based on a religious belief or moral conviction. Therefore, this emergency rule is necessary to serve a compelling governmental interest of protecting members (employees, retirees, officers, and their families) enrolled in MCHCP from the unintended consequences of confusion regarding availability of benefits and will allow subscribers the opportunity to elect a non-contraception benefit package option. It may also help ensure that inappropriate claims are not made against MCHCP and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this rule be filed as an emergency rule to maintain the integrity of the current health care plan. This emergency rule reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed rule, which covers the same material, is published in this issue of the ***Missouri Register****. This emergency rule complies with the protections extended by the* ***Missouri*** *and* ***United States Constitutions*** *and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency rule was filed October 27, 2017, becomes effective November 6, 2017, and expires May 4, 2018.*

(1) Subscribers may choose to not have contraception coverage if such items or procedures are contrary to his/her religious beliefs or moral convictions.

(2) A subscriber must notify Missouri Consolidated Health Care Plan via the method prescribed by the plan, that they have an objection to coverage of contraception due to a religious belief or moral conviction during any applicable enrollment period.

(3) For coverage beginning January 1, 2018, the plan shall specify a period of at least ten (10) days in which to receive notifications.

(4) Once a subscriber elects to not have contraception coverage, she/he will be unable to elect contraception coverage during the plan year unless there is a qualifying event under 22 CSR 10-2.020 or 22 CSR 10-2.110 or an open enrollment period.

(5) If a subscriber objects to the coverage, their benefits will provide no coverage for any contraception services as either a medical or pharmacy benefit for themselves and anyone they cover as a dependent. If a member is Medicare primary, their benefits will remain unchanged.

AUTHORITY: sections 103.059 and 103.080.3., RSMo 2016. Emergency rule filed Oct. 27, 2017, effective Nov. 6, 2017, expires May 4, 2018. A proposed rule covering this same material is published in this issue of the ***Missouri Register****.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership

EMERGENCY AMENDMENT

22 CSR 10-3.090 Pharmacy Benefit Summary. The Missouri Consolidated Health Care Plan is amending subsection (1)(A).

PURPOSE: This amendment clarifies the out-of-pocket maximum for individuals and families enrolled in the PPO 600 Plan or PPO 1000 Plan.

EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2018, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (public entity employee members, retirees, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forgo coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to public entity employee members, retirees, and their families as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers the same material, is published in this issue of the ***Missouri Register****. This emergency amendment complies with the protections extended by the* ***Missouri*** *and* ***United States Constitutions*** *and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 27, 2017, becomes effective January 1, 2018, and expires June 29, 2018.*

(1) The pharmacy benefit provides coverage for prescription drugs. Vitamin and nutrient coverage is limited to prenatal agents, therapeutic agents for specific deficiencies and conditions, and hematopoietic agents as prescribed by a provider.

(A) PPO 600 and PPO 1000 Prescription Drug Coverage.

1. Network.

A. Preferred formulary generic drug copayment: Eight dollars ($8) for up to a thirty-one- (31-) day supply; sixteen dollars ($16) for up to a sixty- (60-) day supply; and twenty-four dollars ($24) for up to a ninety- (90-) day supply for a generic drug on the formulary; formulary generic birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

B. Preferred formulary brand drug copayment: Thirty-five dollars ($35) for up to a thirty-one- (31-) day supply; seventy dollars ($70) for up to a sixty- (60-) day supply; and one hundred and five dollars ($105) for up to a ninety- (90-) day supply for a brand drug on the formulary; formulary brand birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

C. Non-preferred formulary drug and approved excluded drug copayment: One hundred dollars ($100) for up to a thirty-one- (31-) day supply; two hundred dollars ($200) for up to a sixty- (60-) day supply; and three hundred dollars ($300) for up to a ninety- (90-) day supply for a drug not on the formulary.

D. Diabetic drug (as designated as such by the PBM) copayment: fifty percent (50%) of the applicable network copayment.

E. Home delivery programs.

(I) Maintenance prescriptions may be filled through the pharmacy benefit manager's (PBM's) home delivery program. A member must choose how maintenance prescription(s) will be filled by notifying the PBM of his/her decision to fill a maintenance prescription through home delivery or retail pharmacy.

(a) If the member chooses to fill his/her maintenance

prescription at a retail pharmacy and the member does not notify the PBM of his/her decision, the first two (2) maintenance prescription orders may be filled by the retail pharmacy. After the first two (2) orders are filled at the retail pharmacy, the member must notify the PBM of his/her decision to continue to fill the maintenance prescription at the retail pharmacy. If a member does not make a decision after the first two (2) orders are filled at the retail pharmacy, s/he will be charged the full discounted cost of the drug until the PBM has been notified of the decision and the amount charged will not apply to the out-of-pocket maximum.

(b) Once a member makes his/her delivery decision, the member can modify the decision by contacting the PBM.

(II) Specialty drugs are covered only through the specialty home delivery network for up to a thirty-one- (31-) day supply unless the PBM has determined that the specialty drug is eligible for up to a ninety- (90-) day supply. All specialty prescriptions must be filled through the PBM's specialty pharmacy, unless the prescription is identified by the PBM as emergent. The first fill of a specialty prescription may be filled through a retail pharmacy.

(a) Specialty split-fill program—The specialty split-fill program applies to select specialty drugs as determined by the PBM. For the first three (3) months, members will be shipped a fifteen- (15-) day supply with a prorated copayment. If the member is able to continue with the medication, the remaining supply will be shipped with the remaining portion of the copayment. Starting with the fourth month, an up to thirty-one- (31-) day supply will be shipped if the member continues on treatment.

(III) Prescriptions filled through home delivery programs have the following copayments:

(a) Preferred formulary generic drug copayments: Eight dollars ($8) for up to a thirty-one- (31-) day supply; sixteen dollars ($16) for up to a sixty- (60-) day supply; and twenty dollars ($20) for up to a ninety- (90-) day supply for a generic drug on the formulary;

(b) Preferred formulary brand drug copayments: Thirty-five dollars ($35) for up to a thirty-one- (31-) day supply; seventy dollars ($70) for up to a sixty- (60-) day supply; and eighty-seven dollars and fifty cents ($87.50) for up to a ninety- (90-) day supply for a brand drug on the formulary;

(c) Non-preferred formulary drug and approved excluded drug copayments: One hundred dollars ($100) for up to a thirty-one- (31-) day supply; two hundred dollars ($200) for up to a sixty- (60-) day supply; and two hundred fifty dollars ($250) for up to a ninety- (90-) day supply for a drug not on the formulary.

F. Diabetic drug (as designated as such by the PBM) copayment: fifty percent (50%) of the applicable network copayment.

G. Only one (1) copayment is charged if a combination of different manufactured dosage amounts must be dispensed in order to fill a prescribed single dosage amount.

H. The copayment for a compound drug is based on the primary drug in the compound. The primary drug in a compound is the most expensive prescription drug in the mix. If any ingredient in the compound is excluded by the plan, the compound will be denied.

I. If the copayment amount is more than the cost of the drug, the member is only responsible for the cost of the drug.

J. If the physician allows for generic substitution and the member chooses a brand-name drug, the member is responsible for the generic copayment and the cost difference between the brand-name and generic drug which shall not apply to the out-of-pocket maximum.

K. Prescription drugs and prescribed over-the-counter drugs as recommended by the U.S. Preventive Services Task Force (categories A and B) and, for women, by the Health Resources and Services Administration are covered at one hundred percent (100%) when filled at a network pharmacy. The following are also covered at one hundred percent (100%) when filled at a network pharmacy:

(I) Prescribed Vitamin D for all ages;

(a) The range for preventive Vitamin D is at or below 1000 IU of Vitamin D_2 or D_3 per dose;

(II) Zoster (shingles) vaccine and administration for members age fifty (50) years and older;

(III) Influenza vaccine and administration as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(IV) Generic Tamoxifen, generic Raloxifene, and brand Soltamox for prevention of breast cancer;

(V) Prescribed preferred diabetic test strips and lancets; and

(VI) One (1) preferred glucometer.

2. Non-network: If a member chooses to use a non-network pharmacy for non-specialty prescriptions, s/he will be required to pay the full cost of the prescription and then file a claim with the PBM. The PBM will reimburse the cost of the drug based on the network discounted amount as determined by the PBM, less the applicable network copayment.

3. Out-of-pocket maximum.

A. Network and non-network out-of-pocket maximums are separate.

B. The family out-of-pocket maximum is an aggregate of applicable charges received by all covered family members of the plan. Any combination of covered family member applicable charges may be used to meet the family out-of-pocket maximum. Applicable charges received by one (1) family member may only meet the individual out-of-pocket maximum amount.

C. **PPO 600** Individual—five thousand one hundred dollars ($5,100).

D. **PPO 600** Family—ten thousand two hundred dollars ($10,200).

E. PPO 1000 Individual—two thousand one hundred dollars ($2,100).

F. PPO 1000 Family—four thousand two hundred dollars ($4,200).

AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 22, 2009, effective Jan. 1, 2010, expired June 29, 2010. Original rule filed Jan. 4, 2010, effective June 30, 2010. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Oct. 27, 2017, effective Jan. 1, 2018, expires June 29, 2018. A proposed amendment covering this same material is published in this issue of the* ***Missouri Register****.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership

EMERGENCY RULE

22 CSR 10-3.135 Benefit Package Option

PURPOSE: This rule establishes the policy of the board of trustees in regard to subscriber's objection to contraception coverage due to religious or moral objections.

EMERGENCY STATEMENT: This emergency rule must be in place by November 6, 2017 in order to keep the Missouri Consolidated Health Care Plan (MCHCP) in compliance with state law. The United States Department of Health and Human Services issued an interim final rule, effective October 6, 2017 that would allow MCHCP to offer a benefit package without contraceptive services to those who object to such services based on a religious belief or moral conviction. Therefore, this emergency rule is necessary to serve a compelling governmental interest of protecting members (employees, retirees, officers, and their families) enrolled in MCHCP from the unintended consequences of confusion regarding availability of benefits and will allow

subscribers the opportunity to elect a non-contraception benefit package option. It may also help ensure that inappropriate claims are not made against MCHCP and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this rule be filed as an emergency rule to maintain the integrity of the current health care plan. This emergency rule reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed rule, which covers the same material, is published in this issue of the ***Missouri Register****. This emergency rule complies with the protections extended by the* ***Missouri*** *and* ***United States Constitutions*** *and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency rule was filed October 27, 2017, becomes effective November 6, 2017, and expires May 4, 2018.*

(1) Subscribers may choose to not have contraception coverage if such items or procedures are contrary to his/her religious beliefs or moral convictions.

(2) A subscriber must notify Missouri Consolidated Health Care Plan via the method prescribed by the plan, that they have an objection to coverage of contraception due to a religious belief or moral conviction during any applicable enrollment period.

(3) For coverage beginning January 1, 2018, the plan shall specify a period of at least ten (10) days in which to receive notifications.

(4) Once a subscriber elects to not have contraception coverage, she/he will be unable to elect contraception coverage during the plan year unless there is a qualifying event under 22 CSR 10-3.020 or an open enrollment period.

(5) If a subscriber objects to the coverage, their benefits will provide no coverage for any contraception services as either a medical or pharmacy benefit for themselves and anyone they cover as a dependent.

AUTHORITY: sections 103.059 and 103.080.3., RSMo 2016. Emergency rule filed Oct. 27, 2017, effective Nov. 6, 2017, expires May 4, 2018. A proposed rule covering this same material is published in this issue of the ***Missouri Register****.*

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbology under the heading of proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register.* If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety- (90-) day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:
Boldface text indicates new matter.
[Bracketed text indicates matter being deleted.]

Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 500—Office of Adult Learning and Rehabilitation Services

PROPOSED RESCISSION

5 CSR 20-500.310 Reporting Requirements. This rule established the minimum requirements for data reporting related to Sponsorship and Mentoring Program projects.

PURPOSE: This rule is being rescinded as it is obsolete. In 2008, section 135.348, RSMo Supp. 1998 was repealed by House Bill 2058 section A thus eliminating the Sponsorship and Mentoring Program.

AUTHORITY: section 135.348, RSMo Supp. 1998. This rule previously filed as 5 CSR 60-95.040. Original rule filed March 22, 1999, effective Sept. 30, 1999. Moved to 5 CSR 20-500.310, effective Aug. 16, 2011. Rescinded: Filed Oct. 25, 2017.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Elementary and Secondary Education, Attn: Jeanne Loyd, Assistant Commissioner, Office of Adult Learning and Rehabilitation Services, 3024 DuPont Circle, Jefferson City, MO 65109 or email at info@vr.dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 500—Office of Adult Learning and Rehabilitation Services

PROPOSED RESCISSION

5 CSR 20-500.340 Standards for the Determination of Eligible Training Providers and Administration of Reimbursement for the Education of Persons Under the Workforce Investment Act of 1998 and Other Employment Training Funding Sources Contracting With the State Board of Education. This rule established the criteria and procedures for the determination of eligible training providers under the Workforce Investment Act of 1998, any revisions or amendments to this Act, or replacement legislation.

PURPOSE: This rule is being rescinded as it is no longer a function of the Department of Elementary and Secondary Education. The function is now with the Department of Economic Development.

AUTHORITY: sections 161.092, RSMo Supp. 2002 and 178.430, 178.440, 178.450, 178.460 and 178.530, RSMo 2000. This rule previously filed as 5 CSR 60-480.100. Original rule filed July 7, 2000, effective Feb. 28, 2001. Rescinded and readopted: Filed Sept. 24, 2002, effective April 30, 2003. Moved to 5 CSR 20-500.340, effective Aug. 16, 2011. Rescinded: Filed Oct. 31, 2017.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Elementary and Secondary Education, Attn: Jeanne Loyd, Assistant Commissioner, Office of Adult Learning and Rehabilitation Services, 3024 DuPont Circle, Jefferson City, MO 65109 or email at ael@dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 45—Division of Developmental Disabilities
Chapter 4—Financial Procedures

PROPOSED AMENDMENT

9 CSR 45-4.010 Residential Rate Setting. The department is amending the purpose, removing current sections (1)–(2), and replacing with all new sections (1)–(5).

PURPOSE: This amendment updates the rule to describe the rate setting methodology for residential supports funded under a Home and Community-Based Waiver administered by the Department of Mental Health, Division of Developmental Disabilities.

PURPOSE: This rule prescribes procedures for establishing [per-diem base] ***residential*** *rates for [certain waiver and nonwaiver residential] providers [which accept]* ***supporting*** *persons with [mental retardation under the department's community placement program]* ***intellectual and developmental disabilities funded under a Home and Community- Based Waiver administered by the Department of Mental Health, Division of Developmental Disabilities (Division of DD)****.*

[(1) Terms defined in sections 630.005 and 633.005, RSMo are incorporated into this rule. As used in this rule, the following terms mean:

(A) Administrative costs—all support and indirect service costs as defined in the rate packet. Administrative costs include: 1) staff time spent in administration, 2) staff time that cannot be directly associated with a specific service and 3) other costs that are not directly associated with a specific service. Administrative costs include management fees and home office and central office costs;

(B) Administrative salaries—salaries or portions of salaries, including fringe benefits, which support administrative functions or staff time not directly associated with specific services;

(C) Alternative rate with an end date—rate of reimbursement for a specific time limited period;

(D) Ancillaries—time-limited reimbursement for individual client-specific costs or services included in the individualized habilitation plan (IHP) which are not a part of the per-diem base rate;

(E) Community placement program—an array of residential facilities and specialized services licensed, certified or funded by the department;

(F) Direct care salaries—nonadministrative salaries or portions of salaries, including fringe benefits, paid to staff associated with direct client care and habilitation;

(G) Division—the Division of Mental Retardation and Developmental Disabilities;

(H) Extraordinary circumstance—a situation beyond the control of a residential facility which is not experienced by residential providers in general, but which results in a substantial cost;

(I) Facility staffing schedule—a listing of daily working hours for each direct care employee;

(J) Food services—the cost of raw food and consumable supplies used in preparation of food eaten by clients and staff. Staff food may be included only when the staff is required to eat with clients because of IHP requirements;

(K) Fringe benefits—retirement plans, health and medical insurance, life insurance, disability and accident insurance, and other incentives for employees only;

(L) Group home—a residential facility serving nine (9) or fewer clients and providing basic health supervision, habilitation training in skills of daily and independent living and community integration and social support;

(M) Interim rate—temporary rate of reimbursement until a permanent rate can be established;

(N) Investment—the total amount of the owner's private monies utilized for building purchase, construction or renovation and documented by the owner in a format prescribed by the department;

(O) Levels-of-care model—a residential model with three (3) residential facility categories established by service intensity, each with a staffing level defined by the division.

1. Category I is a residential facility designed to provide a group living environment and minimum level of habilitation and supervision for persons with no severe medical needs or maladaptive behaviors.

2. Category II is a residential facility designed to provide a group living and habilitation environment for persons with no severe medical needs or severe maladaptive behaviors, but who need self-help or habilitation training.

3. Category III is a specialized residential facility designed to provide a habilitation environment for persons with intensive physical or medical needs, severe maladaptive behaviors or other specialized care needs ;

(P) Occupancy factor—the percent of full capacity at which a facility operates;

(Q) Paid time off work—any combination of paid holidays, vacation, sick leave or other time an employee may be away from work with pay;

(R) Per-diem base rate—the daily rate of reimbursement to a residential provider for room, board and residential habilitation services for one (1) resident;

(S) Physical plant costs—reasonable costs like lease or rent, payments, mortgage interest, real estate and property taxes or payments in lieu of taxes, insurance and building depreciation as defined in the rate packet;

(T) Professional services—contracted services rendered to a provider by individuals, in a professional or advisory capacity;

(U) Provider—a vendor as defined in section 630.005, RSMo;

(V) Rate packet—budget development documents and instructions issued by the division for use by residential providers in preparing and submitting rate requests;

(W) Residential center—a residential facility serving ten (10) or more clients that provides social support, health supervision and habilitation training in skills of daily living;

(X) Residential habilitation services—care, skills training and supervision of clients in accordance with the provisions in the clients IHPs;

(Y) Room and board—all costs associated with clients' living space and three (3) meals per day;

(Z) Service Provider's Audit Guide—a definitive document issued by the department that prescribes audit requirements of the department from its service providers; and

(AA) Waiver provider—a residential facility approved by the department to participate as a residential facility in accordance with P.L. 99-272 (the Consolidated Omnibus Budget and Reconciliation Act of 1985) and subsequent legislation and 42 CFR parts 435, 436, 440 and 441.

(2) In accordance with section 630.605, RSMo, the department shall establish and maintain a community placement program.

(A) Through the division, the department shall set per-diem base rates for residential providers which accept persons with mental retardation.

1. For waiver and nonwaiver group homes and residential centers, per-diem base rates shall be set through a levels-of-care model established by the division.

2. The division's regional centers shall determine the level-of-care category for each residential facility according to characteristics of fifty percent (50%) or more of the clients living in or proposed for living in the residential facility at the time of the determination.

A. Regional centers shall base determinations upon clinical judgment, IHPs or other assessment data.

B. Facilities with an equal or near equal mix of clients shall receive a per-diem profile base rate consistent with the needs of clients with the more intensive service needs.

C. Regional centers shall review annually each of their residential facility categories and redetermine categories based upon changes in client mix.

D. Residential facilities may appeal to regional centers for category redeterminations due to extraordinary circumstances.

3. Disputes between regional centers and residential facilities over facility categories may be appealed to the division director whose decision shall be final.

4. Disputes between regional centers and residential facilities over extraordinary circumstances may be appealed to the division director whose decision shall be final.

(B) The division shall establish and publish profile base rates for residential facility categories within the levels-of-care model.

1. Fiscal Year 1990 shall be the base year for calculating amounts of cost included in per-diem profile base rates.

2. Profile base rates shall include limits established by the division for certain costs.

3. The department shall conduct periodic surveys of residential providers which shall become the basis for realigning costs.

4. Realignments shall be made effective the first day of the fiscal year following the fiscal year in which the surveys were conducted.

5. These rates shall be adjusted annually by the National Consumer Price Index/Urban.

(C) Residential providers who appeal profile rates shall appeal to the division in accordance with the following procedures and conditions:

1. The provider shall contact the regional center, which may advise in preparing the rate packet; and

2. The provider shall submit the completed rate packet to the regional center, which shall transmit it to the division with the center's recommendations.

(D) Residential providers, upon recommendation in writing by the respective district deputy for just cause, may be approved by the division director to operate under interim rates or alternative rates with an end date, for a specified period of time with a maximum duration of eighteen (18) months.

1. Examples of just cause include, but are not limited to:

A. Down sizing or up sizing of client population;

B. Changes in level of care required for client population; and

C. Changes in physical plant configuration.

2. These rates will be subject to review and adjustment, within the specified period, following the same procedures, conditions and processes used in the profile rate appeal process.

(E) All rates and rate adjustments covered by this rule shall be subject to availability of funds appropriated for that purpose.

(F) The division director shall establish a rate setting committee to advise him/her on establishment of per-diem base rates for residential providers who appeal profile rates.

1. The rate setting committee shall be composed of members appointed by and serving at the pleasure of the division director.

2. The committee chairperson shall be a department employee. Staff for the committee shall be provided by the division .

3. The rate setting committee shall meet in Jefferson City or in other locations at the call of the chairperson.

4. The rate setting committee may hold meetings when a majority of the members are present and may make recommendations to the division director when a simple majority of those present and voting concur.

5. Provider members who have an interest in a rate must disclose that interest in a meeting of the committee prior to discussion.

6. Provider members must abstain from voting on any project in which they have administrative control or a monetary interest.

7. Provider members shall be reimbursed for necessary expenses.

8. Providers whose appeals are under discussion and respective regional center directors or designees shall be invited to attend meetings of the rate setting committee.

9. Staff of the rate setting committee shall summarize each appeal of a profile rate and make recommendations to the committee.

A. The committee may request additional documentation and information from providers to determine if there exists an efficient and economical delivery of residential services to meet the client needs.

B. The reviews shall be made at the discretion of the committee and may be performed by its designee(s).

C. Findings from the reviews may be used by the committee to recommend per-diem base rates to the division director.

10. The rate setting committee shall have sixty (60) days from receipt of a complete rate packet or receipt of any requested additional documentation or information to submit its recommendations in writing to the division director.

A. The division director may accept, reject or modify any recommendation of the rate setting committee in arriving at a rate decision.

B. The division director shall issue a rate decision to the provider.

C. Within thirty (30) working days of the division director's tentative rate decision, the provider shall accept or appeal the rate.

D. In case of appeal, the provider shall clearly specify those costs within the tentative rate which are being appealed and shall provide written justification for restoration of the requested costs.

E. Within fifteen (15) working days from receipt of the provider's appeal of the rate, or receipt of additional information requested by the division director after receipt of the appeal, the division director shall issue a final decision.

(G) All providers who receive annual DMH funding for POS services in excess of one hundred thousand dollars ($100,000) shall submit an annual audit to the department. The audit shall include audited financial statements and uniform cost report with their accuracy verified by a certified public accounting firm in compliance with the department's Service Provider Audit Guide.

1. Failure to comply with this requirement may result in the provider being placed on probation for one (1) year.

2. Each additional year of noncompliance may result in a cumulative annual five percent (5%) reduction of the provider's per-diem base rate. This sanction will remain in

effect until the audit requirement is satisfied.

3. If the department has reasonable cause to believe a residential provider has knowingly presented fraudulent information to secure a more favorable per-diem base rate, the department shall refer that provider for prosecution.

4. In cases where monies have been fraudulently obtained by residential providers, the attorney general shall represent the department to seek restitution of the overpayment.

5. For nonwaiver providers, the period of operation shall be as specified in the provider's contract with the department.

6. Nonwaiver providers who receive base rate increases after appeal to the department shall submit annual audits within one hundred eighty (180) days following the close of the state or provider's fiscal year. These audits shall be based upon the state or provider's fiscal year.

7. For waiver providers, the initial period of operation begins on the effective participation date established by the Department of Social Services, the administering state agency for the Medicaid Program in Missouri and covers a period terminating at the state or provider's fiscal year end.

