Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.001 Definitions. The board is amending subsection (1)(M) and adding new subsections (1)(T), (1)(HH), (1)(SS) and (1)(XX), and relettering as necessary.

PURPOSE: This amendment adds and amends definitions to keep language within the Minimum Standards for Programs of Professional Nursing internally congruent.

(1) When used in 20 CSR 2200-2, the following terms mean:

(M) Clinical simulation—*[An educational experience that creates realistic scenarios where students engage in nursing practice under the direction of nursing faculty;]* **Any activity that models direct patient care in a controlled environment, led by a qualified facilitator with oversight by nursing faculty. Activities include assessment, competencies, terminology, evaluation, and debriefing, based on standards of best nursing practice. The purpose of simulation as a teaching pedagogy is to mimic and practice competencies not able to be acquired in a clinical setting or to augment direct patient care experiences;**

(T) Debriefing—An activity that follows a simulation experience that encourages participant's reflective thinking and provides feedback regarding the participant's performance;

*[(T)]***(U)** Diploma program—Program leading to diploma in nursing sponsored by a health care institution;

*[(U)]***(V)** Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;

*[(V)]***(W)** Distance learning—Curriculum provided from a main campus location to another geographic location, primarily through electronic or other technological methods;

*[(W)]***(X)** Endorsement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory, or country;

*[(X)]***(Y)** Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation, and evaluation of philosophy and/or mission, objectives, and curriculum of nursing program;

*[(Y)]***(Z)** Full-time—Those individuals deemed by sponsoring institution to meet definition for full-time employment;

*[(Z)]***(AA)** Governing body—Body authorized to establish and monitor policies and assume responsibility for the educational programs;

*[(AA)]***(BB)** Graduate competency—Individual graduate behaviors;

*[(BB)]***(CC)** Information technology—The study designed for development, implementation, support, or management of computer-based information systems, particularly software applications and computer hardware;

*[(CC)]***(DD)** Initial approval—Status granted a program of professional nursing until full approval status is granted or denied;

*[(DD)]***(EE)** Minimum standards—Criteria which nursing programs shall meet in order to be approved by the board;

*[(EE)]***(FF)** Mission—Overall statement of purpose that faculty accept as valid and is directly related to curriculum practices;

*[(FF)]***(GG)** Multiple campuses—Distinct and separate geographic location offering the same program, providing the same services, and operated by the same sponsoring institution;

(HH) National Nursing Accreditation—Accreditation by a national agency specific to nursing education that is recognized by the board;

*[(GG)]***(II)** NCLEX-RN® examination—National Council Licensure Examination for Registered Nurses;

*[(HH)]***(JJ)** Objectives—Measurable statements describing anticipated outcomes of learning;

*[(II)]***(KK)** Observational experiences—Planned learning experiences designed to assist students to meet course objectives through observation;

*[(JJ)]***(LL)** Part-time—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;

*[(KK)]***(MM)** Philosophy—A composite of the beliefs that the faculty accepts as valid and is directly related to curriculum practices;

*[(LL)]***(NN)** Pilot program/project—Educational activity which has board approval for a limited time and which otherwise would be out of compliance with minimum standards;

*[(MM)]***(OO)** Preceptor—Registered professional nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;

*[(NN)]***(PP)** Pre-licensure—Initial educational program in nursing leading to entry-level licensure;

*[(OO)]***(QQ)** Program—Course of study leading to a degree or diploma;

*[(PP)]***(RR)** Program outcomes—Measurable statements defining aggregate student achievements;

(SS) Proper supervision—The general overseeing and the authorizing to direct in any given situation including, but not limited to: orientation, initial and ongoing direction, procedural guidance, periodic inspection, and evaluations;

*[(QQ)]***(TT)** Requirement—A mandatory condition that a school or program meets in order to comply with minimum standards;

*[(RR)]***(UU)** Satellite location—A site geographically separate from but administered and served by, a primary program campus;

*[(SS)]***(VV)** Sponsoring institution—The institution that is financially and legally responsible for the nursing program;

*[(TT)]***(WW)** Statement of need and feasibility—Current evidence of need for professional and practical nurses, additional nursing program(s), and community support;

(XX) Sustainability plan—A plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes;

*[(UU)]***(YY)** Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and

*[(VV)]***(ZZ)** Written agreement—Formal memorandum of understanding or contract between a nursing education program and a cooperating agency, which designates each party's responsibilities for the education of nursing students.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.001. Original rule filed Sept. 25, 1991, effective March 9, 1992. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.010 Approval. The board is amending sections (3), (4), (5), (6), and (8), adding new section (7), and renumbering as necessary.

PURPOSE: This amendment clarifies the approval process for programs of professional nursing.

(3) Classification of Approval.

(A) Initial approval is the status granted a program of professional nursing until full approval is granted or *[denied]* **approval is withdrawn**.

(B) Full approval is the status granted a program of professional nursing after the program has *[graduated one (1) class and has]* met and continues to meet regulations or requirements.

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval—

1. An accredited institution of higher education desiring to establish a program of professional nursing shall submit a petition to the board at least three (3) months prior to the submission of a proposal. Prior to submission of a petition, nursing programs operating under the institution's sponsorship shall meet requirements for full program approval. The petition shall include: the name and location of the sponsoring institution and its accreditation status; the mission statement of the sponsoring institution and the mission statement of the proposed program; the proposed location (and satellites) in relation to the administrative offices of the sponsoring institution; statement of need and feasibility; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program. The statement of need and feasibility shall include:

A. Documentation of the need for the nursing program including community and economic development need, rationale for why the program should be established, and documentation of employers' need for graduates of the proposed program;

B. Number of professional nursing and practical nursing programs in the area and potential impact on those nursing programs;

C. Number and source of anticipated student population;

D. Letters of support for the proposed nursing program;

E. Letter(s) from potential clinical sites; including a description of potential clinical sites, average daily patient census, and the ability to provide clinical placement to potential students in addition to those of existing nursing programs to meet program objectives and outcomes; and

F. Source of potential qualified faculty and anticipated ratio of faculty to student enrollment. Upon board review of the petition, the board *[shall have]* **has** the authority to approve or deny the petition. The petition shall be accepted by the board prior to submission of a proposal. Revised petitions may be submitted to the board. Each petition shall remain active for no more than one (1) calendar year from the date of review by the board. The board will electronically notify nursing programs of the accepted petition;

2. Each sponsoring institution shall have only one (1) program proposal under consideration for initial approval at any one (1) time;

3. A program proposal shall be written and presented to the board by the administrator of the proposed program. The proposal shall *[be written to reflect compliance]* **comply** with the Minimum Standards for Programs of Professional Nursing as prescribed in 20 CSR 2200-2.050 through 20 CSR 2200-2.130*[. The proposal shall]* **and** bear the signature of the administrator who *[shall]* meet**s** the criteria in 20 CSR 2200-2.060(1)(B) and *[shall be]* **has been** active in the position on a full-time basis at least nine (9) months and preferably one (1) year prior to the entry of the first class. The number of copies of the proposal, as specified by the board, shall be *[accompanied]* **submitted** with the required application fee. Submission of the application fee *[shall]* **will** initiate review of the proposal. The proposal shall be prepared following the reporting format and include**s** each component as indicated in paragraph (4)(A)4. of this rule. The proposal shall remain active for no more than one (1) calendar year from the date of review by the board. No more than two (2) proposal revisions shall be accepted. Members designated by the board *[shall]* **will** review the proposal and make recommendations prior to presentation of the proposal to the board. Board approval of the proposal with or without contingencies shall be obtained no later than six (6) months prior to the anticipated opening date;

4. A proposal submitted shall contain the following information:

A. Curriculum.

(I) Philosophy and/or mission.

(II) Graduate competencies.

(III) Curriculum sequence.

(IV) Course descriptions and objectives with number of credit hours for all courses. **Credit and clock hour allocations specific to theory, lab, and clinical portions shall be included.**

(V) Systematic evaluation plan.

(VI) Evidence of eligibility for articulation of credits related to baccalaureate completion programs;

B. Students.

(I) Maximum number of students per class.

(II) Number of classes admitted per year.

(III) Number of students anticipated in initial class.

(IV) Plan for increase to maximum enrollment, if applicable.

(V) Admission criteria.

(VI) Plans for progression and retention of students.

(VII) Appeal policies and procedures.

(VIII) Availability and accessibility of student services;

C. Faculty.

(I) Plan for hiring full-time and part-time theory and clinical faculty. This plan shall include full-time equivalents, student to faculty ratios, and full-time to part-time faculty ratios to meet initial and increasing enrollment.

(II) Position descriptions;

D. Support services personnel.

(I) Number of full-time and part-time ancillary support services personnel.

(II) Position descriptions;

E. Sponsoring institution.

(I) Evidence of authorization to conduct the program of professional nursing by the governing body of the sponsoring institution.

(II) Evidence of accreditation by an agency recognized by the United States Department of Education.

(III) Current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the proposed program.

(IV) Evidence of financial stability and resources of the sponsoring institution and the program of nursing **to include a sustainability plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes**; and

F. Facilities.

(I) Description of educational facilities to be used by the professional nursing program such as classrooms, library, offices, clinical skills *[laboratory]* **and simulation laboratories**, and other facilities.

(II) Description of planned or available learning resources

to include such items as equipment, supplies, library services, computers, *[and]* **simulation** technology**, and online educational resources to be utilized for instructional purposes**.

(III) Letter(s) from potential clinical sites; including a description of potential clinical sites, average daily patient census and the ability to provide clinical placement to potential students in addition to those of existing nursing programs to meet program objectives and outcomes.

(IV) A letter of intent from each proposed cooperating agency stating its ability to provide the appropriate educational experiences to meet program objectives and outcomes;

5. Site survey. Representatives from the board *[shall]* **will** make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-2.050 through 20 CSR 2200-2.130; and

6. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-2.050 through 20 CSR 2200-2.130. Initial program approval contingent on the site survey shall remain active for no more than one (1) calendar year prior to program start.

(B) Throughout the period of initial approval, the program shall submit an annual *[survey]* **report, an annual registration, and the annual registration fee as set by the board**.

(C) Upon graduation of the program's first class and receipt of results of the **first official** National Council Licensure Examination for Registered Nurses (NCLEX-RN®) **program pass rate, as reported after completion of the fourth quarter of the respective calendar year**, the board will review the following:

1. The program's compliance with minimum standards during initial approval including the program's adherence to the approved proposal and changes authorized by the board;

2. Report of an on-site survey;

3. Report of National Council Licensure Examination for Registered Nurses results (see 20 CSR 2200-2.180(1));

4. Identification and analysis of class graduation rate; and

5. Submission of program's ongoing systematic evaluation plan with available data.

(D) After its review, the board shall decide to continue initial approval for a period of not more than one (1) **calendar** year, *[deny]* **withdraw** approval, or grant full approval.

(E) On-Site Surveys. At least two (2) representatives of the board will make on-site surveys on a regular basis throughout the initial approval period. A program may request additional visits. Programs retained on initial approval status will have on-site surveys on an annual basis and as directed by the board.

(F) A program's approval may be withdrawn pursuant to section 335.071.3., RSMo, for noncompliance with minimum standards. A program which fails to correct identified deficiencies to the satisfaction of the board will, after notice and hearing, be removed from the board's listing of approved programs.

(5) Full Approval Status.

(A) Annual Report. Each program and each campus of each program shall complete and submit the board's annual *[survey]* **report** by the established deadline. Following review by the board, each program *[shall]* **will** be notified of the board's action(s).

(B) A program's approval status *[shall be]* **is** subject to review by the board if the required annual report**, annual registration, or annual registration fee** is not received within thirty (30) days from the established deadline.

(C) On-Site Surveys. On-site surveys *[shall]* **will** be made on a scheduled basis, at the direction of the board, or upon request of the nursing program. Each nursing program *[shall]* **will** be surveyed typically at five- (5-) year intervals. If the program is accredited by a national nursing accreditation agency, the nursing program may request that the on-site survey be scheduled in coordination with a national nursing accreditation agency visit. Representatives of the board *[shall]* **will** form a survey team to conduct each on-site survey. Each survey team shall consist of two (2) or more persons qualified to conduct on-site surveys. The program shall solicit public comments in preparation for each *[scheduled]* **routine** on-site survey. Evidence of solicitation of public comments shall be available for review during the on-site survey.

(D) Additional Visits/Surveys. At least two (2) representatives of the board *[shall]* **will** make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(6) Conditional Approval Status.

[(B) Should circumstances be such that instructional quality and integrity of the program is jeopardized, the board may impose a moratorium on student admissions.]

*[(C)]***(B)** A program may be placed on conditional approval status if it has failed to meet or maintain the rules/regulations or requirements, or both, set by the board. The program will remain on conditional approval status until such time as the deficiencies are corrected to the satisfaction of the board.

(C) On-Site Surveys. At least two (2) representatives of the board will make on-site surveys. On-site surveys are conducted on regular basis throughout the conditional approval period as directed by the board. A program may request additional visits.

(7) Moratorium on Student Admissions.

(A) Should circumstances be such that instructional quality and integrity of the program is jeopardized as determined by the board, the board may impose a moratorium on student admissions. A moratorium on student admissions may be imposed by the board during initial, full, and conditional approval status of the program. The moratorium may be lifted by the board upon proof submitted to the board that the program has cured any deficiencies in the instructional quality and integrity of the program.

*[(7)]***(8)** Annual Registration Requirements.

(A) *[An]* **The board will send an** application for annual registration *[shall be sent]* to each approved program and each campus of each program from the board. Failure to receive the application will not relieve the program of its obligation to register.

(B) A separate annual registration form and designated fee as established in 20 CSR 2200-4.010(1)(F) shall be submitted to the board for each approved program and each campus of each program prior to June 1 of each year. **Satellite locations do not qualify as a campus of an approved program.**

(C) A program's approval status *[shall be]* **is** subject to review by the board if the required registration fee is not received within thirty (30) days of the June 1 deadline.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.010. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

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PROPOSED AMENDMENT

20 CSR 2200-2.020 Discontinuing and Reopening Programs. The board is amending section (2).

PURPOSE: This amendment establishes a waiting period after closure to initiate the approval process for a new nursing program.

(2) Program Reopening. The procedure for reopening a program is the same as for initial approval in 20 CSR 2200-2.010(4)(A). **An accredited institution of higher education that has lost the board's approval of a nursing program due to deficiencies identified by the board may not petition the board for establishment of a new nursing program for a minimum of one (1) calendar year from the time of the actual date for program closure.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.020. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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PROPOSED AMENDMENT

20 CSR 2200-2.030 Change of Sponsorship. The board is amending sections (2) and (3).

PURPOSE: This amendment changes the process for change in sponsorships.

(2) A change in sponsorship form *[provided by the board]* shall be completed and returned **to the board** within thirty (30) days of *[receipt of the form]* **the change in sponsorship**. **Written notification shall include proposed changes to the program**.

(3) *[Any p]***P**roposed changes that affect the criteria included in 20 CSR 2200-2.010(4)(A)1.–4. shall be approved by the board prior to implementation.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.030. This version filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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PROPOSED AMENDMENT

20 CSR 2200-2.035 Multiple Campuses. The board is amending sections (2), (3), (4), (5), and (7).

PURPOSE: This amendment clarifies approval of programs with multiple campuses.

(2) Each campus is required to submit a separate annual *[survey]* **report**, annual registration, and annual registration fee.

(3) The sponsoring institution shall submit a proposal as indicated in 20 CSR 2200-2.010(4)(A) and receive approval from the board before opening an additional campus **or expand to additional satellite location(s)**. Each additional campus *[shall]* **and satellite location will** be surveyed.

(4) Each campus **and satellite location** shall have a full-time faculty person designated as the coordinator who reports to the program administrator*[. Each program coordinator shall meet]* **and meets** the faculty requirements for appointment.

(5) Discipline of one (1) campus will not automatically result in discipline of other campuses of the same program **or other programs under the same institutional sponsorship**. **Discipline of a nursing program will apply to satellite expansion site(s) of the program.**

(7) Satellite locations do not qualify *[as multiple campuses]* **as a campus of an approved program**.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.035. Original rule filed Aug. 6, 1998, effective Feb. 28, 1999. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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PROPOSED AMENDMENT

20 CSR 2200-2.040 Program Changes Requiring Board Approval, Notification, or Both. The board is amending sections (1) and (5).

PURPOSE: This amendment clarifies program changes which require board approval, notification, or both and required notification of change of status to national nursing accreditation.

(1) Board approval is required for changes of the following:

(C) Increase **in** number of students by enrollment**,** *[or]* transfer, **or readmission** by more than one (1) beyond the number approved by the board;

(D) Pilot program/project; *[and]*

(E) Relocation of the program or any of its components*[.]***; and**

(F) Substantial change in program delivery modalities.

(5) A change in a program's accreditation status by any accrediting body**, to include national nursing accreditors,** shall be submitted in writing to the board within thirty (30) days of the program's notification of such.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.040. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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PROPOSED AMENDMENT

20 CSR 2200-2.050 Organization and Administration of an Approved Program of Professional Nursing. The board is amending sections (1), (4), (5), (6), and (7).

PURPOSE: This amendment clarifies requirements for approval of pre-licensure programs of professional nursing.

(1) Philosophy and/or mission of the program shall be in writing and *[shall]* be consistent with the philosophy and/or mission statement of the sponsoring institution.

(4) There will be a faculty governance structure with responsibility for the nursing curriculum and the admission, **readmission,** progression**,** and graduation of students.

(C) Meeting minutes shall reflect faculty decision making within the program. Documentation shall include evidence that program evaluation data are utilized to make program decisions.

(5) The program shall have a current organizational chart(s*)* illustrating the relationship of the program to the sponsoring institution and the **coordinator and** faculty structure within the nursing program.

(6) Finance.

(A) There shall be an annual budget to support the program. **Financial resources shall be sufficient to support program outcomes and operations.**

(C) The administrator, with input from the **coordinators and** faculty, shall make recommendations for the budget.

(7) Clerical Assistance.

(A) Each program **and satellite location** shall have secretarial and other support services sufficient to meet the needs of the program.

*AUTHORITY: sections 335.036 and 335.071, RSMo [2000] **2016**. This rule was originally filed as 4 CSR 200-2.050. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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PROPOSED AMENDMENT

20 CSR 2200-2.060 Administrator/Faculty. The board is amending sections (1), (3), (4), and (7).

PURPOSE: This amendment clarifies requirements for program

coordinators, qualifications for faculty involved with clinical simulation, and records to be maintained.

(1) Program Administrator.

(A) The administrator shall have the primary responsibility and the authority for the administration of the nursing program and *[shall]* be employed full-time.

(C) Program administrators with responsibility for two (2) or more *[nursing]* **educational** programs **and/or additional campus and satellite location(s)** shall designate full-time faculty as program coordinators **at each site**. The coordinator's workload shall allow time for day-to-day management of one (1) nursing program **at the home campus, an additional campus, or satellite location** under the direction of the program administrator. Each program coordinator shall meet faculty requirements for appointment.

(3) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to—

(I) Faculty involved in clinical simulation will have documented ongoing professional development in clinical simulation;

*[(I)]***(J)** Participation in the development of program and institutional policies and decision making; and

*[(J)]***(K)** Experienced faculty shall serve as assigned mentors for less seasoned and new faculty. Records of assigned mentors shall be maintained.

(4) Minimum Number of Faculty. One (1) full-time nursing faculty in addition to the program administrator with sufficient faculty to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; education and experience of faculty members; number and location of clinical sites; and total responsibilities of the faculty. **Records indicating student to faculty ratios in theory, lab, and clinical instruction shall be maintained.**

(7) Employment Policies.

(B) Nursing Program.

1. Personnel policies shall be available in writing and consistent with the sponsoring institution.

2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.

3. A planned orientation shall be in writing and implemented. It shall include review of the Missouri Nursing Practice Act (NPA). **Completed faculty orientation documents shall be maintained.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.060. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.070 Physical Facilities *and Instructional Resources*. The board is amending the title, purpose statement, and section (5).

PURPOSE: This amendment adds simulation resources and expands designated skills for laboratory staff and resources.

*PURPOSE: This rule defines the physical facilities and **instructional** resources required by professional nursing programs.*

(5) Clinical Skills *[Laboratory]* **and Simulation Laboratories**.

(A) Each program and each campus of each program shall have a clinical skills laboratory sufficient to meet learning outcomes. **Instructional resources shall be sufficient to meet program objectives and outcomes. Should clinical simulation be utilized, physical space and resources designated for clinical simulation and debriefing shall be sufficient to meet program outcomes.**

(B) Management of clinical skills *[laboratory shall]* **and simulation laboratories shall** include:

1. Designated faculty **or staff** time to manage skills **and simulation** lab resources;

2. Budget allocation for equipment and supplies;

3. **Sustainability** *[P]***p**lan for acquisition and maintenance of equipment**,** *[and]* supplies**, and emerging instructional technologies**; and

4. Policies and procedures governing the administration and the use of the clinical skills *[laboratory]* **and simulation laboratories**. These policies and procedures shall be in writing and available to students and faculty.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.070. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.080 Clinical *[Sites] Experiences*. The board is

amending the title, purpose statement, and section (1).

PURPOSE: This amendment changes clinical learning by requiring interprofessional clinical experiences.

*PURPOSE: This rule defines selection and use of clinical [sites] **experiences** by the programs of professional nursing [for required student clinical learning experiences].*

(1) Clinical sites shall be selected which will provide direct care and observational learning experiences to meet the objectives of the course.

(A) *[Observational experiences shall provide learning experiences to meet the course objectives and shall]* **Select interprofessional educational experiences may be utilized to provide learning experiences to meet course and program objectives and outcomes. Clinical personnel with professional licensure or certification in a health-related field may be utilized to augment student learning in their respective areas. Observational/interprofessional experiences may** not exceed twenty percent (20%) of the total clinical program hours. Orientation to the facility does not contribute to the twenty percent (20%).

(D) The ratio of faculty to students in the clinical area shall be designed to promote patient safety and to facilitate student learning **with the proper supervision**.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.080. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.085 Preceptors. The board is amending section (1) and subsection (4)(F).

PURPOSE: This rule is being amended to include preceptors in the faculty to student ratio.

(1) Preceptors may be used as role models, mentors, and supervisors of students in professional nursing programs—

[(B) Preceptors are not to be considered when determining the faculty to student ratio;]

*[(C)]***(B)** Preceptors shall not be utilized in fundamentals of nursing courses; and

*[(D)]***(C)** Preceptors shall supervise no more than two (2) students during any given shift. Supervision by a preceptor means that the preceptor is present and available to the student(s) in the clinical setting.

(4) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:

(F) *[Shall meet periodically]* **Periodic meetings** with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.085. Original rule filed May 4, 1993, effective March 10, 1994. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.090 Students. The board is amending sections (1) and (2).

PURPOSE: This amendment changes admission and readmission assessment and tracking and maintaining student data.

(1) Admission, Readmission, and Transfer.

(C) Admission **and readmission** criteria shall reflect consideration of*[:]*—

1. Potential to complete the program; *[and]*

2. Ability to meet the standards to apply for licensure (see sections 335.046.1 and 335.066, RSMo)*[.]*;

3. Policies for admission and readmission shall be stated in writing and accessible to applicants, students, and faculty. Time limits for acceptance of credits earned during prior enrollment(s) should be stated. Potential to complete the program shall be reassessed prior to readmission to the program. Documented evidence is to be maintained; and

4. Program admission, readmission, retention, and graduation data shall be tracked. Documented evidence of such data is to be maintained.

(2) Student Services.

(C) Academic Advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students. **Academic advisement records are to be maintained.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.090. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.100 Educational Program. The board is amending the purpose statement, sections (1), (2), (3), and (4), deleting old and adding new section (5).

PURPOSE: This amendment better defines and clarifies required learning experiences in clinical settings, provides increased detail related to instructional clock and credit hours required for completion of the nursing program and updates requirements for distance learning.

*PURPOSE: This rule defines the educational program, curriculum plan and requirements, **simulation,** and distance education requirements for programs of professional nursing.*

(1) General Purpose.

(C) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy and/or mission and graduate competencies and *[shall]* demonstrate logical progression.

(D) The educational program shall provide clinical education to facilitate transition to professional nursing practice **with focus on clinical decision making, leadership, and management**.

(E) A nursing program that uses clinical simulation shall adhere to model standards of best practice.

(2) Curriculum Organization and Development.

(C) Curriculum design of programs of professional nursing shall foster seamless **academic** articulation *[toward Bachelor of Science in Nursing (B.S.N.) completion]*.

(D) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory**, lab,** and clinical *[hours/credits/units to permit achievement of graduate competencies and program outcomes]*. **The curriculum plan shall indicate credit and clock hours allocated to theory, lab, and clinical instruction.**

(3) Curriculum Requirements. Content may be developed as a separate course or integrated. Integrated concepts shall be evident in the course objectives. Coursework shall include, but is not limited to:

(A) Content in the biological, physical, social, and behavioral sciences to provide a foundation for competent, safe, and effective **professional** nursing practice;

(B) Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and in a variety of clinical settings **or simulation**, to include:

1. Using information technology to communicate, manage knowledge, mitigate error, and support decision-making;
2. Employing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care;
3. Considering moral, legal, and ethical standards in decision-making processes;
4. Understanding quality improvement processes to measure patient outcomes, identify hazards and errors, and develop changes in processes of patient care;
5. Considering the impact of policy and finance of the health-care system;
6. Involving patients in decision-making and care management;
7. Coordinating and managing continuous patient care;
8. Promoting healthy lifestyles for patient and populations;
9. Working in interdisciplinary teams to cooperate, collaborate, communicate, and integrate patient care and health promotion; and
10. Providing patient-centered culturally sensitive care with focus on respect for patient differences, values, preferences, and expressed needs.

(4) Syllabus Construction. Syllabi shall be current and available to all faculty, students, and cooperating agencies. Each syllabus shall include:

(A) Course title, current date and year the course is offered, and required pre-requisites;

*[(A)]***(B)** Course description;

*[(B)]***(C)** Course objectives;

*[(C)]***(D)** Teaching or learning strategies;

*[(D)]***(E)** Evaluation methodologies;

*[(E)]***(F)** Grading scale;

*[(F)]***(G)** Course policies; and

*[(G)]***(H)** Clock *[or]* **and** credit hour requirements related to theory, lab, and clinical instruction.

[(5) Distance Education. Courses/programs of study that utilize distance education shall have—

(A) A course management/delivery platform that is reliable and navigable for students and faculty;

(B) Budgetary support;

(C) Collaborative and interactive learning activities that assist the student in achieving course objectives;

(D) Clinical courses shall be faculty supervised and include direct patient care activities with faculty oversight;

(E) Learning and technology resources, to include library resources, that are selected with input of the faculty and are comprehensive, current, and accessible to faculty and students;

(F) Technical support services for faculty and students;

(G) Access to appropriate and equivalent student services;

(H) Faculty and student input into the evaluation process; and

(I) Recurring interaction between faculty and students.]

(5) Distance Learning Measures and Opportunities.

(A) Nursing programs delivered solely or in part through distance learning technologies shall meet the same academic program and learning standards as programs provided in face-to-face format, to include the following:

1. Budgetary support specific to distant learning resources;

2. Course management/delivery platform(s) that are reliable and navigable for students and faculty;

3. Sufficient technical support to assist students and faculty to consistently meet program outcomes;

4. Learning and technology resources, to include library resources, that are selected with input of the nursing faculty and are comprehensive, current, and accessible to students and faculty;

5. Student outcomes consistent with stated mission, goals, and objectives of the program;

6. Collaborative and interactive learning activities that assist students in achieving course objectives;

7. Planned, faculty-guided clinical learning experiences that involve direct contact with patients;

8. Learning opportunities that facilitate development of students' clinical competence and judgment, professional role socialization, and transition to a more advanced scope of professional nursing practice;

9. Evaluation of student outcomes at set intervals;

10. Tracking of student retention and completion rates on an ongoing basis;

11. Faculty and student input into the evaluation process; and

12. Evidence that outcome data are consistently utilized to plan and improve distance learning.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.100. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.110 Records. The board is amending section (1).

PURPOSE: This amendment changes "graduate record" to read "official record."

(1) Transcripts.

(B) The official transcript shall identify the following:

1. Date of admission, date of separation from the program, hours/credits/units earned, and the diploma/degree awarded; and

2. Transferred credits, including course titles and credits earned. Name and location of the credit-granting institution shall be maintained as part of *[graduate]* **official** records.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.110. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.120 Publications. The board is amending sections (3) and (4).

PURPOSE: This amendment adds accreditation status and distance learning to be included in publications published by programs of professional nursing.

(3) The following information shall be available to the applicant **by electronic or print publications** prior to admission:

(B) National nursing accreditation status, if applicable;

*[(B)]***(C)** Admission criteria;

*[(C)]***(D)** Section 335.066, RSMo, of the Missouri Nursing Practice Act with an explanation that completion of the program does not guarantee eligibility to take the licensure examination;

*[(D)]***(E)** Advanced placement policies;

*[(E)]***(F)** Student services;

*[(F)]***(G)** Curriculum plan;

*[(G)]***(H)** Program costs;

*[(H)]***(I)** Refund policy; *[and]*

*[(I)]***(J)** Financial assistance*[.]***; and**

(K) Distance learning measures and opportunities.

(4) The following information shall be available to the student *[in writing]* **by electronic or print publications** upon entry:

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.120. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.130 Program Evaluation. The board is amending section (2).

PURPOSE: This amendment clarifies requirements for evaluating a professional nursing program.

(2) Systematic evaluation of the program shall include evaluation of the following:

(A) Student achievement of **course objectives, graduate competencies, and** program outcomes;

(B) Adequacy of program resources to include, but not limited to, fiscal, human, **physical,** and technical learning resources;

(C) **Theory and** *[C]***clinical experiences to include, but not limited to, evaluation of:

1. Clinical sites by students and faculty;

2. Simulation activities by students and faculty;

*[2.]***3.** Course and faculty by students; and

*[3.]***4.** Students and faculty by representative(s) of clinical site(s); and

(D) Multiple measures of program outcomes to include, but not limited to, National Council Licensure Examination (NCLEX) pass rates, graduation and job placement rates, *[and]* graduate*[/]* **and** employer satisfaction with program preparation for new graduates at six (6) **to twelve (12)** months *[or more]* after graduation.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.130. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.180 Licensure Examination Performance. The board is adding a new section (3) and amending new sections (4) and (5).

PURPOSE: This amendment clarifies impact of licensure examination performance according to each level of program approval.

(3) Initial Program Approval—

(A) Upon graduation of the first student cohort and reporting of the first official NCLEX-RN® program pass rate, as reported upon completion of the fourth quarter of the respective calendar year, the board will review current licensure examination performance of first-time candidates. Pursuant to 20 CSR 2200-2.180(1) licensure examination performance for first-time candidates shall be no less than eighty percent (80%) for each calendar year (January 1 through December 31);

(B) Should the required eighty percent (80%) benchmark not be attained and significant deficiencies identified, the board may apply an immediate moratorium on admissions pursuant to 20 CSR 2200-2.010(7)(A);

(C) The nursing program with a pass rate lower than eighty percent (80%) shall provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate, and plan of correction to resolve the low pass rate. The plan of correction is to be submitted to the board by the deadline indicated. The plan of correction shall include:

1. Mission or philosophy of the nursing program;

2. Program governance as defined in 20 CSR 2200-2.050(5);

3. General faculty resources and workload;

4. Student support services;

5. Program admission, progression, and graduation policies;

6. Program completion rates for each year of program operation, as applicable;

7. National Council Licensure Examination for Registered Nurses (NCLEX-RN®) pass rates for each year of program operation, as applicable;

8. Job placement rates for each year of program operation, as applicable;

9. Program satisfaction, to include student, graduate, and employer data, as applicable;

10. Number of nursing faculty teaching on full-time and part-time basis, to include part-time clinical faculty;

11. Use of systematic program evaluation data related to program planning and improvement; and

12. Measures put in place to restore instructional quality and integrity of the program;

(D) The program administrator shall appear before and present to the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may accept the plan of correction and decide to continue initial approval for a period of no more than one (1) calendar year, may apply a moratorium on admissions pursuant to 20 CSR 2200-2.010(7)(A) or may withdraw approval pursuant to section 335.071.3, RSMo;

(E) With an NCLEX-RN® pass rate below eighty percent (80%), a program shall have at minimum two (2) consecutive calendar years of NCLEX-RN® pass rates at or above the required eighty percent (80%) to move to full approval; and

(F) If the nursing program has not demonstrated consistent measurable progress toward implementation of the correction plan and NCLEX-RN® pass rates remain below eighty percent (80%) for a second consecutive year, the board will withdraw approval pursuant to section 335.071.3, RSMo.

(4) Full Program Approval—

*[(3)]***(A)** The nursing program with a pass rate lower than eighty percent (80%) shall*[:]***—**

*[(A)]***1.** First year—Provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate**,** and plan of correction to resolve low pass rate. **The plan of correction shall be submitted to the board by the deadline indicated.** The plan of correction shall include:

*[1.]***A.** Mission or philosophy of the nursing program;

*[2.]***B.** Program governance as defined in 20 CSR 2200-2.050(5);

*[3.]***C.** General faculty resources and workload;

*[4.]***D.** Student support services;

*[5.]***E.** Program admission, progression, and graduation policies;

*[6.]***F.** Program *[graduation]* **completion** rates for the last five (5) years;

*[7.]***G.** National Council Licensure Examination for Registered Nurses (NCLEX-RN®) pass rates for the last five (5) years;

*[8.]***H.** Job placement rates for the last five (5) years;

*[9.]***I.** Program satisfaction, to include student, graduate, and employer data;

*[10.]***J.** Number of nursing faculty teaching on full-time and part-time basis; to include part-time clinical faculty and faculty on contingent approval; *[and]*

*[11.]***K.** Use of systematic program evaluation data related to program planning and improvement; **and**

L. Measures put in place to restore instructional quality and integrity of the program;

*[(B)]***2.** Second consecutive year—The program may be placed on conditional approval status. The program administrator *[will be required to]* **shall** appear before and present to the board **the current plan of correction, which includes** a current analysis of program effectiveness, problems identified, and plans of correction; **and**

*[(C)]***3.** Side-by-side comparison of first-year and second-year analyses of program effectiveness shall be included*[;]***. The plan of correction shall be submitted to the board by the deadline indicated.**

(5) Conditional Program Approval.

*[(D)]***(A)** The nursing program placed on conditional approval shall remain on conditional approval (as per 20 CSR 2200-2.010(6)) until it has two (2) consecutive years of pass rates of at least eighty percent (80%) or until the board removes approval pursuant to section 335.071.3*[.]*, RSMo*[; and]*.

(B) The nursing program shall provide a side-by-side comparison of plans of correction that includes program analyses for each consecutive year that NCLEX-RN® pass rates remain below eighty percent (80%). Each year the program administrator shall appear before and present to the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may, at any time, apply a moratorium on student admissions pursuant to 20 CSR 2200-2.010(7)(A).

*[(E)]***(C)** If, after two (2) years *[of]* **on** conditional approval, a nursing program has not demonstrated consistent measurable progress toward implementation of the correction plan and NCLEX-RN® pass rates remain below eighty percent (80%), the board *[shall]* **will** withdraw approval pursuant to section 335.071.3*[.]*, RSMo.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-2.180. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 5, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.001 Definitions. The board is amending subsection (1)(K), adding new subsections (1)(R), (1)(EE), (1)(MM), (1)(PP), and (1)(UU), and relettering as necessary.

PURPOSE: This amendment adds and amends definitions to keep language within the Minimum Standards for Programs of Professional Nursing internally congruent.

(1) When used in 20 CSR 2200-3, the following terms mean:

(K) Clinical simulation—*[An educational experience that creates realistic scenarios where students engage in nursing practice under the direction of nursing faculty;]* **Any activity that models direct patient care in a controlled environment, led by a qualified facilitator with oversight by nursing faculty. Activities include assessment, competencies, terminology, evaluation, and debriefing, based on standards of best nursing practice. The purpose of simulation as a teaching pedagogy is to mimic and practice competencies not able to be acquired in a clinical setting or to augment direct patient care experiences;**

(R) Debriefing—An activity that follows a simulation experience that encourages participant's reflective thinking, and provides feedback regarding the participant's performance;

*[(R)]***(S)** Direct care—A clinical experience in which patient care is given by the student under the direction of the faculty member or preceptor;

*[(S)]***(T)** Distance learning—Curriculum provided from a main campus location to another geographic location primarily through electronic or other technological methods;

*[(T)]***(U)** Endorsement—Process of acquiring licensure as a nurse based on original licensure by examination in another state, territory, or country;

*[(U)]***(V)** Faculty—Individuals designated by sponsoring institution with responsibilities for development, implementation, and evaluation of philosophy and/or mission, objectives, and curriculum of nursing program;

*[(V)]***(W)** Full-time—Those individuals deemed by sponsoring institution to meet definition for full-time employment;

*[(W)]***(X)** Governing body—Body authorized to establish and monitor policies and assume responsibility for the educational programs;

*[(X)]***(Y)** Graduate competency—Individual graduate behaviors;

*[(Y)]***(Z)** Initial approval—Status granted a program of practical nursing until full approval status is granted or denied;

*[(Z)]***(AA)** Information technology—The study designed for development, implementation, support, or management of computer-based information systems, particularly software applications and computer hardware;

*[(AA)]***(BB)** Minimum standards—Criteria which nursing programs shall meet in order to be approved by the board;

*[(BB)]***(CC)** Mission—Overall statement of purpose that faculty accept as valid and is directly related to curriculum practices;

*[(CC)]***(DD)** Multiple campuses—Distinct and separate geographic locations offering the same program, providing the same services, and operated by the same sponsoring institution;

(EE) National Nursing Accreditation—Accreditation by a national agency specific to nursing education that is recognized by the board;

*[(DD)]***(FF)** NCLEX-PN® examination—National Council Licensure Examination for Practical Nurses;

*[(EE)]***(GG)** Objectives—Measurable statements describing anticipated outcomes of learning;

*[(FF)]***(HH)** Observational experiences—Planned learning experiences designed to assist students to meet course objectives through observation;

*[(GG)]***(II)** Part-time—Individuals deemed by the sponsoring institution to meet the definition for part-time employment;

*[(HH)]***(JJ)** Philosophy—A composite of the beliefs that the faculty accept as valid and is directly related to curriculum practices;

*[(II)]***(KK)** Pilot program/project—Educational activity which has board approval for a limited time and which otherwise would be out of compliance with minimum standards;

*[(JJ)]***(LL)** Preceptor—Registered professional or licensed practical nurse assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;

(MM) Pre-licensure—Initial educational program in nursing leading to entry-level licensure;

*[(KK)]***(NN)** Program—Course of study leading to a diploma or certificate;

*[(LL)]***(OO)** Program outcomes—Measurable statements defining aggregate student achievements;

(PP) Proper supervision—The general overseeing and the authorizing to direct in any given situation including, but not limited to: orientation, initial and ongoing direction, procedural guidance, periodic inspection, and evaluations;

*[(MM)]***(QQ)** Requirement—A mandatory condition that a school or program meets in order to comply with minimum standards;

*[(NN)]***(RR)** Satellite location—A site geographically separate from but administered and served by a primary program campus;

*[(OO)]***(SS)** Sponsoring institution—The institution that is financially and legally responsible for the nursing program;

*[(PP)]***(TT)** Statement of need and feasibility—Current evidence of need for professional and practical nurses, additional nursing program(s), and community support;

(UU) Sustainability plan—A plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes;

*[(QQ)]***(VV)** Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and

*[(RR)]***(WW)** Written agreement—Formal memorandum of understanding or contract between a nursing education program and a cooperating agency, which designates each party's responsibilities for education of nursing students.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.001. Original rule filed March 25, 1993, effective Dec. 9, 1993. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.010 Approval. The board is amending sections (3), (4), (5), (6), and (8), adding new section (7), and renumbering as necessary.

PURPOSE: This amendment clarifies the approval process for programs of practical nursing.

(3) Classification of Approval.

(A) Initial approval is the status granted a program of practical nursing until full approval is granted or *[denied]* **approval is withdrawn**.

(B) Full approval is the status granted a program of practical nursing after the program has *[graduated one (1) class and has]* met and continues to meet regulations or requirements.

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval—

1. An accredited institution of education desiring to establish a program of practical nursing shall submit a petition to the board at least three (3) months prior to the submission of a proposal. Prior to submission of a petition, nursing programs operating under the institution's sponsorship shall meet requirements for full program approval. The petition shall include: the name and location of the sponsoring institution and its accreditation status; the mission statement of the sponsoring institution and the mission statement of the proposed program; the proposed location (and satellites) in relation to the administrative office of the sponsoring institution; statement of need and feasibility; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program.

A. The statement of need and feasibility shall include:

(I) Documentation of the need for the nursing program including community and economic development need, rationale for why the program should be established, and documentation of employers' need for graduates of the proposed program;

(II) Number of professional nursing and practical nursing programs in the area and potential impact on those nursing programs;

(III) Number and source of anticipated student population;

(IV) Letters of support for the proposed nursing program;

(V) Letter(s) from potential clinical sites*[;]***,** including a description of potential clinical sites, average daily patient census, and the ability to provide clinical placement to potential student(s) in addition to those of existing nursing programs to meet program objectives and outcomes; and

(VI) Source of potential qualified faculty and anticipated ratio of faculty to student enrollment.

B. Upon board review of the petition, the board *[shall have]* **has** the authority to *[accept]* **approve** or deny the petition. The petition shall be accepted by the board prior to submission of a proposal. Revised petitions may be submitted to the board. Each petition shall remain active for no more than one (1) calendar year from the date of review by the board.

C. The board will electronically notify nursing programs of the accepted petition;

2. Each sponsoring institution shall have only one (1) program proposal under consideration for initial approval at any one (1) time;

3. A program proposal shall be written and presented to the board by the program administrator of the proposed program. The proposal shall *[be written to reflect compliance]* **comply** with the Minimum Standards for Program of Practical Nursing as prescribed in 20 CSR 2200-3.050 through 20 CSR 2200-3.130*[. The proposal shall]* **and** bear the signature of the administrator who *[shall]* meet**s** the criteria in 20 CSR 2200-3.060(1)(B) and *[shall be]* **has been** active in the position on a full-time basis for at least nine (9) months and preferably one (1) year prior to the entry of the first class. The number of copies of the proposal, as specified by the board, shall be *[accompanied]* **submitted** with the required application fee. Submission of the application fee *[shall]* **will** initiate review of the proposal. The proposal shall be prepared following the reporting format and include**s** each component as indicated in paragraph (4)(A)4. of this rule. The proposal shall remain active for no more than one (1) calendar year from the date of *[receipt at]* **review by** the board *[office]*. No more than two (2) proposal revisions shall be accepted. Members designated by the board *[shall]* **will** review the proposal and make recommendations **prior to presentation of the proposal** to the board. Board approval of the proposal with or without contingencies shall be obtained no later than six (6) months prior to the anticipated opening date;

4. A proposal submitted shall contain the following information:

A. Curriculum.

(I) Philosophy and/or mission.

(II) Graduate competencies.

(III) Curriculum sequence.

(IV) Course descriptions and objectives with number of credit hours or clock hours for all courses. **Credit or clock hour allocations specific to theory, lab, and clinical portions shall be included. If utilized, credit hours allocated to theory, lab, and clinical instruction shall be included.**

(V) Systematic evaluation plan.

(VI) Evidence of eligibility for articulation of credits related to completion of a program of professional nursing;

B. Students.

(I) Maximum number of students per class.

(II) Number of classes admitted per year.

(III) Number of students anticipated in initial class.

(IV) Plan for increase to maximum enrollment, if applicable.