8. Subsequent periods begin and end with the state or provider's fiscal year.

9. For each period of operation, the provider shall submit an audit within one hundred eighty (180) days following the close of that period of operation.

(H) For facilities changing ownership after a rate is established, the following shall apply:

1. For a facility with a rate at or above the profile rate, the profile rate for that facility category shall become the facility's per-diem base rate. This profile rate may be appealed;

2. For a facility with a rate below the profile rate, the profile rate for that facility shall become the facility's per-diem base rate, also subject to appeal; and

3. All changes are subject to availability of appropriate community placement funds.

(I) The department shall establish reasonable cost allowance limitations and may exclude certain costs. Providers may neither appeal costs above limitations established by the department nor costs excluded by it. The department shall not approve—

1. Administrative costs which exceed fifteen percent (15%) of the total direct (nonadministrative) costs contained in the facility budget;

2. Total fringe benefits which exceed those granted to employees of Missouri;

3. Physical plant costs in excess of two thousand eight hundred twenty-five dollars ($2825) per resident bed per year during Fiscal Year 1990 without just cause and prior approval by the division director. Physical plant costs for each subsequent fiscal year will be increased by the same percentage as the state-appropriated cost-of-living adjustment for that year;

4. A return on investment in excess of twelve percent (12%) of that investment. It shall not approve returns on investment for tax-funded bodies;

5. A cost for food services in excess of four dollars and fifty cents ($4.50) per client day during Fiscal Year 1990 without just cause and approval by the division director. Food services costs for each reimbursement year will be increased by the same percentage as the state-appropriated cost-of-living adjustment for that year;

6. Paid time off work for employees in excess of paid time off work granted to employees of Missouri. The provider shall submit to the department its written policy on paid time off work;

7. Costs for professional services, except costs for direct care consultation, unless costs are budgeted as administrative costs; and

8. Client-specific costs for inclusion in the per-diem base rate.

(J) Client specific items and services shall be funded separately and must be supported in writing by the regional center director and the division director or his/her designee.]

(1) Definitions.

(A) Acuity based rate—a per unit rate of reimbursement for an individual which is based upon the individual's level of need or function as determined by the rate allocation score.

(B) Floor rate—the minimum unit rate paid for residential services.

(C) Home and community-based waivers—a set of long term community-based supports and services authorized by the Centers for Medicare and Medicaid Services which are provided as an alternative to care in institutions such as nursing facilities and intermediate care facilities for individuals with intellectual and developmental disabilities. The specific services provided under a home and community-based waiver are referred to as home and community-based services (HCBS).

(D) Individual—person receiving services from the Division of DD.

(E) Market rate—a per unit rate calculated by an independent agency with expertise in rate setting that represents the cost (excluding room and board costs) to provide a residential service to an individual with a particular rate allocation score.

(F) Provider—any entity or person under contract with the Department of Mental Health (DMH) to serve individuals with intellectual and developmental disabilities funded by general revenue or through home and community-based waivers administered by the Division of DD.

(G) Rate allocation score (RAS)—a score given to an individual which is derived from a standardized assessment approved by the Division of DD that correlates to a per unit rate of reimbursement for a given service.

(H) Residential service—a per diem residential habilitation service in a group home or individualized supported living (ISL) setting that provides support and oversight.

(I) Unit—per diem; a twenty-four (24) hour period beginning at 12:00 a.m. and ending at 11:59 p.m.

(2) Applicability. This rule applies to residential rates contracted for by the Division of DD under its home and community-based waivers.

(3) Rate Committee. A Rate Committee advises the Division of DD on methodology, distribution of funding and market rate studies, and other provider rate issues.

(A) The committee consists of twenty (20) members, ten (10) from DMH and ten (10) from contracted provider agencies. The Division of DD selects six (6) of the provider representatives to include two (2) providers of primarily ISL, two (2) providers of primarily group home supports, and two (2) providers who primarily provide day services such as day habilitation, community integration, and/or employment supports. The Missouri Association of Rehabilitation Facilities selects two (2) provider representative members and the Missouri Association of County Developmental Disability Services selects two (2) provider representative members.

(4) Rates. Rates are dependent on whether the residential setting is a group home or ISL. Individual rate adjustments are made due to changes in the individual's acuity and the RAS. Cost of living adjustments and/or rate standardization applied across service types may only be made as a result of approved appropriations and available funding.

(A) Group home rates are based on each individual's RAS and reflect a percentage of the market rate. Temporary adjustment to an individual's reimbursement may be approved for staffing by the Division Director or designee on an individual basis when additional support is justified due to extraordinary behavior or medical issues that are time limited.

(B) ISL hourly rates are based on each individual's RAS and reflect a percentage of the market value.

(5) Rate Setting.

(A) Division of DD administers a functional based assessment tool for the purpose of determining a Rate Allocation Score (RAS) for individuals receiving residential habilitation.

(B) Division of DD obtains an independent rate study as required by the terms and conditions of the HCBS waiver to set the market rate for each RAS.

(C) Subject to approved appropriations and available funding, a floor rate is established for each RAS which is the minimum rate paid for residential services. The floor rate may be expressed as a percentage of the market rate.

(D) The Division of DD establishes a standard rate for all new individuals placed in residential services, not to exceed the market rate. If an individual's RAS changes upon reassessment, the individual keeps their current rate, so long as it is not above market rate or below floor rate for the new RAS. Rate adjustments are retroactive to the effective date of reassessment.

*AUTHORITY: section 630.655, RSMo [1994] **2016**. This rule was previously filed as 9 CSR 10-5.170. Original rule filed Dec. 11, 1989, effective June 15, 1990. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Amended: Filed Oct. 25, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the **Missouri Register**. If to be hand delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.*

Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 50—Missouri State Highway Patrol
Chapter 2—Motor Vehicle Inspection Division

PROPOSED AMENDMENT

11 CSR 50-2.010 Definitions. The division is adding new subsection (1)(H) and relettering as necessary.

PURPOSE: This amendment adds a definition of "proper function of lighting equipment and signaling devices" to the rule.

(1) The following words and terms as used in these rules shall have the following meaning:

(H) Lights, lamps, and signaling devices consisting of multiple light emitting diodes shall be deemed to function properly if no less than seventy-five percent (75%) of the light emitting diodes of such light, lamp, or signaling device is operational;

*[(H)]***(I)** Rejection notice is a document which is given to the vehicle owner indicating the vehicle does not meet the inspection requirements;

*[(I)]***(J)** Revocation is the rescinding of an inspection permit for a period of not less than one (1) year;

*[(J)]***(K)** School bus is any motor vehicle used solely to transport students to and from school or to transport students to or from any place for educational purposes.

1. A Type "A" school bus is a van conversion or bus constructed utilizing a cutaway front-section vehicle with a left side driver's door. The entrance door is behind the front wheels. This definition includes two (2) classifications: Type A1, with a Gross Vehicle Weight Rating (GVWR) less than or equal to ten thousand pounds (10,000 lbs.); and Type A2, with a GVWR of greater than ten thousand pounds (10,000 lbs.).

2. A Type "B" school bus is constructed utilizing a stripped chassis. The entrance door is behind the front wheels. This definition includes two (2) classifications: Type B1, with a GVWR less than or equal to ten thousand pounds (10,000 lbs.); and Type B2, with a GVWR greater than ten thousand pounds (10,000 lbs.).

3. A Type "C" school bus is constructed utilizing a chassis with a hood and fender assembly. The entrance door is behind the front wheels.

4. A Type "D" school bus is constructed utilizing a stripped chassis. The entrance door is ahead of the front wheels;

*[(K)]***(L)** Sticker is a gummed label or decalcomania that is attached to the windshield of a motor vehicle when the vehicle meets the inspection requirements;

*[(L)]***(M)** Suspension is the temporary removal of an inspection permit for a period of less than one (1) year, but not less than thirty (30) days;

*[(M)]***(N)** Trailer is any vehicle without motor power designed for carrying property or passengers on its own structure and for being drawn by self-propelled vehicles, except those running exclusively on tracks, including a semitrailer or vehicle of the trailer type designed and used in conjunction with a self-propelled vehicle that a considerable part of its own weight rests upon and is carried by the towing vehicle;

*[(N)]***(O)** Truck-tractor is any self-propelled motor vehicle designed and used primarily for drawing other vehicles and not constructed to carry a load other than a part of the weight of the vehicle and load being drawn; and

*[(O)]***(P)** Vehicle owner is any person, firm, corporation, or association who holds the legal title to a vehicle, or in the event a vehicle is the subject of an agreement for the conditional sale or lease thereof with the right of purchase upon performance of the conditions stated in the agreement and with an immediate right of possession vested in the conditional vendee or lessee, or in the event a mortgagor of a vehicle is entitled to possession, then such conditional vendee or lessee or mortgagor shall be deemed the owner for the purpose of this chapter. The term "vehicle owner" also shall include any person renting or leasing a vehicle and having exclusive use of the vehicle for a period longer than thirty (30) days, the holder of a lessee title or the agent or personal representative of an owner as defined in this rule.

*AUTHORITY: section 307.360, RSMo [2000] **2016**. Original rule filed Nov. 4, 1968, effective Nov. 14, 1968. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Oct. 19, 2017, effective Oct. 29, 2017, expires April 26, 2018. Amended: Filed Oct. 19, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Public Safety, Missouri State Highway Patrol, PO Box 568, Jefferson City, MO 65102-0568. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****.*

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 41—General Tax Provisions

PROPOSED AMENDMENT

12 CSR 10-41.010 Annual Adjusted Rate of Interest. The Director of Revenue proposes to amend section (1) to reflect the interest to be charged on unpaid, delinquent taxes.

PURPOSE: This proposed amendment establishes the annual adjusted rate of interest to be implemented and applied on taxes remaining unpaid during calendar year 2018.

(1) Pursuant to section 32.065, RSMo, the *[d]***D**irector of *[r]***R**evenue upon official notice of the average predominant prime rate quoted by commercial banks to large businesses, as determined and reported by the Board of Governor's of the Federal Reserve System in the Federal Reserve Statistical Release H.15(519) for the month of September of each year has set by administrative order the annual adjusted rate of interest to be paid on unpaid amounts of taxes during the succeeding calendar year as follows:

Calendar Year	Rate of Interest on Unpaid Amounts of Taxes
1995	12%
1996	9%
1997	8%
1998	9%
1999	8%
2000	8%
2001	10%
2002	6%
2003	5%
2004	4%
2005	5%
2006	7%
2007	8%
2008	8%
2009	5%
2010	3%
2011	3%
2012	3%
2013	3%
2014	3%
2015	3%
2016	3%
2017	4%
2018	**4%**

AUTHORITY: section 32.065, RSMo 2016. Emergency rule filed Oct. 13, 1982, effective Oct. 23, 1982, expired Feb. 19, 1983. Original rule filed Nov. 5, 1982, effective Feb. 11, 1983. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Oct. 20, 2017, effective Jan. 1, 2018, expires June 29, 2018. Amended: Filed Oct. 20, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate. This proposed amendment will result in no change to the interest rate charged on delinquent taxes from that of 2017.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate. This proposed amendment will result in no change in the interest rate charged on delinquent taxes from that of 2017. The actual number of affected taxpayers is unknown. See detailed fiscal note for further explanation.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Revenue, Legal Services Division, PO Box 475, Jefferson City, MO 65105-0475. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

FISCAL NOTE
PUBLIC COST

I. RULE NUMBER

Rule Number and Name:	12 CSR 10-41.010 Annual Adjusted Rate of Interest
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Counties	The 2018 interest rate imposed on delinquent taxes will be the same as the rate imposed in 2017; the aggregate impact on public entities remains less than $500.
Cities	
Special Taxing Districts	

III. WORKSHEET

The proposed amendment establishes the rate of interest for 2018 at four percent (4%), remaining the same as the rate in 2017.

The future amount of past due taxes is unknown. With the 2018 interest rate imposed upon delinquent taxes remaining the same as that imposed in 2017, public entities realize no additional fiscal impact.

	Current Rule 4.00%	**Proposed Amendment 4.00%**
Past due tax amount	$100.00	$100.00
Interest Amount (%)	x 4.00	x 4.00
Total Amount Due	**$104.00**	**$104.00**

IV. ASSUMPTIONS

Pursuant to Section 32.065, RSMo, the Director of Revenue is mandated to establish an annual adjusted rate of interest based upon the adjusted prime rate charged by banks during September of that year as set by the Board of Governors of the Federal Reserve rounded to the nearest full percentage. The actual bank prime loan rate noted by the Federal Reserve in 2017 was 4.25 percent. Rounded to the nearest whole percentage results in a four percent (4%) interest rate.

FISCAL NOTE
PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	12 CSR 10-41.010 Annual Adjusted Rate of Interest
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
Any taxpayer with delinquent tax.	Any taxpayer with delinquent tax.	The 2018 interest rate imposed on delinquent taxes remains the same as that imposed in 2017. The aggregate impact on private entities remains less than $500.

III. WORKSHEET

The proposed amendment establishes the rate of interest for 2018 at four percent 4%, the same as the rate in 2017.

The future amount of past due taxes is unknown. Because the 2018 interest rate imposed on delinquent taxes remains at the same rate as that imposed in 2017, the interest rate remains the same on each $100 of delinquent taxes to private entities.

	Current Rule 4.00%	**Proposed Amendment 4.00%**
Past due tax amount	$100.00	$100.00
Interest Amount (%)	x 4.00	x 4.00
Total Amount Due	**$104.00**	**$104.00**

IV. ASSUMPTIONS

Pursuant to Section 32.065, RSMo, the director of revenue is mandated to establish an annual adjusted rate of interest based upon the adjusted prime rate charged by banks during September of that year as set by the Board of Governors of the Federal Reserve rounded to the nearest full percentage. The actual bank prime loan rate noted by the Federal Reserve in 2017 was 4.25 percent. Rounded to the nearest whole percentage results in a four percent (4%) interest rate.

Title 14—DEPARTMENT OF CORRECTIONS
Division 80—State Board of Probation and Parole
Chapter 3—Conditions of Probation and Parole

PROPOSED AMENDMENT

14 CSR 80-3.020 Conditions of Lifetime Supervision. The board is amending the purpose and sections (1) and (2) and deleting section (3).

PURPOSE: This proposed amendment updates language to reflect the statutory GPS monitoring requirements for lifetime supervision.

*PURPOSE: This rule sets forth conditions of [supervision] **monitoring** for those placed on lifetime supervision after their terms for a probation, parole, conditional release, or prison sentence have been completed.*

(1) The first condition reads, *[*"LAWS: I will obey all the federal and state laws, municipal and county ordinances. I will report all arrests to my lifetime supervision officer as soon as possible."*]* **"RESIDENCE: I will maintain a residence that allows for effective Global Positioning Satellite Monitoring."**

(2) The second condition reads, "GLOBAL POSITIONING SATELLITE MONITORING (GPS): I will ensure that I wear the required GPS device at all times*[,]* **and** keep it in a charged and functioning condition*[, and maintain a residence that allows for effective GPS supervision]*."

[(3) The third condition reads, "INTERVENTION FEE: I shall pay a monthly intervention fee in an amount set by Missouri Department of Corrections pursuant to section 217.690, RSMo. This payment shall be due and payable on the first day of the first month following placement on lifetime supervision."]

*AUTHORITY: [section 217.755, RSMo 2000,] sections 217.735, [RSMo Supp. 2013,] **217.755,** and [section] 559.106, RSMo [Supp. 2014] **2016**. Original rule filed Oct. 19, 2011, effective May 30, 2012. Amended: Filed Jan. 25, 2016, effective July 30, 2016. Amended: Filed Oct. 24, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Corrections, State Board of Probation and Parole, Kenny Jones, Chairman, 3400 Knipp Drive, Jefferson City, MO. 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

PROPOSED AMENDMENT

19 CSR 10-15.010 Report of Induced Termination of Pregnancy. The department is amending section (1) and the purpose statement and adding a new section (2).

PURPOSE: This amendment updates the regulation to reflect the content of the induced termination of pregnancy report form that is currently being used, states the timeframe for filing the report, and provides the address to which the report shall be sent.

*PURPOSE: [The Department of Health u]**U**nder section[s 188.052 and] 188.055, RSMo [1986], **the Department of Health and Senior Services** is [given the responsibility to provide] **responsible for providing** abortion forms to [health] **abortion** facilities**, hospitals,** and physicians. This rule establishes the content of the report of induced termination of pregnancy to be filed with the [D]**d**epartment [of Health] for statistical purposes.*

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The report of induced termination of pregnancy will include the following items: name of abortion facility or hospital; the city, town or location of the abortion facility or hospital; county where the abortion facility or hospital is located; patient identification number; age of patient; marital status of patient; date of pregnancy termination; residence of patient (state, county, city or town, inside city limits (yes or no) and zip code); patient's race; **patient's ethnicity;** patient's education; previous pregnancy history; number of live births now living; number of live births now dead; number of spontaneous terminations and number of induced terminations; type of termination procedures used; *[complications of pregnancy termination;]* date last normal menses began; *[physician's]* **clinical** estimate of gestation; **method of estimating gestational age; biparietal diameter measurement (if gestation age greater than or equal to eighteen (18) weeks by date of last normal menses or clinical estimate; name and** signature of attending physician; physician's Missouri license number; *[and]* name of person completing report*[.]***; fetus viable (yes or no); name and signature of concurring physician, if the fetus is viable; and license number of concurring physician. The information shall be reported on the Report of Induced Termination of Pregnancy which is incorporated by reference in this rule as published October 2017 and may be obtained at www.health.mo.gov or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions.**

(2) The abortion report shall be signed by the attending physician and submitted to the Department of Health and Senior Services, Bureau of Vital Records, PO Box 570, Jefferson City, MO 65102-0570, within forty-five (45) days of the abortion.

*AUTHORITY: sections 188.052, 188.055, [191.420] and [192.020] **192.006**, RSMo [1986] **2016**. This rule was previously filed as 13 CSR 50-151.010 and 19 CSR 30-15.010. Original rule filed Sept. 30, 1980, effective Jan. 12, 1981. Changed to 19 CSR 10-15.010 July 30, 1998. Amended: Filed Oct. 24, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in

support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

PROPOSED AMENDMENT

19 CSR 10-15.020 Complication Report for Post-Abortion Care. The department is amending section (1) and the purpose statement and adding a new section (2).

PURPOSE: This amendment updates the regulation to reflect the content of the complication report currently being used, states the timeframe for filing the report, and provides the address to which the report shall be sent.

*PURPOSE: [The Department of Health u]**U**nder section[s 188.052 and] 188.055, RSMo [1986],* ***the Department of Health and Senior Services*** *is [given the responsibility to provide]* ***responsible for providing*** *abortion forms to [health]* ***abortion*** *facilities,* ***hospitals,*** *and physicians. This rule establishes the content of the complication report for* ***any*** *post-abortion care to be filed with the [D]**d**epartment [of Health] for statistical purposes.*

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The complication report for post-abortion care shall contain the following items on a form provided by the *[D]***d**epartment *[of Health]*: patient identification number; patient's date of birth; residence of patient state, county, city; date of abortion; name and address of abortion facility or hospital; **type of abortion performed;** name and address of facility reporting complication; was patient previously seen at another facility for post-abortion care (yes or no); **if yes,** name and address of other facility that treated patient; complications **(check all that apply: incomplete abortion, hemorrhage, endometritis, parametritis, pyrexia, abscess-pelvic, uterine perforation, failed abortion-pregnancy undisturbed, retained products, cervical lacerations, psychiatric, other-describe)**; result of complication[s] **(check all that apply: hysterectomy, death of woman, transfusion, other-describe); was patient hospitalized (yes or no); if yes, name and address of hospital; name and** signature of physician providing post-abortion care; and date of **this** post-abortion care. **The information shall be reported on the Complication Report for Post-Abortion Care which is incorporated by reference in this rule as published October 2017 and may be obtained at www.health.mo.gov or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions.**

(2) The physician providing post-abortion care shall submit the Complication Report for Post-Abortion Care to the Department of Health and Senior Services, Bureau of Vital Records, PO Box 570, Jefferson City, MO 65102-0570, within forty-five (45) days from the date of post-abortion care.

AUTHORITY: sections 188.052, 188.055, [191.420] and [192.020] ***192.006****, RSMo [1986]* ***2016****. This rule was previously filed as 13 CSR 50-151.020 and 19 CSR 30-15.020. Original rule filed Sept. 30, 1980, effective Jan. 12, 1981. Changed to 19 CSR 10-15.020 July 30, 1998. Amended: Filed Oct. 24, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

PROPOSED AMENDMENT

19 CSR 10-15.030 Content and Filing of Tissue Report. The department is amending sections (1) and (2), amending the purpose statement, and adding new section (3).

PURPOSE: This amendment updates the regulation to reflect the required content of the tissue report and provides the address to which the report shall be sent.

*PURPOSE: [The Department of Health u]**U**nder section[s 188.047 and] 188.055, RSMo [1986],* ***the Department of Health and Senior Services*** *is given the responsibility to provide forms relating to abortion to [health]* ***abortion*** *facilities,* ***hospitals,*** *and physicians. This rule establishes the content of the tissue report and filing requirements for tissue reports.*

(1) The *[D]***d**epartment *[of Health]* will accept local pathologists' report forms for compliance with section 188.047, RSMo *[1986]***,** if the reports contain the following: patient identification number**, identical in labeling and format to the patient identification number** assigned by the facility where the abortion took place**, and reported on the report of induced termination of pregnancy**; date of the procedure; name and address of the abortion facility or hospital where the procedure was performed; name and address of the pathologist who examined the tissue. All reports shall contain the findings of a gross **and histopathological** examination. *[If fetal parts or placenta are not identified, then an accompanying microscopic tissue report must also be filed with the Department of Health.]* **One (1) or more sections shall be examined histopathologically. The section(s) shall be determined by the pathologist based upon his or her assessment.**

(2) The pathologist shall file the tissue report with the Department of Health **and Senior Services, Bureau of Vital Records, PO Box 570, Jefferson City, MO 65102-0570,** within thirty (30) days after the examination of the tissue.

(3) The physician who performed or induced the abortion shall provide the results of the gross and histopathological examination to the patient if the results contain information affecting her

health or having a bearing on future pregnancies.

*AUTHORITY: section[s] 188.047, [188.050, 191.420 and 192.020,] RSMo [1986] **Supp. 2017, and section 192.006, RSMo 2016**. This rule was previously filed as 13 CSR 50-151.030 and 19 CSR 30-15.030. Original rule filed Sept. 30, 1980, effective Jan. 12, 1981. Changed to 19 CSR 10-15.030 July 30, 1998. Amended: Filed Oct. 24, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

PROPOSED RESCISSION

19 CSR 10-15.040 Induced Termination of Pregnancy Consent Form. This rule established the content of the model form that the department is required to disseminate for use by physicians and qualified professionals in evidencing a patient's informed consent to an abortion.

PURPOSE: This rule is being rescinded because the required content of the model form is contained in the informed consent checklist disseminated by the department. The checklist is available on the department's website at http://health.mo.gov/living/families/womenshealth/pregnancyassistance/forms.php.

AUTHORITY: section 188.039, RSMo 1986 and Planned Parenthood Association of Kansas City v. Ashcroft, 483 F. Supp. 679 (W.D. Mo. 1980). This rule was previously filed as 13 CSR 50-151.040 and 19 CSR 30-15.040. Original rule filed Feb. 13, 1981, effective June 11, 1981. Changed to 19 CSR 10-15.040 July 30, 1998. Rescinded: Filed Oct. 24, 2017.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

PROPOSED RULE

19 CSR 10-15.050 Complication Plans for Certain Drug- and Chemically-Induced Abortions by Physicians via Hospitals

PURPOSE: This rule establishes the standards governing complication plans required by section 188.021, RSMo, for abortions induced by physicians via hospitals. This rule also explains the process for submitting such complication plans to the Department of Health and Senior Services for approval.