(V) Admission criteria.

(VI) Plans for progression and retention of students.

(VII) Appeal policies and procedures.

(VIII) Availability and accessibility of student services;

C. Faculty.

(I) Plan for hiring full-time and part-time theory and clinical faculty. This **plan** shall include full-time equivalents, student to faculty ratios, and full-time to part-time faculty ratios to meet initial and increasing enrollment.

(II) Position descriptions;

D. Support services personnel.

(I) Number of full-time and part-time ancillary support services personnel.

(II) Position descriptions;

E. Sponsoring institution.

(I) Evidence of authorization to conduct the program of practical nursing by the governing body of the sponsoring institution.

(II) Evidence of accreditation by an agency recognized by the United States Department of Education.

(III) Current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the proposed program.

(IV) Evidence of financial stability and resources of the sponsoring institution and the program of nursing **to include a sustainability plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes**; and

F. Facilities.

(I) Description of educational facilities to be used by the practical nursing program such as classrooms, library, offices, clinical skills *[laboratory]***, and simulation laboratories**, and other facilities.

(II) Description of planned or available learning resources to include such items as equipment, supplies, library services, computers, *[and]* **simulation** technology**, and online educational resources to be utilized for instructional purposes**.

(III) Letter(s) from potential clinical site; including a description of potential clinical sites, average daily patient census, and the ability to provide clinical placement to potential students in addition to those of existing nursing programs to meet program objectives and outcomes.

(IV) A letter of intent from each proposed cooperating agency stating its ability to provide the appropriate educational experiences to meet program objectives and outcomes;

5. Site survey. Representatives from the board *[shall]* **will** make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-3.050 through 20 CSR 2200-3.130; and

6. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-3.050 through 20 CSR 2200-3.130. Initial program approval contingent on the site survey shall remain active for no more than one (1) calendar year prior to program start.

(B) Throughout the period of initial approval, the program shall submit an annual *[survey]* **report, an annual registration, and the annual registration fee as set by the board**.

(C) Upon graduation of the program's first class and receipt of results of the **first official** National Council Licensure Examination for Practical Nurses (NCLEX-PN® examination) **program pass rate, as reported after completion of the fourth quarter of the respective calendar year**, the board *[shall]* **will** review the following:

1. The program's compliance with minimum standards during initial approval including the program's adherence to the approved proposal and changes authorized by the board;

2. Report of an on-site survey;

3. Report of the National Council Licensure Examination for Practical Nurses results (as per 20 CSR 2200-3.180(1));

4. Identification and analysis of class graduation rate; and

5. Submission of program's ongoing systematic evaluation plan with available data.

(D) After its review, the board shall decide to continue initial approval for a period of not more than one (1) **calendar** year, *[deny]* **withdraw** approval, or grant full approval.

(E) On-Site Surveys. At least two (2) representatives of the board will make on-site surveys. On-site surveys will be made on a regular basis throughout the initial approval period. A program may request additional visits. Programs retained on initial approval status will have on-site surveys on an annual basis and

as directed by the board.

(F) A program's approval may be withdrawn pursuant to section 335.071.3, RSMo, for noncompliance with minimum standards. A program which fails to correct identified deficiencies to the satisfaction of the board will, after notice and hearing, be removed from the board's listing of approved programs.

(5) Full Approval Status.

(A) Annual Report. Each program and each campus of each program shall complete and submit the board's annual *[survey]* **report** by the established deadline. Following review by the board, each program *[shall]* **will** be notified of the board's action(s).

(B) A program's approval status *[shall be]* **is** subject to review by the board if the required annual report**, annual registration, or annual registration fee** is not received within thirty (30) days from the established deadline.

(C) On-Site Surveys. On-site surveys *[shall]* **will** be made on a scheduled basis, at the direction of the board, or upon request of the nursing program. Each nursing program *[shall]* **will** be surveyed typically at five- (5-) year intervals. If the program is accredited by a national nursing accreditation agency, the nursing program may request that the on-site survey be scheduled in coordination with a national nursing accreditation agency visit. Representatives of the board *[shall]* **will** form a survey team to conduct each on-site survey. Each survey team shall consist of two (2) or more persons qualified to conduct on-site surveys. The program shall solicit public comments in preparation for each *[scheduled]* **routine** on-site survey. Evidence of solicitation of public comments shall be available for review during the on-site survey.

(D) Additional Visits/Surveys. At least two (2) representatives of the board *[shall]* **will** make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(6) Conditional Approval Status.

(A) Should circumstances warrant, the board will notify the program administrator of concerns regarding the program and the administrator will be requested to respond to those concerns.

[(B) Should circumstances be such that instructional quality and integrity of the program is jeopardized, the board may impose a moratorium on student admissions.]

*[(C)]***(B)** A program may be placed on conditional approval status if it has failed to meet or maintain the rules/regulations or requirements, or both, set by the board. The program will remain on conditional approval status until such time as the deficiencies are corrected to the satisfaction of the board.

(C) On-Site Surveys. At least two (2) representatives of the board will make on-site surveys. On-site surveys are conducted on a regular basis throughout the conditional approval period as directed by the board. A program may request additional visits.

(7) Moratorium on Student Admissions.

(A) Should circumstances be such that instructional quality and integrity for the program is jeopardized as determined by the board, the board may impose a moratorium on student admissions. A moratorium on student admissions may be imposed by the board during initial, full, and conditional approval status of the program. The moratorium may be lifted by the board upon proof submitted to the board that the program has cured any deficiencies in the instructional quality and integrity of the program.

*[(7)]***(8)** Annual Registration Requirements.

(A) *[An]* **The board will send an** application for annual registration *[shall be sent]* to each approved program and each campus of each program from the board. Failure to receive the application will not relieve the program of its obligation to register.

(B) A separate annual registration form and designated fee as established by 20 CSR 2200-4.010 shall be submitted to the board for each approved program and each campus of each program prior to June 1 of each year. **Satellite locations do not qualify as a campus of an approved program.**

(C) A program's approval status *[shall be]* **is** subject to review by the board if the required registration fee is not received within thirty (30) days following the June 1 deadline.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.010. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.020 Discontinuing and Reopening Programs. The board is amending section (2).

PURPOSE: This amendment establishes a waiting period after closure to initiate the approval process for a new nursing program.

(2) Program Reopening. The procedure for reopening a program is the same as for initial approval in 20 CSR 2200-3.010(4)(A). **An accredited institution of education that has lost the board's approval of a nursing program due to deficiencies identified by the board may not petition the board for establishment of a new nursing program for a minimum of one (1) calendar year from the time of the actual date for program closure.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.020. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656,

*Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.030 Change in Sponsorship. The board is amending sections (2) and (3).

PURPOSE: This rule defines the procedure for a change of sponsorship of a practical nursing program.

(2) A change in sponsorship form *[provided by the board]* shall be completed and returned **to the board** within thirty (30) days of *[receipt of the form]* **the change in sponsorship. Written notification shall include proposed changes to the program**.

(3) *[Any p]***P**roposed changes that affect the criteria included in 20 CSR 2200-3.010(4)(A)1.–4. shall be approved by the board prior to implementation.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.030. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.035 Multiple Campuses. The board is amending sections (2), (3), (4), (5), and (7).

PURPOSE: This amendment clarifies approval of programs with multiple campuses.

(2) Each campus is required to submit a separate annual *[survey]* **report**, annual registration, and annual registration fee.

(3) The sponsoring institution shall submit a proposal as indicated in 20 CSR 2200-3.010(4)(A) and receive approval from the board before opening an additional campus **or expand to additional satellite location(s)**. Each additional campus *[shall]* **and satellite location will** be surveyed.

(4) Each campus **and satellite location** shall have a full-time faculty person designated as the coordinator who reports to the program administrator*[. Each program coordinator shall meet]* **and meets** the faculty requirements for appointment.

(5) Discipline of one (1) campus will not automatically result in discipline of other campuses of the same program **or other programs under the same institutional sponsorship**. **Discipline of a nursing program will apply to satellite expansion site(s) of the program.**

(7) Satellite locations do not qualify *[as multiple campuses]* **as a campus of an approved program**.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.035. Original rule filed March 25, 1993, effective Dec. 9, 1993. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573)751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.040 Program Changes Requiring Board Approval, Notification, or Both. The board is amending sections (1) and (5).

PURPOSE: This amendment clarifies program changes which require board approval, notification, or both and required notification of change of status to national nursing accreditation.

(1) Board approval is required for changes of the following:

(C) Increase **in** number of students by enrollment *[or]***,** transfer, **or readmission** by more than one (1) beyond the number approved by the board;

(D) Pilot program/project; *[and]*

(E) Relocation of the program or any of its components*[.]***; and**

(F) Substantial change in program delivery modalities.

(5) A change in a program's accreditation status by any accrediting

body**, to include national nursing accreditors,** shall be submitted in writing to the board within thirty (30) days of the program's notification of such.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.040. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.050 Organization and Administration of an Approved Program of Practical Nursing. The board is amending sections (1), (4), (5), (6), and (7).

PURPOSE: This amendment clarifies requirements for approval of pre-licensure programs of professional nursing.

(1) Philosophy and/or mission of the program shall be in writing and *[shall]* be consistent with the philosophy and/or mission statement of the sponsoring institution.

(4) There will be a faculty governance structure with responsibility for the nursing curriculum and the admission, **readmission,** progression and graduation of students.

(C) Meeting minutes shall reflect faculty decision making within the program. Documentation shall include evidence that program evaluation data are utilized to make program decisions.

(5) The program shall have a current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the **coordinator and** faculty structure within the nursing program.

(6) Finance.

(A) There shall be an annual budget to support the program. **Financial resources shall be sufficient to support program outcomes and operation.**

(C) The administrator, with input from the **coordinators and** faculty, shall make recommendations for the budget.

(7) Clerical Assistance.

(A) Each program **and satellite location** shall have secretarial and other support services sufficient to meet the needs of the program.

*AUTHORITY: sections 335.036 and 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.050. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.060 Administrator/Faculty. The board is amending sections (1), (3), (4), and (7).

PURPOSE: This amendment clarifies requirements for program coordinators, qualifications for faculty involved with clinical simulation, and records to be maintained.

(1) Program Administrator.

(A) The administrator shall have primary responsibility and the authority for the administration of the nursing program and *[shall]* be employed full-time.

(C) Program administrators with responsibility for two (2) or more *[nursing]* **educational** programs **and/or additional campus and satellite location(s)** shall designate full-time faculty as program coordinators **at each site**. The coordinator's workload shall allow time for day-to-day management of one (1) nursing program **at the home campus, an additional campus or satellite location** under the direction of the program administrator. Each program coordinator shall meet faculty requirements for appointment.

(3) Responsibilities. The administrator and faculty of the program shall be responsible for, but not limited to—

(I) Faculty involved in clinical simulation will have documented ongoing professional development in clinical simulation;

*[(I)]***(J)** Participation in the development of program and institutional policies and decision making; and

*[(J)]***(K)** Experienced faculty shall serve as assigned mentors for less seasoned and new faculty. Records of assigned mentors shall be maintained.

(4) Minimum Number of Faculty. One (1) full-time nursing faculty in addition to the program administrator with sufficient faculty to achieve the objectives of the educational program and such number shall be reasonably proportionate to: number of students enrolled; frequency of admissions; education and experience of faculty members; number and location of clinical sites; and total responsibilities of the faculty. **Records indicating student to faculty ratios in theory, lab, and clinical instruction shall be maintained.**

(7) Employment Policies.

(B) Nursing Program.

1. Personnel policies shall be available in writing and consistent with the sponsoring institution.

2. Position descriptions shall be in writing and shall detail the responsibilities and functions for each position.

3. A planned orientation shall be in writing and implemented. It shall include a review of the Missouri Nursing Practice Act (NPA). **Completed faculty orientation documents shall be maintained.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.060. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.070 Physical Facilities *and Instructional Resources*. The board is amending the title, purpose statement, and section (5).

PURPOSE: This amendment adds simulation resources and expands designated skills for laboratory staff and resources.

*PURPOSE: This rule defines the physical facilities and **instructional** resources required by practical nursing programs.*

(5) Clinical Skills *[Laboratory]* **and Simulation Laboratories**.

(A) Each program and each campus of each program shall have a clinical skills laboratory sufficient to meet learning outcomes. **Instructional resources shall be sufficient to meet program objectives and outcomes. Should clinical simulation be utilized, physical space and resources designated for clinical simulation and debriefing shall be sufficient to meet program outcomes.**

(B) Management of clinical skills *[laboratory shall]* **and simulation laboratories shall** include:

1. Designated faculty **or staff** time to manage skills **and simulation** lab resources;

2. Budget allocation for equipment and supplies;

3. **Sustainability** *[P]***p**lan for acquisition and maintenance of equipment *[and]***,** supplies**, and emerging instructional technologies**; and

4. Policies and procedures governing the administration and the use of the clinical skills *[laboratory]* **and simulation laboratories**. These policies and procedures shall be in writing and available to students and faculty.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.070. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.080 Clinical *[Sites] Experiences*. The board is amending the title, purpose statement, and section (1).

PURPOSE: This amendment changes clinical learning by requiring interprofessional clinical experiences.

*PURPOSE: This rule defines selection and use of clinical [sites] **experiences** by the practical nursing program [for required student clinical learning experiences].*

(1) Clinical sites shall be selected which will provide direct care and observational learning experiences to meet the objectives of the course.

(A) *[Observational experiences shall provide learning experiences to meet the course objectives and shall]* **Select interprofessional educational experiences may be utilized to provide learning experiences to meet course and program objectives and outcomes. Clinical personnel with professional licensure or certification in a health-related field may be utilized to augment student learning in their respective areas. Observational/interprofessional experiences may** not exceed twenty percent (20%) of the total clinical program hours. Orientation to the facility does not contribute to the twenty percent (20%).

(D) The ratio of faculty to students in the clinical area shall be designed to promote patient safety and to facilitate student learning **with the proper supervision**.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.080. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.085 Preceptors. The board is amending section (1) and subsection (4)(F).

PURPOSE: This rule is being amended to include preceptors in the faculty to student ratio.

(1) Preceptors may be used as role models, mentors, and supervisors of students in practical nursing programs.

[(B) Preceptors are not to be considered when determining the faculty to student ratio;]

*[(C)]***(B)** Preceptors shall not be utilized in fundamentals of nursing courses.

*[(D)]***(C)** Preceptors shall supervise no more than two (2) students during any given shift. Supervision by a preceptor means that the preceptor is present and available to the student(s) in the clinical setting.

(4) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:

(F) *[Shall meet periodically]* **Periodic meetings** with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.085. Original rule filed Aug. 6, 1998, effective Feb. 28, 1999. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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

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Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.090 Students. The board is amending subsections (1)(C) and (2)(C).

PURPOSE: This amendment changes admission and readmission assessment and tracking and maintaining student data.

(1) Admission, Readmission, and Transfer.

(C) Admission **and readmission** criteria shall reflect consideration of:

1. Potential to complete the program; *[and]*
2. Ability to meet the standards to apply for licensure (see sections 335.046.2, RSMo, and 335.066, RSMo)*[.]***;**

3. Policies for admission and readmission shall be stated in writing and accessible to applicants, students, and faculty. Time limits for acceptance of credits earned during prior enrollment(s) should be stated. Potential to complete the program shall be reassessed prior to readmission to the program. Documented evidence shall be maintained; and

4. Program admission, readmission, retention, and graduation data shall be tracked. Documented evidence of such data is to be maintained.

(2) Student Services.

(C) Academic Advisement and Financial Aid Services. Academic advisement and financial aid services shall be accessible to all students. **Academic advisement records shall be maintained.**

*AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] **2016**. This rule originally filed as 4 CSR 200-3.090. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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

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Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.100 Educational Program. The board is amending

the purpose statement and sections (1), (2), (3), and (4) and replacing section (5).

PURPOSE: This amendment better defines and clarifies required learning experiences in clinical settings, provides increased detail related to instructional clock and credit hours required for completion of the nursing program, and updates requirements for distance learning.

PURPOSE: This rule defines the educational program, curriculum plan and requirements, ***simulation,*** *and distance education requirements for programs of practical nursing.*

(1) General Purpose.

(C) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy and/or mission and graduate competencies of the program and *[shall]* demonstrate logical progression.

(D) The educational program shall provide clinical education to facilitate transition to practice as a practical nurse**, which includes clinical decision making, leadership, and management under the supervision of a registered nurse or a physician**.

(E) A nursing program that uses clinical simulation shall adhere to model standards of best practice.

(2) Curriculum Organization and Development.

(C) Curriculum design of programs of practical nursing shall foster seamless **academic** articulation toward a program of professional nursing.

(D) The curriculum shall be planned so that the number of hours/credits/units of instruction are distributed between theory**, lab,** and clinical *[hours/credits/units to permit achievement of graduate competencies and program outcomes]*. **The curriculum plan shall indicate credit hours, if utilized, and clock hours allocated to theory, lab, and clinical instruction.**

(F) The number of credit **or clock** hours required for completion of the nursing program *[shall]* **may** not exceed the number of credit hours required for a comparable *[degree]* program.

(3) Curriculum Requirements. Content may be developed as a separate course or integrated. Integrated concepts shall be evident in the course objectives. Instruction shall be provided in the following areas:

(D) Nursing Science. Theory and clinical instruction in nursing shall be based on the nursing process and encompass the promotion, maintenance, and restoration of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle. Content shall enable the student to develop competency in each of the following areas **while preparing for safe and effective practice as a practical nurse**:

1. Fundamentals of nursing;
2. Nursing of adults;
3. Nursing of children;
4. Nursing of the elderly;
5. Maternal and newborn nursing;
6. Mental health concepts;
7. Administration of medications;
8. IV therapy;
9. Leadership/management concepts, to include coordinating and managing continuous patient care;
10. Evidence-based practice;
11. Patient-centered care, to include respect for patient differences, values, preferences, and expressed needs;
12. Patient safety;
13. Quality of care; and
14. Use of information technology to communicate, manage knowledge, mitigate error, and support decision making;

(4) Syllabus Construction. Syllabi shall be current and available to all faculty, students, and cooperating agencies. Each syllabus shall include:

(A) Course title, current date and year the course is offered, and required pre-requisites;

*[(A)]***(B)** Course description;

*[(B)]***(C)** Course objectives;

*[(C)]***(D)** Teaching or learning strategies;

*[(D)]***(E)** Evaluation methodologies;

*[(E)]***(F)** Grading scale;

*[(F)]***(G)** Course policies; and

*[(G)]***(H)** Clock *[or credit]* hour requirements related to theory, lab, and clinical instruction. **Each syllabus should reflect credit hour requirements for theory, lab, and clinical instruction, if used.**

[(5) Distance Education. Courses/programs of study that utilize distance education shall have—

(A) A course management/delivery platform that is reliable and navigable for students and faculty;

(B) Budgetary support;

(C) Collaborative and interactive learning activities that assist the student in achieving course objectives;

(D) Clinical courses shall be faculty supervised and include direct patient care activities with faculty oversight;

(E) Learning and technology resources, to include library resources, that are selected with input of the faculty and are comprehensive, current, and accessible to faculty and students;

(F) Technical support services for faculty and students;

(G) Access to appropriate and equivalent student services;

(H) Faculty and student input into the evaluation process; and

(I) Recurring interaction between faculty and students.]

(5) Distance Learning Measures and Opportunities.

(A) Nursing programs delivered solely or in part through distance learning technologies shall meet the same academic program and learning standards as programs provided in face-to-face format, to include the following:

1. Budgetary support specific to distance learning resources;

2. Course management/delivery platform(s) that are reliable and navigable for students and faculty;

3. Sufficient technical support to assist students and faculty to consistently meet program outcomes;

4. Learning and technology resources, to include library resources, that are selected with input of the nursing faculty and are comprehensive, current, and accessible to students and faculty;

5. Student outcomes consistent with stated mission, goals, and objectives of the program;

6. Collaborative and interactive learning activities that assist students in achieving course objectives;

7. Planned, faculty-guided, clinical learning experiences that involve direct contact with patients;

8. Learning opportunities that facilitate development of students' clinical competence and judgment, role socialization, and transition to nursing practice;

9. Evaluation of student outcomes at set intervals;

10. Tracking of student retention and completion rates on ongoing basis;

11. Faculty and student input into the evaluation process; and

12. Evidence that outcome data are consistently utilized to plan and improve distance learning.

AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] ***2016****. This rule originally filed as 4 CSR 200-3.100. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the* ***Code of State***

Regulations. *Amended: Filed Feb. 9, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.110 Records. The board is amending subsection (1)(B).

PURPOSE: This amendment changes "graduate record" to read "official record."

(1) Transcripts.

(B) The official transcript shall identify the following:

1. Date of admission, date of separation from the program, hours/credits/units earned, and the diploma/degree awarded; and

2. Transferred credits, including course titles and credits earned. Name and location of the credit-granting institution shall be maintained as part of *[graduate]* **official** records.

AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] ***2016****. This rule originally filed as 4 CSR 200-3.110. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Feb. 9, 2018.*

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

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Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.120 Publications. The board is amending sections (3) and (4).

PURPOSE: This amendment adds accreditation status and distance learning to be included in publications published by programs of practical nursing.

(3) The following information shall be available to the applicant *[in writing]* **by electronic or print publications** prior to admission:

(B) National nursing accreditation status, if applicable;

*[(B)]***(C)** Admission criteria;

*[(C)]***(D)** Section 335.066, RSMo, of the Missouri Nursing Practice Act with an explanation that completion of the program does not guarantee eligibility to take the licensure examination;

*[(D)]***(E)** Advanced placement policies;

*[(E)]***(F)** Student services;

*[(F)]***(G)** Curriculum plan;

*[(G)]***(H)** Program costs;

*[(H)]***(I)** Refund policy; *[and]*

*[(I)]***(J)** Financial assistance*[.]***; and**

(K) Distance learning measures and opportunities.

(4) The following information shall be available to the student *[in writing]* **by electronic or print publications** upon entry:

AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] ***2016****. This rule originally filed as 4 CSR 200-3.120. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Feb. 9, 2018.*

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.

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.130 Program Evaluation. The board is amending section (2).

PURPOSE: This amendment clarifies requirements for evaluating a practial nursing program.

(2) Systematic evaluation of the program shall include evaluation of the following:

(A) Student achievement of **course objectives and graduate competencies** program outcomes;

(B) Adequacy of program resources to include, but not limited to, fiscal, human, **physical,** and technical learning resources;

(C) **Theory and** *[C]*clinical experiences to include, but not limited to, evaluation of:

1. Clinical sites by students and faculty;

2. Simulation activities by students and faculty;

*[2.]***3.** Course and faculty by students; and

*[3.]***4.** Students and faculty by representative(s) of clinical site(s); and

(D) Multiple measures of program outcomes to include, but not limited to, National Council Licensure Examination (NCLEX®) pass rates, graduation and job placement rates, and graduate*[/]* **and** employer satisfaction with program preparation for new graduates at six (6) **to twelve (12)** months *[or more]* after graduation.

AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] ***2016****. This rule originally filed as 4 CSR 200-3.130. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Feb. 9, 2018.*

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

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Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.180 Licensure Examination Performance. The board is adding a new section (3) and amending newly renumbered sections (4) and (5).

PURPOSE: This amendment clarifies impact of licensure examination performance according to each level of program approval.

(3) Initial Program Approval—

(A) Upon graduation of the first student cohort and reporting of the first official NCLEX-PN® program pass rate, as reported upon completion of the fourth quarter of the respective calendar year, the board will review current licensure examination performance of first-time candidates. Pursuant to 20 CSR 2200-3.180(1) licensure examination performance for first-time candidates shall be no less than eighty percent (80%) for each calendar year (January 1 through December 31);

(B) Should the required eighty percent (80%) benchmark not be attained and significant deficiencies identified, the board may apply an immediate moratorium on admissions pursuant to 20 CSR 2200-3.010(7)(A);

(C) The nursing program with a pass rate lower than eighty percent (80%) shall provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate, and plan of correction to resolve the low pass rate. The plan of correction shall be submitted to the board by the deadline indicated. The plan of correction shall include:

1. Mission or philosophy of the nursing program;

2. Program governance as defined in 20 CSR 2200-3.050(5);

3. General faculty resources and workload;

4. Student support services;

5. Program admission, progression, and graduation policies;

6. Program completion rates for each year of program operation, as applicable;

7. National Council Licensure Examination for Registered Nurses (NCLEX-PN®) pass rates for each year of program operation, as applicable;

8. Job placement rates for each year of program operation, as applicable;

9. Program satisfaction, to include student, graduate, and employer data, as applicable;

10. Number of nursing faculty teaching on full-time and part-time basis, to include part-time clinical faculty;

11. Use of systematic program evaluation data related to program planning and improvement; and

12. Measures put in place to restore instructional quality and integrity of the program;

(D) The program administrator shall appear before and present to the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may accept the plan of correction and decide to continue initial approval for a period of no more than one (1) calendar year, may apply a moratorium on admissions pursuant to 20 CSR 2200-3.010(7)(A), or may withdraw approval pursuant to section 335.071.3, RSMo;

(E) With an NCLEX-PN® pass rate below eighty percent (80%), a program shall have at minimum two (2) consecutive calendar years of NCLEX-PN® pass rates at or above the required eighty percent (80%) to move to full approval; and

(F) If the nursing program has not demonstrated consistent measurable progress toward implementation of the correction plan and NCLEX-PN® pass rates remain below eighty percent (80%) for a second consecutive year, the board will withdraw approval pursuant to section 335.071.3, RSMo.

(4) Full Program Approval—

*[(3)]***(A)** The nursing program with a pass rate lower than eighty percent (80%) shall:

*[(A)]***1.** First year—Provide the board with a report analyzing all aspects of the education program, identifying areas contributing to the unacceptable pass rate**,** and plan of correction to resolve low pass rate. **The plan of correction shall be submitted to the board by the deadline indicated.** The plan of correction shall include:

*[1.]***A.** Mission or philosophy of the nursing program;

*[2.]***B.** Program governance as defined in 20 CSR 2200-3.050(5);

*[3.]***C.** General faculty resources and workload;

*[4.]***D.** Student support services;

*[5.]***E.** Program admission, progression, and graduation policies;

*[6.]***F.** Program *[graduation]* **completion** rates for the last five (5) years;

*[7.]***G.** National Council Licensure Examination for Practical Nurses (NCLEX-PN®) pass rates for the last five (5) years;

*[8.]***H.** Job placement rates for the last five (5) years;

*[9.]***I.** Program satisfaction, to include student, graduate, and employer data;

*[10.]***J.** Number of nursing faculty teaching on full-time and part-time basis; to include adjunct clinical faculty and faculty on contingent approval; *[and]*

*[11.]***K.** Use of systematic program evaluation data related to program planning and improvement; **and**

L. Measures put in place to restore instructional quality and integrity of the program;

(B) Second consecutive year—The program may be placed on conditional approval status. The program administrator *[will be required to]* **shall** appear before and present to the board **the current plan of correction, which includes** a current analysis of program effectiveness, problems identified, and plans of correction;

(C) Side-by-side comparison of first-year and second-year analyses of program effectiveness shall be included*[;]***. The plan of correction shall be submitted to the board by the deadline indicated.**

(5) Conditional Program Approval.

*[(D)]***(A)** The nursing program placed on conditional approval shall remain on conditional approval (as per 20 CSR 2200-3.010(6)) until it has two (2) consecutive years of pass rates of at least eighty percent (80%) or until the board removes approval pursuant to section 335.071.3., RSMo*[; and]***.**

(B) The nursing program shall provide a side-by-side comparison of plans of correction that includes program analyses for each consecutive year that NCLEX-PN® pass rates remain below eighty percent (80%). Each year the program administrator shall appear before and present to the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may, at any time, apply a moratorium on student admissions pursuant to 20 CSR 2200-3.010(7)(A).

*[(E)]***(C)** If, after two (2) years *[of]* **on** conditional approval, a nursing program has not demonstrated consistent measurable progress toward implementation of the correction plan and NCLEX-PN® pass rates remain below eighty percent (80%), the board *[shall]* **will** withdraw approval pursuant to section 335.071.3., RSMo.

AUTHORITY: sections 335.036[, RSMo Supp. 2012,] and [section] 335.071, RSMo [2000] ***2016****. This rule originally filed as 4 CSR 200-3.180. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. For intervening history, please consult the* ***Code of State Regulations****. Amended: Filed Feb. 9, 2018.*

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

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Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.001 Definitions. The board is adding new subsection (1)(QQ) and relettering as necessary.

PURPOSE: This amendment adds the definition of proper supervision.

(1) When used in 20 CSR 2200-8, the following terms mean:

(QQ) Proper supervision—The general overseeing and the authorizing to direct in any given situation, including, but not limited to: orientation, initial and ongoing direction, procedural guidance, periodic inspection, and evaluations;

*[(QQ)]***(RR)** Requirement—A mandatory condition that a school or program meets in order to comply with minimum standards;

*[(RR)]***(SS)** Satellite location—A site geographically separate from, but administered and served by, a primary program campus;

*[(SS)]***(TT)** Sponsoring institution—The institution that is financially and legally responsible for the nursing program;

*[(TT)]***(UU)** Statement of need and feasibility—Current evidence of need for professional and practical nurses, additional nursing program(s), and community support;

*[(UU)]***(VV)** Sustainability Plan—A plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes;

*[(VV)]***(WW)** Systematic evaluation plan—Written plan developed by faculty for comprehensive evaluation of all aspects of the program; and

*[(WW)]***(XX)** Written agreement—Formal memorandum of understanding or contract between a nursing education program and a cooperating agency which designates each party's responsibilities for education of nursing students.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

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.

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PROPOSED AMENDMENT

20 CSR 2200-8.010 Approval. The board is amending sections (3)–(8).

PURPOSE: This amendment clarifies the approval process for programs of professional nursing.

(3) Classification of Approval.

(B) Full approval is the status granted a nursing program after the program has *[graduated one (1) class and has]* met and continues to meet regulations or requirements.

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval—

1. An accredited institution of education desiring to establish a

Veteran's Bridge Program of Practical Nursing shall submit a proposal to the board. Prior to submission of a proposal nursing programs operating under the institution's sponsorship shall meet requirements for full program approval;

2. A program proposal shall be written and presented to the board by the administrator of the proposed Veteran's Bridge Program of Practical Nursing. The proposal shall *[reflect compliance]* **comply** with the Minimum Standards for Veteran's Bridge Programs of Practical Nursing as prescribed in 20 CSR 2200-8.050 through 20 CSR 2200-8.130*[. The proposal shall]* **and** bear the signature of the administrator who *[shall]* meet**s** the criteria in 20 CSR 2200-8.060(1)(B) and *[shall be]* **has been** active in the position on a full-time basis for at least nine (9) months and preferably one (1) year prior to the entry of the first class. The number of copies of the proposal shall be submitted as specified by the board. Application fees for establishment of Veteran's Bridge Programs of Practical Nursing shall be waived. The proposal shall remain active for no more than one (1) calendar year from the date of receipt at the board office. No more than two (2) proposal revisions shall be accepted. Members designated by the board *[shall]* **will** review the proposal and make recommendations to the board. Board approval of the proposal with or without contingencies shall be obtained no later than three (3) months prior to the anticipated opening date;

3. An established program of practical nursing on full approval by the board may propose the Veteran's Bridge Program of Practical Nursing as a program expansion, pilot program, or LPN refresher course. The program expansion, pilot program, or LPN refresher course may be implemented upon approval by the board. The board's approval may be granted contingent on a site visit. If required by the board, the site visit shall be completed prior to program start;

4. Each sponsoring institution shall have only one (1) program proposal under consideration for initial approval at any one (1) time;

5. The proposal shall include:

A. Name and location of the sponsoring institution and its accreditation status;

B. Evidence of institutional accreditation by an agency recognized by the United States Department of Education;

C. Evidence of authorization to conduct the Veteran's Bridge Program of Practical Nursing by the governing body of the sponsoring institution;

D. Statement of need and feasibility, which shall include:

(I) Documentation of the need for the nursing program including community and economic development need, rationale for why the proposed program should be established, and documentation of employers' need for graduates of the proposed program;

(II) Number of professional nursing and practical nursing programs in the area and potential impact on those nursing programs;

(III) Number and source of anticipated student population;

(IV) Letters of support for the proposed nursing program;

(V) Letter(s) from potential clinical sites; including a description of potential clinical sites, average daily patient census, and the ability to provide clinical placement to potential student(s) in addition to those of existing nursing programs to meet program objectives and outcomes; and

(VI) Source of potential qualified faculty and anticipated ratio of faculty to student enrollment;

E. Mission statement of the sponsoring institution and the mission statement of the proposed program;

F. Current organizational chart(s) illustrating the relationship of the program to the sponsoring institution and the faculty structure within the proposed program;

G. Proposed location (and satellites) in relation to the administrative office of the sponsoring institution;

H. Evidence of financial stability and resources of the sponsoring institution and the proposed program, to include a sustainability plan for the purchase, replacement, and maintenance of skills lab supplies, furnishings, and equipment to meet program outcomes;

I. Curriculum plan and sequence and graduate competencies; recommended plan of study as outlined in 20 CSR 2200-8.100;

J. Course descriptions and objectives;

K. Policies for evaluation and awarding of credit for military courses that shall be accepted as a significant portion of the practical nurse program;

L. Availability and accessibility of student services, to include evidence of support staff with expertise in evaluation of military transcripts;

M. Number of credit or clock hours for all courses required for completion of the Veteran's Bridge Program of Practical Nursing. Credit or clock hour allocations specific to theory, lab, and clinical portions shall be included. The plan of study shall require no more than seventeen (17) credit hours equivalent to four hundred (400) clock hours of instruction, to include no more than twelve (12) credit hours (one hundred eighty (180) clock hours) of theory and five (5) credit hours (two hundred twenty (220) clock hours) of lab/clinical/simulation instruction. Credit or clock hour requirements may be adjusted according to the individual program and local population needs. Proposed adjustments in credit or clock hours should be clearly indicated in the proposal. Detailed justification for variation in credit or clock hour allocations shall be included;

N. Proposed final transcript for the nursing program; total number of clock or credit hours shall not exceed the number of clock or credit hours required for a similar (generic) program of practical nursing;

O. Maximum number of students per class;

P. Number of classes admitted per year;

Q. Number of students anticipated in initial class;

R. Plan for increase to maximum enrollment, if applicable;

S. Admission and readmission criteria; any person who completed military health care training to include, but not limited to, Basic Medical Technician Corpsman (Navy and Air Force), Air Force Independent Duty Medical Technician, or Army Health Care Specialist may be eligible to enroll in this Veteran's Bridge Course. The course may also be offered as an LPN refresher course;

T. Plans for progression and retention of students;

U. Appeal policies and procedures;

V. Systematic evaluation plan;

W. Evidence of eligibility for articulation of credits related to completion of a program of professional nursing;

X. Plan for hiring full-time and part-time theory and clinical faculty. This shall include full-time equivalents, student to faculty ratios, and full-time to part-time faculty ratios to meet initial and increasing enrollment;

Y. Position descriptions for the program administrator, nursing faculty, and support staff;

Z. Facilities.

(I) Description of educational facilities to be used by the proposed program such as classrooms, library, offices, clinical skills and simulation laboratories, and other facilities.

(II) Description of planned or available learning resources to include such items as equipment, supplies, library services, computers, simulation technology, and online educational resources to be utilized for instructional purposes;

6. The board will electronically notify nursing programs of receipt of the proposal;

7. Site survey. Representatives from the board *[shall]* **will** make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-8.050 through 20 CSR 2200-8.130; and

8. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-8.050 through 20 CSR 2200-8.130. Initial program approval contingent on the site survey *[shall]* **will** remain active for no more than one (1) calendar year prior to program start.

(C) Upon graduation of the program's first class and receipt of results of the first official National Council Licensure Examination for Practical Nurses (NCLEX-PN® examination) program pass rate, as reported after completion of the fourth quarter of the respective

calendar year, the board *[shall]* **will** review the following:

1. The program's compliance with minimum standards during initial approval including the program's adherence to the approved proposal and changes authorized by the board;

2. Report of an on-site survey;

3. Report of the National Council Licensure Examination for Practical Nurses results (as per 20 CSR 2200-8.180(1));

4. Identification and analysis of class graduation rate; and

5. Submission of program's ongoing systematic evaluation plan with available data.

(E) On-Site Surveys. At least two (2) representatives of the board *[shall]* **will** make on-site surveys*[. On-site surveys shall be conducted]* on a regular basis throughout the initial approval period. A program may request additional visits. Programs retained on initial approval status *[shall]* **will** have on-site surveys on an annual basis and as directed by the board.

(5) Full Approval Status.

(A) Annual Report. Each program and each campus of each program shall complete and submit the board's annual report by the established deadline. Following review by the board, each program *[shall]* **will** be notified of the board's action(s).

(B) A program's approval status *[shall be]* **is** subject to review by the board if the required annual report *[and]* **or** annual registration is not received within thirty (30) days from the established deadline.

(C) On-Site Surveys. On-site surveys *[shall]* **will** be made on a scheduled basis, at the direction of the board, or upon request of the nursing program. Each program *[shall]* **will** be surveyed typically at five- (5-) year intervals. If the program is accredited by a national nursing accreditation agency, the program may request that the on-site survey be scheduled in coordination with a national nursing accreditation agency visit. Representatives of the board *[shall]* **will** form a survey team to conduct each on-site survey. Each survey team *[shall]* **is to** consist of two (2) or more persons qualified to conduct on-site surveys. The program shall solicit public comments in preparation for each routine on-site survey. Evidence of solicitation of public comments shall be available for review during the on-site survey.

(D) Additional Visits/Surveys. At least two (2) representatives of the board *[shall]* **will** make additional visits/surveys as deemed necessary by the board. A program may request additional visits.

(6) Conditional Approval Status.

(C) On-Site Surveys. At least two (2) representatives of the board *[shall]* **will** make on-site surveys. On-site surveys *[shall be]* **are** conducted on a regular basis throughout the conditional approval period as directed by the board. A program may request additional visits.

(7) Moratorium on Student Admissions.

(A) Should circumstances be such that instructional quality and integrity for the program is jeopardized as determined by the board, the board may impose a moratorium on student admissions. A moratorium on student admissions may be imposed by the board during initial, full, and conditional approval status of the program. The moratorium *[shall]* **may** be lifted by the board upon proof submitted to the board that the program has cured any deficiencies in the instructional quality and integrity of the program.

(8) Annual Registration Requirements.

(A) *[An]* **The board will send an** application for annual registration *[shall be sent]* to each approved program and each campus of each program from the board. Failure to receive the application will not relieve the program of its obligation to register.

(C) A program's approval status *[shall be]* **is** subject to review by the board if the required registration is not received within thirty (30) days following the June 1 deadline.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.020 Discontinuing and Reopening Programs. The board is amending section (2).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(2) Program Reopening. The procedure for reopening a program is the same as for initial approval in 20 CSR 2200-8.010(4)(A). An accredited institution of education that has lost the board's approval of a nursing program due to deficiencies identified by the board *[shall]* **may** not propose to the board for establishment of a new nursing program for a minimum of one (1) calendar year from the time of the actual date for program closure.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.030 Change in Sponsorship. The board is amending sections (2) and (3).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(2) A change in sponsorship form *[provided by the board]* shall be completed and returned *[with notification]* to the board **within thirty (30) days of the change in sponsorship**. Written notification shall include proposed changes to the program.

(3) *[Any p]***P**roposed changes that affect the criteria included in 20 CSR 2200-8.010(4)(A)1.–4. shall be approved by the board prior to implementation.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.035 Multiple Campuses. The board is amending sections (3) and (4).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(3) The sponsoring institution shall submit a proposal as indicated in 20 CSR 2200-8.010(4)(A) and receive approval from the board before opening an additional campus or expand to additional satellite location(s). Each additional campus and satellite location *[shall]* **will** be surveyed.

(4) Each campus and satellite location shall have a full-time faculty person designated as the coordinator who reports to the program administrator*[. Each program coordinator shall meet]* **and meets** the faculty requirements for appointment.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.050 Organization and Administration of an Approved Program of Practical Nursing. The board is amending sections (1) and (7).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(1) Philosophy and/or mission of the program shall be in writing and *[shall]* be consistent with the philosophy and/or mission statement of the sponsoring institution.

(7) Clerical Assistance.

(A) Each program **and satellite location** shall have secretarial and other support services sufficient to meet the needs of the program. Clerical assistance to support program operation at satellite locations shall be reflected.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.080 Clinical Experiences. The board is amending section (1).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(1) Clinical sites shall be selected which will provide direct care and observational learning experiences to meet the objectives of the course.

(A) Select inter*[-]*professional educational experiences may be utilized to provide learning experiences to meet course and program objectives and outcomes. Clinical personnel with professional licensure or certification in a health-related field may be utilized to augment student learning in their respective areas. Observational/interprofessional experiences *[shall]* **may** not exceed twenty percent (20%) of the total clinical program hours. Orientation to the facility does not contribute to the twenty percent (20%).

(D) The ratio of faculty to students in the clinical area shall be designed to promote patient safety and to facilitate student learning **with the proper supervision**.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.085 Preceptors. The board is amending subsection (4)(F).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(4) Responsibilities of the nursing program faculty in regards to utilization of preceptors shall include:

(F) *[Shall meet periodically]* **Periodic meetings** with the clinical preceptors and student(s) for the purpose of monitoring and evaluating learning experiences.

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 17, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.100 Educational Program. The board is amending sections (1) and (5).

PURPOSE: This rule is being amended to reduce unnecessary regulatory restrictions.

(1) General Purpose.

(C) The educational program shall provide planned learning experiences essential to the achievement of the stated philosophy and/or mission and graduate competencies of the program and *[shall]* demonstrate logical progression.

(5) Syllabus Construction. Syllabi shall be current and available to all faculty, students, and cooperating agencies. Each syllabus shall include:

(H) Clock *[or credit]* hour requirements related to theory, lab, and clinical instruction. **Each syllabus should reflect credit hour requirements for theory, lab, and clinical instruction, if used.**

AUTHORITY: sections 324.007 and 335.036, RSMo 2016. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018.

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 State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@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.*

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2220—State Board of Pharmacy
Chapter 6—Pharmaceutical Care Standards

PROPOSED AMENDMENT

20 CSR 2220-6.050 Administration of Vaccines Per Protocol. The board is amending all sections of the rule.

PURPOSE: This amendment eliminates unnecessary restrictions/requirements and updates/clarifies requirements for pharmacists

immunizing by protocol.

(1) A pharmacist may administer vaccines authorized by Chapter 338, RSMo, pursuant to a written protocol *[authorized by a physician licensed pursuant to Chapter 334, RSMo,]* **with a Missouri licensed physician** who is actively engaged in the practice of medicine. **Unless otherwise restricted by the governing protocol, vaccines may be administered at any Missouri licensed pharmacy or at any non-pharmacy location identified in the governing protocol.**

(A) *[A pharmacist shall administer v]***V**accines **must be administered** in accordance with treatment guidelines established by the Centers for Disease Control (CDC) and *[in accordance with]* **the** manufacturer's guidelines, provided *[that a pharmacist shall not administer vaccines]* **CDC guidelines shall control in the event of a conflict. Vaccines may not be administered** to persons under twelve (12) years of age **unless otherwise authorized by law**.

(B) *[A pharmacist shall comply]* **Pharmacists shall ensure compliance** with all state and federal laws and regulations pertaining to Vaccine Information Statements and informed consent requirements.

(C) Vaccines must be stored in accordance with CDC guidelines/recommendations and within the manufacturer's labeled requirements, including, when vaccinating outside of a pharmacy.