(1) For purposes of this rule, the following terms mean:

(A) Abortion—The act of using or prescribing any instrument, device, drug, or any other means or substance resulting in the intentional destruction of an embryo or fetus in a woman's uterus or the intentional termination of a pregnancy of a woman with intent other than to increase the probability of a live birth or to remove a dead or dying embryo or fetus;

(B) Hospital—As such term is defined in section 197.020, RSMo;

(C) Complication—Includes, but is not limited to, incomplete abortion, excessive hemorrhage, endometritis, parametritis, pyrexia, pelvic abscess, uterine perforation, failed abortion, retained products, cervical lacerations, or psychiatric issues;

(D) Department—The Missouri Department of Health and Senior Services;

(E) Drug—A drug or chemical used to induce an abortion for which the federal Food and Drug Administration (FDA) label includes any clinical study in which more than one percent (1%) of those administered the drug required surgical intervention after its administration;

(F) OB/GYN—

1. A physician who is board-certified or board-eligible by the American Osteopathic Board of Obstetrics and Gynecology, or who is in a residency approved by that board; or

2. A physician who is board-certified by the American Board of Obstetrics and Gynecology (ABOG); or who is an ABOG Registered Residency Graduate or an ABOG Active Candidate; or who is in an ABOG-approved residency;

(G) Physician—A person licensed to practice medicine pursuant to Chapter 334, RSMo.

(2) Complication plans for certain drug- and chemically-induced abortions.

(A) A physician shall not prescribe or administer a drug without first obtaining written approval from the department of a complication plan applicable to the physician's prescription or administration of the drug.

(B) A physician may obtain approval of a complication plan applicable to the physician prescribing or administering drugs via a hospital. In the alternative, a hospital may obtain approval of a complication plan applicable to a physician prescribing or administering drugs via the hospital.

(C) Each hospital shall take reasonable measures to ensure that no physician prescribes or administers drugs via the hospital in the absence of a complication plan as required by these rules. Each hospital shall also take reasonable measures to ensure that physicians prescribing or administering drugs via the hospital comply with this rule.

(D) To ensure the safety of all patients, a primary objective of complication plans shall be to recognize the importance of the physician-patient relationship by providing for continuity of care and ensuring communication among the physician who induced the abortion and all subsequent health care providers involved in treating the

patient's complication.

(E) Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered by the physician via the hospital. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written agreement between the hospital and an OB/GYN or group of OB/GYNs to treat complications.

(F) If the physician who will prescribe or administer drugs is an OB/GYN, that physician's complication plan may provide that the physician treats complications, but the physician and/or the hospital must have a written agreement with an OB/GYN or group of OB/GYNs to ensure the required twenty-four hours a day, seven days a week (24/7) coverage when the physician is unavailable to treat complications.

(G) Every complication plan shall provide that the OB/GYN with whom there is a written agreement or member of the group of OB/GYNs with which there is a written agreement, or the physician who prescribes or administers drugs if he or she is an OB/GYN, shall:

1. Personally treat all complications, including those requiring surgical intervention, except in any case where doing so would not be in accordance with the standard of care, or in any case where it would be in the patient's best interest for a different physician to treat her; and

2. Assess each patient suffering a complication individually, and shall not, as a matter of course, refer all patients to the emergency room or other facilities or physicians unless the patient is experiencing an immediately life-threatening complication.

3. This regulation does not prohibit screening or triage of patients by a nurse or physician to determine whether or when it is necessary to contact the OB/GYN.

(H) Every complication plan shall provide that, in any case where it would not be in accordance with the standard of care or would not be in the patient's best interest for the OB/GYN to personally treat the complication (e.g., surgery in a hospital is required, and it is not in the patient's best interest to travel to a hospital where the OB/GYN has privileges), the OB/GYN shall arrange for hand-off of the patient to an appropriately-qualified physician and shall fully brief such physician regarding the patient at the time of hand-off.

(I) Every complication plan shall require that the OB/GYN treating a patient's complication shall prepare a complication report as required by section 188.052, RSMo and ensure that it is submitted to the department as well as placed in the patient's medical record at the physician's office or hospital.

(J) The physician shall ensure that before discharge, every patient who receives a drug also receives the phone number, in writing, for the OB/GYN or group of OB/GYNs providing complication coverage.

(K) The physician or hospital shall submit complication plans to the department for approval in writing using the complication plan submission form provided by the department. The form shall require at least the following information:

1. The full name of each physician whose prescription or administration of drugs via the hospital will be covered by the plan;

2. The full name of the OB/GYN who will provide complication coverage, or if a group of OB/GYNs will provide coverage, the full legal name of the group and the full name of each OB/GYN who is part of the group; and

3. A description of how the complication plan meets each requirement in this regulation, including treating complications requiring surgical intervention.

(L) With the completed complication plan forms, the facility shall also submit:

1. Documents establishing that each OB/GYN who will provide complication coverage under the plan is board-eligible or board-certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology; and

2. A copy of the executed written agreement between the physician(s) whose prescription or administration of drugs will be covered by the plan (and/or the hospital) and the OB/GYN or group of OB/GYNs that will provide the complication coverage. The written agreement shall cite this regulation and specify that complication coverage under the written agreement shall be provided in compliance with this regulation.

(M) If any change occurs that prevents full compliance with a complication plan as approved by the department, the physician or hospital shall immediately notify the department in writing, providing details regarding the change. If the change results in the physician being unable to provide twenty-four hours a day, seven days a week (24/7) OB/GYN coverage for complications as required by this regulation, the physician shall ensure that no drugs are prescribed or administered until 1) full compliance with the plan is achieved and the physician or hospital has so notified the department in writing, or 2) a new or revised complication plan has been submitted to and approved by the department in writing.

(N) The physician shall ensure that each complication plan approved by the department and currently in use is on file at the physician's office or hospital. The physician or hospital shall maintain copies of complication plans no longer in use for seven (7) years following the last use. The physician or hospital shall make current and past complication plans available to patients or the department for review upon request.

AUTHORITY: sections 188.021 and 197.225, RSMo Supp. 2017. Emergency rule filed Oct. 24, 2017, effective Nov. 3, 2017, expires May 1, 2018. Original rule filed Oct. 24, 2017.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule is estimated to cost private entities one hundred eighty-two thousand five hundred dollars ($182,500) each per year.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

FISCAL NOTE
PRIVATE COST

I. Department Title: Department of Health and Senior Services
Division Title: Office of the Director
Chapter Title: Abortions

Rule Number and Title:	19 CSR 10-15.050 Complication Plans for Certain Drug- and Chemically-Induced Abortions by Physicians via Hospitals
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
Unknown	**Physicians who induce certain abortions via hospitals**	**$182,500**

III. WORKSHEET

This rule establishes the standards governing complication plans required by section 188.021, RSMo, for abortions induced by physicians via hospitals and explains the process for submitting such complication plans to the Department of Health and Senior Services for approval.

19 CSR 10-15.050(2)(E) - Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week to treat complications related to drugs prescribed or administered by the physician via the hospital. To ensure this required twenty-four hour/seven days per week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a contract between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a contract between the hospital and an OB/GYN or group of OB/GYNs to treat complications..

The average annual cost to contract with an OB/GYN to be on-call and available twenty-four hours a day, seven days a week is $182,500.

IV. ASSUMPTIONS

The DHSS assumes a cost for any hospital that does not employ more than one OB/GYN. While it is the presumption that most hospitals will have more than one OBGYN on staff, the expense is reflective of contracting with an OBGYN for on-call availability twenty-four hours a day, seven days a week for a hospital that employs only one OB/GYN.

The average annual cost to contract with an OB/GYN to be on-call and available twenty-four hours a day, seven days a week was obtained from the following article: https://www.medpagetoday.com/hospitalbasedmedicine/workforce/38790.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 33—Hospital and Ambulatory Surgical Center Data Disclosure

PROPOSED AMENDMENT

19 CSR 10-33.010 Reporting Patient Abstract Data by Hospitals *[and],* **Ambulatory Surgical Centers,** ***and Abortion Facilities***. The department is amending the title of the rule, subsection (2)(B), sections (6), (10), and (14), and the purpose statement.

PURPOSE: This amendment adds abortion facilities to the types of facilities required to report patient abstract data to the department.

PURPOSE: This rule establishes procedures for reporting patient abstract data for inpatients and outpatients by hospitals, [and] ambulatory surgical centers, ***and abortion facilities*** *to the Department of Health and Senior Services and for the management and dissemination of this data.*

(2) Data which meet the completeness, validity, and consistency criteria in subsections (2)(C) and (D) of this rule shall be submitted to the department or to an association or related organization with which the department has a binding agreement to obtain data on a quarterly basis according to the Data Reporting Schedule in Table 1, included herein. Data shall be considered to be submitted when received by the department or the association or related organization prior to the close of business on the scheduled due date. Requests for extensions shall be submitted to the department at least ten (10) working days prior to the due date as listed in Table 1. Extensions to the submittal schedule may be granted for a maximum of thirty (30) calendar days. The facility shall separately request each additional thirty (30) calendar day extension.

Table 1 – Data Reporting Schedule

Quarter	Period of Patient Encounter (Discharge Date)	Date Due
1st	January 1 – March 31	June 1
2nd	April 1 – June 30	September 1
3rd	July 1 – September 30	December 1
4th	October 1 – December 31	March 1 of the following year

(B) The patient abstract data shall include the data elements and conform to the specifications listed in the document entitled "Patient Abstract System File Specifications" dated October *[27, 2014]* **24, 2017**, which is incorporated by reference in this rule and is available at the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 or on the department's website at http://health.mo.gov/data/pdf/paslayout.pdf*[, for all records with a discharge date of October 1, 2015 or later]*. This rule does not incorporate any subsequent amendments or additions. The patient abstract data shall be submitted electronically through the department's online system or by any other mutually agreed upon method. The Department of Health and Senior Services, Bureau of Health Care Analysis and Data Dissemination may be contacted by mail at PO Box 570, Jefferson City, MO 65102-0570 or by telephone at (573) 751-6272.

(6) The department may develop and publish reports pertaining to individual hospitals**,** *[and]* ambulatory surgical centers**, and abortion facilities**. The reports may include information on charges *[and quality of care indicators]*. The reports and the data they contain shall be public information and may be released on electronic media. The department shall make the reports and data available for a reasonable charge based on incurred costs.

(10) The department may release patient abstract data to a public health authority to assist the agency in fulfilling its public health mission. Public health authorities shall follow the same guidelines used by the department when releasing summary reports based on record-level data. Record-level data shall not be rereleased in any form by the public health authority without the prior authorization of the department. Authorization for subsequent release of the data shall be considered only if the proposed release does not identify a patient, physician, or provider. The following data elements permit identification of a patient, physician, or provider, and shall not be rereleased by a public health authority: patient name; patient Social Security number; any datum which applies to fewer than three (3) patients, physicians, or providers; physician number; provider number; and a quantity figure if one (1) hospital**,** *[or]* ambulatory surgical center**, or abortion facility** contributes more than sixty percent (60%) of the amount. However, the department may authorize contact with the patient, physician, or provider based upon the information supplied. The physician and provider that provided care to a patient shall be informed by the public health authority of any proposed contact with a patient.

(14) The coinvestigator shall follow the same guidelines used by the department when releasing summary reports based on record-level data. Record-level data released to the coinvestigator shall not be rereleased in any form by the coinvestigator without the prior authorization of the department. Authorization for subsequent release of record-level data or summary reports shall be considered only if the proposed release does not identify a patient, physician, or provider. The following data elements permit identification of a patient, physician, or provider, and are not to be rereleased by a coinvestigator: patient name; patient Social Security number; any datum which applies to fewer than three (3) patients, physicians, or providers; physician number; provider number; and a quantity figure if one (1) hospital**,** *[or]* ambulatory surgical center**, or abortion facility** contributes more than sixty percent (60%) of the amount.

AUTHORITY: section 192.667, RSMo Supp. [2013] ***2017****. Emergency rule filed Nov. 4, 1992, effective Nov. 14, 1992, expired March 13, 1993. Emergency rule filed March 4, 1993, effective March 14, 1993, expired July 11, 1993. Original rule filed Nov. 4, 1992, effective June 7, 1993. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Oct. 24, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 33—Hospital and Ambulatory Surgical Center Data Disclosure

PROPOSED AMENDMENT

19 CSR 10-33.050 Reporting of Healthcare-Associated Infection Rates by Hospitals *[and],* **Ambulatory Surgical Centers,** ***and***

Abortion Facilities. The department is amending the title, purpose statement, and sections (1) through (5), (7), and (8), deleting sections (6) and (9), adding new sections (6)–(9), and renumbering thereafter.

PURPOSE: This amendment adds new definitions, procedures, and metrics and changes the annual registration and reporting requirements regarding healthcare associated infections for hospitals, ambulatory surgery centers, and abortion facilities.

PURPOSE: This rule establishes ***requirements and*** *procedures for reporting hospital****, [and]*** *ambulatory surgical center****, and abortion facility*** *healthcare-associated infection incidence data to the Department of Health and Senior Services.*

(1) The following definitions shall be used in the interpretation of this rule:

(A) Ambulatory Surgery Centers (ASCs) and Abortion Facilities (AFs) as defined in section 197.200, RSMo;

*[(A)]***(B)** CDC means the federal Centers for Disease Control and Prevention;

*[(B)]***(C)** *[Central line as defined by the CDC]* **Catheter-associated urinary tract infections (CAUTI) as defined by the National Healthcare Safety Network (NHSN), or its successor**;

*[(C)]***(D)** Central line-associated bloodstream *[(CLAB)]* infection **(CLABSI)** as defined by *[the CDC]* **NHSN, or its successor** means central line-related bloodstream infection as referred to in section 192.667.12(3), RSMo;

*[(D)]***(E)** Department means the Missouri Department of Health and Senior Services;

(F) HAI means Healthcare Associated Infection;

*[(E)]***(G)** *[Healthcare provider means h]***H**ospitals as defined in section 197.020, RSMo, *[and ambulatory surgical centers (ASCs) as defined in section 197.200, RSMo]* **but excluding Critical Access Hospitals and Long Term Acute Care Hospitals, as designated by the Centers for Medicare and Medicaid Services**;

*[(F)]***(H)** Intensive care unit (ICU) means coronary, medical, surgical, medical/surgical, pediatric **intensive care unit (PICU)**, and neonatal intensive care units (NICU) **as defined by NHSN**;

*[(G)]***(I) NHSN means the** National Healthcare Safety Network *[(NHSN) means the CDC nosocomial]***, CDC's widely used healthcare-associated** infection *[surveillance]* **tracking** system;

[(H) Neonatal Intensive Care Unit (NICU) and High Risk Nursery (HRN) are synonymous and mean that the infants in those units are critically ill and receive level III care as defined by the CDC;

(I) Nosocomial infection is defined in section 192.665(6), RSMo and is referred to as healthcare-associated infection (HAI) in this rule;]

(K) The Standardized Infection Ratio (SIR) is a summary measure used to track HAIs over time at a national, state, or facility level. It adjusts for various facility and/or patient-level factors that contribute to HAI risk within each facility;

*[(K)]***(L)** Surgical site infection (SSI) as defined by *[the CDC]* **NHSN, or its successor**; and

[(L) Ventilator-associated pneumonia (VAP) as defined by the CDC.]

(M) Ward means pediatric, medical, surgical, and medical/surgical hospital areas for the evaluation and treatment of patients, as defined by NHSN, or its successor.

(2) All hospitals shall *[submit to the department data]* **confer rights, via NHSN, to the department to access data necessary** to compute HAI *[infection]* incidence *[rates]* **metrics** on the following:

(A) *[CLABs]* **CLABSIs** detected in *[the]* **wards and** ICU*[(]*s*[)] after June 30, 2005]*;

(B) SSIs from designated types of surgeries as set forth in section (4) of this rule*[, performed after December 31, 2005]*; and

(C) *[VAPs in the ICU(s) detected after June 30, 2006]* **CAUTIs detected in wards and ICUs, excluding NICUs**.

(3) All ASCs **and AFs** shall submit to the department **or NHSN, or its successor,** data to compute HAI incidence *[rates]* **metrics** on SSIs from designated types of surgeries as set forth in section (5) of this rule*[, performed after December 31, 2005]*.

(4) Hospitals shall report SSIs *[by risk index]* **and associated denominator data to NHSN, or its successor,** related to a hip prosthesis, to an abdominal hysterectomy, **to a colon surgery,** and to a coronary artery bypass graft with both chest and donor site incisions performed *[after December 31, 2005]*.

(5) ASCs **and AFs** shall report SSIs **and associated denominator data** by risk index related to breast surgery and herniorrhaphy *[performed after December 31, 2005]*.

[(6) In order to be eligible to request a reporting exemption, healthcare providers shall report to the department by March 1, 2005, and every year thereafter the number of central line days and ventilator days in the ICU(s) during the previous calendar year; and the number of surgeries performed as required in sections (4) and (5) during the previous calendar year.

(A) Healthcare providers that had less than fifty (50) central line days in any ICU shall be exempt from reporting CLABs from that ICU for the reporting year starting in July.

(B) Healthcare providers that had less than fifty (50) ventilator days in any ICU shall be exempt from reporting VAPs from that ICU for the reporting year starting in July.

(C) Healthcare providers that had less than twenty (20) surgeries as specified in sections (4) and (5) shall be exempt from reporting the surgery that did not meet the minimum for the reporting year starting in July.

(D) The exemptions shall only apply if the healthcare provider has an infection control program that is in compliance with applicable statutes and regulations of the health facilities regulation unit of the department. The department shall notify the healthcare provider in writing if such provider is exempt from any reporting requirements for the reporting year starting in July.]

(6) All hospitals shall annually complete the NHSN Patient Safety Component- Annual Hospital Survey and confer rights to grant the department access to these survey results.

(7) Any ASC or AF who voluntarily submits HAI data via NHSN shall annually complete the NHSN Patient Safety Component-Annual Facility Survey for ASC and confer rights to grant the department access to these survey results.

(8) Any ASCs or AFs who do not voluntarily submit to NHSN shall complete an annual survey when prompted by the department, providing, at a minimum, the number of surgical procedures as required in section (5).

(9) Based on the survey information reported in section (7), ASCs and AFs that reported performing fewer than twenty (20) surgeries per surgery type, as specified in section (5), shall be exempt from reporting the SSI information regarding the surgery.

*[(7)]***(10)** *[Healthcare providers may]* **Hospitals, ASCs, and AFs who submit HAI data to NHSN or its successor, shall** meet the HAI reporting requirements if *[they submit their data to the CDC NHSN or its successor system and if:]*—

(A) All NHSN mandatory data items are submitted *[to the CDC]*;

[(B) The healthcare provider complies with all NHSN standards and procedures;

(C) The healthcare provider participates in NHSN training provided by the CDC;

(D) The healthcare provider has policies and procedures to ensure that all HAIs as required by this rule are detected and reported. Such policies and procedures shall be consistent with appropriate guidelines of CDC, or the Society for Healthcare Epidemiology of America (SHEA), or the Association for Professionals in Infection Control and Epidemiology (APIC);

(E) The healthcare provider has a process to follow up for SSIs a minimum of thirty (30) days after the procedure was performed, and at a minimum review readmission data to identify potential SSIs. Hospitals shall have a system for reporting identified SSIs to the healthcare provider performing the original surgery;]

*[(F)]***(B)** All data are submitted to the NHSN within sixty (60) days of the end of the **reporting** month; **and**

[(G) The healthcare provider participates in a CDC user group that allows the department access to the data, or a data file is generated by the healthcare provider and submitted to the department; and

(H) The healthcare provider shall maintain records related to the information provided to the department for a minimum of two (2) years.]

(C) All data are submitted to NHSN per NHSN guidelines.

*[(8)]***(11)** If *[a healthcare provider]* **an ASC or AF** chooses to not submit the required data to *[the CDC]* NHSN, the *[healthcare provider]* **ASC or AF** may meet the HAI reporting requirements by submitting to the department numerator and denominator data on **electronic** forms provided by the department, or in a format approved by the department, for each of the infections specified in section*[s (2), (3), (4), and]* (5) and if*[:]—*

(A) *[The healthcare provider complies with all NHSN standards and procedures]* **All mandatory data items are submitted**;

[(B) The healthcare provider participates in NHSN training provided by the CDC;]

*[(C)]***(B)** *[The healthcare provider has p]***P**olicies and procedures **are in place** to ensure that all HAIs as required by this rule are detected and reported. Such policies and procedures shall be consistent with appropriate guidelines of CDC, or the SHEA, or the APIC; **and**

[(D) The healthcare provider has a process to follow up for SSIs a minimum of thirty (30) days after the procedure was performed, and at a minimum review readmission data to identify potential SSIs. Hospitals shall have a system for reporting identified SSIs to the healthcare provider performing the original surgery;]

*[(E)]***(C)** All data are submitted to the department within sixty (60) days of the end of the **reporting** month*[; and]***.**

[(F) The healthcare provider shall maintain records related to the information provided to the department for a minimum of two (2) years.]

[(9) The healthcare provider chief executive officer or designee shall annually certify in writing to the department, on a form provided by the department, that the healthcare provider has met all conditions specified in this rule.]

*AUTHORITY: section 192.667, RSMo Supp. [2004] **2017**. Original rule filed Feb. 1, 2005, effective July 30, 2005. Amended: Filed Oct. 24, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Division of Community and Public Health, Kerri Tesreau, Acting Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers *and Abortion Facilities*

PROPOSED AMENDMENT

19 CSR 30-30.050 Definitions and Procedures for Licensing Abortion Facilities. The department is amending the chapter title, purpose statement, and sections (1) and (2).

PURPOSE: This amendment updates definitions, establishes contents of licensing applications, and incorporates application forms for abortion facility licenses.

*PURPOSE: This rule defines terminology used in 19 CSR 30-30.060 and 19 CSR 30-30.070, and [presents] **establishes the** procedures [to follow in making application for a] **for applying for an abortion facility** license.*

(1) The following definitions shall be used in the interpretation and enforcement of 19 CSR 30-30.060 and 19 CSR 30-30.070:

(A) Abortion—The **act of using or prescribing any instrument, device, drug, or any other means or substance resulting in the** intentional destruction of an embryo or fetus in a woman's uterus or the intentional termination of a pregnancy of a woman with intent other than to increase the probability of a live birth or to remove a dead or dying embryo or fetus;

(B) Abortion facility—*[A facility]* **Any clinic, physician's office, or any other place or facility** in which *[the number of patients having]* abortions *[represents fifty-one percent (51%) or more of the patients treated or seen for any health condition or where fifty-one percent (51%) or more of the revenues of the facility]* are *[from abortions or procedures related to abortions]* **performed or induced other than a hospital**;

(C) Administrator—A person who is designated **by an abortion facility** to provide daily supervision over *[an]* **the** abortion facility **and who is a physician licensed in Missouri, a registered nurse licensed in Missouri, or an individual who has at least one (1) year of administrative experience in health care**;

(D) Complication—Includes, but is not limited to**, incomplete abortion**, **excessive** hemorrhage, *[infection,]* **endometritis, parametritis, pyrexia, pelvic abscess,** uterine perforation, **failed abortion,** cervical lacerations *[and]***,** retained products**, or psychiatric issues**;

(E) Department—The Missouri Department of Health **and Senior Services**;

(F) Discharge summary—A statement completed by a physician or registered nurse *[on]* **regarding** the condition of the patient at the time of discharge;

(H) Gestational age—The length of pregnancy measured from the onset of the last menstrual period**, and except in the case of a medical emergency as defined in section 188.015, RSMo, determined**

by a physician in a manner consistent with accepted obstetrical and neonatal practices and standards after performing or causing to be performed such medical examinations, imaging studies, and tests as a reasonably prudent physician, knowledgeable about the medical facts and conditions of both the woman and the unborn child involved, would consider necessary to perform and consider in making an accurate diagnosis;

(J) Licensed practical nurse **(LPN)**—A person licensed to practice practical nursing *[under the Nursing Practice Act, sections 335.011–335.096]* **pursuant to Chapter 335**, RSMo *[1986]*;

(K) OB/GYN—A physician who is board-certified or board-eligible by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology;

*[(K)]***(L)** Person—Any individual, firm, partnership, corporation *[or]***,** association**, or other business entity**;

*[(L)]***(M)** Physician—Any person licensed to practice medicine pursuant to Chapter 334, RSMo *[1986]*;

*[(M)]***(N)** Registered **professional** nurse—An individual who is a graduate of an approved school of nursing and who is licensed to practice professional nursing under *[the Missouri Nursing Practice Act, sections 335.011–335.096]* **Chapter 335**, RSMo *[1986]*; and

*[(N)]***(O)** Surgical technologist—An individual who is certified by the *[Association]* **National Board** of Surgical *[Technologists, Inc.]* **Technology and Surgical Assisting.**

(2) Procedures for Licensing Abortion Facilities.