(D) A pharmacist may only delegate vaccine administration to an intern pharmacist who has met the qualifications of subsections (3)(B) and (C) of this rule and is working under the direct supervision of a pharmacist qualified to administer vaccines. Proof of an intern's compliance with subsections (3)(B) and (C) must be maintained by both the supervising pharmacist and the intern pharmacist for a minimum of two (2) years.

[(2) A pharmacist may not delegate the administration of vaccines to another person, except to a pharmacist intern who has met the qualifications under subsections (4)(B), (C), and (D) and is working under the direct supervision of a pharmacist qualified to administer vaccines.]

*[(3)]***(2)** The authorizing physician is responsible for the oversight of, and accepts responsibility for, the vaccines administered by the pharmacist.

[(4) Pharmacist Qualifications. A pharmacist who is administering a vaccine authorized by Chapter 338, RSMo, must:

(A) Hold a current, unrestricted license to practice pharmacy in this state;

(B) Hold a current cardiopulmonary resuscitation (CPR) certification issued by the American Heart Association or the American Red Cross or equivalent;

(C) Successfully complete a certificate program in the administration of vaccines accredited by the Accreditation Council for Pharmacy Education (ACPE) or a similar health authority or professional body approved by the State Board of Pharmacy;

(D) Maintain documentation of the above certifications;

(E) Complete a minimum of two (2) hours (0.2 CEU) of continuing education as defined per calendar year related to administration of vaccines. A pharmacist may use the continuing education hours required in this subsection as part of the total continuing education hours required for pharmacist license renewal;

(F) Provide documentation of subsections (A), (B), (C), and (E) of this section to the authorizing physician(s) prior to entering into a protocol or administering vaccines; and

(G) On a yearly basis prior to administering vaccines, establish a new protocol with the authorizing physician and notify the State Board of Pharmacy of their qualifications to do so. This notification shall include the types of drugs being administered and a statement that the pharmacist meets the requirements of subsections (A), (B), (C), (E), and (F) of this section.

(5) Administration by Written Protocol with a Missouri Licensed Physician.

(A) A pharmacist may enter into a written protocol with a physician for the administration of vaccines authorized by Chapter 338, RSMo, provided that a pharmacist shall be prohibited from administering vaccines to patients under twelve (12) years of age. The physician must be no further than fifty (50) miles by road, using the most direct route available, from the pharmacist who is administering the vaccine. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must include the following:

1. The identity of the participating pharmacist and physician, including signatures;

2. Time period of the protocol;

3. The identification of the vaccines which may be administered;

4. The identity of the patient or groups of patients to receive the authorized vaccine(s);

5. The identity of the authorized routes and anatomic sites of administration allowed;

6. A provision to create a prescription for each administration under the authorizing physician's name;

7. A provision establishing a course of action the pharmacist shall follow to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks;

8. A provision establishing a length of time the pharmacist shall observe an individual for adverse events following an injection;

9. A provision establishing the disposal of used and contaminated supplies;

10. The street addresses of the pharmacy or other locations at which the pharmacist may administer the authorized vaccine;

11. Record-keeping requirements and procedures for notification of administration; and

12. A provision that allows for termination of the protocol at the request of any party to it at any time.

(B) The protocol, and any subsequent amendments or alterations, shall be signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its content and agree to follow the terms of the protocol. The authorizing physician and pharmacist shall each maintain a copy of the protocol from the beginning of implementation to a minimum of eight (8) years after termination of the protocol.]

(3) Pharmacist Qualifications. Pharmacists administering vaccines by protocol as authorized by Chapter 338, RSMo, must first file a Notification of Intent (NOI) to administer vaccines with the Missouri Board of Pharmacy. To file a NOI, a pharmacist must—

(A) Hold a current Missouri pharmacist license;

(B) Hold a current healthcare provider level cardiopulmonary resuscitation (CPR) or basic life support (BLS) certification issued by the American Heart Association, the American Red Cross, or an equivalent organization. The qualifying BLS or CPR certification program must have included a live in-person skills assessment; and

(C) Have successfully completed a certificate program in administering vaccines accredited by the Accreditation Council for Pharmacy Education (ACPE), provided by an ACPE or regionally accredited pharmacy or medical school/college or approved by the

Board of Pharmacy. The required certificate program must include a live/in-person training component and include instruction in:

1. Current CDC guidelines and recommendations for vaccines authorized by Chapter 338, RSMo, including recommended immunization schedules;

2. Basic immunology and vaccine protection;

3. Physiology and techniques for vaccine administration, including hands-on training in intramuscular, intradermal, subcutaneous and nasal administration routes, and other common routes of vaccine administration;

4. Pre- and post- vaccine screening or assessment; and

5. Identifying and treating adverse immunization reactions;

(D) Notifications of Intent must be filed on the board's website or on a form approved by the board.

(4) Protocol Requirements.

(A) In addition to filing a NOI, pharmacists administering vaccines under this rule must first enter into a written protocol with a Missouri licensed physician. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must be renewed annually and include the following:

1. The identity of the participating pharmacist and physician;

2. Time period of the protocol;

3. Authorized vaccines;

4. The patient or groups of patients authorized for vaccination;

5. Allowed routes and anatomic sites of administration;

6. If applicable, authorization to create a prescription for each administration under the physician's name;

7. Emergency response procedures, including, but not limited to, procedures for handling/addressing adverse reactions, anaphylactic reactions, and accidental needle sticks;

8. The length of time the pharmacist must observe an individual for adverse events following an injection;

9. Procedures for disposing of used and contaminated supplies;

10. The street addresses of any non-pharmacy locations at which the pharmacist may administer vaccines;

11. Record-keeping requirements and any required notification procedures; and

12. A provision allowing termination of the protocol at any time at the request of any party.

(B) The protocol, and any subsequent amendments or alterations, must be reviewed and manually or electronically signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its contents and agree to follow the terms of the protocol. A copy of the protocol must be maintained by both the pharmacist and the authorizing physician for a minimum of eight (8) years after termination of the protocol.

(C) Additional pharmacists or immunization locations may be added to an existing protocol if the amendment is signed and dated by the authorizing physician(s) and, if applicable, any newly added pharmacist(s). Existing pharmacists are not required to re-sign the protocol unless other protocol terms or provisions are changed.

*[(6)]***(5)** Record Keeping.

(A) *[A pharmacist administering vaccines pursuant to this rule shall maintain a record of each administration which shall include]* **The pharmacist shall ensure a record is maintained for each vaccine administered by protocol that includes**:

1. The **patient's** name, address, and date of birth *[of the patient]*;

2. The date, route, and anatomic site of the administration;

3. The **vaccine's** name, dose, manufacturer, lot number, and expiration date *[of the vaccine]*;

4. The name and address of the patient's primary health care provider, as *[identified]* **provided** by the patient;

5. *[The name or identifiable initials of the administering pharmacist]* **The identity of the administering pharmacist or, if applicable, the identity of the administering intern pharmacist and supervising pharmacist**; and

6. The nature of any adverse reaction and who was notified, if applicable.

[(B) If the vaccine was administered on behalf of a pharmacy, the pharmacist shall ensure the records required by subsection (6)(A) of this rule are promptly delivered to the pharmacy.]

*[(C)]***(B)** *[Within seventy-two hours (72) hours after administration of a vaccine, the administering pharmacist shall obtain a prescription from the authorizing physician for the drug dispensed or shall create a prescription, as authorized by protocol documenting the dispensing of the drug.]* **Within seventy-two (72) hours after a vaccine is administered, a prescription must be obtained from the authorizing physician for the drug dispensed or a prescription must be created in the physician's name documenting the dispensing as authorized by protocol.** Notwithstanding any other provision of this rule, prescription records *[shall]* **must** be maintained as provided by Chapter 338, RSMo, and the rules of the board.

*[(D)]***(C)** The records required by this rule *[shall be maintained]* **must be** securely and confidentially **maintained** as follows:

1. If the vaccine is administered on behalf of a pharmacy, both the pharmacy and the administering pharmacist shall ensure *[that all records required by this rule are maintained at the pharmacy]* **the records required by subsection (5)(A) are promptly delivered to and maintained at the pharmacy** separate from the **pharmacy's** prescription files *[of the pharmacy]*.

2. If the vaccine is not being administered on behalf of a pharmacy, all records shall be maintained securely and confidentially by the administering pharmacist at an address that shall be identified in the protocol prior to administering the vaccine; *[and]*

3. Prescription records must be maintained as required by Chapter 338, RSMo, and the rules of the board; and

*[2.]***4.** Records *[shall]* **required by this rule must** be maintained for two (2) years *[from the date of such record and shall be]* **and** made available for inspecting and copying by the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives. Records maintained at a pharmacy must be produced during an inspection by the board and/or their authorized representatives. Records not maintained at a pharmacy *[shall]* **must** be produced within three (3) business days after a request from the State Board of Pharmacy**, the Board of Registration for the Healing Arts** and/or *[its]* **their** authorized representative. Failure to maintain or produce records as provided by this rule shall constitute grounds for discipline.

[(7) Notification Requirement.

(A) A pharmacist administering vaccines authorized by Chapter 338, RSMo, shall notify the authorizing physician within seventy-two (72) hours after administration of the following:

1. The identity of the patient;

2. The identity of the vaccine(s) administered;

3. The route of administration;

4. The anatomic site of the administration;

5. The dose administered; and

6. The date of administration.

(B) The pharmacist shall provide a written report to the patient's primary health care provider, if different than the authorizing physician, containing the documentation required in subsection (A) of this section within fourteen (14) days of the administration.

(C) In the event of any adverse event or reaction experienced by the patient pursuant to a written protocol, the pharmacist shall notify the patient's primary health care provider and authorizing physician, if different, within twenty-four (24) hours after learning of the adverse event or reaction.

(D) A pharmacist administering vaccine(s) shall report the administration to all entities as required by state or federal law.

(E) Documentation that notifications required by this rule have been sent must be maintained as provided in section (6) of this rule.]

(6) Notification of Immunizations. Pharmacists immunizing by protocol must—

(A) Notify all persons or entities as required by state and federal law;

(B) Notify the protocol physician as required by the governing protocol;

(C) Notify the patient's primary care provider as required by Chapter 338, RSMo; and

(D) Notify the patient's primary health care provider and, if different, the protocol physician, within twenty-four (24) hours after learning of any adverse event or reaction experienced by the patient. Adverse events or reactions must also be reported to the Vaccine Adverse Event Reporting System (VAERS) or its successor, within thirty (30) days.

(E) Unless otherwise provided by the governing protocol, notification may be made via a common electronic medication record that is accessible to and shared by both the physician and pharmacist. Proof of notification must be maintained in the pharmacist's records as provided in subsection (5)(B) of this rule.

(7) Notification of Intent Renewal. A Notification of Intent (NOI) to immunize by protocol must be renewed biennially with the immunizing pharmacist's Missouri pharmacist license. To renew a NOI, pharmacists must—

(A) Have a current healthcare provider cardiopulmonary resuscitation (CPR) or basic life support (BLS) certification that complies with subsection (3)(B) of this rule; and

(B) Have completed a minimum of two (2) hours of continuing education (0.2 CEU) related to administering vaccines or CDC immunization guidelines in a course approved by the Board of Pharmacy or provided by an ACPE accredited continuing education provider within the applicable pharmacist biennial renewal period (November 1 to October 31 of the immediately preceding even numbered years).

(C) The required continuing education (CE) shall be governed by 20 CSR 2220-7.080 and may be used to satisfy the pharmacist's biennial continuing education requirements. The initial training program required by section (3) of this rule may be used to satisfy the CE requirements of this subsection if the training program was completed within the applicable pharmacist biennial renewal cycle.

*AUTHORITY: sections [338.010] **338.140** and 338.220, RSMo [Supp. 2009 and 338.140, RSMo 2000] **2016, and section 338.010, RSMo Supp. 2017**. Emergency rule filed Oct. 24, 2007, effective Nov. 3, 2007, expired April 30, 2008. Original rule filed Oct. 24, 2007, effective May 30, 2008. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 9, 2018.*

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 State Board of Pharmacy, PO Box 625, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 526-3464, or via email at pharmacy@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.*

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 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 6—Wildlife Code: Sport Fishing: Seasons, Methods, Limits

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-6.530 is amended.

This rule sets length limits for fish taken from waters of the state and is exempted by section 536.021, RSMo, from the requirements for filing as a proposed amendment.

3 CSR 10-6.530 Goggle-eye (Ozark Bass, Rock Bass, and Shadow Bass) and Warmouth

(4) Length Limits: All goggle-eye (Ozark bass, rock bass, and shadow bass) and warmouth less than seven inches (7") in total length must be returned to the water unharmed immediately after being caught, except all goggle-eye and warmouth less than eight inches (8") in total length must be returned to the water unharmed immediately after being caught on the Big Piney River from Highway 17 bridge (Texas County) to its confluence with the Gasconade River, Courtois Creek from Highway 8 bridge (Crawford County) to its confluence with Huzzah Creek, the Eleven Point River from Thomasville Access to the Arkansas line, Huzzah Creek from Willhite Road (Crawford County) to its confluence with the Meramec River, and Meramec River from Highway 19 bridge (Dent County) to Pacific Palisades Conservation Area.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment was filed February 9, 2018, becomes effective **March 1, 2018**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 6—Wildlife Code: Sport Fishing: Seasons, Methods, Limits

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-6.620 is amended.

This rule sets bag limits for turtles taken from waters of the state and is exempted by section 536.021, RSMo, from the requirements for filing as a proposed amendment.

3 CSR 10-6.620 Turtles

(1) Daily Limit: Common snapping turtles and soft-shelled turtles; two (2) turtles in aggregate.

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment was filed February 9, 2018, becomes effective **March 1, 2018**.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 12—Wildlife Code: Special Regulations for Areas Owned by Other Entities

ORDER OF RULEMAKING

By authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-12.145 is amended.

This rule sets length limits for fish taken from waters of the state and is exempted by section 536.021, RSMo, from the requirements for filing as a proposed amendment.

3 CSR 10-12.145 Fishing, Length Limits

(2) Black bass more than twelve inches (12") but less than fifteen inches (15") total length must be returned to the water unharmed immediately after being caught, except as follows:

(A) Black bass less than fifteen inches (15") total length must be returned to the water unharmed immediately after being caught on the following lakes:

1. Arrow Rock State Historic Site (Big Soldier Lake);
2. Bethany (Old Bethany City Reservoir);
3. Blue Springs (Lake Remembrance);
4. Big Oak Tree State Park (Big Oak Lake);
5. Butler City Lake;
6. Cameron (Century Lake, Eagle Lake, Grindstone Lake, Sunrise Lake);
7. Carthage (Kellogg Lake);
8. Columbia (Stephens Park Lake);
9. Concordia (Edwin A. Pape Lake);
10. Confederate Memorial State Historic Site lakes;
11. Dexter City Lake;
12. East Prairie (K. S. Simpkins Park Pond);
13. Farmington (Hager Lake, Giessing Lake, Thomas Lake);
14. Hamilton City Lake;
15. Harrison County Lake;
16. Higginsville (Higginsville City Lake, Upper Higginsville City Lake);
17. Holden City Lake;
18. Jackson (Litz Park Lake, Rotary Lake);
19. Jackson County (Alex George Lake, Bergan Lake, Bowlin Pond, Lake Jacomo, Prairie Lee Lake, Scherer Lake, Tarsney Lake, Wood Lake, Wyatt Lake);
20. Jefferson City (McKay Park Lake);
21. Keytesville (Maxwell Taylor Park Pond);
22. Kirksville (Hazel Creek Lake);
23. Liberty (Fountain Bluff Park Ponds Nos. 1, 2, 3, 4, 5, 6, 7, and 8);
24. Marble Hill (Pellegrino Lake);
25. Mark Twain National Forest (Fourche Lake, Huzzah Pond, Loggers Lake, McCormack Lake, Noblett Lake, Roby Lake);
26. Maysville (Willow Brook Lake);
27. Mineral Area College (Quarry Pond);
28. Odessa (Lake Venita);
29. Pershing State Park ponds;
30. Potosi (Roger Bilderback Lake);
31. Raymore (Johnston Lake);
32. University of Missouri (Dairy Farm Lake No. 1, McCredie Lake);
33. Warrensburg (Lions Lake);
34. Watkins Mill State Park (Williams Creek Lake); and
35. Windsor (Farrington Park Lake).

(C) Black bass more than fourteen inches (14") but less than eighteen inches (18") total length must be returned to the water unharmed immediately after being caught on Unionville (Lake Mahoney);

(D) Black bass less than twenty inches (20") total length must be returned to the water unharmed immediately after being caught on Mexico (Teal Lake); and

(E) There is no length limit on black bass on Cuivre River State Park (Lincoln Lake).

SUMMARY OF PUBLIC COMMENTS: Seasons and limits are exempted from the requirement of filing as a proposed amendment under section 536.021, RSMo.

This amendment was filed February 9, 2018, becomes effective **March 1, 2018**.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 5—Junkyards

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.700, RSMo 2016, the commission amends a rule as follows:

7 CSR 10-5.010 Licensing of Junkyards **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1412–1413). 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.020 Directional and Other Official Signs **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1413–1414). 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.030 On-Premises Signs **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1414–1415). 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections

226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.040 Outdoor Advertising in Zoned and Unzoned Commercial and Industrial Areas **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1415–1416). 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: The Missouri Highways and Transportation Commission received eight (8) comments on the proposed amendment.

COMMENTS: Bill May- Missouri Outdoor Advertising Association; Bob Fessler- Lamar Advertising; Charles Huffman- Lamar Advertising; Tim Ketchum- Lamar Advertising; Anthony Mariani- DDI Media; Jeff Bohnert- DSW Signs; Vernon House- Lamar Advertising; and Bob Connors- Mid-America Outdoor Advertising support amending the static display time for an automatic changeable display or digital technology from ten seconds to eight seconds.
RESPONSE: Because these comments did not request changes to the amendment, no changes have been made to the amendment.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.050 Outdoor Advertising Beyond Six Hundred Sixty Feet (660') of the Right-of-Way **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1416–1417). 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.060 Nonconforming Signs **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1417–1418). 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under sections 226.150 and 226.530, RSMo 2016, the commission amends a rule as follows:

7 CSR 10-6.070 Permits for Outdoor Advertising **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1418–1419). 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.080 Removal of Outdoor Advertising Without Compensation **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1419–1420). 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.085 Cutting and Trimming of Vegetation on Right-of-Way **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1420–1422). 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: The Missouri Highways and Transportation Commission received ten (10) comments on the proposed amendment.

COMMENTS: Bill May- Missouri Outdoor Advertising Association; Bob Fessler- Lamar Advertising; Charles Huffman- Lamar Advertising; Tim Ketchum- Lamar Advertising; Anthony Mariani- DDI Media; Jeff Bohnert- DSW Signs; Vernon House- Lamar Advertising; Bob Connors- Mid-America Outdoor Advertising; Eric Worden- Lamar Advertising; and Wayne Hurley- Lamar Advertising support the reduction of restrictions related to vegetation cutting on right of way to clear a billboard's visibility zone.
RESPONSE: Because these comments did not request changes to the amendment, no changes have been made to the amendment.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.090 Administrative Review of Notices to Remove Outdoor Advertising and to Terminate Nonconforming Signs **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1423). 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation Commission
Chapter 6—Outdoor Advertising

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under section 226.150, RSMo 2016, and sections 226.500–226.600, RSMo 2016 and RSMo Supp. 2017, the commission amends a rule as follows:

7 CSR 10-6.100 Removal or Concealment of Outdoor Advertising Pending Judicial Review **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1424). 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 10—DEPARTMENT OF NATURAL RESOURCES
Division 20—Clean Water Commission
Chapter 7—Water Quality

ORDER OF RULEMAKING

By the authority vested in the Clean Water Commission of the State of Missouri under section 644.026, RSMo 2016, the commission amends a rule as follows:

10 CSR 20-7.031 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 16, 2017 (42 MoReg 1424–1551). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed amendment was held November 21, 2017, and the public comment period ended November 28, 2017. At the public hearing, department staff explained the proposed amendment and thirteen (13) comments were made. The department also received thirty (30) written comments from thirty-five (35) individuals, municipalities, and organizations during the public comment period. The department's responses to these comments have been categorized as general and specific. The term "lakes" refers to both "lakes and reservoirs," except where noted.

PUBLIC HEARING COMMENTS:

COMMENT #1: Rocky Miller, professional engineer and Representative for District 124, asked staff to be careful about how this amendment is written, because future staff and boards will be the ones enforcing the rules. Representative Miller stated that the department should develop rules because they make a difference, rather than because they are told to do so. Representative Miller also asked that costs be kept in mind.
RESPONSE: Representative Miller's comments are appreciated. The proposed amendment is the result of years of stakeholder discussions. The most significant component of the proposed amendment is the revision of disapproved numeric nutrient criteria, criteria that have been the subject of litigation involving the Missouri Coalition for the Environment and the U.S. Environmental Protection Agency (USEPA). The department believes that it is in the state's best interest to adopt this amendment to avoid promulgation at the federal level. Furthermore, the proposed amendment is the appropriate mechanism for protecting Missouri's water quality. The proposed numeric nutrient criteria will protect Missouri's lakes using Missouri-specific data and methods to ensure appropriate water quality protections. As part of its rulemaking effort, the department considered economic costs and benefits associated with the proposed amendment revisions through a Regulatory Impact Report (RIR). An initial public comment period for the RIR was held from July 24, 2017 through September 22, 2017. Following revisions to the draft rule, the RIR was modified and a second public comment period was held from September 25, 2017 through November 24, 2017. No changes have been made as a result of this comment.