(A) *[In]* **No abortion shall be performed or induced in** any **place or** facility *[other than licensed ambulatory surgical facilities and hospitals where abortions may be performed]* **including a clinic or physician's office**, **without a** license *[to establish and operate an abortion facility shall be required in the absence of evidence to support that the facility is not operating in accordance with the definition established in subsection (1)(B)]* **issued by the department, except that abortions may be performed or induced in hospitals without a separate abortion facility license issued by the departmen**t. *[The evidence required must include, but need not be limited to, statistical records of individuals treated and financial reports including revenue from abortions and procedures related to abortions and total revenues.]*

(B) Application for *[the licensing of]* an abortion facility **license** shall be made in writing to the *[D]***d**epartment *[of Health]* on forms provided by the *[D]***d**epartment *[of Health. Each application for a license shall be accompanied by an annual license fee of two hundred dollars ($200).*

[(C) The application shall be made] by the person*[(s) or corporation operating]* **who will operate** the facility. **The forms shall require at least the following information: date of application; name of facility to appear on license; street address, city, county, zip code, telephone number, and email address of facility; facility website address, if any; name of person who will operate facility; organizational chart showing ownership and control of facility; name of chief officer of governing body of facility; name and qualifications of administrator; name and qualifications of OB/GYN consultant; types of abortions that will be performed at the facility (i.e., surgical and/or drug- or chemically-induced); estimated number of each type of abortion that will be performed and/or induced annually at facility; number of facility staff; number of physicians on staff; number of physicians routinely performing or inducing abortions at facility; number of anesthesiologists or CRNAs on staff, if any; usual days and hours of facility operation; usual days and times that abortions are induced or performed at facility; number of procedure rooms; and notarized certification by chief officer of governing body and administrator that application is accurate and facility will follow all applicable laws and regulations.**

(C) Each application for an abortion facility license shall be sent to the Missouri Department of Health and Senior Services, Bureau of Ambulatory Care, PO Box 570, Jefferson City, MO 65102, and shall be accompanied by an annual fee of two hundred dollars ($200).

(D) Each license, unless sooner suspended or revoked, shall be issued for a period of one (1) year.

(E) Each license shall be issued only for the persons and premises named in the application.

*[(D)]***(F)** The *[licensee]* **facility** shall notify the *[D]***d**epartment *[of Health]* in writing *[of any change in the]* **if the operator of the facility,** name of the facility**,** or *[change in the name of the administrator]* **premises of the facility changes**. **The facility shall provide the notification at least thirty (30) days before the change.**

*[(E)]***(G)** Separate licenses are required for **abortion** facilities maintained on separate sites even *[though]* **if** operated by the same *[owner]* **person**.

*[(F)]***(H)** The **abortion facility** license shall be conspicuously posted in a public area in the facility.

*[(G)]***(I)** *[A]* **No** license shall *[not]* be issued **or renewed** by the *[D]***d**epartment *[of Health]* until *[a]* **the department has inspected the** facility **and determined that it** is in compliance with all requirements of *[19 CSR 30-30.060 and 19 CSR 30-30.070]* **applicable regulations and statutes**.

AUTHORITY: section[s 197.200–197.240] ***197.225****, RSMo [1986]* ***Supp. 2017****. Original rule filed July 15, 1987, effective Oct. 25, 1987. Amended: Filed Oct. 24, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers *and Abortion Facilities*

PROPOSED AMENDMENT

19 CSR 30-30.060 *[Organization and Management for Abortion Facilities]* ***Standards for the Operation of Abortion Facilities***. The department is amending the chapter title, title of the rule, the purpose statement, and sections (1), (4), and (5), adding new sections (2), (4), (6), and (8), and renumbering throughout.

PURPOSE: This amendment removes or updates outdated references, reorganizes the contents of the rule, clarifies existing requirements, adds references to new and existing statutory requirements, and amends some standards applicable to the operation of abortion facilities.

PURPOSE: [Section 197.205, RSMo 1986 authorizes the Department of Health to establish] ***This regulation establishes*** *standards for the operation of abortion facilities [in order] to [provide acceptable]* ***ensure safe, quality*** *care in [a safe environment]*

accordance with legal requirements. *[Abortion facilities are considered ambulatory surgical centers as defined by section 197.200(1), RSMo 1986 and are subject to licensure as required by section 197.205, RSMo 1986.]*

(1) Governing Body, Administration and Medical Staff.

(A) The facility shall have a governing body which may be an individual owner*[(s)]* **or owners**, partnership, corporate body, association**,** or public agency.

1. The governing body shall have full legal responsibility for determining, implementing**,** and monitoring policies governing a facility's total operation and for ensuring that *[these]* **the** policies are administered in a manner to provide acceptable care in a safe environment **and in accordance with all legal requirements and standards of care**.

2. The governing body shall select and employ an administrator who is a physician licensed in Missouri, a registered nurse licensed in Missouri**,** or an individual who has at least one (1) year of administrative experience in health care.

3. If there is any change in the designation of the administrator, the governing body shall notify the department within ten (10) calendar days of the change.

*[3.]***4.** *[Bylaws of t]***T**he governing body shall *[require]* **ensure** that**,** *[an individual who complies with paragraph (1)(A)2. of this rule shall be in charge]* in the absence of the administrator **from the facility, a person who meets the qualifications of an administrator as defined in this regulation shall be present at the facility and fulfill the administrator's duties**.

[4. The department shall be notified in writing of any change in the designation of the administrator of the facility.]

5. *[Governing]* **Bylaws of the governing** body *[bylaws]* shall acknowledge that *[duly appointed ambulatory surgical center]* **department** surveyors *[of the department]* shall be allowed to inspect the facility at any time the facility is in operation *[consistent with]***. Surveyors shall have** due regard for the medical condition and **reasonable** privacy of the on-site patients.

6. Bylaws of the governing body shall require that the medical staff, facility personnel and all *[auxiliary organizations]* **others providing services relative to the facility** shall be directly or indirectly responsible to the governing body through the administrator.

7. The governing body, through the administrator, shall establish criteria for the content of patient*[s']* records and shall provide for timely completion of those records and disciplinary action for noncompliance.

8. The governing body**, through the administrator,** shall ensure that the abortion facility abides by all applicable state and federal laws **and regulations**. **This shall include, but not be limited to, compliance with Chapter 188, RSMo.**

9. The governing body, through the administrator, shall be responsible for developing, implementing, and enforcing a policy to ensure protection of facility employees, physicians, and volunteers from retaliation or adverse employer actions by the facility for disclosing information regarding alleged infection control concerns; alleged facility mismanagement or fraudulent activity; or alleged violations of state of federal law or regulations regarding patient care, patient safety, or facility safety.

(B) An administrator shall organize the administrative functions of the facility *[and establish a system of authorization, record procedures and internal controls]*.

1. The administrator shall be responsible for establishing effective security measures to protect patients, employees**,** and visitors.

2. The reporting of suspected incidences of child abuse shall be made to the *[Division of Family Services as established under]* **Department of Social Services as required by** section 210.115.1, RSMo *[1986]*.

3. The administrator shall be responsible for **developing** a written plan for evacuation of patients and personnel in the event of fire, explosion**, active shooter,** or other *[internal]* disaster. The plan shall be kept current and all personnel shall be knowledgeable of the plan. **Disaster drills with participation of all staff shall be conducted and documented at least annually.**

4. *[All]* **The administrator shall be responsible for reporting all** fires, explosions *[or other]***, and disasters affecting the abortion facility and** physical actions taken against the facility *[shall be reported]* to the department **within twenty-four (24) hours**.

5. The administrator shall be responsible for *[the development and enforcement of]* **establishing, posting, and enforcing** written policies *[which prohibit]* **prohibiting** smoking throughout the *[abortion]* facility *[except specific designated areas where smoking may be permitted. Each such designated area shall have one hundred percent (100%) of the air supplied to the room exhausted]*.

[6. Written smoking control policies shall be posted throughout the abortion facility.

7. Smoking shall be prohibited in any room or compartment where flammable liquids, combustible gases or oxygen are used or stored and in any other hazardous location. These areas shall be posted with NO SMOKING signs.]

*[8.]***6.** The *[facility shall establish a program for identifying and preventing infections]* **administrator shall be responsible for establishing, implementing, enforcing, and maintaining comprehensive programs for identifying and preventing infections as further detailed in this regulation** and for maintaining a safe environment. *[Infectious and pathological wastes shall be segregated from other wastes at the point of generation and shall be placed in distinctive, clearly marked, leak-proof containers or plastic bags appropriate for the characteristics of the infectious wastes. Containers for infectious waste shall be identified with the universal biological hazard symbol. All packaging shall maintain its integrity during storage and transport.]*

[9. All reportable infectious or communicable diseases identified shall be reported to the Department of Health.

10. The facility shall have policies and procedures for the handling, processing, storing and transporting of clean and dirty laundry. The facility may provide laundry services at the facility or utilize contract services.]

*[11.]***7.** The administrator shall develop written personnel policies which contain at least the following:

A. Provisions for orientation of all personnel to the policies and objectives of the facility**;** *[and]*

B. Provisions for participation by all personnel in *[appropriate employee]* training **and orientation periods appropriate to the needs and level of preparation as required by the individual job description**;

*[B.]***C.** Provision for periodic evaluation of **each employee's** *[employees']* performance;

*[C.]***D.** Provisions for written job descriptions, including job qualifications; *[and]*

*[D.]***E.** Provisions for licensed personnel to have current *[Cardiopulmonary]* **cardiopulmonary** (CPR) training so that at least one (1) licensed and trained personnel is *[on-site]* **at the facility** at all times **when** patients are present *[during and following surgery.]* **for abortions; and**

F. Provisions for criminal background checks and department Employee Disqualification List (EDL) checks for every person within the facility who will have contact with patients within the facility, including physicians, staff, and volunteers. These checks shall be completed before allowing the person to have unsupervised contact with patients within the facility. Provisions shall be made for periodic EDL checks thereafter.

[12. The administrator shall be responsible for ensuring that the provisions of Chapter 188, Regulation of Abortions, RSMo 1986 are adhered to.]

*[13.]***8.** *[A]* **The administrator shall be responsible for ensuring**

that a personnel record *[shall be]* **is** maintained *[on]* **regarding** each employee and *[shall]* includes documentation of *[each]* **the** employee's **job description, qualifications,** orientation **period**, health status, **criminal background**, **EDL status, performance assessment, CPR training, if applicable**, education**,** and training*[, as well as]***. Each personnel record for a physician, Registered Nurse (RN), or Licensed Practical Nurse (LPN) shall contain** verification of current *[licenses for physicians, registered nurses (RNs) and licensed practical nurses (LPNs)]* **licensure**.

(C) The medical staff shall develop and, with the approval of the governing body, shall adopt policies governing physician activities in the abortion facility.

1. Medical staff membership shall be limited to physicians.

2. Each physician requesting staff membership shall submit a written application to the administrator of the facility on a form approved by the governing body. Each application shall be accompanied by evidence of education, training, professional qualifications, *[license]* **licensure,** and standards of performance.

3. The governing body, acting upon recommendations of the medical staff, shall approve or disapprove appointments **to the medical staff**. *[Written]* **There shall be written** criteria *[shall be developed]* for **determining** privileges *[extended to each member of the]* **of medical** staff. *[A]* **Medical staff shall use a** formal *[mechanism shall be established for recommending]* **method for making recommendations** to the governing body **regarding** delineation of privileges*[,]***;** curtailment, suspension**,** or revocation of privileges**;** and appointments and reappointments to the medical staff.

4. Physicians performing abortions at the facility shall have staff privileges at a hospital within fifteen (15) minutes' travel time from the facility or the facility shall show proof there is a working arrangement between the facility and a hospital within fifteen (15) minutes' travel time from the facility granting the admittance of patients for emergency treatment whenever necessary.

5. Each **abortion** facility shall arrange for at least one (1) *[physician who is board-certified or board-eligible by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology]* **OB/GYN** to be available either as a staff member or as a consultant for the purpose of providing consultation as needed and *[to advise]* **advising** staff members *[with respect to]* **regarding** maintenance of a satisfactory quality of **patient** treatment.

(2) Direct patient care services.

(A) An abortion shall be performed or induced only by a physician.

(B) Each patient shall be given all the information required by sections 188.027 and 188.039, RSMo, in the formats and timeframes required, by the type of professional required.

(C) The physician who is to perform or induce the abortion shall provide the information required in section 188.027.6, RSMo, orally and in person to the patient at least seventy-two (72) hours before the abortion.

(D) A written medical history shall be obtained for each patient. A health assessment including a pelvic examination shall be performed. Pregnancy shall be confirmed by clinical evidence and laboratory tests. This information shall be used in determining the duration of gestation, identifying preexisting medical or other complications, and detecting any factors which could influence the choice of the procedure, anesthesia, or preoperative and postoperative management. If the physician determines gestation is beyond the first trimester, an ultrasound examination shall be performed and results shall be recorded in the patient's medical record.

(E) Ultrasounds at an abortion facility to confirm gestational age and for other imaging purposes such as ultrasounds per section 188.027(4), RSMo, shall be performed by a physician or a person who holds a current certification by the American Registry for Diagnostic Medical Sonography (ARDMS) with advanced training in obstetric/gynecological imaging, or other certified training deemed acceptable by the department.

(F) Nursing services shall be under the direction of an RN. An RN shall be present in the clinical area whenever there is a patient in the procedure room or recovery room. An RN, LPN or a surgical technician shall be present in the procedure room whenever there is a patient in the procedure room. The surgical technician shall be a surgical technologist or shall provide documentation of adequate training in assisting surgical procedures, including surgical abortions.

(G) At facilities performing surgical procedures, an RN or an LPN shall be present in the recovery room when a patient is in the recovery room.

(H) At facilities performing surgical procedures, a physician shall be on the premises and immediately available for any assistance to a patient in the recovery room following a surgical procedure.

(I) No patient shall be discharged from the facility until she is fully reactive and her vital signs are stable.

(J) Written instructions shall be issued to all patients and shall include at least the following:

1. Symptoms of complications;

2. Activities to be avoided; and

3. Abortion facility phone numbers. Numbers provided shall include the number for the OB/GYN or OB/GYN group providing complication care under a complication plan as required by section 188.021, RSMo, and 19 CSR 30-30.061.

(K) The facility shall ensure that each patient is prepared for the abortion in a manner that facilitates her safety and comfort.

(L) The facility shall assist each patient in deciding what method of birth control she will use, if any, after the procedure, respecting her choices.

(M) Facilities performing surgical procedures shall have an emergency tray equipped to treat seizures, bleedings, anaphylactic shock, respiratory arrest, and cardiac arrest immediately available to the procedure room and recovery room of the facility.

(N) Facilities performing surgical procedures shall have emergency drugs, oxygen, and intravenous fluids in the procedure room to stabilize the patient's condition when necessary. A manual breathing bag, suction machine, and endotracheal equipment shall be located in the clinical area for immediate access.

*[(2)]***(3)** Records **and reports**.

(A) The facility shall maintain a daily *[patient]* roster of all patients receiving abortion services. *[This daily patient]* **The facility shall retain the** roster *[shall be retained]* for *[a period of two (2)]* **seven (7)** years.

(B) The facility shall maintain a medical record according to professional standards for each patient. *[Information required for the individual abortion report required by section 188.052, RSMo 1986 shall be readily retrievable from the medical record.]*

(C) All medical record entries shall be timed, dated, and signed or authenticated by the person making the entry.

*[(C)]***(D)** The medical record shall contain—

1. Documentation with a unique identifying record number*[,]***;** patient identifying information*[,]***;** name of physician*[,]***;** diagnosis*[,]***;** medical history and physical examination record*[,]***;** laboratory reports*[,]***;** *[tissue reports,]* anesthesia*[,]* **administered;** allergies/drug reactions*[,]***;** physician's orders*[,]***;** clinical notes*[,]***;** counseling notes*[,]***;** patient consent form*[,]***;** medication administration records**;** and discharge summary*[. All pharmaceutical agents administered shall be timed, dated and signed by the person making the entry.]***;**

2. Documentation establishing that the patient was given all the information required by sections 188.027 and 188.039, RSMo, in the formats and timeframes required, by the type of

professional required. If any of the informed consent requirements are performed by a referring physician or qualified professional (where authorized by sections 188.027 or 188.039, RSMo) before the patient presented at the abortion facility, the facility shall obtain documentation from the referring physician or qualified professional establishing such performance in compliance with the law, and shall place the documentation in the patient's medical record;

3. Method used to determine gestational age; gestational age; informed consent checklist required by section 188.027.3, RSMo; copy of abortion report required by section 188.052, RSMo, and 19 CSR 10-15.010; for surgical abortions, copy of tissue report required by section 188.047, RSMo, and 19 CSR 10-15.030; where applicable, copy of complication report required by section 188.052, RSMo, and 19 CSR 10-15.020; and

4. For any patient transferred from the facility due to an emergency or complication, the medical record shall include a report detailing the reason for the transfer. The abortion facility shall attempt to obtain the treatment record of the receiving facility and shall place it in the patient's medical record.

*[(D)]***(E) The facility shall retain** *[M]***m**edical records for adults *[shall be retained]* for seven (7) years from the time of discharge *[and medical records]***.** *[f]***F**or minors**, the facility** shall *[be]* retain*[ed]* **medical records** for seven (7) years from the time of discharge or two (2) years past the age the patient reaches majority, whichever is longer. *[All medical records shall be safeguarded]*

(F) The facility shall safeguard medical records against loss and unofficial use.

[(E) Medical records are the property of the abortion facility and shall not be removed from the facility except by court order, subpoena, for the purposes of microfilming or for offsite storage approved by the governing body. Information provided with tissue sent to a laboratory, information provided for statistical purposes and information provided for any other purpose shall contain the unique identifying number, not the patient's name.]

(G) The facility shall ensure that an individual abortion report for each abortion performed or induced via the facility is submitted to the department within forty-five (45) days of the abortion as required by section 188.052, RSMo, and 19 CSR 10-15.010.

(H) The facility shall ensure that an individual complication report for any complication care provided via the facility is submitted to the department within forty-five (45) days of the care as required by section 188.052, RSMo, and 19 CSR 10-15.020.

[(3) Patient care services shall be under the direction of an RN. An RN shall be present in the clinical area whenever there is a patient in the procedure room or recovery room. An LPN or a surgical technician shall be present in the procedure room whenever there is a patient in the procedure room. The surgical technician shall be a certified surgical technologist or shall provide documentation of training in assisting abortion procedures.

(A) An RN or an LPN shall be present in the recovery room when a patient is in the recovery room.

(B) An abortion shall be performed only by a physician.

(C) A medical history shall be obtained and a health assessment including a pelvic examination shall be performed. There must be confirmation of pregnancy by clinical evidence and laboratory tests. The findings shall be used in determining the duration of gestation, identifying preexisting medical or other complications, and detecting any factors which could influence the choice of the procedure, anesthesia or preoperative and postoperative management. If the physician determines gestation is beyond the first trimester, an ultrasound examination shall be performed and results shall be recorded in the patient's chart.

(D) A physician shall be on the premises and immediately available for any assistance to a patient in the recovery room.

(E) A patient shall be fully reactive and her vital signs shall be stable before discharge from the facility.

(F) Written instructions shall be issued to all patients in accordance with the practice of the physician in charge of the abortion facility and shall include the following:

1. Symptoms of noticeable complications;

2. Activities to be avoided; and

3. Abortion facility emergency telephone numbers, available on a twenty-four (24)-hour basis, to be used by the patient should any complication occur or question arise.

(G) Professional and nonprofessional personnel providing patient care in the facility should be given the training and orientation period appropriate to the needs and level of preparation as required by the individual job description.

(H) A person who is trained to provide information on abortion procedures, alternatives, informed consent and family planning services shall be available to each patient to—

1. Assure written informed consent establishing that the patient understands the particular risk associated with the abortion technique to be used;

2. Prepare the patient for surgery in a manner that facilitates her safety and comfort; and

3. Assist the patient in reaching a decision about the method of birth control she will use, if any, after the procedure, respecting her choices.

(I) An emergency tray equipped to treat seizures, bleedings, anaphylactic shock, respiratory arrest and cardiac arrest shall be immediately available to the procedure room and recovery room.

(J) Each abortion facility shall develop a quality assurance program that includes all health and safety aspects of patient care and shall include a review of appropriateness of care. Results of the quality assurance program shall be reviewed at least quarterly by the administrator, director of patient care, a representative of the medical staff and the governing body. The quality assurance program shall include a review of at least the following:

1. Completeness of clinical records;

2. Incidence of morbidity and mortality;

3. Intraoperative and postoperative complications;

4. All cases transferred to a hospital;

5. All cases that resulted in a length of stay of more than twelve (12) hours;

6. Errors in diagnosis;

7. Problems in compliance with state and local laws and regulations; and

8. All cases in which the gestational age was determined to be beyond eighteen (18) weeks.

(K) The quality assurance program must show evidence of action taken as a result of the identification of the problems.

(L) Emergency drugs, oxygen and intravenous fluids shall be available in the procedure room to stabilize the patient's condition when necessary. A manual breathing bag, suction machine and endotracheal equipment shall be located in the clinical area for immediate access.]

(4) Infection Control Program. The facility shall establish a comprehensive program for identifying and preventing infections. The infection control program shall be appropriate for scope and type of abortion procedures performed at the facility.

(A) Infection control standards of the facility must be identified in writing, in compliance with generally-agreed upon national standards such as those of the Centers for Disease Control and Prevention (CDC), Association for Professionals in Infection Control and Epidemiology (APIC), Association of peri-Operative Registered Nurses (AORN), or other standards determined

acceptable by the department.

(B) The facility shall have in place procedures for monitoring and enforcing compliance with infection control standards in accordance with section 197.150, RSMo.

(C) The facility shall report healthcare associated infection rates to the department in accordance with section 192.667, RSMo, and 19 CSR 10-33.050.

(D) In accordance with section 192.667, RSMo, the facility shall, in consultation with medical staff, establish an antimicrobial stewardship program for evaluating the judicious use of antimicrobials, especially antibiotics that are the last line of defense against resistant infections.

(E) Infectious and pathological wastes at the facility shall be segregated from other wastes at the point of generation and shall be placed in distinctive, clearly marked, leak-proof containers, or plastic bags appropriate for the characteristics of the infectious wastes. Containers for infectious waste shall be identified with the universal biological hazard symbol. All packaging shall maintain its integrity during storage and transport.

(F) If kept on-site for more than twelve (12) hours, tissue removed during an abortion shall be refrigerated.

(G) The facility shall ensure that all reportable diseases, disabilities, conditions, and findings regarding facility patients are reported in accordance with 19 CSR 20-20.020.

(H) Upon request, the facility shall provide the department access to data and information related to infection control practices, rates, or treatments of infections as required by section 197.160, RSMo.

(I) The facility shall have policies and procedures for the handling, processing, storing, and transporting of clean and dirty laundry. The facility may provide laundry services at the facility or contract for these services.

*[(4)]***(5) Pathology,** Laboratory**, and Pharmaceutical** Services.

(A) All fetal tissue **from surgical abortions** shall be grossly examined at the time of the procedure by the *[attending]* physician. The results of the tissue examination shall be recorded in the patient's *[chart]* **medical record**.