COMMENT #2: Leslie Holloway, Missouri Farm Bureau, commented that there is a court order in place and that the department must act in developing numeric nutrient criteria for lakes, otherwise criteria will be promulgated by the USEPA. Holloway stated the proposed nutrient criteria address many of Farm Bureau's concerns and urged the Clean Water Commission to support it. Holloway further stated that numeric nutrient criteria are not necessary to achieve the state's nutrient management goals.
RESPONSE: The department agrees that it is in Missouri's best interest to amend this rule to avoid promulgation at the federal level. As noted by the commenter, numeric nutrient criteria are required as a result of recent litigation that obligates the USEPA to propose numeric nutrient criteria for Missouri lakes if the state does not do so. Federal litigation notwithstanding, federal regulations at 40 CFR section 131.22 require states to adopt water quality criteria that protect designated uses. In addition to protecting designated uses, the proposed numeric nutrient criteria are necessary to provide a means for water quality assessment as well as to provide targets for water quality restoration. No changes have been made as a result of this comment.

COMMENT #3: Jay Hoskins, Metropolitan St. Louis Sewer District, supports the comments submitted by the Association of Missouri Cleanwater Agencies (AMCA). Hoskins supports the proposed numeric nutrient criteria, especially for allowing a framework that considers numeric threshold and bioconfirmation response variables to assess use attainment.
RESPONSE: The department appreciates the Metropolitan St. Louis Sewer District's support and will carefully consider the comments submitted by the AMCA. No changes have been made as a result of this comment.

COMMENT #4: Darrick Steen, Missouri Corn Growers Association and Missouri Soybean Association, noted that there is a court order in place and that the department must act in developing numeric nutrient criteria for lakes, otherwise criteria will be promulgated by the USEPA. Steen also expressed concerns that the proposed numeric nutrient criteria may result in perpetual water quality impairments of northern Missouri lakes and that these concerns should be addressed by the department during implementation. Steen asked that the department give maximum flexibility in regards to assessment and restoration.
RESPONSE: The department agrees that it is in the state's best interest to adopt this amendment to avoid promulgation at the federal level. The department will complete water quality assessments in accordance with established listing methodologies on a biennial basis as part of its Clean Water Act sections 305(b) and 303(d) reporting efforts. Both future listing methodology documents and 303(d) lists of impaired waters will be developed with input from stakeholders and the interested public. The department will consider restoration efforts through an adaptive implementation approach that makes progress toward achieving water quality goals while using new data and information to adjust implementation activities. The department will, through the triennial review process, continue to evaluate the appropriateness of existing water quality standards and may consider site-specific criteria based on a sound scientific rationale that protects designated uses as allowed by federal regulations at 40 CFR 131.11(b)(1)(ii). No changes have been made as a result of this comment.

COMMENT #5: Dee Dokken, Sierra Club, commented in opposition to the proposed numeric nutrient criteria for lakes, because it does not provide protections for drinking water supply and recreational designated uses. Dokken stated that the proposed amendment uses a reactionary approach that is not consistent with the Clean Water Act. Dokken further stated that lakes are an economic boon to Missouri and more money should be invested to protect them.
RESPONSE: The department revised the draft rule to remove the drinking water supply use criteria. Stakeholders had requested the department reevaluate the necessity of those criteria given the proposed aquatic life use criteria also would be protective of the drinking water supply use. Stakeholders had also raised concerns that the proposed raw drinking water source criteria were developed using a potentially overly conservative approach based on finished drinking water levels. The department notes that the criteria derived for the protection of aquatic life uses in lakes located within the Ozark Highlands and Ozark Border ecoregions are more protective than the proposed drinking water supply use criteria and therefore, protective of both designated uses. For lakes in the Plains ecoregion, the difference in the chlorophyll-a criterion proposed for aquatic life protections, 30 μg/L, and the criterion proposed for drinking water supply protections, 25 μg/L, is 5 μg/L. Recognizing that the drinking water supply use as defined in 10 CSR 20-7.031(1)(C)6. applies to raw water which will yield potable water *after treatment* by public water treatment facilities (emphasis added), the department determined that the 5 μg/L difference will not significantly affect the ability of drinking water treatment operations to provide drinking water that meets Safe Drinking Water standards. As noted in research cited with the proposed amendment, microcystins were not detected in Missouri reservoirs eighty percent (80%) of the time (one thousand three hundred thirty-one (1,331) non-detects out of one thousand six hundred fifty-eight (1,658) samples); where detected, they generally were found at low levels. Microcystin concentrations in raw water greater than 0.3 μg/L (n = 140), the USEPA health advisory level for bottle-fed infants and young children for finished drinking water, occurred in less than ten percent (10%) of the samples with a median chlorophyll-a concentration of 33.5 μg/L. The 30-μg/L chlorophyll-a criterion proposed for aquatic life in the Plains ecoregion, which would apply to raw drinking water sources, ensures the probability of microcystin occurrence for finished water is less than ten percent (10%). Therefore, the aquatic life criterion adequately protects drinking water sources from impairment with respect to the algal toxin microcystin. Data continues to be gathered on algal toxins in Missouri lakes, with a second toxin (cylindrospermopsin) being monitored in addition to microcystin during the 2017 summer season. The department is in discussions with the University of Missouri Limnology Laboratory to also add saxitoxin and anatoxin-a analyses to the lake monitoring programs. These additional data will help clarify the extent of algal toxins in Missouri's lakes. The department also continues to grow its understanding of both the factors that drive toxin production and the efficiencies of treatment in removing algal toxins from source water. These efforts will enable the state to better address drinking water protection during a future rulemaking.

Although specific criteria for the protection of recreational uses are not specified, the inclusion of both causal and response threshold values provides additional water quality protections. Research and information continue to develop at the national level with respect to nutrient impacts and criteria for the protection of recreational uses. Missouri intends to consider numeric nutrient criteria for recreational designated uses during a future rulemaking. This effort will allow studies currently underway by USEPA and others on the effects of cyanotoxins on recreational uses to mature, and for the state to conduct user perception surveys of algae by the recreating public.

The department agrees that numeric nutrient criteria are an important component of a healthy Missouri environment that will support and sustain a healthy economy. No changes have been made as a result of this comment.

COMMENT #6: Chao Qu, Interdisciplinary Environmental Clinic of Washington University on behalf of the Missouri Coalition for the Environment, opposes the proposed amendment because the proposed numeric nutrient criteria for lakes do not do enough to protect aquatic life. Qu stated the proposed criteria focuses on protecting sport fish, but not other aquatic life species including the most sensitive species. Qu requests the department reconsider the proposed criteria for aquatic life.

RESPONSE: The proposed numeric nutrient criteria were derived based on trophic status ranges by ecoregion. The richest diversity index from each ecoregion was used as the target for the trophic status based on a corresponding range of chlorophyll-a. The criteria were derived by finding the level of algal growth that promotes sustainable biotic diversity by being neither a limiting factor from its scarcity nor a limiting factor from its obstructive presence in large quantities. Using sport fishery status as an indicator of aquatic life use protection is ecologically justified because sport fish are generally apex predators in reservoir systems. The department's findings show that the health of sport fish populations can be interpreted as an indicator of overall ecosystem health and the presence of a wide variety of aquatic biota, which is consistent with 10 CSR 20-7.031(1)(C)1.A and 40 CFR 131.11(a). No changes have been made as a result of this comment.

COMMENT #7: Steve Taylor, Missouri Agribusiness Association, commented on the distinction between human-made reservoirs and lakes. Taylor stated that Missouri scientists have collected significant data on these reservoirs and have determined what is best for sportfish. Taylor also commented that the proposed numeric nutrient criteria for lakes are protective, if not overprotective, of these species. Taylor does not oppose the proposed amendment changes and urges the commission to go forward.

RESPONSE: The department appreciates the Missouri Agribusiness Association's recommendation for moving forward with the proposed rule amendments and agrees that the proposed numeric nutrient criteria are protective of designated aquatic life uses. Missouri used a robust dataset comprised of nutrient related measurements from over two hundred (200) reservoirs throughout the state to support the development of reservoir nutrient criteria. This dataset includes over thirty-two thousand (32,000) records of chlorophyll and nutrient data, making it one (1) of the largest datasets used for criteria derivation. The data originated from various University of Missouri programs and special studies, but most notably from the Lakes of Missouri Volunteer Monitoring Program (LMVP) and the Statewide Lake Assessment Program (SLAP). Using sport fishery status as an indicator of aquatic life use protection is ecologically justified because sport fish are generally apex predators in reservoir systems. The department's findings show that the health of sport fish populations can be interpreted as an indicator of overall ecosystem health and the presence of a wide variety of aquatic biota, which is consistent with 10 CSR 20-7.031(1)(C)1.A and 40 CFR 131.11(a). No changes have been made as a result of this comment.

COMMENT #8: Sydney Welter, Interdisciplinary Environmental Clinic of Washington University on behalf of the Missouri Coalition for the Environment, expressed concern that the proposed numeric nutrient criteria do not protect human health and lack criteria for drinking water supply and recreational designated uses. Welter commented that USEPA stated in a 2016 letter that the department's nutrient criteria should protect recreational uses. Welter urged the department to include criteria for the protection of recreational and drinking water supply designated uses.

RESPONSE: The department revised the draft amendment to remove the drinking water supply use criteria. Stakeholders had requested the department reevaluate the necessity of those criteria given the proposed aquatic life use criteria also would be protective of the drinking water supply use. Stakeholders had also raised concerns that the proposed raw drinking water source criteria were developed using a potentially overly conservative approach based on finished drinking water levels. The department notes that the criteria derived for the protection of aquatic life uses in lakes located within the Ozark Highlands and Ozark Border ecoregions are more protective than the proposed drinking water supply use criteria and is therefore protective of both designated uses. For lakes in the Plains ecoregion, the difference in the chlorophyll-a criterion proposed for aquatic life protections, 30 μg/L, and the criterion proposed for drinking water supply protections, 25 μg/L, is 5 μg/L. Recognizing that the drinking water supply use as defined in 10 CSR 20-7.031(1)(C)6. applies to raw water which will yield potable water *after treatment* by public water treatment facilities (emphasis added), the department determined that the 5 μg/L difference will not significantly affect the ability of drinking water treatment operations to provide drinking water that meets Safe Drinking Water standards. As noted in research cited with the proposed amendment, microcystins were not detected in Missouri reservoirs eighty percent (80%) of the time (one thousand three hundred thirty-one (1,331) non-detects out of one thousand six hundred fifty-eight (1,658) samples); where detected, they generally were found at low levels. Microcystin concentrations in raw water greater than 0.3 μg/L (n = 140), the USEPA health advisory level for bottle-fed infants and young children for finished drinking water, occurred in less than ten percent (10%) of the samples with a median chl-a concentration of 33.5 μg/L. The 30-μg/L chlorophyll-a criterion proposed for aquatic life in the Plains ecoregion, which would apply to raw drinking water sources, ensures the probability of microcystin occurrence for finished water is less than ten percent (10%). Therefore, the aquatic life criterion adequately protects drinking water sources from impairment with respect to the algal toxin microcystin. Data continues to be gathered on algal toxins in Missouri lakes, with a second toxin (cylindrospermopsin) being monitored in addition to microcystin during the 2017 summer season. The department is in discussions with the University of Missouri Limnology Laboratory to also add saxitoxin and anatoxin-a analyses to the lake monitoring programs. These additional data will help clarify the extent of algal toxins in Missouri's lakes. The department also continues to grow its understanding of both the factors that drive toxin production and the efficiencies of treatment in removing algal toxins from source water. These efforts will enable the state to better address drinking water protection during a future rulemaking.

Research and information continue to develop at the national level with respect to nutrient impacts and criteria for the protection of recreational uses. Missouri intends to pursue numeric nutrient criteria for recreational designated uses during a future rulemaking. This effort will allow studies currently underway by USEPA and others on the effects of cyanotoxins on recreational uses to mature, and for the state to conduct user perception surveys of algae by the recreating public. Although specific criteria for the protection of recreational uses are not specified, the inclusion of both causal and response threshold values provides additional water quality protections. No changes have been made as a result of this comment.

COMMENT #9: Mollie Carroll, Interdisciplinary Environmental Clinic of Washington University on behalf of the Missouri Coalition for the Environment, expressed concern about the reliance of narrative values for making impairment decisions. Carrol commented that the five (5) proposed eutrophication factors are ill-defined, subjective, reactive in nature, and do not protect Missouri's lakes. Carroll stated that the lack of definition of the word excursion within the amendment means that interpretations can differ. Similarly, that excessive turbidity is not defined and suggests that Secchi depth would provide a stronger indicator. Carroll also states that the department should provide unique cyanobacteria criteria for aquatic life rather than relying on USEPA's Risk Assessment on Human Health.

RESPONSE: As noted by the commenter, the proposed numeric nutrient criteria include five (5) eutrophication factors on which impairment decisions will be based. The use of these eutrophication factors provides a weight-of-evidence approach that uses nutrient response conditions that indicate impairment in conjunction with nutrient screening thresholds. No definition of excursion criteria is required, because the rule language references the specific criteria for both pH and dissolved oxygen. These criteria can be found in 10 CSR 20-7.031(5)(E) and 10 CSR 20-7.031(5)(J) respectively. In addition, exceedance rates from water quality standards that result in impairment are presented in the department's Listing Methodology Document. Because water quality assessments are completed on a

biennial basis as part of its Clean Water Act sections 305(b) and 303(d) reporting efforts, the listing methodology document is the appropriate location for such references. Cyanobacteria counts presented in the proposed amendment were not derived from a USEPA document for acute human health criteria, but instead cell count values were derived as outlined in the "Rationale for Missouri Numeric Nutrient Criteria for Lakes, Nov. 21, 2016" on page 44, which was made available online during the public comment period with other reference documents. The use of mineral turbidity as an eutrophication factor is appropriate as it has been documented that mineral turbidity can have a negative effect on algal production, thereby inhibiting chlorophyll-a production that, if looked at alone, would obscure a water quality impairment. Although the use of a Secchi disk is one approach for measuring turbidity, the department will continue to evaluate other approaches as well for possible relationships between total suspended solids and chlorophyll-a production when developing future listing methodology documents. Future listing methodology documents to implement the numeric nutrient criteria for assessment purposes will be developed with input from stakeholders and the interested public. No changes have been made as a result of this comment.

COMMENT #10: Robert Brundage, Newman, Comley & Ruth on behalf of Associated Industries of Missouri, commented on the proposed 304(a) criteria. Brundage recommends the department hold off on adopting the 304(a) criteria, because USEPA is in the process of updating some of the criteria. Brundage commented that assumptions regarding the consumption of fish and water were adopted without studying Missourian's rates and expressed concern that the human health protection designated use extended to all Missouri Use Designation Dataset (MUDD) waters. Brundage also commented that many of the 304(a) criteria are more stringent and the fiscal note presumes no fiscal impact.
RESPONSE AND EXPLANATION OF CHANGES: Because of the concerns from the Associated Industries of Missouri and other stakeholders, the department is withdrawing the updated 304(a) Human Health Protection uses and associated criteria. This includes both the Organism Only and Organism + Water uses. The department will reevaluate the appropriateness of these criteria in Missouri's Water Quality Standards during its next triennial review. The existing Human Health Protection – Fish Consumption use and associated criteria will remain in Missouri's Water Quality Standards.

COMMENT #11: Trent Stober, HDR Engineering, commented that it is important that the state stays in control of its own programs and base lake nutrient criteria on information collected in the state. Stober stated the proposed criteria are an improvement over the criteria that were disapproved by USEPA in 2011. Stober suggested clarifications to the proposed amendment that would provide clarification without modifying the intent.
RESPONSE AND EXPLANATION OF CHANGES: The department appreciates HDR's support of the proposed Water Quality Standards amendment and agrees that it is in the state's best interest to adopt this amendment to avoid promulgation at the federal level. The department agrees that the suggested formatting and terminology changes provided by HDR will improve the clarity of the proposed nutrient criteria without changing its intent and have therefore incorporated these changes into the amendment. The department has also included additional clarification in regard to its responsibility to collect sufficient data and information from which to assess response assessment endpoints (i.e., eutrophication impacts).

COMMENT #12: Paul Calamita, general counsel for the AMCA, commented that the AMCA strives for balanced regulation, which needs to be affordable, cost-effective, and protective. Calamita further commented that there shouldn't be a one-size-fits-all approach and that the proposed numeric nutrient criteria were a compromise. Calamita stated that other non-nutrient changes to the rule correct legacy provisions that are wrong and should be corrected. Calamita urges adoption of the amendment.
RESPONSE: The department appreciates the AMCA's support and acknowledgement that the proposed amendment is an attempt to reach a compromise position satisfactory to all interested parties while still being adequately protective of designated uses. The department developed numeric nutrient criteria through a stakeholder process using Missouri specific data in order to ensure an appropriate level of protection for Missouri lakes. Missouri used a robust dataset comprised of nutrient related measurements from over two hundred (200) reservoirs throughout the state to support the development of reservoir nutrient criteria. This dataset includes over thirty-two thousand (32,000) records of chlorophyll and nutrient data, making it one (1) of the largest datasets used for criteria derivation. The data originated from various University of Missouri programs and special studies, but most notably from the LMVP and the SLAP. The department agrees that removal of outdated or disapproved criteria from the Water Quality Standards is appropriate and necessary. No changes have been made as a result of this comment.

COMMENT #13: Kevin Perry, REGFORM, expressed support for the proposed numeric nutrient criteria for lakes. Perry also expressed support for proposed changes to calculating hardness values and mixing zone requirements. Perry expressed concern about proposed 304(a) criteria associated with human health protection. Perry suggested the rule clarify that the organism plus water values should apply to waters designated with the drinking water supply use and not all waters. Perry also recommended that the proposed 304(a) criteria for the protection of human health be removed. Perry asked the commission to not adopt the twenty-two (22) grams per day fish consumption level or the 2.4 liter per day water consumption level.
RESPONSE AND EXPLANATION OF CHANGES: The department appreciates the support for changes associated with hardness values and mixing zone requirements. Because of REGFORM's and other stakeholders' concerns, the department is withdrawing inclusion of 304(a) criteria associated with human health protections. The department will reevaluate the appropriateness of these criteria in Missouri's Water Quality Standards during its next triennial review.

GENERAL WRITTEN COMMENTS:

GENERAL WRITTEN COMMENT #1: Support for the proposed numeric nutrient criteria for lakes: Comments received from the AMCA, the City of Independence, the City of Springfield, Daniel M. Kelly, Little Blue Valley Sewer District, Missouri Municipal League, and REGFORM provided general support for the proposed numeric nutrient criteria for lakes. In a similar comment, the Missouri Farm Bureau commented in support of the department's decision to move forward with the proposed numeric nutrient criteria in light of the litigation against USEPA to promulgate criteria if the state does not. HDR also commented in support of the proposed nutrient criteria, but also provided recommendations for revising the rule language to provide additional clarity and to more closely align the terminology and structure with USEPA's bioconfirmation approach, i.e., "Guiding Principles on an Optional Approach for Developing and Implementing a Numeric Nutrient Criterion that Integrates Causal and Response Parameters (USEPA-820-F-13-039, September 2013)."
RESPONSE: The department appreciates the support for the proposed numeric nutrient criteria for lakes. The department is proposing numeric nutrient criteria for lakes in order to address USEPA's August 2011 disapproval of proposed numeric nutrient criteria for lakes at 10 CSR 20-7.031(3)(N). 40 CFR section 131.22 states that if states do not adopt changes to water quality standards as a result of USEPA disapproval, then the USEPA shall propose and promulgate such standards. The department agrees that it is in the state's best interest to adopt this rule to avoid promulgation at the federal level. The department developed these criteria through a stakeholder process using Missouri specific data in order to ensure an appropriate

level of protection for Missouri lakes. The proposal responds to the agency's disapproval and concerns expressed in May 2016 by providing a nutrient criteria framework that is scientifically rigorous, reproducible, and connected to the aquatic life protection designated use. Missouri used a robust dataset comprised of nutrient related measurements from over two hundred (200) reservoirs throughout the state to support the development of reservoir nutrient criteria. This dataset includes over thirty-two thousand (32,000) records of chlorophyll and nutrient data, making it one of the largest datasets used for criteria derivation. The data originated from various University of Missouri programs and special studies, but most notably from the LMVP and the SLAP. The department agrees with and has incorporated into the amendment the suggested formatting and terminology changes provided by HDR to improve the overall clarity of the proposed nutrient criteria without changing the intent of the amendment. The department has also included additional clarification in regard to its responsibility to collect sufficient data and information from which to assess response assessment endpoints (i.e., eutrophication impacts). No changes have been made as a result of this comment.

GENERAL WRITTEN COMMENT #2: Support for proposed changes to pH and hardness criteria, mixing zone requirements, and adoption of Multiple Discharger Variance (MDV): Comments received from the AMCA and REGFORM provided general support for the change in the calculation for hardness using the median hardness value as well as support for changes to the mixing zone requirements. The AMCA also supported the adoption of the MDV and proposed changes to the pH criteria. Missouri Municipal League also provided general support for the adoption of the MDV. Several commenters (i.e., the cities of Independence and Springfield, the Little Blue Valley Sewer District, and the Missouri Municipal League) commented in support of those comments provided by the AMCA.

RESPONSE: The department appreciates the supportive comments on the proposed revisions to Missouri's Water Quality Standards. The department agrees that the proposed mixing zone clarifications and adoption of the MDV are in the best interest of Missouri as it allows flexibility in determining appropriate cost-effective measures while maintaining appropriate protections for applicable designated uses in receiving waters. The proposed rule change to the pH criteria was submitted by stakeholders in response to the department's "Public Notice of Intent to Initiate Triennial Review of Missouri Water Quality Standards." The department's research indicates that many states, including those that border Missouri, interpret pH as a chronic rather than an acute condition. The proposed revisions requested by stakeholders will aid in clarifying the intent and protections of the pH criteria and will provide relief to permitted facilities. No changes have been made as a result of this comment.

GENERAL WRITTEN COMMENT #3: Associated Industries of Missouri, REGFORM, Missouri Municipal League, Missouri Public Utility Alliance, City of Columbia, National Waste & Recycling Association, and the Doe Run Company all provided comments expressing concern or opposition to the proposed adoption of USEPA's nationally recommended 304(a) criteria for the protection of human health. Specific concerns included uncertainty pertaining to assumed fish and water consumption rates, acceptable cancer risk incidence rates, the lack of state-specific data and analysis, ongoing USEPA studies, "compounded conservatism," uncertainty about what waters the criteria apply, and the potential for permit limits that are below existing detection limits.

RESPONSE AND EXPLANATION OF CHANGES: The department recognizes the concerns regarding the proposed 304(a) criteria for the protection of human health. Because of these comments, the department is withdrawing the updated 304(a) Human Health Protection uses and associated criteria. This includes both the Organism Only and Organism + Water uses. The department will reevaluate the appropriateness of these criteria in Missouri's Water Quality Standards during its next triennial review. The existing Human Health Protection – Fish Consumption use and associated criteria will remain in Missouri's Water Quality Standards.

SPECIFIC WRITTEN COMMENTS:

SPECIFIC WRITTEN COMMENT #1: REGFORM commented that the existing pH criteria range of 6.5 to 9.0 pH units is overly restrictive and requests that 10 CSR 20-7.031(5)(C) be amended to replace the lower criterion value from 6.5 to 6.0. The commenter states that this less stringent value is used for federal effluent limits and some potable water suppliers.

RESPONSE: The proposed rule change to the pH criteria was submitted by stakeholders in response to the department's "Public Notice of Intent to Initiate Triennial Review of Missouri Water Quality Standards." The proposed revisions clarify the duration and frequency of the pH criteria stating that it is to be interpreted as a chronic rather than an acute condition, thereby providing appropriate relief to permitted facilities. Regarding the request to modify the range of the pH criteria, no supporting information was provided for the department to evaluate whether such a change would adequately protect applicable designated uses. In order to maintain adequate and scientifically defensible protection of aquatic life, the department has not altered the existing numerical range at this time. The current pH criteria are consistent with USEPA's National Recommended Water Quality Criteria for the protection of aquatic life and is based upon USEPA's "Quality Criteria for Water, 1976" (aka "Red Book"). This document notes that pH levels within the range of 6.5 to 9 "provide adequate protection for the life of freshwater fish and bottom dwelling invertebrate fish food organisms." Outside of this range, fish "suffer adverse physiological effects increasing in severity as the degree of deviation increases until lethal levels are reached." The description of pH toxicity in USEPA's criteria document suggests that values within the pH range are protective against chronic effects, while deviations outside the range may lead to acutely toxic or lethal conditions. While the department is not proposing any changes to the numerical pH range at this time, the department will continue to review, establish, and revise water quality standards as appropriate through the triennial review process. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #2: The City of Blue Springs commented on the removal of site-specific dissolved oxygen criteria for Sni-a-Bar Creek in Table K of 10 CSR 20-7.031. Blue Springs notes that the criteria were established in 2011 and expired on October 31, 2014. Blue Springs references a 2014 comment letter in which the city indicates that available data confirm that the site-specific criteria were protective of aquatic life designated uses. The city requests that the site-specific dissolved oxygen criteria be made permanent and be considered by the department during this rulemaking or in the department's next rulemaking effort. The city further states that, if necessary, it will compile and submit additional information to supplement their 2014 comment letter.

RESPONSE: As noted by the commenter, the site-specific dissolved criteria for Sni-a-Bar Creek expired on October 31, 2014. The proposed changes to remove expired or disapproved criteria in Table K are to update the rule to reflect current applicable water quality standards. Although the department is not proposing new site-specific criteria for Sni-a-Bar Creek at this time, the department will review any additional data and supportive information the City of Blue Springs provides for consideration in future rulemaking efforts. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #3: Ralph C. Schlemper, Friends of Fox Creek, commented that the criteria in the water quality standards should be stricter and that more pollutants should be included, such as pharmaceuticals. The commenter also stated that stricter permit requirements should be implemented for the Franklin County Public Water Supply District #3 Victoria Gardens Wastewater

Treatment Facility, permit number MO-0089656.
RESPONSE: The department adopts water quality criteria that are appropriate for the protection of designated uses based on available USEPA 304(a) nationally recommended criteria or develops criteria using state-specific data. Currently, the USEPA has no nationally recommended water quality criteria for pharmaceuticals, nor is there adequate state-specific data for developing appropriate pharmaceutical water quality criteria. For these reasons, no pharmaceutical water quality criteria are being proposed at this time. The permitting and compliance concerns expressed in the letter will be addressed by the Department's Water Protection Program's Permitting and Compliance and Enforcement Section since they do not relate to this rulemaking. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #4: Jeannie Robbins commented that it does not make sense for Truman Lake to have less stringent nutrient criteria than Lake of the Ozarks since Truman Lake feeds into Lake of the Ozarks.
RESPONSE: The proposed numeric nutrient criteria represent the desired condition for a water body that is necessary to protect the applicable designated uses assigned in rule. Because of differences in watershed topography, soils, and geology, nutrient criteria for lakes are determined by the use of four major ecoregions based upon the dominant watershed ecoregion. Using this approach, the dominant watershed ecoregion potentially contributing nutrient loading to Truman Lake is the Plains Ecoregion. Because of the impoundment of Truman Lake, the dominant watershed contributions to Lake of the Ozarks would result from within the Ozark Highlands making that ecoregion's values the applicable nutrient criteria for Lake of the Ozarks. Although water from Truman Lake does eventually discharge into Lake of the Ozarks, some settling and nutrient attenuation is expected. Additionally, because the criteria are expressed as geometric means, any individual measurements greater than the numeric criteria values do not in and of themselves indicate an excursion of water quality standards. Further protection of Lake of the Ozarks will be implemented as a result of added general criteria at 10 CSR 20-7.031(4)(E), which requires that waters shall maintain a level of water quality at their confluences to downstream waters that provides for attainment and maintenance of the water quality standards of those downstream waters. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #5: The AMCA, the Poultry Federation, and Tyson Foods, Inc. commented that the proposed sulfate and chloride criteria are not appropriate for Missouri waterbodies and may be overprotective. All commenters recommend that hardness-based criteria instead be considered. The Poultry Federation also recommends that 10 CSR 20-7.031(5)(L)2. be removed and 10 CSR 20-7.031(5)(L)1. be revised to apply to all waters regardless of flow. Tyson Foods requests that the chloride plus sulfate language in the proposed regulation be tabled.
RESPONSE AND EXPLANATION OF CHANGES: Proposed sulfate and chloride rule language at 10 CSR 20-7.031(5)(L) is a reversion to rule language in place prior to USEPA's 2015 disapproval of existing sulfate and chloride criteria. Because of this disapproval, the earlier acute criterion for chloride of eight hundred sixty (860) mg/L and chronic criterion of two hundred thirty (230) mg/L has remained in effect. For this reason, the department is updating the rule to reflect actual effective criteria currently in place and currently being implemented. The department will continue to review, establish, and revise water quality standards as appropriate through the triennial review process.

SPECIFIC WRITTEN COMMENT #6: Lacey Hirschvogel, Missouri Department of Natural Resources, commented that, based on conversations with USEPA, Table J of the rule should be updated to include information for the approved variances for the cities of Fulton and Kirksville.
RESPONSE AND EXPLANATION OF CHANGES: It is the intent of the department to include information pertaining to approved variances in Table J of 10 CSR 20-7.031 as well as incorporating into the MUDD. For this reason, the information pertaining to the approved variances for the City of Fulton and the City of Kirksville will be added to Table J. These additions do not represent a change in currently effective water quality standards. Although Table J was reserved in the draft amendment revisions available on public comment for inclusion of variance information, the rule language itself neglected to reference the table. For this reason, the language included in 10 CSR 20-7.031(12) will be modified to include a reference to Table J in addition to the MUDD.

SPECIFIC WRITTEN COMMENT #7: USEPA commented that the new numeric criteria Tables A1 and A2 and Tables B1, B2, and B3 should be referenced within the text of the rule, and states that the proposed amendment references these five (5) tables as Table A and Table B in numerous locations.
RESPONSE: The department disagrees with this comment, in that the proposed amendment that was published in the October 16, 2017 *Missouri Register* correctly included the tables identified by USEPA. No changes were made as a result of this comment. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #8: USEPA commented that losing streams are defined in 10 CSR 20-7.031(1)(O), which refers to an undated geospatial dataset maintained by the department. USEPA believes it is important to understand that no previously designated or new losing streams in the digital geospatial dataset lose the protections afforded by the bacteria criteria and other more protective restrictions as a result of this change. USEPA asks the department to clarify if these streams will maintain their protective status and application of the same water quality standards as they are currently applied.
RESPONSE: Changes to 10 CSR 20-7.031(1)(O) do not alter how losing stream provisions in rule are currently applied. The MUDD documents the names and locations of rivers, streams, lakes, and reservoirs that have been assigned designated uses. These uses include the presumed "fishable/swimmable" uses assigned under section 101(a)(2) of the federal Clean Water Act and uses already designated in Tables G and H of Missouri's Water Quality Standards. Information on designated uses and the MUDD can be found at 10 CSR 20-7.031(1)(C) and (P), respectively, and their assignment for Clean Water Act purposes at 10 CSR 20-7.031(2). Table J of 10 CSR 20-7.031 contains streams that have been determined to be losing pursuant to the definition and procedures described at 10 CSR 20-7.031(1)(N). Losing streams distribute greater than thirty percent (30%) or more of their flow to the subsurface and constitute a hydrologic and geologic characteristic of the stream. The losing stream determination does not characterize or assess habitat or any other use of the water body, just its hydrologic nature. Table J has historically been used to keep an updated list of losing streams in the state. However, the table is static, out of date, and not integrated into department online electronic applications or online services. The current Table J has a total of two thousand three hundred eighty-one (2,381) miles of streams determined to be losing, which is far less than currently found in the geospatial dataset (five thousand two hundred seventy-seven (5,277) miles). The change in reference from Table J to a geospatial dataset will allow the public and end users the ability to have the most up-to-date information on losing streams in the state. There is no one-to-one relationship between the MUDD and Table J because they are separate datasets with separate applications. However, there is spatial overlap in the data sets since both use the 1:24,000-scale National Hydrography Dataset flow-line work for geo-referencing. The current losing stream geospatial dataset has seven thousand three hundred five (7,305) losing stream segments that total five thousand two hundred seventy-seven (5,277) miles. Of these segments, four thousand seven

hundred sixty-six (4,766) segments totaling four thousand fifty-one (4,051) miles have a corresponding water body with the same spatial extent in the MUDD. There is overlap between the two (2) datasets for four thousand fifty-one (4,051) miles where a stream is both losing and has aquatic habitat protection. The remainder of the losing stream dataset has two thousand five hundred thirty-nine (2,539) segments with a length of one thousand two hundred twenty-six (1,226) stream miles that are not assigned designated uses, but continue to receive general narrative criteria protection. As found at 10 CSR 20-7.031(4), general narrative criteria protections apply to all waters of the state at all times, including mixing zones. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #9: USEPA commented on the revised language for the definition of Ozark Stream found at 10 CSR 20-7.031(1)(V) of the proposed amendment. USEPA states that it is unclear from the proposed amendment or supporting documentation what, if any, differences exist between the 1989 version and subsequent amendments or additions which are affirmatively excluded per the revised language. USEPA asks for clarification as to why this change was necessary and what effect is realized through the revised definition.

RESPONSE: The department revised this definition to maintain consistency in the manner in which documents are referenced throughout the rule. This modification does not change the document referenced nor does it result in any changes in how water quality standards are implemented. No changes were made as a result of this comment.

SPECIFIC WRITTEN COMMENT #10: USEPA commented on the revised definition for "waters of the state" as found at 10 CSR 20-7.031(1)(EE) of the proposed amendment. USEPA notes the revision makes the definition consistent with state statute at section 644.016, RSMo. USEPA asks the department to provide clarification that the definition does not limit the application of Clean Water Act protections to waters of the United States and waters of the state that may be entirely located on private property.

RESPONSE: The definition of waters of the state was revised in order to remain consistent with section 644.016, RSMo. This revision does not affect the applicability or implementation of the rule from current policies and procedures. Specific criteria at 10 CSR 20-7.031(5) remain applicable to waters contained in Tables G and H and the MUDD. General narrative criteria at 10 CSR 20-7.031(4) remain applicable to all waters of the state at all times including mixing zones. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #11: USEPA commented that the revised general criterion for mixing zones at 10 CSR 20-7.031(4)(D) of the proposed amendment explicitly allows acute toxicity to occur in zones of initial dilution and chronic toxicity to occur in mixing zones. USEPA notes that a mixing zone is an allocated impact zone where water quality criteria can be exceeded as long as acutely toxic conditions are prevented. USEPA recommends removing the revision explicitly allowing acute toxicity to occur in zones of initial dilution. USEPA also recommends that multiple discharges in the same stream should be located on the same side of the stream to support a zone of passage. USEPA recommends the mixing zone language should specifically address the need for a zone of passage.

RESPONSE AND EXPLANATION OF CHANGE: The department has revised 10 CSR 20-7.031(4)(D) to remove the allowance of acute toxicity in zones of initial dilution, but clarify that excursions of "acute toxicity criteria" may be allowed by permit in these areas. The language is now consistent with definitions of "mixing zone" and "zones of initial dilution" at 10 CSR 20-7.031(1)(R) and (HH), respectively. Missouri's Water Quality Standards define "zone of passage" at 10 CSR 20-7.031(1)(II) and the mixing zone subsection, 10 CSR 20-7.031(5)(A)4.E. requires that zones of passage be provided.

SPECIFIC WRITTEN COMMENT #12: USEPA commented that revisions to the pH criteria at 10 CSR 20-7.031(5) of the proposed amendment change the application of this criteria from an acute (instantaneous) value to a chronic value (four- (4-) day average). USEPA states that the department should clarify why this change is scientifically defensible and protective of the use in order to support approval.

RESPONSE: In order to maintain adequate and scientifically defensible protection of aquatic life, the department has not altered the existing numerical range. Application of the criteria as chronic values is consistent with USEPA's National Recommended Water Quality Criteria for the protection of aquatic life and is based upon USEPA's "Quality Criteria for Water, 1976" (aka "Red Book"). This document notes that pH levels within the range of 6.5 to 9 "provide adequate protection for the life of freshwater fish and bottom dwelling invertebrate fish food organisms." Outside of this range, fish "suffer adverse physiological effects increasing in severity as the degree of deviation increases until lethal levels are reached." The description of pH toxicity in USEPA's criteria document suggests that values within the pH range are protective against chronic effects. Likewise, USEPA's National Recommended Aquatic Life Criteria table available online at USEPA's website also identifies pH as a chronic pollutant for fresh water, citing the same range as that provided in Missouri's Water Quality Standards. 10 CSR 20-7.031(1)(E) provides that chronic numeric criteria (with the exception of total ammonia nitrogen) should be considered four- (4-) day averages. For water quality assessment purposes, the department will continue to determine impairment based on pH criteria when no more than ten percent (10%) of all grab samples exceeding the water quality criteria. When continuous data is available, the department will evaluate compliance with pH criteria as a four- (4-) day average with no more than one (1) exceedance per year. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #13: USEPA commented that the MDV is inconsistent with 40 CFR section 131.14 without the identification of waterbodies to which the water quality standards variance applies. USEPA comments that a March 1, 2017 draft of the MDV framework included a list of water body segments where the MDV could potentially be utilized and noted its removal in the September 15, 2017 MDV document. USEPA also suggests that the MDV document proposed for adoption through reference in 10 CSR 20-7.031(12)(B) of the proposed amendment was made available for comment on November 20, 2017. USEPA states that this is inconsistent with 40 CFR section 25.5(b), which requires documents relevant to the discussion at a public hearing to be made available at least thirty (30) days prior to the hearing.

RESPONSE: The list of water body segments where the MDV could potentially be utilized was removed from MDV Framework as it caused confusion among stakeholders and did not add value to the framework. Furthermore, the USEPA's Water Quality Standards (WQS) Variance Building Tool Flow Chart specifically states, *"in circumstances where the state or authorized tribe cannot identify the applicable discharger(s) at the time the WQS variance is adopted, the state or authorized tribe may establish requirements that identify those dischargers in the future. Identify the specific requirements that each discharger must meet to be eligible for coverage under the desired WQS variance and the potential universe of receiving waters."* The MDV Framework provides the requirements to identify which dischargers would qualify in the future and the potential universe of receiving waters by stating, "*3. Qualifying Dischargers: The potential applicants for the MDV includes minor municipal, Publicly Owned Treatment Works (POTW), multi-celled facultative lagoon systems where the residents of the community would experience a substantial and widespread social and economic impact if required to comply with the WQS used to derive the water quality based effluent limit (WQBEL) for total ammonia nitrogen. To qualify for this variance, the applicant's lagoon system must meet the standards of a*

well-functioning lagoon system.…the requirements of well-functioning lagoon systems are found in Appendix A." whereas, Appendix A states that, "*This [well-functioning lagoon] determination is not intended to address facilities that discharge to waters where wasteload allocations exist for total ammonia nitrogen."* Therefore, it is clear that the MDV Framework will be applicable to all waters of the state except where a wasteload allocation exists for total ammonia nitrogen. Furthermore, additional transparency as to which waterbodies are affected by the MDV when the permitted discharger has qualified for a variance from the water quality standards of total ammonia nitrogen and the permit is public noticed for thirty (30) days per 10 CSR 20-6.020 and available for public viewing online at dnr.mo.gov/env/wpp/permits/pn/index.html. After permits are issued under the terms and conditions of this MDV Framework; the municipality name, facility name, Missouri State Operating Permit number, receiving stream name, first classified water body identification (WBID) number, 8-digit hydrologic unit code (HUC 8), discharge location in Universal Transverse Mercator (UTM) coordinates, permit effective date, numeric highest attainable effluent conditions, and variance expiration date for each recipient of the variance will be tracked in a table found on the department's website at: dnr.mo.gov/env/wpp/permits/wqs-variances.htm.

The department disagrees that the MDV only became publicly available on November 20, 2017. The MDV was identified in the October 16, 2017 *Missouri Register* and has been publicly available in its final form to anyone since that date. It has also been the focus of two (2) public notices and comment periods. The first public notice period was a thirty- (30-) day period starting on May 6 through June 6, 2016. The second public notice was a thirty- (30-) day period starting on March 1 through March 30, 2017. The comments and comment response letters from the second public notice can be found online at dnr.mo.gov/env/wpp/permits/wqs-variances.htm. Further, this MDV Framework has gone through the formal stakeholder engagement process as it has been a standing item on the agenda during the Missouri Clean Water Forum. The department incorporated comments received from stakeholders into the MDV Framework where necessary prior to finalizing the document on September 15, 2017. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #14: USEPA commented that Table A1 lists human health protection criterion values for Benzo-a-Pyrene as being based on carcinogenicity risk of 10^{-5}. USEPA states that these values need to be corrected to be based on a carcinogenicity risk of 10^{-6} to be consistent with the rule.
RESPONSE AND EXPLANATION OF CHANGES: Because of concerns expressed through stakeholder comments, the department is withdrawing the updated 304(a) Human Health Protection uses and associated criteria. This includes both the Organism Only and Organism + Water uses. Department will reevaluate the appropriateness of these criteria in Missouri's Water Quality Standards during its next triennial review. The existing Human Health Protection – Fish Consumption use and associated criteria will remain in Missouri's Water Quality Standards.

SPECIFIC WRITTEN COMMENT #15: The U.S. Fish and Wildlife Service commented that the department should consider how changes to mixing zone requirements, pH criteria, and the MDV Framework might affect various federally listed endangered species. In a similar comment, the Great Rivers Environmental Law Center commented that the proposed amendment fails to establish updated water quality criteria for ammonia and results in violation of the Endangered Species Act.
RESPONSE AND EXPLANATION OF CHANGES: Proposed water quality criteria are established at levels that protect applicable designated uses including the protection and propagation of fish, shellfish and wildlife. Proposed changes to the Water Quality Standards rule for pH and mixing zones provide clarification and additional flexibility, but do not reduce protections of the underlying designated use. The department will continue to review, establish, and revise water quality standards as appropriate through the triennial review process. The department is not adopting USEPA national recommended 304(a) criteria for ammonia in this rule making, but will continue to review the appropriateness of existing water quality standards and intends to establish and revise water quality standards as appropriate through a future triennial review.

For facilities applying for variances from existing water quality standards under the MDV, site-specific considerations will be made to ensure protections of the highest attainable effluent condition in accordance with federal regulations at 40 CFR section 131.3(o). Additionally, it is the department's practice to require all variance applicants to provide results from the Natural Heritage Review Report. The permit holder will submit a query to the Missouri Department of Conservation requesting information about species and natural communities of conservation concern at the point of discharge. The results will indicate whether federally-or state-listed threatened or endangered species, including those proposed for such listing, or critical habitat, designated or proposed, are located at the point of discharge. If results indicate that a federally- or state-listed threatened or endangered species or their critical habitat are currently at or near the point of discharge, the applicant is to provide the list of the threatened or endangered species or their habitats, including those proposed for listing, and the justification as to why the issuance of this variance does not jeopardize their continued existence or the existence of their habitat. It is not anticipated that the granting of variances to qualifying applicants will jeopardize threatened or endangered species or result in the destruction or adverse modification of such species' critical habitat.

Specifically regarding ammonia criteria, the department is deferring water quality criteria updates for this as well as aluminum, cadmium, manganese, and bacteria/pathogens to a future rulemaking following stakeholder group discussion. Existing USEPA-approved ammonia criteria at 10 CSR 20-7.031(5)(B)7. for the protection of designated recreational uses remain effective.

SPECIFIC WRITTEN COMMENT #16: The Great Rivers Environmental Law Center commented that the Missouri Antidegradation Rule and Implementation Procedure (AIP), fails to address concerns raised by USEPA during the last triennial review, which resulted in the 2015 disapproval of 10 CSR 20-7.031(3)(D).
RESPONSE: The proposed amendment adopts the revised AIP approved by the commission on July 13, 2016. These revisions to the AIP were made in response to USEPA's notification that the *de minimis* provision in Missouri's AIP made no distinction between bioaccumulative versus non-bioaccumulative pollutants. Adoption and reference to an approved AIP addresses USEPA's concerns. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #17: The Great Rivers Environmental Law Center commented that 10 CSR 20-7.031(12) fails to remove references to sections 644.061 and 644.062, RSMo, in violation of 40 CFR section 130.10(g).
RESPONSE AND EXPLANATION OF CHANGE: The language, "A variance from water quality standards shall comply with 40 CFR 131.14." was added to 10 CSR 20-7.031(12) to distinguish between state variances covered under state statute and variances from water quality standards which must meet the requirements of 40 CFR 131.14.