[(B) In the absence of visible fetal parts or placenta, the tissue may be examined under a low-power microscope for the detection of villi. If this examination is inconclusive, the tissue shall be sent to a pathology laboratory for microscopic evaluation.]

*[(C)]***(B)** *[All tissue obtained from abortions, except tissue submitted to a pathologist for analysis, shall be submerged in a preservative solution and shall be transported in a leakproof container to a facility with a waste sterilizer or an incinerator approved by the Department of Natural Resources. If kept for more than twelve (12) hours, all tissue shall be refrigerated.]* **Facilities performing surgical abortions shall ensure that all requirements of section 188.047, RSMo, and 19 CSR 10-15.030 are met, including timely submission of tissue reports to the department. If the facility does not perform pathology services internally, the facility shall have a written agreement with a pathology laboratory that shall clearly delineate the laboratory's duties under section 188.047, RSMo, and 19 CSR 10-15.030 regarding tissue reports. The facility shall perform periodic checks to ensure that the laboratory is in compliance with the agreement.**

*[(D)]***(C)** The following laboratory procedures shall be performed on every abortion patient: *[hematocrit]* **hemoglobin**; urinalysis, including pregnancy test; and Rh typing.

*[(E)]***(D)** Anti-Rh immune globulin therapy shall be given to all Rh negative patients upon completion of the abortion procedure. If for any reason a patient refuses this therapy, this refusal shall be noted by the physician in the *[clinical]* **patient's** record, and, if possible, documented by the patient's signature on appropriate *[release]* forms *[in order to protect the physician and the facility]*.

(E) The use of drugs in the facility shall be under the direction of a designated individual in accordance with accepted standards of practice and applicable state and federal laws. Drugs must be prepared and administered according to established policies and acceptable standards of practice. The facility shall have procedures regarding procurement, storage, security, records, labeling, preparation, orders, administration, adverse reactions, and disposal or other disposition of drugs.

(F) The facility shall follow all applicable laws and regulations pertaining to controlled substances.

(6) Medical emergencies.

(A) The facility shall develop, implement, and enforce a written protocol for managing medical emergencies including the transfer of any patient requiring further emergency care to a hospital within a reasonable distance from the abortion facility.

(B) The facility shall develop, implement, and enforce a written policy to ensure its compliance with section 574.200, RSMo, regarding the offense of interference with medical assistance.

*[(5)]***(7)** Complaints.

(A) The facility shall develop, implement, and enforce a policy that provides patients with an efficient means of communicating complaints regarding care provided via the facility.

(B) The facility shall document details of each complaint and the facility's response to each complaint. This documentation shall be available to the department for review upon request.

(C) *[Any persons having]* **Anyone with** a complaint pertaining to *[the care of a]* patient *[rendered by]* **care via** an abortion facility *[shall direct]* **may send** the complaint in writing to the Missouri Department of Health*[, Bureau of Hospital Licensing and Certification]* **and Senior Services, Bureau of Ambulatory Care**, P*[.]*O*[.]* Box 570, Jefferson City, MO 65102. The *[person making the complaint]* **complainant** shall *[be contacted by]* **provide his or her contact information with the complaint.** *[t]***T**he *[D]***d**epartment *[of Health]* **shall contact the complainant** within five (5) working days of receipt of the complaint and *[the complaint]* shall *[be investigated by]* **investigate** the *[Department of Health]* **complaint** within twenty (20) working days of receipt of the complaint.

(8) Quality Assessment and Performance Improvement Program.

(A) Each abortion facility shall develop a quality assessment and performance improvement (QAPI) program that includes all health and safety aspects of patient care and shall include a review of appropriateness of care. Results of the QAPI program shall be reviewed at least quarterly by the administrator, director of patient care, a representative of the medical staff, and the governing body.

(B) The facility QAPI program shall include a documented review of at least the following criteria:

1. Completeness of clinical records;

2. Incidence of morbidity and mortality;

3. Complications, including number and percentage of patients affected by the most common types of complications for both surgical and drug- or chemically-induced abortions, as applicable;

4. Specific review of any significant or unusual complications;

5. All cases transferred to a hospital, including a review of assessment and patient risk factors that may have existed before the procedure;

6. All cases that resulted in a length of stay within the facility of more than eight (8) hours;

7. Errors in diagnosis;

8. Problems in compliance with laws and regulations, including violations cited by the department and reports required by Chapter 188, RSMo;

9. All cases in which the gestational age was determined to be beyond eighteen (18) weeks;

10. For drug- or chemically-induced abortions, the number and percentage of patients who failed to return to the facility for follow-up to confirm the completion of the abortion, and common reasons why the patients failed to return (unless termination of pregnancy was otherwise confirmed); and

11. Periodic evaluation and review of all contracted services, including, but not limited to, pathology services.

(C) The QAPI program shall show evidence of action the facility took regarding problems identified and shall identify opportunities for improvement.

*AUTHORITY: section[s 197.200–197.240] **197.225**, RSMo [1986] **Supp. 2017**. Original rule filed July 15, 1987, effective Oct. 25, 1987. Amended: Filed June 14, 1988, effective Oct. 13, 1988. Amended: Filed Oct. 24, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment is estimated to cost five (5) private entities approximately four hundred fifty dollars ($450) each.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

FISCAL NOTE
PRIVATE COST

I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Ambulatory Surgical Centers and Abortion Facilities

Rule Number and Title:	19 CSR 30-30.060 Standards for the Operation of Abortion Facilities
Type of Rulemaking:	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
5	**Abortion facility**	**$2,250.00 (5 x $450.00)**

III. WORKSHEET

This regulation establishes standards for the operation of abortion facilities to ensure safe, quality care in accordance with legal requirements. The regulation is being amended to include training requirements for individuals performing ultrasounds at abortion facilities.

19 CSR 30-30.060(2)(E) - Ultrasounds at an abortion facility to confirm gestational age and for other imaging purposes such as the ultrasound viewing described under section 188.027(4), RSMo shall be performed by a physician or a person who holds a current certification by the American Registry for Diagnostic Medical Sonography (ARDMS) with advanced training in obstetric/gynecological imaging, or other certified training deemed acceptable by the department.

To earn a Registered Diagnostic Medical Sonographer credential with an OB/GYN specialty through ARDMS, an individual must pass the Sonography Principles and Instrumentation examination and the OB/GYN examination within five years. The total cost for the two examinations is $450.00.

This is a one-time cost for an individual to earn this certification. There are no annual renewal costs.

IV. ASSUMPTIONS

DHSS assumes an abortion facility will employee two individuals who hold a current certification by the American Registry for Diagnostic Medical Sonography (ARDMS) with advanced training in obstetric/gynecological imaging to perform ultrasounds as required in lieu of a physician.

The costs for the two examinations were obtained directly from the American Registry for Diagnostic Medical Sonography's website: http://www.ardms.org/get-certified/RDMS/Pages/default.aspx.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers and Abortion Facilities

PROPOSED RULE

19 CSR 30-30.061 Complication Plans for Certain Drug- and Chemically-Induced Abortions Via Abortion Facilities

PURPOSE: This rule establishes the standards governing complication plans required by section 188.021, RSMo, for abortions induced by physicians via abortion facilities. This rule also explains the process for submitting such complication plans to the Department of Health and Senior Services for approval.

(1) For purposes of this rule, the following terms mean:

(A) Abortion—The act of using or prescribing any instrument, device, drug, or any other means or substance resulting in the intentional destruction of an embryo or fetus in a woman's uterus or the intentional termination of a pregnancy of a woman with intent other than to increase the probability of a live birth or to remove a dead or dying embryo or fetus;

(B) Abortion facility—Any clinic, physician's office, or any other place or facility in which abortions are performed or induced other than a hospital;

(C) Complication—Includes, but is not limited to, incomplete abortion, excessive hemorrhage, endometritis, parametritis, pyrexia, pelvic abscess, uterine perforation, failed abortion, retained products, cervical lacerations, or psychiatric issues;

(D) Department—The Missouri Department of Health and Senior Services;

(E) Drug—A drug or chemical used to induce an abortion for which the federal Food and Drug Administration (FDA) label includes any clinical study in which more than one percent (1%) of those administered the drug required surgical intervention after its administration;

(F) OB/GYN—

1. A physician who is board-certified or board-eligible by the American Osteopathic Board of Obstetrics and Gynecology, or who is in a residency approved by that board; or

2. A physician who is board-certified by the American Board of Obstetrics and Gynecology (ABOG); or who is an ABOG Registered Residency Graduate or an ABOG Active Candidate; or who is in an ABOG-approved residency;

(G) Physician—A person licensed to practice medicine pursuant to Chapter 334, RSMo.

(2) Complication plans for certain drug- and chemically-induced abortions.

(A) A physician shall not prescribe or administer a drug without first obtaining written approval from the department of a complication plan applicable to the physician's prescription or administration of the drug.

(B) Each abortion facility shall ensure that no drug is prescribed or administered via its facility until the facility has received written approval from the department of the complication plan of the physician who will prescribe or administer the drug.

(C) To ensure the safety of all patients, a primary objective of complication plans shall be to recognize the importance of the physician-patient relationship by providing for continuity of care and ensuring communication among the physician who induced the abortion and all subsequent health care providers involved in treating the patient's complication.

(D) Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week (24/7) to treat complications related to drugs prescribed or administered via the facility. To ensure this required twenty-four hours a day, seven days a week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a written agreement between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a written agreement between the abortion facility and an OB/GYN or group of OB/GYNs to treat complications.

(E) If the physician who will prescribe or administer drugs is an OB/GYN, that physician's complication plan may provide that the physician treats complications, but the physician and/or the abortion facility must have a written agreement with an OB/GYN or group of OB/GYNs to ensure the required twenty-four hours a day, seven days a week (24/7) coverage when the physician is unavailable to treat complications.

(F) An OB/GYN who is a staff member or consultant to the abortion facility as required in 19 CSR 30-30.060 may have a written agreement to treat complications under a complication plan.

(G) Every complication plan shall provide that the OB/GYN with whom there is a written agreement or member of the group of OB/GYNs with which there is a written agreement, or the physician who prescribes or administers drugs if he or she is an OB/GYN, shall:

1. Personally treat all complications, including those requiring surgical intervention, except in any case where doing so would not be in accordance with the standard of care, or in any case where it would be in the patient's best interest for a different physician to treat her; and

2. Assess each patient suffering a complication individually, and shall not, as a matter of course, refer all patients to the emergency room or other facilities or physicians unless the patient is experiencing an immediately life-threatening complication.

3. This regulation does not prohibit screening or triage of patients by a nurse or physician to determine whether or when it is necessary to contact the OB/GYN.

(H) Every complication plan shall provide that, in any case where it would not be in accordance with the standard of care or would not be in the patient's best interest for the OB/GYN to personally treat the complication (e.g., surgery in a hospital is required, and it is not in the patient's best interest to travel to a hospital where the OB/GYN has privileges), the OB/GYN shall arrange for hand-off of the patient to an appropriately-qualified physician and shall fully brief such physician regarding the patient at the time of hand-off.

(I) Every complication plan shall require that the OB/GYN treating a patient's complication shall prepare a complication report as required by section 188.052, RSMo and ensure that it is submitted to the department as well as placed in the patient's medical record at the abortion facility.

(J) The abortion facility shall ensure that before discharge, every patient who receives a drug via the facility also receives the phone number, in writing, for the OB/GYN or group of OB/GYNs providing complication coverage.

(K) The physician or hospital shall submit complication plans to the department for approval in writing using the complication plan submission form provided by the department. The form shall require at least the following information:

1. The full name of each physician whose prescription or administration of drugs via the facility will be covered by the plan;

2. The full name of the OB/GYN who will provide complication coverage, or if a group of OB/GYNs will provide coverage, the full legal name of the group and the full name of each OB/GYN who is part of the group; and

3. A description of how the complication plan meets each requirement in this regulation, including treating complications requiring surgical intervention.

(L) With the completed complication plan forms, the facility shall also submit:

1. Documents establishing that each OB/GYN who will provide complication coverage under the plan is board-eligible or board-certified by the American Board of Obstetrics and Gynecology or the

American Osteopathic Board of Obstetrics and Gynecology; and

2. A copy of the executed written agreement between the physician(s) whose prescription or administration of drugs via the facility will be covered by the plan (and/or the abortion facility) and the OB/GYN or group of OB/GYNs that will provide the complication coverage. The written agreement shall cite this regulation and specify that complication coverage under the written agreement shall be provided in compliance with this regulation.

(M) If any change occurs that prevents full compliance with a complication plan as approved by the department, the facility shall immediately notify the department in writing, providing details regarding the change. If the change results in the facility being unable to provide twenty-four hours a day, seven days a week (24/7) OB/GYN coverage for complications as required by this regulation, the facility shall ensure that no drugs are prescribed or administered via the facility until 1) full compliance with the plan is achieved and the facility has so notified the department in writing, or 2) a new or revised complication plan has been submitted to and approved by the department in writing.

(N) The facility shall ensure that each complication plan approved by the department and currently in use is on file at the facility. The facility shall maintain copies of complication plans no longer in use for seven (7) years following the last use. The facility shall make current and past complication plans available to patients or the department for review upon request.

AUTHORITY: sections 188.021 and 197.225, RSMo Supp. 2017. Emergency rule filed Oct. 24, 2017, effective Nov. 3, 2017, expires May 1, 2018. Original rule filed Oct. 24, 2017.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule is estimated to cost private entities one hundred eighty-two thousand five hundred dollars ($182,500) each per year.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

FISCAL NOTE
PRIVATE COST

I. Department Title: Department of Health and Senior Services
Division Title: Division of Regulation and Licensure
Chapter Title: Ambulatory Surgical Centers and Abortion Facilities

Rule Number and Title:	19 CSR 30-30.061 Complication Plans for Certain Drug- and Chemically-Induced Abortions Via Abortion Facilities
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
Five	**Abortion facility**	**$182,500 per facility**

III. WORKSHEET

This rule establishes the standards governing complication plans required by section 188.021, RSMo, and explains the process for submitting such plans to the Department of Health and Senior Services for approval.

19 CSR 30-30.061(2)(D) - Every complication plan shall provide that an OB/GYN is on-call and available twenty-four hours a day, seven days a week to treat complications related to drugs prescribed or administered via the facility. To ensure this required twenty-four hour/seven days per week (24/7) coverage, the complication plan for each physician who will prescribe or administer drugs shall include a contract between the physician and an OB/GYN or group of OB/GYNs to treat complications, or in the alternative, a contract between the abortion facility and an OB/GYN or group of OB/GYNs to treat complications.

The average annual cost to contract with an OB/GYN to be on-call and available twenty-four hours a day, seven days a week is $182,500.

IV. ASSUMPTIONS

DHSS assumes a cost for any facility that does not employ more than one OB/GYN. While it is the presumption that most facilities will have more than one OB/GYN on staff, the expense is reflective of contracting with an OBGYN for on-call availability twenty-four hours a day, seven days a week for a facility that employees only one OB/GYN. The abortion facilities currently licensed in Missouri employ more than one OBGYN, so no fiscal impact is assumed for those facilities.

The average annual cost to contract with an OB/GYN to be on-call and available twenty-four hours a day, seven days a week was obtained from the following article: https://www.medpagetoday.com/hospitalbasedmedicine/workforce/38790.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers *and Abortion Facilities*

PROPOSED AMENDMENT

19 CSR 30-30.070 Physical Standards for Abortion Facilities. The department is adding a new section (1), renumbering thereafter, and amending the chapter title, purpose statement, and section (2).

PURPOSE: This amendment changes the regulation to reflect that it does not apply to abortion facilities that do not perform surgical abortions or surgical intervention for abortion complications. This amendment also updates outdated references to statutes and the Department of Health and Senior Services' name.

*PURPOSE: Section [197.200] **197.225**, RSMo [1986] authorizes the Department of Health **and Senior Services** to establish physical standards for abortion facilities in order to provide acceptable care in a safe environment. Abortion facilities are [considered ambulatory surgical centers as] defined [by] **in** section 197.200(1), RSMo and are subject to licensure [as required by] **under** section 197.205, RSMo [1986].*

(1) This regulation does not apply to abortion facilities that do not perform surgical abortions or surgical intervention for abortion complications.

*[(1)]***(2)** Requests for deviations from requirements on physical facilities shall be in writing to the Department of Health **and Senior Services**. Approvals for deviations shall be in writing and both requests and approvals shall be made a part of the permanent Department of Health **and Senior Services** records for the abortion facility.

*[(2)]***(3)** Any abortion facility constructed or renovated after October 25, 1987 shall have plans prepared by an architect or engineer registered in Missouri. These plans shall be submitted to the department for review and approval prior to construction. New abortion facilities shall have the following:

(A) At least two (2) remote exits shall be provided for each floor directly to the outside or through an enclosed stairway or passageway to the outside;

(B) Corridors serving patients shall be at least six feet (6') wide;

(C) All doors through which patients pass shall be at least forty-four inches (44") wide and of solid-core construction;

(D) One**-** (1-)*[-]* story buildings shall be at least of Type II (111) protected noncombustible construction as described in *Standard on Types of Building Construction 1979* published by the National Fire Protection Association;

(E) Multistory buildings shall be constructed of at least Type II (222) fire-resistive construction as described in *Standard on Types of Building Construction* published by the NFPA, or shall be protected throughout by an approved automatic sprinkler system;

(F) Multistory buildings shall have at least one (1) elevator. The elevator cab shall be at least five feet by seven feet (5' × 7') clear inside. The car door shall have a clear opening of not less than forty-four inches (44");

(G) Trickle-charge battery pack units shall be located to provide emergency lighting in the procedure room, recovery room, exit corridors**,** and exit stairs to grade;

(H) A manual fire alarm break station shall be located near each exit and connected to a local audible alarm which can be heard throughout the facility;

(I) At least two (2) ABC-type fire extinguishers are to be located in the facility, one (1) in the clinical area;

(J) Illuminated exit signs shall be located above each exit and illuminated directional exit signs shall be located where needed to direct patients and personnel to exits in event of an emergency;

(K) Ceiling, wall**,** and floor finishes in the clinical area including the procedure rooms, recovery room, personnel change rooms, central sterile and supply, janitor's closet**,** and laboratory shall be smooth and easily cleanable;

(L) Scrub-up facilities shall be knee- or foot-operated and provided at the rate of one (1) per procedure room. Scrub-up facilities shall be located outside but immediately available to the procedure room;

(M) Procedure rooms shall have the following:

1. A minimum length and width of twelve feet (12');
2. A minimum ceiling height of nine feet (9');
3. A door with a minimum width of forty-four inches (44"); and
4. There shall be no windows in the room except there may be a fixed-view window in the wall between the procedure room and the adjacent corridor;

(N) The recovery room shall be separated from the procedure room and be of sufficient size to accommodate at least four (4) recovery beds or recliners for each procedure room. There shall be three feet (3') of clear space on both sides and at the foot of each recovery bed or recliner;

(O) The procedure room and recovery room shall be provided with a minimum of six (6) air changes per hour. Air supplied to all areas shall be filtered through a filter with at least a twenty-five percent (25%) efficiency rating;

(P) Personnel change rooms shall be provided for each sex and located convenient to the procedure room. Each change room shall be equipped with a toilet and lavatory;

(Q) The laboratory shall be equipped with a counter, sink**,** and refrigerator;

(R) The procedure room shall be equipped with a ceiling-mounted surgical light, operating table or a conventional gynecological examining table with accessories, closed cabinets for equipment**,** and sufficient tables to hold an emergency tray and other necessary equipment;

(S) There shall be one (1) electrical outlet in the procedure room for the emergency light and at least one (1) duplex outlet on each wall;

(T) There shall be one (1) electrical outlet in the recovery room for the emergency light and at least one (1) duplex outlet for each two (2) recovery beds or recliners;

(U) Piped-in or portable oxygen and suction equipment shall be located in the recovery room;

(V) The sterilizing room shall be equipped with a steam sterilizer, counter and sink, and storage space for clean supplies. Air pressure in this room shall be positive in relation to adjacent areas;

(W) The soiled/decontamination room shall be equipped with a counter and sink. This room shall be equipped with a constant running exhaust;

(X) A patient toilet with lavatory shall be located convenient to the recovery room. This room shall be equipped with a constant running exhaust;

(Y) At least two (2) patient change rooms with secure storage for personal effects shall be provided; and

(Z) Office space, waiting room, record storage space**,** and counseling rooms shall be provided. Counseling rooms shall be separate and not smaller than ten feet by ten feet (10' × 10').

*[(3)]***(4)** Any abortion facility in operation at the time these rules are adopted shall comply with the following:

(A) Smoke detectors shall be located in all rooms and in corridors at thirty-feet (30') intervals unless the building is rated Type II (222) fire-resistive or if it is a one**-** (1-)*[-]* story building rated Type II (111) protected-noncombustible as described in *Standard on Types of Building Construction 1979* published by the NFPA. If the building is multistoried and rated combustible, it shall be protected throughout by an approved automatic sprinkler system;

(B) There shall be a system of corridors, passageways, and elevators adequate in size and arrangement to allow a patient on a stretcher to be moved from any point in the abortion facility to a street-level exit;

(C) Space shall be provided for waiting, registration, counseling, medical evaluation, examination, and referral. This space shall be equipped with suitable furnishings and accommodations;

(D) Dressing rooms shall be provided for the privacy, physical comfort, and convenience of patients and personnel;

(E) At least one (1) procedure room shall be adequately equipped, supplied, and staffed to safely perform abortions. The procedure room shall be equipped with an operating table or a conventional gynecologic examining table with accessories, a closed cabinet for equipment, and tables to hold an emergency tray and other necessary equipment. The procedure room shall be well-lighted and maintained at a comfortable temperature;

(F) Personnel change rooms and scrub-up facilities shall be located convenient to the procedure room;

(G) A utility room with facilities for steam sterilization and space for storage of clean and sterilized supplies shall be provided. There shall be sufficient surgical instruments sterilized and available for each patient who presents herself for an abortion. The room shall be arranged to prevent cross traffic of clean and dirty material;

(H) The recovery room shall be separate from the procedure room and be of sufficient size to accommodate at least four (4) recovery beds or recliners for each procedure room. The recovery room shall be well-lighted and maintained at a comfortable temperature. Recovery beds or recliners shall be spaced to permit easy staff access to each patient;

(I) Piped-in or portable oxygen and suction equipment shall be located in the recovery room;

(J) Trickle charge battery pack units shall be located to provide emergency lighting in the procedure room, recovery room, exit corridors, and exit stairs to grade;

(K) A manual fire alarm break station shall be located near each exit and connected to a local audible alarm which can be heard throughout the facility;

(L) At least two (2) ABC-type fire extinguishers shall be located in the facility, one (1) in the clinical area;

(M) Illuminated exit signs shall be located above each exit door and illuminated directional exit signs shall be located where needed to direct patients and personnel to exits in event of an emergency;

(N) Wall and floor finishes in the procedure room, recovery room, and the sterilization area shall be smooth and easily cleanable;

(O) The laboratory shall be equipped with a counter, sink, and refrigerator; and

(P) At least two (2) remote exits shall be provided for each floor. Each exit shall discharge directly to the outside or through an enclosed stairway or passageway to the outside.

*AUTHORITY: section[s 197.200–197.240] **197.225**, RSMo [1986] **Supp. 2017**. Original rule filed July 15, 1987, effective Oct. 25, 1987. Amended: Filed Oct. 24, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2010—Missouri State Board of Accountancy
Chapter 2—General Rules

PROPOSED AMENDMENT

20 CSR 2010-2.160 Fees. The board is adding new paragraph (1)(E)1.

PURPOSE: This amendment reduces the individual biennial renewal fee.

(1) The following fees are established by the Missouri State Board of Accountancy:

(E) Individual License Fee (biennial renewal)	$ 80.00
1. Effective July 1, 2018, through June 30, 2022	**$ 40.00**

*AUTHORITY: sections 326.262, 326.271, **and** 326.277, **RSMo 2016, and sections** 326.280, 326.283, 326.286, and 326.289, RSMo Supp. [2013] **2017**. This rule originally filed as 4 CSR 10-2.160. Emergency rule filed Aug. 6, 1981, effective Aug. 16, 1981, expired Dec. 10, 1981. Original rule filed Aug. 6, 1981, effective Dec. 11, 1981. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Oct. 17, 2017.*

PUBLIC COST: This proposed amendment will result in a decrease of revenue for the Missouri State Board of Accountancy of approximately two hundred twenty thousand dollars ($220,000) annually between July 1, 2018 and June 30, 2022. Beginning July 1, 2022 the board's revenue will increase by approximately two hundred twenty thousand dollars ($220,000) annually for the life of the rule.

PRIVATE COST: This proposed amendment will save private entities approximately two hundred twenty thousand dollars ($220,000) annually between July 1, 2018 and June 30, 2022. Beginning July 1, 2022 this amendment will cost private entities approximately two hundred twenty thousand dollars ($220,000) annually for the life of the rule.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Accountancy, Tom DeGroodt, Executive Director, PO Box 613, Jefferson City, MO 65102-0613 or at mosba@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

PUBLIC FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration
Division 2010 - Missouri State Board of Accountancy
Chapter 2 - General Rules
Proposed Amendment - 20 CSR 2010-2.160 Fees

II. SUMMARY OF FISCAL IMPACT

Estimated Fiscal Impact Effective July 1, 2018 through June 30, 2022

Affected Agency or Political Subdivision	Estimated Annual Decrease in Revenue	
Missouri State Board of Accountancy		$220,000
	Total Annual Loss of Revenue starting July 1, 2018 through June 30, 2022	$220,000

Estimated Fiscal Impact Effective July 1, 2022

Affected Agency or Political Subdivision	Estimated Annual Decrease in Revenue	
Missouri State Board of Accountancy		$220,000
	Total Increase of Revenue Effective July 1, 2022 and Annually Thereafter for the Life of the Rule	$220,000

III. WORKSHEET

See Private Entity Fiscal Note

IV. ASSUMPTION

1. The total loss of revenue is based on the cost savings reflected in the Private Entity Fiscal Note filed with this rule.
2. The board utilizes a rolling five year financial analysis process to evaluate its fund balance, establish fee structure and assess budgetary needs. The five year analysis is based on the projected revenue, expenses and number of licensees. Based on the board's recent five year analysis, the board voted on a reduction individual renewal fees.
3. It is anticipated that the total loss in revenue will begin FY2019, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration
Division 2010 - Missouri State Board of Accountancy
Chapter 2 - General Rules
Proposed Amendment - 20 CSR 2010-2.160 Fees

II. SUMMARY OF FISCAL IMPACT

Estimated Fiscal Impact Effective July 1, 2018 through June 30, 2022

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost savings of compliance with the amendment by affected entities:
5,500	Individual Biennial Renewal Fee (Fee Decrease @ $40)	$220,000
	Estimated Annual Cost Savings from July 1, 2018 to June 30, 2022	**$220,000**

Estimated Fiscal Impact Effective July 1, 2022

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the amendment by affected entities:
5,500	Individual Biennial Renewal Fee (Fee Increase @ $40)	$220,000
	Estimated Cost of Compliance Effective July 1, 2022 and Annually Thereafter for the Life of the Rule	**$220,000**

III. WORKSHEET

See Table Above

IV. ASSUMPTION

1. The figures reported above are based on FY17 actuals.
2. Individual certified public accountants (CPAs) renew biennially, however, the board has a split renewal period for licensees so that part of them renew on even years and part of them on odd years to even out the revenue flow to the board. This fiscal note shows the number expected to renew annually.
3. It is anticipated that the total loss in revenue will begin FY2019, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

Note: The board is statutorily obligated to enforce and administer the provisions of chapter 326, RSMo. Pursuant to section 326.319, RSMo, the board shall by rule and regulation set the amount of fees authorized by chapter 326, RSMo so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of chapter 326, RSMo.

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED AMENDMENT

22 CSR 10-2.030 Contributions. The Missouri Consolidated Health Care Plan is amending sections (7) and (8).

PURPOSE: This amendment clarifies the Missouri Consolidated Health Care Plan (MCHCP) subsidy toward the retiree and survivor premium for members enrolled in the Medicare Prescription Drug Only Plan and adds provisions for premium payment by debit or credit card.

(7) The Missouri Consolidated Health Care Plan (MCHCP) contribution toward the retiree and survivor premium for members enrolled in the Medicare Prescription Drug Only Plan is based on either of the following:

(B) For those retiring prior to July 1, 2002, the amount calculated in subsection (7)(A) is compared to *[fifty-eight percent (58%)]* **fifty-nine percent (59%)** of the total premium for the Medicare Prescription Drug Only Plan. The retiree's subsidy is the greater of the amount calculated in subsection (7)(A) or *[fifty-eight percent (58%)]* **fifty-nine percent (59%)** of the Medicare Prescription Drug Only Plan.

(8) Premium. Payroll deductions, Automated Clearing House (ACH) transactions, **debit cards, credit cards,** and/or direct bills are processed by MCHCP.

AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Oct. 27, 2017, effective Jan. 1, 2018, expires June 29, 2018. Amended: Filed Oct. 27, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED AMENDMENT

22 CSR 10-2.089 Pharmacy Employer Group Waiver Plan for Medicare Primary Members. The Missouri Consolidated Health Care Plan is amending subsection (1)(F).

PURPOSE: This amendment revises the amount thresholds in the initial coverage stage, coverage gap stage, and catastrophic coverage stage.

(1) The pharmacy benefit for Medicare primary members is provided through a Pharmacy Employer Group Waiver Plan (EGWP) as regulated by the Centers for Medicare and Medicaid Services herein after referred to as the Medicare Prescription Drug Plan.

(F) The Medicare Prescription Drug Plan is comprised of a Medicare Part D prescription drug plan contracted by MCHCP and some non–Part D medications that are not normally covered by a Medicare Part D prescription drug plan. The requirements for the Medicare Part D prescription drug plan are as follows:

1. The Centers for Medicare and Medicaid Services regulates the Medicare Part D prescription drug program. The Medicare Prescription Drug Plan abides by those regulations;

2. Initial Coverage Stage. Until a member's total yearly Part D prescription drug costs reach *[three thousand seven hundred dollars ($3,700)]* **three thousand seven hundred fifty dollars ($3,750)**, the member will pay the following copayments:

A. Preferred Formulary Generic Drugs: thirty-one- (31-) day supply has an eight dollar ($8) copayment; sixty- (60-) day supply has a sixteen dollar ($16) copayment; ninety- (90-) day supply at retail has a twenty-four dollar ($24) copayment; and a ninety- (90-) day supply through home delivery has a twenty dollar ($20) copayment;

B. Preferred Formulary Brand Drugs: thirty-one- (31-) day supply has a thirty-five dollar ($35) copayment; sixty- (60-) day supply has a seventy dollar ($70) copayment; ninety- (90-) day supply at retail has a one hundred five dollar ($105) copayment; and a ninety- (90-) day supply through home delivery has an eighty-seven dollar and fifty cent ($87.50) copayment; and

C. Non-preferred Formulary Drugs and approved excluded drugs: thirty-one- (31-) day supply has a one hundred dollar ($100) copayment; sixty- (60-) day supply has a two hundred dollar ($200) copayment; ninety- (90-) day supply at retail has a three hundred dollar ($300) copayment; and a ninety- (90-) day supply through home delivery has a two hundred fifty dollar ($250) copayment;

3. Coverage Gap Stage. After a member's total yearly Part D prescription drug costs exceed *[three thousand seven hundred dollars ($3,700)]* **three thousand seven hundred fifty dollars ($3,750)** and remain below *[four thousand nine hundred fifty dollars ($4,950)]* **five thousand dollars ($5,000)**, the member will continue to pay the same cost-sharing amount as in the Initial Coverage stage until the yearly out-of-pocket Part D prescription drug costs reach *[four thousand nine hundred fifty dollars ($4,950)]* **five thousand dollars ($5,000)**;

4. Catastrophic Coverage Stage. After a member's total yearly out-of-pocket Part D prescription drug costs reach *[four thousand nine hundred fifty dollars ($4,950)]* **five thousand dollars ($5,000)**, the member will pay the greater of—

A. Five percent (5%) coinsurance or a *[three dollar and thirty cent ($3.30)]* **three dollar and thirty-five cent ($3.35)** copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage; or

B. Five percent (5%) coinsurance or an *[eight dollar and twenty-five cent ($8.25)]* **eight dollar and thirty-five cent ($8.35)** copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage;

5. Amounts paid by the member or the plan for non-Part D prescription drugs will not count toward total Part D prescription drug costs or total Part D prescription drug out-of-pocket costs; and

6. Medicare Prescription Drug Only Plan. Medicare retirees have the option of choosing the Medicare Prescription Drug Plan for coverage for prescription drugs only, without MCHCP medical coverage.

AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Oct. 30, 2013, effective Jan. 1, 2014, expired June 29, 2014. Original rule filed Oct. 30, 2013, effective June 30, 2014. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Oct. 27, 2017, effective Jan. 1, 2018,*

expires June 29, 2018. Amended: Filed Oct. 27, 2017.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 2—State Membership

PROPOSED RULE

22 CSR 10-2.135 Benefit Package Option

PURPOSE: This rule establishes the policy of the board of trustees in regard to a subscriber's objection to contraception coverage due to religious or moral objections.

(1) Subscribers may choose to not have contraception coverage if such items or procedures are contrary to his/her religious beliefs or moral convictions.

(2) A subscriber must notify Missouri Consolidated Health Care Plan via the method prescribed by the plan, that they have an objection to coverage of contraception due to a religious belief or moral conviction during any applicable enrollment period.

(3) For coverage beginning January 1, 2018, the plan shall specify a period of at least ten (10) days in which to receive notifications.

(4) Once a subscriber elects to not have contraception coverage, she/he will be unable to elect contraception coverage during the plan year unless there is a qualifying event under 22 CSR 10-2.020 or 22 CSR 10-2.110 or an open enrollment period.

(5) If a subscriber objects to the coverage, their benefits will provide no coverage for any contraception services as either a medical or pharmacy benefit for themselves and anyone they cover as a dependent. If a member is Medicare primary, their benefits will remain unchanged.

AUTHORITY: sections 103.059 and 103.080.3., RSMo 2016. Emergency rule filed Oct. 27, 2017, effective Nov. 6, 2017, expires May 4, 2018. Original rule filed Oct. 27, 2017.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership

PROPOSED AMENDMENT

22 CSR 10-3.090 Pharmacy Benefit Summary. The Missouri Consolidated Health Care Plan is amending subsection (1)(A).

PURPOSE: This amendment clarifies the out-of-pocket maximum for individuals and families enrolled in the PPO 600 Plan or PPO 1000 Plan.

(1) The pharmacy benefit provides coverage for prescription drugs. Vitamin and nutrient coverage is limited to prenatal agents, therapeutic agents for specific deficiencies and conditions, and hematopoietic agents as prescribed by a provider.

(A) PPO 600 and PPO 1000 Prescription Drug Coverage.

1. Network.

A. Preferred formulary generic drug copayment: Eight dollars ($8) for up to a thirty-one- (31-) day supply; sixteen dollars ($16) for up to a sixty- (60-) day supply; and twenty-four dollars ($24) for up to a ninety- (90-) day supply for a generic drug on the formulary; formulary generic birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

B. Preferred formulary brand drug copayment: Thirty-five dollars ($35) for up to a thirty-one- (31-) day supply; seventy dollars ($70) for up to a sixty- (60-) day supply; and one hundred and five dollars ($105) for up to a ninety- (90-) day supply for a brand drug on the formulary; formulary brand birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

C. Non-preferred formulary drug and approved excluded drug copayment: One hundred dollars ($100) for up to a thirty-one- (31-) day supply; two hundred dollars ($200) for up to a sixty- (60-) day supply; and three hundred dollars ($300) for up to a ninety- (90-) day supply for a drug not on the formulary.

D. Diabetic drug (as designated as such by the PBM) copayment: fifty percent (50%) of the applicable network copayment.

E. Home delivery programs.

(I) Maintenance prescriptions may be filled through the pharmacy benefit manager's (PBM's) home delivery program. A member must choose how maintenance prescription(s) will be filled by notifying the PBM of his/her decision to fill a maintenance prescription through home delivery or retail pharmacy.

(a) If the member chooses to fill his/her maintenance prescription at a retail pharmacy and the member does not notify the PBM of his/her decision, the first two (2) maintenance prescription orders may be filled by the retail pharmacy. After the first two (2) orders are filled at the retail pharmacy, the member must notify the PBM of his/her decision to continue to fill the maintenance prescription at the retail pharmacy. If a member does not make a decision after the first two (2) orders are filled at the retail pharmacy, s/he will be charged the full discounted cost of the drug until the PBM has been notified of the decision and the amount charged will not apply to the out-of-pocket maximum.

(b) Once a member makes his/her delivery decision, the member can modify the decision by contacting the PBM.

(II) Specialty drugs are covered only through the specialty home delivery network for up to a thirty-one- (31-) day supply unless the PBM has determined that the specialty drug is eligible for up to a ninety- (90-) day supply. All specialty prescriptions must be filled through the PBM's specialty pharmacy, unless the prescription is identified by the PBM as emergent. The first fill of a specialty prescription

may be filled through a retail pharmacy.

(a) Specialty split-fill program—The specialty split-fill program applies to select specialty drugs as determined by the PBM. For the first three (3) months, members will be shipped a fifteen- (15-) day supply with a prorated copayment. If the member is able to continue with the medication, the remaining supply will be shipped with the remaining portion of the copayment. Starting with the fourth month, an up to thirty-one- (31-) day supply will be shipped if the member continues on treatment.

(III) Prescriptions filled through home delivery programs have the following copayments:

(a) Preferred formulary generic drug copayments: Eight dollars ($8) for up to a thirty-one- (31-) day supply; sixteen dollars ($16) for up to a sixty- (60-) day supply; and twenty dollars ($20) for up to a ninety- (90-) day supply for a generic drug on the formulary;

(b) Preferred formulary brand drug copayments: Thirty-five dollars ($35) for up to a thirty-one- (31-) day supply; seventy dollars ($70) for up to a sixty- (60-) day supply; and eighty-seven dollars and fifty cents ($87.50) for up to a ninety- (90-) day supply for a brand drug on the formulary;

(c) Non-preferred formulary drug and approved excluded drug copayments: One hundred dollars ($100) for up to a thirty-one- (31-) day supply; two hundred dollars ($200) for up to a sixty- (60-) day supply; and two hundred fifty dollars ($250) for up to a ninety- (90-) day supply for a drug not on the formulary.

F. Diabetic drug (as designated as such by the PBM) copayment: fifty percent (50%) of the applicable network copayment.

G. Only one (1) copayment is charged if a combination of different manufactured dosage amounts must be dispensed in order to fill a prescribed single dosage amount.

H. The copayment for a compound drug is based on the primary drug in the compound. The primary drug in a compound is the most expensive prescription drug in the mix. If any ingredient in the compound is excluded by the plan, the compound will be denied.

I. If the copayment amount is more than the cost of the drug, the member is only responsible for the cost of the drug.

J. If the physician allows for generic substitution and the member chooses a brand-name drug, the member is responsible for the generic copayment and the cost difference between the brand-name and generic drug which shall not apply to the out-of-pocket maximum.

K. Prescription drugs and prescribed over-the-counter drugs as recommended by the U.S. Preventive Services Task Force (categories A and B) and, for women, by the Health Resources and Services Administration are covered at one hundred percent (100%) when filled at a network pharmacy. The following are also covered at one hundred percent (100%) when filled at a network pharmacy:

(I) Prescribed Vitamin D for all ages;

(a) The range for preventive Vitamin D is at or below 1000 IU of Vitamin D_2 or D_3 per dose;

(II) Zoster (shingles) vaccine and administration for members age fifty (50) years and older;

(III) Influenza vaccine and administration as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

(IV) Generic Tamoxifen, generic Raloxifene, and brand Soltamox for prevention of breast cancer;

(V) Prescribed preferred diabetic test strips and lancets; and

(VI) One (1) preferred glucometer.

2. Non-network: If a member chooses to use a non-network pharmacy for non-specialty prescriptions, s/he will be required to pay the full cost of the prescription and then file a claim with the PBM. The PBM will reimburse the cost of the drug based on the network discounted amount as determined by the PBM, less the applicable network copayment.

3. Out-of-pocket maximum.

A. Network and non-network out-of-pocket maximums are separate.

B. The family out-of-pocket maximum is an aggregate of applicable charges received by all covered family members of the plan. Any combination of covered family member applicable charges may be used to meet the family out-of-pocket maximum. Applicable charges received by one (1) family member may only meet the individual out-of-pocket maximum amount.

C. **PPO 600** Individual—five thousand one hundred dollars ($5,100).

D. **PPO 600** Family—ten thousand two hundred dollars ($10,200).

E. PPO 1000 Individual—two thousand one hundred dollars ($2,100).

F. PPO 1000 Family—four thousand two hundred dollars ($4,200).

AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 22, 2009, effective Jan. 1, 2010, expired June 29, 2010. Original rule filed Jan. 4, 2010, effective June 30, 2010. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Oct. 27, 2017, effective Jan. 1, 2018, expires June 29, 2018. Amended: Filed Oct. 27, 2017.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10—Health Care Plan
Chapter 3—Public Entity Membership

PROPOSED RULE

22 CSR 10-3.135 Benefit Package Option

PURPOSE: This rule establishes the policy of the board of trustees in regard to subscriber's objection to contraception coverage due to religious or moral objections.

(1) Subscribers may choose to not have contraception coverage if such items or procedures are contrary to his/her religious beliefs or moral convictions.

(2) A subscriber must notify Missouri Consolidated Health Care Plan via the method prescribed by the plan, that they have an objection to coverage of contraception due to a religious belief or moral conviction during any applicable enrollment period.

(3) For coverage beginning January 1, 2018, the plan shall specify a period of at least ten (10) days in which to receive notifications.

(4) Once a subscriber elects to not have contraception coverage, she/he will be unable to elect contraception coverage during the plan year unless there is a qualifying event under 22 CSR 10-3.020 or an open enrollment period.

(5) If a subscriber objects to the coverage, their benefits will provide

no coverage for any contraception services as either a medical or pharmacy benefit for themselves and anyone they cover as a dependent.

AUTHORITY: sections 103.059 and 103.080.3., RSMo 2016. Emergency rule filed Oct. 27, 2017, effective Nov. 6, 2017, expires May 4, 2018. Original rule filed Oct. 27, 2017.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety- (90-) day period during which an agency shall file its Order of Rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the Proposed Rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 100—Office of Quality Schools

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under sections 160.261, 161.092, and 167.171, RSMo 2016, the board amends a rule as follows:

5 CSR 20-100.210 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2017 (42 MoReg 1071–1072). Sections reflecting changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The board received one (1) comment on this proposed amendment. This comment addressed three (3) separate issues.

COMMENT: Susan Goldammer, with the Missouri School Boards' Association proposed that the rule be modified to—

1. Include section 167.117, RSMo which requires principals, teachers, and school employees to report certain acts and to whom those acts should be reported;
2. Exclude harassment in the first degree from the list of offenses included in the definition; and
3. Clarify the meaning of "violent criminal offense."

RESPONSE AND EXPLANATION OF CHANGE: The department declines to make the changes requested in item one (1). While section 167.117, RSMo does outline who must report offenses, the inclusion of one (1) additional statute may not be sufficient to address all other criminal offenses that are included in the criminal code and reflects the minimum that a school must report.

The department declines to make the changes included in item two (2). Harassment in the first degree is included in the list of offenses included by the legislature in section 160.261, RSMo.

The department agrees to remove the language of violent criminal offense and use the language "act of school violence" or "violent behavior" as defined in section 160.261, RSMo.

5 CSR 20-100.210 Persistently Dangerous Schools

(2) A Missouri public elementary or secondary school is persistently dangerous if the following conditions exist:

(A) In each of three (3) consecutive years—

1. The school has a federal and/or state gun-free schools violation; or
2. An "act of school violence" or "violent behavior" as set forth in section 160.261, RSMo is committed on school property which includes, but is not limited to, school buses or school activities; and

(B) In any two (2) years within the three- (3-) year period listed above, the school experienced expulsions by local board action, for drug, alcohol, weapons, or violence that exceed one (1) of the following rates:

1. More than five (5) expulsions per year for a school of less than two hundred fifty (250) students;
2. More than ten (10) expulsions per year for a school of more than two hundred fifty (250) students but less than one thousand (1,000) students; or
3. More than fifteen (15) expulsions per year for a school of more than one thousand (1,000) students.

(4) For the purpose of determining a persistently dangerous school, at a minimum, shall be any offense that would require school administrators to, as soon as reasonably practical, notify the appropriate law enforcement agency. An "act of school violence" or "violent behavior" shall be reported by the school district to the Department of Elementary and Secondary Education (DESE) through Core Data.

Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 300—Office of Special Education

ORDER OF RULEMAKING

By the authority vested in the State Board of Education (board) under sections 161.092 and 162.685, RSMo 2016, the board hereby amends a rule as follows:

5 CSR 20-300.110 is amended.

A notice of proposed rulemaking was not published because state program plans required under federal education acts or regulations are specifically exempt under section 536.021, RSMo. In May 2017, the Office of Special Education conducted two (2) public hearing webinars regarding the proposed reorganization to the Part B State Plan implementing the Individuals with Disabilities Education Act (IDEA).

This rule becomes effective thirty (30) days after publication in the *Code of State Regulations*. This rule describes Missouri's services for children with disabilities, in accordance with Part B of the Individuals with Disabilities Education Act (IDEA).

5 CSR 20-300.110 Individuals with Disabilities Education Act, Part B. This order of rulemaking reorganizes subsections (2)(A)–(2)(J) changing them to (2)(A)–(2)(P) and amends the incorporated by reference material, *Regulations Implementing Part B of the Individuals with Disabilities Education Act*, to bring the program plan in compliance with federal statutes.

(2) The content of this state plan for the Individuals with Disabilities Education Act (IDEA), Part B, which is hereby incorporated by reference and made a part of this rule, meets the federal statute and Missouri's compliance in the following areas. A copy of the IDEA, Part B (revised August 2017) is published by and can be obtained from the Department of Elementary and Secondary Education, Office of Special Education, 205 Jefferson Street, PO Box 480, Jefferson City, MO 65102-0480. This rule does not incorporate any subsequent amendments or additions.

(A) General Provisions:
1. Applicability;
2. General Supervision Responsibilities;
3. Performance Goals and Indicators;
4. State Administration;
5. Full Educational Opportunities Goal;
6. Amendments;
7. Definitions;
8. Condition of Assistance;
9. Consistency with State Policies;
10. Information for State Education Agency (SEA); and
11. Hearings Related to Public Agency Eligibility.

(B) Confidentiality:
1. Confidentiality of Personally Identifiable Information.

(C) Identification and Evaluation:
1. Child Find;
2. Definitions and Criteria for Determination of Eligibility;
3. Procedures for Evaluation and Determination of Eligibility; and
4. Additional Procedures.

(D) Free Appropriate Public Education (FAPE)/Individualized Education Program (IEP)/Least Restrictive Environment (LRE):
1. Free Appropriate Public Education (FAPE);
2. Methods of Ensuring Services;
3. Individualized Education Program;
4. Least Restrictive Environment (LRE);
5. Transition of Children from Part C Services to Part B Services; and
6. Failure to Provide Free and Appropriate Public Education (FAPE).

(E) Procedural Safeguards/Discipline:
1. Opportunity to Examine Education Records/Parent Participation in Meetings;
2. Independent Educational Evaluation (IEE);
3. Written Notice;
4. Procedural Safeguards Notice;
5. Parental Consent;
6. Child Complaint Process;
7. Administrative Hearing Rights;
8. Resolution Process;
9. Educational Surrogates;
10. Transfer of Parental Rights at Age of Majority; and
11. Disciplinary Actions/Removals/Expedited Hearings.

(F) Disproportionality:
1. Overidentification and Disproportionality;
2. Suspension and Expulsion Rates; and
3. Significant Disproportionality.

(G) Other Requirements:
1. Access to Instructional Materials;
2. Purchase of Instructional Materials;
3. Records Regarding Migratory Children with Disabilities;
4. Prohibition on Mandatory Medication; and
5. Routine Checking of Hearing Aids and External Components of Surgically Implanted Medical Devices.

(H) Personnel Standards:
1. Personnel Qualifications.

(I) Caseloads:
1. Class Size and Caseloads.

(J) Fiscal Requirements:
1. Subgrants to Public Agencies;
2. Accounting and Payment Procedures;
3. Excess Costs;
4. Maintenance of Effort;
5. Withholding of Payments; and
6. Personnel.

(K) Early Childhood Special Education (ECSE) Expenditures:
1. Early Childhood Special Education (ECSE) Expenditure Requirements.

(L) Stakeholders:
1. Public Participation;
2. Public Attention; and
3. State Advisory Panel.

(M) Private Schools:
1. Children Enrolled by Their Parents in Private Schools When FAPE is at Issue;
2. Children with Disabilities Enrolled by Their Parents in Private Schools–Child Find; and
3. Public Agency Requirements to Provide Services for Parentally-Placed Private School Children with Disabilities.

(N) Approved Private Agencies:
1. Children Placed in Approved Private Agencies by Public Agencies; and
2. Application, Evaluation, and Approval of Private Educational Agencies.

(O) Special School Districts:
1. Basis for Compliance;
2. Structure of Compliance; and
3. Compliance Requirements.

(P) State Operated Programs:
1. SEA Provision of Direct Services;
2. Missouri Schools for the Severely Disabled; and
3. Missouri School for the Blind and Missouri School for the Deaf.

AUTHORITY: sections 161.092 and 162.685, RSMo 2016. This rule previously filed as 5 CSR 70-742.140. Original rule filed April 11, 1975, effective April 21, 1975. For intervening history, please consult the ***Code of State Regulations****. Amended: Filed Nov. 1, 2017, effective Jan. 30, 2018.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 300—Office of Special Education

ORDER OF RULEMAKING

By the authority vested in the State Board of Education (board) under section 161.092, RSMo 2016, the board rescinds a rule as follows:

5 CSR 20-300.150 Administrative Policies of the State Schools for Severely Disabled Regarding Approved Private Agencies **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission

was published in the *Missouri Register* on August 1, 2017 (42 MoReg 1072). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 12—DEPARTMENT OF REVENUE
Division 10—Director of Revenue
Chapter 24—Driver License Bureau Rules

ORDER OF RULEMAKING

By the authority vested in the Director of Revenue under sections 302.015 and 302.765, RSMo 2016, and section 387.438, RSMo Supp. 2017, the director amends a rule as follows:

12 CSR 10-24.200 Drivers License Classes **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 1, 2017 (42 MoReg 1232–1233). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance

ORDER OF RULEMAKING

By the authority vested in the Family Support Division under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-2.030 Definitions Relating to Real and Personal Property **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2017 (42 MoReg 1072–1085). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 8—MO HealthNet for the Aged, Blind, and Disabled

ORDER OF RULEMAKING

By the authority vested in the Family Support Division under sections 207.022 and 660.017, RSMo 2016, the division adopts a rule as follows:

13 CSR 40-8.020 Ways of Treating Income and Assets **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on August 1, 2017 (42 MoReg 1086–1096). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 15—Hospital Program

ORDER OF RULEMAKING

By the authority vested in the MO HealthNet Division under sections 208.152, 208.153, and 208.201, RSMo 2016, the division amends a rule as follows:

13 CSR 70-15.010 Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2017 (42 MoReg 1097–1100). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 15—Hospital Program

ORDER OF RULEMAKING

By the authority vested in the MO HealthNet Division under sections 208.201, 208.453, and 208.455, RSMo 2016, the division amends a rule as follows:

13 CSR 70-15.110 Federal Reimbursement Allowance (FRA) **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2017 (42 MoReg 1101–1106). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 60—Missouri Health Facilities Review Committee
Chapter 50—Certificate of Need Program

NOTIFICATION OF REVIEW: APPLICATION REVIEW SCHEDULE

The Missouri Health Facilities Review Committee has initiated review of the CON applications listed below. A decision is tentatively scheduled for December 27, 2017. These applications are available for public inspection at the address shown below.

Date Filed

Project Number: Project Name
City (County)
Cost, Description

11/9/2017

#5537 DT: Brooking Park
Chesterfield (St. Louis County)
$2,350,000, Renovate/Modernize 97-bed SNF & 100-bed ALF

11/13/2017

#5531 HT: SSM Health Outpatient Center
St. Charles (St. Charles County)
$2,930,000, Replace Linear Accelerator

#5520 NT: New Haven Care Center
New Haven (Franklin County)
$1,112,005, Renovate/Modernize 90-bed SNF

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by December 14, 2017. All written requests and comments should be sent to—

Chairman
Missouri Health Facilities Review Committee
c/o Certificate of Need Program
3418 Knipp Drive, Suite F
PO Box 570
Jefferson City, MO 65102
For additional information contact Karla Houchins at (573) 751-6700.

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2016, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to adrules.dissolutions@sos.mo.gov.

Notice to All Creditors of and Claimants Against Perry Management, L.P. You are hereby notified that on October 12, 2017, Perry Management, L.P., a Missouri limited partnership, ("LP") was dissolved upon the filing of its Cancellation of Registration with the Missouri Secretary of State. Said LP requests that all persons and organizations who have claims against it present them immediately by letter to the LP c/o Checkett & Pauly, PC, PO Box 409, Carthage, MO 64836, Attention: Sarah Kersh. All claims must include (i) the name and address of the claimant, (ii) the amount claimed, (iii) the basis for the claim, (iv) the documentation of the claim, and (v) the date(s) of the event(s) on which the claim is based occurred. Notice: because of the termination of Perry Management, L.P. any claims against it will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

Notice to All Creditors of and Claimants Against JNP Investments, LLC. You are hereby notified that on October 12, 2017, JNP Investments, LLC, a Missouri limited liability company, ("LLC") was dissolved upon the filing of its Articles of Termination with the Missouri Secretary of State. Said LLC requests that all persons and organizations who have claims against it present them immediately by letter to the LLC c/o Checkett & Pauly, PC, PO Box 409, Carthage, MO 64836, Attention: Sarah Kersh. All claims must include (i) the name and address of the claimant, (ii) the amount claimed, (iii) the basis for the claim, (iv) the documentation of the claim, and (v) the date(s) of the event(s) on which the claim is based occurred. Notice: because of the termination of JNP Investments, LLC any claims against it will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

NOTICE OF DISSOLUTION OF
LIMITED LIABILITY COMPANY TO ALL
CREDITORS OF AND CLAIMANTS AGAINST
GASCONADE EXPLOIT, L.L.C.
A MISSOURI LIMITED LIABILITY COMPANY

On October 17, 2017, Gasconade Exploit, L.L.C., a Missouri limited liability company (hereinafter the "Company"), Charter Number LC0052312, filed its Notice of Winding Up for a Limited Liability Company with the Missouri Secretary of State.

The Company requests that all persons and organizations who have a claim against it present them immediately by letter to the Company at: Gasconade Exploit, L.L.C., c/o Bank of America, N.A., Trustee of The Louise Rice Hartwig Trust, P.O. Box 219119, Kansas City, MO 64121-9119.

Each claim must include the following information: the name, address, and phone number of the claimant; the amount claimed; the basis for the claim; the date(s) on which the claim occurred; and a clear and concise statement of the facts supporting the claim. All claims against the Company will be barred unless the proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

Notice of Winding Up to All Creditors of and Claimants Against DXK Investments, L.L.C.

DXK Investments, L.L.C., a Missouri limited liability company (the "Company"), was dissolved on October 17, 2017, by filing a Notice of Winding Up with the Missouri Secretary of State. The Company requests that all persons and entities with claims against the Company present them in writing and by mail to Gregory M. Otto, Esq., Jenkins & Kling, P.C., 150 North Meramec Avenue, Suite 400, St. Louis, MO 63105. Each claim must include:

1. The name, address, and telephone number of the claimant;
2. The amount of the claim;
3. The basis of the claim;
4. The date the claim arose; and
5. Documentation of the claim.

A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

Notice of Winding Up to All Creditors of and Claimants Against JEK Investments, L.L.C.

JEK Investments, L.L.C., a Missouri limited liability company (the "Company"), was dissolved on October 17, 2017, by filing a Notice of Winding Up with the Missouri Secretary of State. The Company requests that all persons and entities with claims against the Company present them in writing and by mail to Gregory M. Otto, Esq., Jenkins & Kling, P.C., 150 North Meramec Avenue, Suite 400, St. Louis, MO 63105. Each claim must include:

1. The name, address, and telephone number of the claimant;
2. The amount of the claim;
3. The basis of the claim;
4. The date the claim arose; and
5. Documentation of the claim.

A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION
TO ALL CREDITORS OF AND CLAIMANTS AGAINST MIKE BROWN ENTERPRISES, INC.

On Wednesday, October 4, 2017, Mike Brown Enterprises, Inc. filed Articles of Dissolution with the Missouri Secretary of State. The dissolution was effective on that date.

You are hereby notified that if you believe you have a claim against Mike Brown Enterprises, Inc., you must submit a summary in writing of the claim and the circumstances surrounding your claim to the Corporation in care of Steven J. Braun, Krigel & Krigel, P.C., 4520 Main Street, Suite 700, Kansas City, Missouri. The summary of your claim must include the following information:

1. The name, address and telephone number of the claimant.
2. The amount of the claim.
3. The date on which the event on which the claim is based occurred.
4. A brief description of the nature of the debt or the basis for the claim.

All claims against Mike Brown Enterprises, Inc. will be barred unless the proceeding to enforce the claim is commenced within two years after the publication of this notice.

Notice of Dissolution of
Limited Liability Company
To All Creditors of and
Claimants Against
RxP Services, LLC

On October 13, 2017, RxP Services, LLC ("the Company"), a Missouri limited liability company filed its Notice of Winding Up for a Limited Liability Company with the Missouri Secretary of State, effective on October 13, 2017.

Any claims against the Company may be sent to: Blitz, Bardgett & Deutsch, L.C., Attn: Bridget M. Nave, 120 South Central Avenue, Ste 1500, St. Louis, MO 63105. Each claim must include the following information: the name, address and phone number of the claimant; the amount claimed; the date on which the claim arose; the basis for the claim; and documentation for the claim.

All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this Notice.

On October 25th, 2017, Creative Muse Enterprises, LLC., a Missouri corporation, filed its Articles of Dissolution by Voluntary Action with the Missouri Secretary of State. Dissolution was effective on October 25th, 2017.

Said corporation requests that all persons who have claims against it present them immediately by letter to the corporation at: Creative Muse Enterprises, LLC., c/o Trina Brunk, 109 Westridge Drive, Columbia MO 65203.

All claims must include: the name and address of the claimant; the amount claimed; the basis for the claim; documentation of the claim, and the date(s) on which the event(s) on which the claim is based occurred.

A claim against the corporation will be barred unless a proceeding is commenced within three (3) years after the publication date of this notice.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST JMC PHARMACIES, LLC

On October 27, 2017, JMC PHARMACIES, LLC, a Missouri limited liability company ("Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date.

All persons and organizations must submit to Company, c/o Frank C. Carnahan, Esq., Carnahan, Evans, Cantwell & Brown, P.C., 2805 S. Ingram Mill Road, Springfield, Missouri 65804, a written summary of any claims against Company, including: 1) claimant's name, address and telephone number; 2) amount of claim; 3) date(s) claim accrued (or will accrue); 4) brief description of the nature of the debt or the basis for the claim; and 5) if the claim is secured, and if so, the collateral used as security.

Because of the dissolution, any claims against Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the last of filing or publication of this Notice.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST M & T DERMATOLOGY SERVICES, L.L.C.

On October 27, 2017, M & T Dermatology Services, L.L.C., a Missouri limited liability company ("**Company**"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date.

All persons and organizations must submit to Company, c/o Kyle Conroy, Esq., Mann Conroy, LLC, 4000 S. Range Line Road, Joplin, Missouri 64804, a written summary of any claims against Company, including: (1) claimant's name, address, and telephone number; (2) the amount of claim; (3) the date(s) the claim accrued (or will accrue); (4) a brief description of the nature of the debt or the basis for the claim; and (5) if the claim is secured, the collateral used as security.

Because of the dissolution, any claims against Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the last of filing or publication of this Notice.

NOTICE OF DISSOLUTION OF CORPORATION TO ALL CREDITORS AND CLAIMANTS AGAINST KENCO ENTERPRISES, INC.

On October 23, 2017, Kenco Enterprises, Inc., a Missouri Corporation, filed Articles of Dissolution by Voluntary Action with the Missouri Secretary of State.

You are hereby notified that if you believe you have a claim against Kenco Enterprises, Inc., you must submit a summary in writing of the circumstances surrounding your claim against Kenco Enterprises, Inc. to: Layton & Southard LLC, Attn: Susan Layton Tomlin, 1650 North Kingshighway, Suite 302, Cape Girardeau, MO 63701. Claims must include the name and address of the claimant, the amount of the claim, basis and documentation of the claim.

All claims against Kenco Enterprises, Inc. will be barred unless the proceeding to enforce the claim is commenced within two (2) years after the publication of this notice.

**NOTICE OF DISSOLUTION OF CORPORATION
TO ALL CREDITORS AND CLAIMANTS AGAINST
MIRO, INC.**

On October 19, 2017, MIRO, Inc., a Missouri corporation, (the "Corporation") filed Articles of Voluntary Dissolution by Voluntary Action with the Missouri Secretary of State.

You are hereby notified that if you believe you have a claim against the Corporation, you must submit the claim to: Mary Rose Del Pietro, 7507 Oxford Drive #3W, St. Louis, MO 63105.

Each claim must include: (i) the name, address, and telephone number of the claimant; (ii) the amount of the claim; (iii) the date(s) when the event(s) on which the claim is based occurred; (iv) a brief description of the nature and basis for the claim; and (v) any documentation related to the claim.

All claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced against the corporation within two years after the publication of this notice.

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—41 (2016) and 42 (2017). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
	OFFICE OF ADMINISTRATION				
1 CSR 10	State Officials' Salary Compensation Schedule				41 MoReg 1477
1 CSR 20-5.015	Personnel Advisory Board and Division of Personnel		41 MoReg 1538		
1 CSR 20-5.020	Personnel Advisory Board and Division of Personnel		41 MoReg 1539		
	DEPARTMENT OF AGRICULTURE				
2 CSR 90-10	Weights, Measures and Consumer Protection				42 MoReg 1203
2 CSR 100-12.010	Missouri Agricultural and Small Business Development Authority		42 MoReg 1027	42 MoReg 1607	
	DEPARTMENT OF CONSERVATION				
3 CSR 10-3.010	Conservation Commission		42 MoReg 1363		
3 CSR 10-5.425	Conservation Commission		42 MoReg 1363		
3 CSR 10-7.431	Conservation Commission		N.A.	42 MoReg 1385	
3 CSR 10-7.432	Conservation Commission		42 MoReg 962	42 MoReg 1385	
3 CSR 10-7.455	Conservation Commission		42 MoReg 963	42 MoReg 1386	42 MoReg 220
3 CSR 10-8.510	Conservation Commission		42 MoReg 1364		
3 CSR 10-9.110	Conservation Commission		42 MoReg 1364		
3 CSR 10-9.625	Conservation Commission		42 MoReg 1365		
3 CSR 10-10.727	Conservation Commission		42 MoReg 1365		
3 CSR 10-10.744	Conservation Commission		42 MoReg 1366		
3 CSR 10-10.767	Conservation Commission		42 MoReg 1366		
3 CSR 10-11.180	Conservation Commission		42 MoReg 1366		
3 CSR 10-11.205	Conservation Commission		N.A.	42 MoReg 1386	
3 CSR 10-12.110	Conservation Commission		42 MoReg 1368		
3 CSR 10-12.115	Conservation Commission		42 MoReg 1368		
3 CSR 10-12.125	Conservation Commission		N.A.	42 MoReg 1386	
3 CSR 10-12.135	Conservation Commission		42 MoReg 1368		
3 CSR 10-12.140	Conservation Commission		N.A.	42 MoReg 1387	
3 CSR 10-12.145	Conservation Commission		N.A.	42 MoReg 1387	
3 CSR 10-20.805	Conservation Commission		42 MoReg 1372		
	DEPARTMENT OF ECONOMIC DEVELOPMENT				
4 CSR 240-3.050	Public Service Commission		42 MoReg 1641R		
4 CSR 240-3.163	Public Service Commission		42 MoReg 1231R		
4 CSR 240-3.164	Public Service Commission		42 MoReg 1231R		
4 CSR 240-10.075	Public Service Commission		42 MoReg 1641		
4 CSR 240-18.010	Public Service Commission		42 MoReg 1232		
4 CSR 240-120.011	Public Service Commission		42 MoReg 1145		
4 CSR 240-120.031	Public Service Commission		42 MoReg 1146		
4 CSR 240-120.060	Public Service Commission		42 MoReg 1146		
4 CSR 240-120.065	Public Service Commission		42 MoReg 1147		
4 CSR 240-120.070	Public Service Commission		42 MoReg 1151		
4 CSR 240-120.080	Public Service Commission		42 MoReg 1151		
4 CSR 240-120.085	Public Service Commission		42 MoReg 1151		
4 CSR 240-120.090	Public Service Commission		42 MoReg 1156		
4 CSR 240-120.100	Public Service Commission		42 MoReg 1158		
4 CSR 240-120.110	Public Service Commission		42 MoReg 1158		
4 CSR 240-120.120	Public Service Commission		42 MoReg 1159		
4 CSR 240-120.130	Public Service Commission		42 MoReg 1159		
4 CSR 240-120.140	Public Service Commission		42 MoReg 1160		
4 CSR 240-121.010	Public Service Commission		42 MoReg 1161		
4 CSR 240-121.020	Public Service Commission		42 MoReg 1161		
4 CSR 240-121.030	Public Service Commission		42 MoReg 1162		
4 CSR 240-121.040	Public Service Commission		42 MoReg 1163		
4 CSR 240-121.050	Public Service Commission		42 MoReg 1163		
4 CSR 240-121.060	Public Service Commission		42 MoReg 1164		
4 CSR 240-121.180	Public Service Commission		42 MoReg 1164		
4 CSR 240-123.010	Public Service Commission		42 MoReg 1164		
4 CSR 240-123.020	Public Service Commission		42 MoReg 1165		
4 CSR 240-123.030	Public Service Commission		42 MoReg 1166		
4 CSR 240-123.040	Public Service Commission		42 MoReg 1167		
4 CSR 240-123.050	Public Service Commission		42 MoReg 1169		
4 CSR 240-123.060	Public Service Commission		42 MoReg 1169		
4 CSR 240-123.065	Public Service Commission		42 MoReg 1170		
4 CSR 240-123.070	Public Service Commission		42 MoReg 1174		
4 CSR 240-123.080	Public Service Commission		42 MoReg 1174		
4 CSR 240-123.090	Public Service Commission		42 MoReg 1175		
4 CSR 240-123.095	Public Service Commission		42 MoReg 1176		
4 CSR 240-124.010	Public Service Commission		42 MoReg 1180		
4 CSR 240-124.020	Public Service Commission		42 MoReg 1180		
4 CSR 240-124.030	Public Service Commission		42 MoReg 1180		
4 CSR 240-124.040	Public Service Commission		42 MoReg 1181		
4 CSR 240-124.045	Public Service Commission		42 MoReg 1182		
4 CSR 240-124.050	Public Service Commission		42 MoReg 1184		
4 CSR 240-124.060	Public Service Commission		42 MoReg 1185		
4 CSR 240-125.010	Public Service Commission		42 MoReg 1185		
4 CSR 240-125.020	Public Service Commission		42 MoReg 1186		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
4 CSR 240-125.040	Public Service Commission		42 MoReg 1187		
4 CSR 240-125.050	Public Service Commission		42 MoReg 1187		
4 CSR 240-125.060	Public Service Commission		42 MoReg 1188		
4 CSR 240-125.070	Public Service Commission		42 MoReg 1189		
4 CSR 240-125.090	Public Service Commission		42 MoReg 1192		
4 CSR 240-126.010	Public Service Commission		42 MoReg 1192		
4 CSR 240-126.020	Public Service Commission		42 MoReg 1193		
4 CSR 240-127.010	Public Service Commission		42 MoReg 1194		
4 CSR 340-2	Division of Energy				42 MoReg 749
4 CSR 340-6.010	Division of Energy		41 MoReg 1908		
	DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION				
5 CSR 20-100.210	Division of Learning Services		42 MoReg 1071	This Issue	
5 CSR 20-300.110	Division of Learning Services		N.A.	This Issue	
5 CSR 20-300.150	Division of Learning Services		42 MoReg 1072R	This IssueR	
5 CSR 20-400.640	Division of Learning Services		42 MoReg 1581		
5 CSR 20-500.310	Division of Learning Services		This IssueR		
5 CSR 20-500.340	Division of Learning Services		This IssueR		
	DEPARTMENT OF HIGHER EDUCATION				
6 CSR 255-1.010	Fertilizer Control Board	42 MoReg 955	42 MoReg 964	42 MoReg 1555	
6 CSR 255-10.010	Fertilizer Control Board	42 MoReg 955	42 MoReg 964	42 MoReg 1555	
6 CSR 255-10.020	Fertilizer Control Board	42 MoReg 956	42 MoReg 967	42 MoReg 1555	
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7 CSR	Department of Transportation				41 MoReg 845
7 CSR 10-1.010	Missouri Highways and Transportation Commission		42 MoReg 1643		
7 CSR 10-5.010	Missouri Highways and Transportation Commission		42 MoReg 1412		
7 CSR 10-6.020	Missouri Highways and Transportation Commission		42 MoReg 1413		
7 CSR 10-6.030	Missouri Highways and Transportation Commission		42 MoReg 1414		
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7 CSR 10-6.070	Missouri Highways and Transportation Commission		42 MoReg 1418		
7 CSR 10-6.080	Missouri Highways and Transportation Commission		42 MoReg 1419		
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7 CSR 10-6.090	Missouri Highways and Transportation Commission		42 MoReg 1423		
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7 CSR 10-12.030	Missouri Highways and Transportation Commission		42 MoReg 1647		
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7 CSR 60-2.030	Traffic and Highway Safety Division		41 MoReg 1690		
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7 CSR 265-9.060	Motor Carrier and Railroad Safety		42 MoReg 1660R		
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7 CSR 265-9.100	Motor Carrier and Railroad Safety		42 MoReg 1661		
7 CSR 265-9.110	Motor Carrier and Railroad Safety		42 MoReg 1661		
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9 CSR	Department of Mental Health				41 MoReg 845
9 CSR 45-4.010	Division of Developmental Disabilities		This Issue		
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10 CSR 10-6.250	Air Conservation Commission		40 MoReg 1023	41 MoReg 37	
10 CSR 20-7.031	Clean Water Commission		42 MoReg 1424		
10 CSR 30-1.010	Land Survey		42 MoReg 1584R		
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10 CSR 30-2.090	Land Survey		42 MoReg 1586R		
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10 CSR 30-2.110	Land Survey		42 MoReg 1587R		
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11 CSR 50-2.010	Missouri State Highway Patrol	This Issue	This Issue		
11 CSR 75-15.020	Peace Officer Standards and Training Program		42 MoReg 1031	42 MoReg 1607	
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12 CSR 10-24.200	Director of Revenue		42 MoReg 1232	This Issue	
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12 CSR 30-4.010	State Tax Commission		41 MoReg 160		
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13 CSR	Department of Social Services				42 MoReg 990
13 CSR 40-2.030	Family Support Division	42 MoReg 1057	42 MoReg 1072	This Issue	
13 CSR 40-2.080	Family Support Division		42 MoReg 1587		
13 CSR 40-8.020	Family Support Division	42 MoReg 1060	42 MoReg 1086	This Issue	
13 CSR 40-34.070	Family Support Division		42 MoReg 1588R		
13 CSR 65-3.050	Missouri Medicaid Audit and Compliance		42 MoReg 781	42 MoReg 1556	
13 CSR 70-3.030	MO HealthNet Division		42 MoReg 1589		
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13 CSR 70-15.010	MO HealthNet Division	42 MoReg 1061	42 MoReg 1097	This Issue	
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14 CSR 80-3.020	State Board of Probation and Parole		This Issue		
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15 CSR 30-3.010	Secretary of State	42 MoReg 956R	42 MoReg 967R	42 MoReg 1556R	
15 CSR 30-3.020	Secretary of State	42 MoReg 957	42 MoReg 967	42 MoReg 1557	
15 CSR 30-3.030	Secretary of State	42 MoReg 958	42 MoReg 970	42 MoReg 1557	
15 CSR 30-3.040	Secretary of State	42 MoReg 958	42 MoReg 970	42 MoReg 1557	
15 CSR 30-3.050	Secretary of State	42 MoReg 959	42 MoReg 971	42 MoReg 1557	
15 CSR 30-3.100	Secretary of State	42 MoReg 960	42 MoReg 971	42 MoReg 1557	
15 CSR 30-120.010	Secretary of State	42 MoReg 1297	42 MoReg 1318		
15 CSR 30-120.020	Secretary of State	42 MoReg 1298	42 MoReg 1318		
15 CSR 30-120.030	Secretary of State	42 MoReg 1298	42 MoReg 1319		
15 CSR 30-120.040	Secretary of State	42 MoReg 1299	42 MoReg 1320		
15 CSR 30-120.050	Secretary of State	42 MoReg 1299	42 MoReg 1320		
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15 CSR 30-120.070	Secretary of State	42 MoReg 1301	42 MoReg 1321		
15 CSR 40-3.170	State Auditor	42 MoReg 1017	42 MoReg 1031	42 MoReg 1607	
15 CSR 40-4.010	State Auditor		42 MoReg 910	42 MoReg 1388	
15 CSR 40-4.020	State Auditor		42 MoReg 910	42 MoReg 1388	
15 CSR 40-4.030	State Auditor		42 MoReg 911R	42 MoReg 1388R	
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16 CSR 50-2.140	The County Employees' Retirement Fund		42 MoReg 1107	42 MoReg 1669	
16 CSR 50-20.120	The County Employees' Retirement Fund		42 MoReg 1107	42 MoReg 1669	
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19 CSR 10-10	Office of the Director				42 MoReg 991
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19 CSR 10-15.020	Office of the Director		This Issue		
19 CSR 10-15.030	Office of the Director		This Issue		
19 CSR 10-15.040	Office of the Director		This IssueR		
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19 CSR 10-33.010	Office of the Director		This Issue		
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19 CSR 15-8.410	Division of Senior and Disability Services		40 MoReg 131		
19 CSR 20-1.040	Division of Community and Public Health	42 MoReg 1639	42 MoReg 1663		
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19 CSR 30-30.060	Division of Regulation and Licensure		This Issue		
19 CSR 30-30.061	Division of Regulation and Licensure	This Issue	This Issue		
19 CSR 30-30.070	Division of Regulation and Licensure		This Issue		
19 CSR 30-40.309	Division of Regulation and Licensure	42 MoReg 709	42 MoReg 720	42 MoReg 1389	
19 CSR 30-40.365	Division of Regulation and Licensure		42 MoReg 1322		
19 CSR 30-40.720	Division of Regulation and Licensure	42 MoReg 1302	42 MoReg 1322		
19 CSR 30-81.030	Division of Regulation and Licensure	42 MoReg 1137	42 MoReg 1197		
19 CSR 40-12.010	Division of Maternal, Child and Family Health		42 MoReg 726	42 MoReg 1389	

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19 CSR 60-50	Missouri Health Facilities Review Committee				42 MoReg 1390 42 MoReg 1612 42 MoReg 1670 This Issue
	DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION				
20 CSR	Applied Behavior Analysis Maximum Benefit				42 MoReg 321
20 CSR	Construction Claims Binding Arbitration Cap				41 MoReg 1925
20 CSR	Sovereign Immunity Limits				41 MoReg 1925
20 CSR	State Legal Expense Fund Cap				41 MoReg 1925
20 CSR 2010-2.160	Missouri State Board of Accountancy		This Issue		
20 CSR 2015-1.030	Acupuncturist Advisory Committee	42 MoReg 156			
20 CSR 2070-2.090	State Board of Chiropractic Examiners	41 MoReg 1525			
20 CSR 2110-2.001	Missouri Dental Board		42 MoReg 1107	42 MoReg 1669	
20 CSR 2110-2.120	Missouri Dental Board		42 MoReg 976	42 MoReg 1557	
20 CSR 2197-1.040	Board of Therapeutic Massage	41 MoReg 825			
20 CSR 2200-4.022	State Board of Nursing		42 MoReg 1663R		
20 CSR 2200-4.025	State Board of Nursing		42 MoReg 1664R		
20 CSR 2200-4.026	State Board of Nursing		42 MoReg 1664R		
20 CSR 2200-4.027	State Board of Nursing		42 MoReg 1664R		
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20 CSR 2200-4.029	State Board of Nursing		42 MoReg 1665R		
20 CSR 2200-6.060	State Board of Nursing		42 MoReg 1327		
20 CSR 2220-2.025	State Board of Pharmacy		42 MoReg 1665		
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20 CSR 2233-1.040	State Committee of Marital and Family Therapists	42 MoReg 1065	42 MoReg 1108	42 MoReg 1669	
20 CSR 2263-2.045	State Committee for Social Workers		42 MoReg 1327R		
20 CSR 2263-2.050	State Committee for Social Workers		42 MoReg 1592		
20 CSR 2263-2.051	State Committee for Social Workers		42 MoReg 1596		
20 CSR 2263-2.060	State Committee for Social Workers		42 MoReg 1599		
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20 CSR 2263-2.085	State Committee for Social Workers		42 MoReg 1602		
20 CSR 2263-3.040	State Committee for Social Workers		42 MoReg 1606		
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22 CSR 10-2.030	Health Care Plan	This Issue	This Issue		
22 CSR 10-2.089	Health Care Plan	This Issue	This Issue		
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22 CSR 10-2.120	Health Care Plan	42 MoReg 1359R 42 MoReg 1359	42 MoReg 1383R 42 MoReg 1383		
22 CSR 10-2.135	Health Care Plan	This Issue	This Issue		
22 CSR 10-3.090	Health Care Plan	This Issue	This Issue		
22 CSR 10-3.135	Health Care Plan	This Issue	This Issue		

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Department of Agriculture				
Animal Health				
2 CSR 30-10.010	Inspection of Meat and Poultry	42 MoReg 709	April 3, 2017	Jan. 10, 2018
Department of Public Safety				
Missouri State Highway Patrol				
11 CSR 50-2.010	Definitions	This Issue	Oct. 29, 2017	April 26, 2018
Department of Revenue				
Director of Revenue				
12 CSR 10-23.600	Complaint, Inspection, and Disciplinary Process for Transportation Network Companies	42 MoReg 1223	Aug. 28, 2017	Feb. 23, 2018
12 CSR 10-41.010	Annual Adjusted Rate of Interest	This Issue	Jan. 1, 2018	June 29, 2018
Department of Social Services				
Family Support Division				
13 CSR 40-2.030	Definitions Relating to Real and Personal Property	42 MoReg 1057	July 1, 2017	Feb. 22, 2018
13 CSR 40-8.020	Ways of Treating Income and Assets	42 MoReg 1060	July 1, 2017	Feb. 22, 2018
MO HealthNet Division				
13 CSR 70-10.016	Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates	42 MoReg 1225	Aug. 1, 2017	Feb. 22, 2018
13 CSR 70-10.030	Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/IID Services	42 MoReg 1356	Sept. 1, 2017	Feb. 27, 2018
13 CSR 70-15.010	Inpatient Hospital Services Reimbursement Plan; Outpatient Hospital Services Reimbursement Methodology	42 MoReg 1061	July 1, 2017	Feb. 22, 2018
13 CSR 70-15.110	Federal Reimbursement Allowance (FRA)	42 MoReg 1063	July 1, 2017	Feb. 22, 2018
Elected Officials				
Secretary of State				
15 CSR 30-3.010	Voter Identification Affidavit (Res)	42 MoReg 956	June 1, 2017	Feb. 22, 2018
15 CSR 30-3.020	Provisional Ballots and Envelopes for Registered Voters under Voter Identification Law	42 MoReg 957	June 1, 2017	Feb. 22, 2018
15 CSR 30-3.030	Procedures for Registered Voters Returning to the Polling Place with Identification	42 MoReg 958	June 2, 2017	Feb. 22, 2018
15 CSR 30-3.040	Procedures for Identity Verification for Provisional Ballots for Registered Voters under Voter Identification Law, Counting Approved Ballots, and Recordkeeping	42 MoReg 958	June 1, 2017	Feb. 22, 2018
15 CSR 30-3.050	Voter Inquiries as to Whether Provisional Ballot for Registered Voter was Counted	42 MoReg 959	June 1, 2017	Feb. 22, 2018
15 CSR 30-3.100	Procedures for Obtaining One (1) Copy of Documents Needed to Obtain Free Personal Identification for Voting	42 MoReg 960	June 1, 2017	Feb. 22, 2018
15 CSR 30-120.010	Definitions	42 MoReg 1297	Aug. 28, 2017	Feb. 22, 2018
15 CSR 30-120.020	Application to Register as a Family Trust Company	42 MoReg 1298	Aug. 28, 2017	Feb. 22, 2018
15 CSR 30-120.030	Application to Register as a Foreign Family Trust Company	42 MoReg 1298	Aug. 28, 2017	Feb. 22, 2018
15 CSR 30-120.040	Annual Registration Report	42 MoReg 1299	Aug. 28, 2017	Feb. 22, 2018
15 CSR 30-120.050	Records	42 MoReg 1299	Aug. 28, 2017	Feb. 22, 2018
15 CSR 30-120.060	Examination	42 MoReg 1300	Aug. 28, 2017	Feb. 22, 2018
15 CSR 30-120.070	Application Process and Forms	42 MoReg 1301	Aug. 28, 2017	Feb. 22, 2018
State Auditor				
15 CSR 40-3.170	Addendum Filed with the Auditor's Office	42 MoReg 1017	June 26, 2017	Dec. 22, 2018
Department of Health and Senior Services				
Office of the Director				
19 CSR 10-15.050	Complication Plans for Certain Drug- and Chemically-Induced Abortions by Physicians Via Hospitals	This Issue	Nov. 3, 2017	May 1, 2018
Division of Community and Public Health				
19 CSR 20-1.040	Good Manufacturing Practices	42 MoReg 1639	Oct. 23, 2017	April 20, 2018

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Division of Regulation and Licensure				
19 CSR 30-30.061	Complication Plans for Certain Drug- and Chemically-Induced Abortions Via Abortion Facilities	This Issue	Nov. 3, 2017	May 1, 2018
19 CSR 30-40.309	Application and Licensure Requirements Standards for the Licensure and Relicensure of Ground Ambulance Services	42 MoReg 709	March 26, 2017	Jan. 3, 2018
19 CSR 30-40.720	Stroke Center Designation Application and Review	42 MoReg 1302	Aug. 17, 2017	Feb. 22, 2018
19 CSR 30-81.030	Evaluation and Assessment Measures for Title XIX Recipients and Applicants in Long-Term Care Facilities	42 MoReg 1137	July 15, 2017	Feb. 22, 2018
Department of Insurance, Financial Institutions and Professional Registration				
State Board of Nursing				
20 CSR 2200-4.020	Requirements for Licensure	42 MoReg 861	May 9, 2017	Feb. 15, 2018
State Board of Pharmacy				
20 CSR 2220-2.650	Standards of Operation for a Class J: Shared Services Pharmacy	42 MoReg 1227	Aug. 6, 2017	Feb. 22, 2018
20 CSR 2220-4.010	General Fees	42 MoReg 710	April 21, 2017	Dec. 1, 2017
State Committee of Marital and Family Therapists				
20 CSR 2233-1.040	Fees	42 MoReg 1065	Aug. 1, 2017	Feb. 22, 2018
Missouri Consolidated Health Care Plan				
Health Care Plan				
22 CSR 10-2.030	Contributions	This Issue	Jan. 1, 2018	June 29, 2018
22 CSR 10-2.089	Pharmacy Employer Group Waiver Plan for Medicare Primary Members	This Issue	Jan. 1, 2018	June 29, 2018
22 CSR 10-2.094	Tobacco-Free Incentive Provisions and Limitations (Res.)	42 MoReg 1358	Oct. 1, 2017	March 29, 2018
22 CSR 10-2.094	Tobacco-Free Incentive Provisions and Limitations	42 MoReg 1358	Oct. 1, 2017	March 29, 2018
22 CSR 10-2.120	Partnership Incentive Provisions and Limitations (Res.)	42 MoReg 1359	Oct. 1, 2017	March 29, 2018
22 CSR 10-2.120	Partnership Incentive Provisions and Limitations	42 MoReg 1359	Oct. 1, 2017	March 29, 2018
22 CSR 10-2.135	Benefit Package Option	This Issue	Nov. 6, 2017	May 4, 2018
22 CSR 10-3.090	Pharmacy Benefit Summary	This Issue	Jan. 1, 2018	June 29, 2018
22 CSR 10-3.135	Benefit Package Option	This Issue	Nov. 6, 2017	May 4, 2018

Executive Orders	Subject Matter	Filed Date	Publication
	2017		
17-23	Advises that state offices will be closed on Friday, November 24, 2017.	Nov. 1, 2017	42 MoReg 1640
17-22	Implements the Emergency Mutual Assistance Compact and activates the state militia to aid the U.S. Virgin Islands in response to Hurricane Maria.	Sept. 20, 2017	42 MoReg 1579
17-21	Governor activates the state militia in anticipation of unrest in the St. Louis region.	Sept. 14, 2017	42 MoReg 1411
17-20	Governor establishes a board of inquiry to review evidence and provide a recommendation on the death sentence for inmate Marcellus Williams.	Aug. 22, 2017	42 MoReg 1361
Proclamation	Governor notifies the General Assembly that he is reducing appropriation lines in the fiscal year 2018 budget and permanently reducing appropriation lines in the fiscal year 2017 budget.	Aug. 1, 2017	42 MoReg 1307
17-19	Directs the Department of Health and Senior Services, the Department of Mental Health, the Department of Public Safety, the Department of Natural Resources, and the Department of Conservation to identify, train, equip, and assess law enforcement and emergency responder efforts to combat Missouri's Opioid Public Health Crisis.	July 18, 2017	42 MoReg 1229
17-18	Directs the Department of Health and Senior Services to create a prescription drug monitoring program.	July 17, 2017	42 MoReg 1143
Amended Proclamation	Governor convenes the Second Extra Session of the First Regular Session of the Ninety-Ninth General Assembly regarding abortions facilities.	July 6, 2017	42 MoReg 1139
17-17	Creates the Missouri Justice Reinvest Taskforce to analyze Missouri's corrections system and recommend improvements.	June 28, 2017	42 MoReg 1067
Proclamation	Governor convenes the Second Extra Session of the First Regular Session of the Ninety-Ninth General Assembly regarding abortions facilities.	June 7, 2017	42 MoReg 1024
Proclamation	Governor convenes the First Extra Session of the First Regular Session of the Ninety-Ninth General Assembly regarding attracting new jobs to Missouri.	May18, 2017	42 MoReg 1022
17-16	Temporarily grants the Director of the Missouri Department of Revenue discretionary authority to adjust certain rules and regulations.	May 11, 2017	42 MoReg 909
17-15	Temporarily grants the Director of the Missouri Department of Health and Senior Services discretionary authority to adjust certain rules and regulations.	May 8, 2017	42 MoReg 907
17-14	Temporarily grants the Director of the Missouri Department of Natural Resources discretionary authority to adjust certain environmental rules and regulations.	May 4, 2017	42 MoReg 905
17-13	Activates the state militia in response to severe weather that began on April 28, 2017.	April 30, 2017	42 MoReg 865
17-12	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to severe weather beginning on April 28,2017.	April 28, 2017	42 MoReg 863
17-11	Establishes the Boards and Commissions Task Force to recommend comprehensive executive and legislative reform proposals to the governor by October 31, 2017.	April 11, 2017	42 MoReg 779
17-10	Designates members of the governor's staff to have supervisory authority over departments, division, and agencies of state government.	April 7, 2017	42 MoReg 777
17-09	Establishes parental leave for state employees of the executive branch of Missouri state government and encourages other state officials to adopt comparable policies.	March 13, 2017	42 MoReg 429
17-08	Declares a State of Emergency and activates the Missouri State Emergency Operations Plan due to severe weather that began on March 6.	March 7, 2017	42 MoReg 427
17-07	Establishes the Governor's Committee for Simple, Fair, and Low Taxes to recommend proposed reforms to the governor by June 30, 2017.	January 25, 2017	42 MoReg 315
17-06	Orders that the Missouri State Emergency Operations Plan be activated. Further orders state agencies to provide assistance to the maximum extent practicable and directs the Adjutant General to call into service such portions of the organized militia as he deems necessary.	January 12, 2017	42 MoReg 267
17-05	Activates the Missouri State Emergency Operation Center due to severe weather expected to begin on Jan. 12, 2017.	January 11, 2017	42 MoReg 266

Executive Orders	Subject Matter	Filed Date	Publication
17-04	Establishes the position of Chief Operating Officer to report directly to the governor and serve as a member of the governor's executive team.	January 11, 2017	42 MoReg 264
17-03	Orders every state agency to immediately suspend all rulemaking until Feb. 28, 2017, and to complete a review of every regulation under its jurisdiction within the *Code of State Regulations* by May 31, 2018.	January 10, 2017	42 MoReg 261
17-02	Orders state employees of the executive branch of Missouri state government to follow a specified code of conduct regarding ethics during the Greitens administration.	January 9, 2017	42 MoReg 258
17-01	Rescinds Executive Orders 07-10, 88-26, 98-15, and 05-40 regarding the Governor's Advisory Council on Physical Fitness and Health and the Missouri State Park Advisory Board.	January 6, 2017	42 MoReg 257
	2016		
16-10	Reauthorizes the Governor's Committee to End Chronic Homelessness until December 31, 2020.	December 30, 2016	42 MoReg 159
16-09	Advises that state offices in Cole County will be closed on Monday January 9, 2017.	December 23, 2016	42 MoReg 158
16-08	Advises that state offices will be closed on Friday, November 25, 2016.	October 24, 2016	41 MoReg 1659
16-07	Declares that a State of Emergency exists in the State of Missouri and directs that the Missouri State Emergency Operations Plan be activated as a result of storms that began on May 25, 2016. This order shall terminate on June 26, 2016, unless extended.	May 27, 2016	41 MoReg 830
16-06	Declares that the next Missouri Poet Laureate will be named in June 2016 and directs that a Missouri Poet Laureate be named biennially to serve for two years at the pleasure of the governor. The order also includes qualifications and responsibilities for the post. Additionally the Missouri Poet Laureate Advisory Committee is hereby established.	May 27, 2016	41 MoReg 828
16-05	Directs the Department of Public Safety, with guidance from the Missouri Veteran's Commission and the Adjutant General of the State of Missouri, to coordinate events with the World War I Centennial Commission that recognize and remember efforts and sacrifices of all Americans during World War I.	May 27, 2016	41 MoReg 826
16-04	Orders all departments, agencies and boards, and commissions, in the Executive Branch subject to the authority of the governor to take all necessary action to amend initial employment applications by removing questions related to an individual's criminal history unless a criminal history would render an applicant ineligible for the position.	April 11, 2016	41 MoReg 658
16-03	Extends Executive Orders 15-10, 15-11, and 16-02 until February 22, 2016, due to severe weather that began on December 22, 2015.	Jan. 22, 2016	41 MoReg 299
16-02	Gives the director of the Department of Natural Resources the authority to temporarily suspend regulations in the aftermath of severe weather that began on December 22, 2015.	Jan. 6, 2016	41 MoReg 235
16-01	Designates members of the governor's staff to have supervisory authority over certain departments, divisions, and agencies.	Jan. 4, 2016	41 MoReg 153

The rule number and the MoReg publication date follow each entry to this index.

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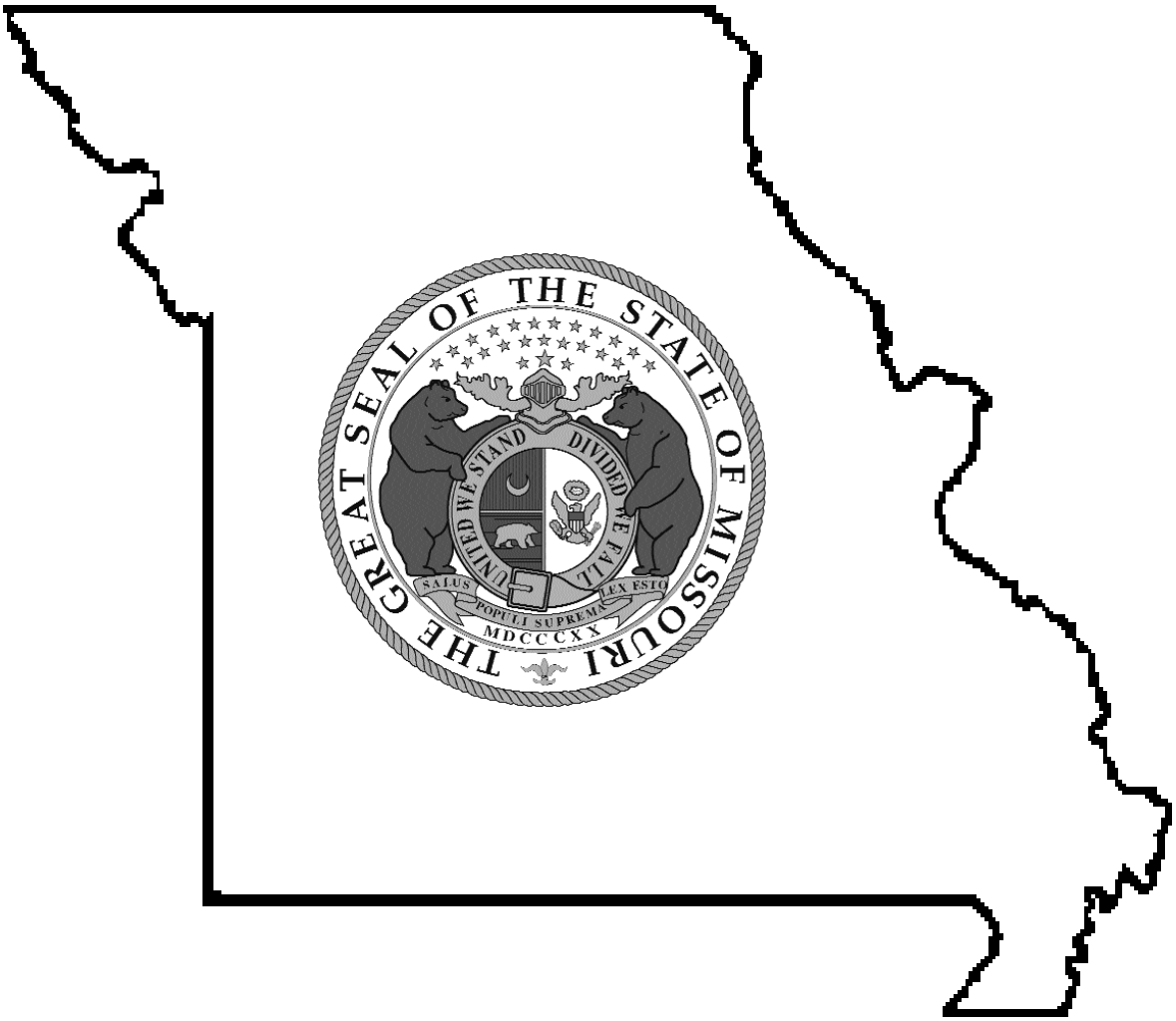

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