SPECIFIC WRITTEN COMMENT #18: The Great Rivers Environmental Law Center commented that the proposed amendment fails to designate uses and establish criteria for wetlands.
RESPONSE: Although no specific wetland criteria or designated uses are being proposed at this time, all waters of the state are protected by the general narrative criteria at 10 CSR 20-7.031(4). The department will, through a stakeholder process, continue to discuss the application of designated uses to wetlands and will propose such

uses and appropriate criteria in a future triennial review. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #19: The Great Rivers Environmental Law Center commented that the proposed amendment fails to establish criteria for waters designated with the ephemeral aquatic habitat use.
RESPONSE: There are no waters in Missouri designated for ephemeral aquatic habitat use and the department is not proposing criteria for the protection of this use at this time. All waters of the state are protected by the general narrative criteria at 10 CSR 20-7.031(4) and the specific criteria at 10 CSR 20-7.031(5) remain applicable to waters contained in Tables G and H and the MUDD. The department will continue to review the appropriateness of existing water quality standards, and establish and revise water quality standards as appropriate through a future triennial review. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #20: The Great Rivers Environmental Law Center commented that the proposed amendment fails to update bacteria criteria.
RESPONSE: Water quality criteria updates for aluminum, cadmium, manganese, ammonia, and bacteria/pathogens will be deferred to a future rulemaking following stakeholder group discussion. Existing USEPA-approved bacteria criteria at 10 CSR 20-7.031(5)(C) for the protection of designated recreational uses remain effective. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #21: The Great Rivers Environmental Law Center commented that the adoption of 10 CSR 20-7.031(4)(E) will help protect Missouri's waterways.
RESPONSE: The department appreciates the Great Rivers Environmental Law Center's support for the added provision to protect downstream water quality as a general criteria at 10 CSR 20-7.031(4)(E). No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #22: The Great Rivers Environmental Law Center commented that the adoption of various 304(a) National Recommended Criteria, especially human health criteria, will help protect Missouri's water recreationists.
RESPONSE AND EXPLANATION OF CHANGES: The department appreciates the Great Rivers Environmental Law Center's support for the proposed 304(a) criteria for the protection of human health. Because of numerous comments received expressing concern about the proposed criteria, the department is withdrawing the updated 304(a) Human Health Protection uses and associated criteria. This includes both the Organism Only and Organism + Water uses. The department will reevaluate the appropriateness of these criteria in Missouri's Water Quality Standards during its next triennial review. The existing Human Health Protection – Fish Consumption use and associated criteria will remain in Missouri's Water Quality Standards.

SPECIFIC WRITTEN COMMENT #23: The AMCA commented on the need for a clerical correction to 10 CSR 20-7.031(5)(S)1.B. to correct the reference to the definition of water effect ratio.
RESPONSE AND EXPLANATION OF CHANGE: The department appreciates the AMCA for pointing out this error. The reference at 10 CSR 20-7.031(5)(S)1.B. to the water effect ratio definition has been corrected.

SPECIFIC WRITTEN COMMENT #24: The AMCA commented that while it supports the proposed numeric nutrient criteria, screening thresholds should not be converted to water quality standards for Total Maximum Daily Load (TMDL) purposes. The Association stated that a more appropriate approach for these circumstances would be to trigger development of site-specific criteria and then base a TMDL on those criteria. The Association urged the department to clarify this in either this rulemaking or the next update to this regulation.
RESPONSE: The TMDL language at 10 CSR 20-7.031(5)(N)1.C.(I)(b) of the proposed amendment has been removed. As a result, the rule does not contemplate that Table M screening values will necessarily serve as water quality standards for TMDL purposes. TMDLs must be established at levels necessary to attain and maintain all applicable water quality criteria and protect the uses. This includes the Table L criteria and the Table M threshold values plus eutrophication factors. The department will establish load allocations and wasteload allocations to meet the criteria and protect uses on a watershed-specific basis for each impaired water body. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #25: The AMCA commented that the formulas for hardness dependent metals criteria in Table A2 of the proposed amendment should be modified to include the water effect ratio. The AMCA clarifies that the water effect ratio should be assigned a value of one (1) unless the department approves a water effect ratio study that yields a different value.
RESPONSE: No changes to hardness based metals criteria to include a default water effect ratio factor are being proposed at this time. Site-specific considerations will be made individually for each water effects ratio study for use in developing appropriate permit effluent limits. The department will review the appropriateness of the requested change during the next triennial review. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #26: The Missouri Corn Growers Association and Missouri Soybean Association jointly commented that their position remains that more effective alternatives exist to numeric nutrient criteria and recognize that the department is moving forward in response to a 2016 federal consent decree. These associations also expressed concern that the proposed numeric nutrient criteria may result in perpetual water quality impairments of northern Missouri lakes and that these concerns should be addressed by the department during implementation by affording maximum flexibility in any assessment and restoration process.
RESPONSE: The department agrees that it is in the state's best interest to adopt this amendment to avoid promulgation at the federal level. The department will complete water quality assessments in accordance with established listing methodologies on a biennial basis as part of its Clean Water Act sections 305(b) and 303(d) reporting efforts. Both future listing methodology documents and 303(d) lists of impaired waters will be developed with input from stakeholders and the interested public. Restoration efforts will primarily be completed through an adaptive implementation approach that makes progress toward achieving water quality goals while using new data and information to adjust implementation activities. The department will, through the triennial review process, continue to evaluate the appropriateness of existing water quality standards and may consider site-specific criteria based on a sound scientific rationale that protect designated uses as provided in 40 CFR 131.11(b)(1)(ii). No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #27: Missouri Agribusiness Association (MO-AG) commented that although not all concerns have been alleviated, but MO-AG does not oppose the proposed numeric nutrient criteria. MO-AG commented that the most concerning item is the proposed chlorophyll-a criterion of 30 μg/L and the screening value of 18 μg/L for Missouri lakes in the plains ecoregion. MO-AG commented that these lakes are managed for sport fish and the proposed criteria are overly protective.
RESPONSE: Proposed numeric water quality criteria for nutrients are protective of applicable designated aquatic life uses as required in 40 CFR section 131.11. Missouri does not currently have a specific sport fish designated use and the applicable aquatic life use is

protective of all aquatic species. The habitats of the species across Missouri lakes vary greatly. The numeric criteria will protect sport fish, their respective prey, and sensitive species that may exist in the lake ecosystem. The 30 μg/L criterion and 18 μg/L threshold values for chlorophyll-a are appropriately protective of lakes in the Plains ecoregion in Missouri and have been outlined in the supporting documentation and rationale. Using sport fishery status as an indicator of aquatic life use protection is ecologically justified because sport fish are generally apex predators in reservoir systems. The department's findings show that the health of sport fish populations can be interpreted as an indicator of overall ecosystem health and the presence of a wide variety of aquatic biota, which is consistent with 10 CSR 20-7.031(1)(C)1.A. and 40 CFR 131.11(a). No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #28: Missouri Coalition for the Environment, Missouri Farmers Union, Great Rivers Environmental Law Center, Missouri Sierra Club, Great Rivers Habitat Alliance, Bridging the Gap, and St. Louis Audubon provided joint comments on the proposed numeric nutrient criteria. These groups commented that the criteria do not include specific values for the protection of drinking water supply or recreational uses. These groups also comment that the chlorophyll-a and nutrient screening values approach does not constitute numeric nutrient criteria.

RESPONSE: The department revised the draft amendment to remove the drinking water supply use criteria. Stakeholders had requested the department reevaluate the necessity of those criteria given the proposed aquatic life use criteria also would be protective of the drinking water supply use. Stakeholders had also raised concerns that the proposed raw drinking water source criteria were developed using a potentially overly conservative approach based on finished drinking water levels. The department notes that the criteria derived for the protection of aquatic life uses in lakes located within the Ozark Highlands and Ozark Border ecoregions are more protective than the proposed drinking water supply use criteria and is therefore protective of both designated uses. For lakes in the Plains ecoregion, the difference in the chlorophyll-a criterion proposed for aquatic life protections, 30 μg/L, and the criterion proposed for drinking water supply protections, 25 μg/L, is 5 μg/L. Recognizing that the drinking water supply use as defined in 10 CSR 20-7.031(1)(C)6. applies to raw water which will yield potable water *after treatment* by public water treatment facilities (emphasis added), the department determined that the 5 μg/L difference will not significantly affect the ability of drinking water treatment operations to provide drinking water that meets Safe Drinking Water standards. As noted in research cited with the proposed rule, microcystins were not detected in Missouri reservoirs eighty percent (80%) of the time (one thousand three hundred thirty-one (1,331) non-detects out of one thousand six hundred fifty-eight (1,658) samples); where detected, they generally were found at low levels. Microcystin concentrations in raw water greater than 0.3 μg/L (n = 140), the USEPA health advisory level for bottle-fed infants and young children for finished drinking water, occurred in less than ten percent (10%) of the samples with a median chlorophyll-a concentration of 33.5 μg/L. The 30-μg/L chlorophyll-a criterion proposed for aquatic life in the Plains ecoregion, which would apply to raw drinking water sources, ensures the probability of microcystin occurrence for finished water is less than ten percent (10%). Therefore, the aquatic life criterion adequately protects drinking water sources from impairment with respect to the algal toxin microcystin. Data continues to be gathered on algal toxins in Missouri lakes, with a second toxin (cylindrospermopsin) being monitored in addition to microcystin during the 2017 summer season. The department is in discussions with the University of Missouri Limnology Laboratory to also add saxitoxin and anatoxin-a analyses to the lake monitoring programs. These additional data will help clarify the extent of algal toxins in Missouri's lakes. The department also continues to grow its understanding of both the factors that drive toxin production and the efficiencies of treatment in removing algal toxins from source water. These efforts will enable the state to better address drinking water protection during a future rulemaking.

Research and information continue to develop at the national level with respect to nutrient impacts and criteria for the protection of recreational uses. Missouri intends to pursue numeric nutrient criteria for recreational designated uses during a future rulemaking. This effort will allow studies currently underway by USEPA and others on the effects of cyanotoxins on recreational uses to mature, and for the state to conduct user perception surveys of algae by the recreating public. Although specific criteria for the protection of recreational uses are not specified, the inclusion of both causal and response threshold values provides additional water quality protections.

The inclusion of screening values as well as eutrophication factors provides a weight-of-evidence approach to understand nutrient response conditions and how they impair designated uses. The screening values are intended to supplement chlorophyll criteria and provide additional protections to Missouri lakes. Screening values provide a quantitative metric for flagging lakes in need of additional evaluation. Lake impairments that might otherwise go unnoticed are more likely to be identified and corrective measures can be taken earlier. This process also reduces the likelihood of false positive impairment decisions that would direct Missouri's limited resources away from restoration priorities. Additionally, screen values are set at levels considerably lower than the criteria identified as protective of aquatic life. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #29: Washington University School of Law Interdisciplinary Environmental Clinic commented on the numeric nutrient criteria for lakes. The commenter noted that the criteria do not include specific values for the protection of drinking water supply or recreational uses. The commenter also stated that the proposed criteria do not provide adequate protection of aquatic life and they oppose the use of a screening-value approach. The commenter expresses concern regarding the implementation of the nutrient criteria in permits. Also concern is expressed regarding the inclusion and use of the five (5) eutrophication factors contained in the nutrient criteria. As a supplement to their comments Washington University provided additional assessment and recommendations of the proposed amendment from JoAnn Burkholder, Ph.D.

RESPONSE: The department revised the draft amendment to remove the drinking water supply use criteria. Stakeholders had requested the department reevaluate the necessity of those criteria given the proposed aquatic life use criteria also would be protective of the drinking water supply use. As a result of this change the RIR was modified and made available for a second public comment period. Public notice was made noting the public of the change and available documentation was provided on the department's website for public review and comment. As a result of this change, the department noted that the criteria derived for the protection of aquatic life uses in lakes located within the Ozark Highlands and Ozark Border ecoregions are more protective than the proposed drinking water supply use criteria and is therefore protective of both designated uses. For lakes in the Plains ecoregion, the difference in the chlorophyll-a criterion proposed for aquatic life protections, 30 μg/L, and the criterion proposed for drinking water supply protections, 25 μg/L, is 5 μg/L. Recognizing that the drinking water supply use as defined in 10 CSR 20-7.031(1)(C)6. applies to raw water which will yield potable water *after treatment* by public water treatment facilities (emphasis added), the department determined that the 5 μg/L difference will not significantly affect the ability of drinking water treatment operations to provide drinking water that meets Safe Drinking Water standards. Data continues to be gathered on algal toxins in Missouri lakes, with a second toxin (cylindrospermopsin) being monitored in addition to microcystin during the 2017 summer season. The department is in discussions with the University of Missouri Limnology Laboratory to also add saxitoxin and anatoxin-a analyses to the lake monitoring programs. These additional data will help clarify the extent of algal toxins in Missouri's lakes. The department also

continues to grow its understanding of both the factors that drive toxin production and the efficiencies of treatment in removing algal toxins from source water. These efforts will enable the state to better address drinking water protection during a future rulemaking.

Research and information continue to develop at the national level with respect to nutrient impacts and criteria for the protection of recreational uses. Missouri intends to pursue numeric nutrient criteria for recreational designated uses during a future rulemaking. This effort will allow studies currently underway by USEPA and others on the effects of cyanotoxins on recreational uses to mature, and for the state to conduct user perception surveys of algae by the recreating public. Although specific criteria for the protection of recreational uses are not specified, the inclusion of both causal and response threshold values provides additional water quality protections.

Regarding protections for aquatic life, numeric nutrient criteria were derived based on trophic status ranges by ecoregion. The richest species diversity index from each ecoregion was used as the target for the trophic status based on a corresponding range of chlorophyll-a. The criteria were derived by finding the level of algal growth that promotes sustainable biotic diversity by being neither a limiting factor from its scarcity nor a limiting factor from its obstructive presence in large quantities. The screening values are intended to supplement chlorophyll criteria and provide additional protections to Missouri lakes. Screening values provide a quantitative metric for flagging lakes in need of additional evaluation. Lake impairments that might otherwise go unnoticed are more likely to be identified and corrective measures can be taken earlier. This process also reduces the likelihood of false positive impairment decisions that would direct Missouri's limited resources away from restoration priorities. Additionally, screening values are set at levels considerably lower than the criteria identified as protective of aquatic life.

The nutrient criteria framework will be implemented through state operating permits where reasonable potential to cause or contribute to downstream excursions of applicable water quality standards exists. Wasteload allocation and effluent-limit derivation will follow established state and federal guidance for deriving nutrient effluent limits to ensure downstream water quality standards are attained. Furthermore, the proposed amendment states that where site-specific targets are lacking for impaired waters, nutrient screening thresholds will be used for TMDL development. Implementation of nutrient effluent limitations and TMDL wasteload allocations may drive upgrades in wastewater treatment.

The use of the five (5) eutrophication factors provides a weight-of-evidence approach that uses nutrient response conditions that can impair designated uses with nutrient screening thresholds. The department's proposal reflects the understanding that a narrative standard to support a factor in nutrient impairment that may not be covered by the criterion and threshold values currently proposed. Proving the fish were killed by nutrient impacts will be documented by the monitoring and assessment of physical and chemical parameters at the site and compared to information provided in the Missouri Department of Conservation's fish kill database. No definition of excursion criteria is required, because the rule language references the specific criteria for both pH and dissolved oxygen. These criteria can be found in 10 CSR 20-7.031(5)(E) and 10 CSR 20-7.031(5)(J) respectively. In addition, exceedance rates from water quality standards that result in impairment are presented in the Department's Listing Methodology Document. Because water quality assessments are completed on a biennial basis as part of its Clean Water Act sections 305(b) and 303(d) reporting efforts, the listing methodology document is the appropriate location for such references. In contrast with the assertion that cells per volume in relation to cyanotoxins were derived from a USEPA document for acute human health criteria, the department instead derived its cell count values as outlined in the "Rationale for Missouri Numeric Nutrient Criteria for Lakes, Nov. 21, 2016" on page 44, which was made available online with other reference documents. The use of mineral turbidity as an eutrophication factor is appropriate as it has been documented that mineral turbidity can have a negative effect on algal production, thereby inhibiting chlorophyll-a production that, if looked at alone, would obscure a water quality impairment. Although the use of a Secchi disk is one approach for measuring turbidity, the department will continue to evaluate other approaches as well for possible relationships between total suspended solids and chlorophyll-a production when developing future listing methodology documents. Future listing methodology documents to implement the numeric nutrient criteria for assessment purposes will be developed with input from stakeholders and the interested public.

The department appreciates the supplemental information and recommendations provided by Washington University from Dr. Burkholder. The department will carefully consider the applicability of these recommendations to Missouri's Water Quality Standards as part of future triennial review efforts. No changes have been made as a result of this comment.

SPECIFIC WRITTEN COMMENT #30: Robert Angelo commented on the proposed numeric nutrient criteria for lakes. Angelo commented that the department has altered its scope on the overall protectiveness of its rulemaking effort by eliminating drinking water supply protections and by increasing the Plains ecoregion chlorophyll-a criterion from 30 μg/L to 40 μg/L. Angelo commented that such changes are not addressed by the department in its rationale document. Angelo also provided a supplemental technical analysis of the proposed numeric nutrient criteria with the supplied comments.

RESPONSE: The department revised the draft amendment to remove the drinking water supply use criteria. Stakeholders had requested the department reevaluate the necessity of those criteria given the proposed aquatic life use criteria also would be protective of the drinking water supply use. Stakeholders had also raised concerns that the proposed raw drinking water source criteria were developed using a potentially overly conservative approach based on finished drinking water levels. The department notes that the criteria derived for the protection of aquatic life uses in lakes located within the Ozark Highlands and Ozark Border ecoregions are more protective than the proposed drinking water supply use criteria and therefore is protective of both designated uses. For lakes in the Plains ecoregion, the difference in the chlorophyll-a criterion proposed for aquatic life protections, 30 μg/L, and the criteria proposed for drinking water supply protections, 25 μg/L, is minimal and is expected to provide adequate protection from impairment. The department has not increased its proposed chlorophyll-a criterion for the Plains ecoregion and is maintaining the 30 μg/L criterion value for the protection of aquatic life. It should be noted that the drinking water supply use as defined in 10 CSR 20-7.031(1)(C)6. applies to raw water which will yield potable water after treatment by public water treatment facilities. Finished drinking water standards are the purview of the Safe Drinking Water Act and are outside the scope of this rulemaking. As noted in research cited with the proposed amendment, microcystins were not detected in Missouri reservoirs eighty percent (80%) of the time (one thousand three hundred thirty-one (1,331) non-detects out of one thousand six hundred fifty-eight (1,658) samples); where detected, they generally were found at low levels. Microcystin concentrations in raw water greater than 0.3 μg/L (n = 140), the USEPA health advisory level for bottle-fed infants and young children for finished drinking water, occurred in less than ten percent (10%) of the samples with a median chlorophyll-a concentration of 33.5 μg/L. The 30-μg/L chlorophyll-a criterion proposed for aquatic life in the Plains ecoregion, which would apply to raw drinking water sources, ensures the probability of microcystin occurrence for finished water is less than ten percent (10%). Therefore, the aquatic life criterion adequately protects drinking water sources from impairment with respect to the algal toxin microcystin. Data continues to be gathered on algal toxins in Missouri lakes, with a second toxin (cylindrospermopsin) being monitored in addition to microcystin during the 2017 summer season. The department is in discussions with the University of Missouri Limnology Laboratory to also add saxitoxin and anatoxin-a analyses to the lake

monitoring programs. These additional data will help clarify the extent of algal toxins in Missouri's lakes. The department also continues to grow its understanding of both the factors that drive toxin production and the efficiencies of treatment in removing algal toxins from source water. These efforts will enable the state to better address drinking water protection during a future rulemaking.

Additional information pertaining to the specific scientific and technical approach used in development of Missouri's numeric nutrient criteria will be provided in a supplemental rationale document. This rationale document will be incorporated in the state's overall water quality standards submittal package to USEPA for approval. No changes have been made as a result of this comment.

EDITORIAL CHANGES

EDITORIAL CHANGE #1: The draft amendment available for public comment period contained an error in which the drinking water supply use criterion of 250 mg/L (250,000 μg/L) for sulfate and chloride was mistakenly placed in the column for the human health protection use.

RESPONSE AND EXPLANATION OF CHANGE: This error has been corrected in the final version of the rule, but does not reflect a change from current effective water quality standards.

10 CSR 20-7.031 Water Quality Standards

(4) General Criteria. The following water quality criteria shall be applicable to all waters of the state at all times including mixing zones. No water contaminant, by itself or in combination with other substances, shall prevent the waters of the state from meeting the following conditions:

(D) Waters shall be free from substances or conditions in sufficient amounts to result in toxicity to human, animal, or aquatic life. However, acute toxicity criteria may be exceeded by permit in zones of initial dilution, and chronic toxicity criteria may be exceeded by permit in mixing zones;

(5) Specific Criteria. The specific criteria shall apply to waters contained in Tables G and H of this rule and the Missouri Use Designation Dataset. Protection of drinking water supply is limited to surface waters designated for raw drinking water supply and aquifers. Protection of whole body contact recreation is limited to waters designated for that use.

(M) Carcinogenic Substances. Carcinogenic substances shall not exceed concentrations in water which correspond to the 10^{-6} cancer risk rate. This risk rate equates to one (1) additional cancer case in a population of one (1) million with lifetime exposure. Derivation of this concentration assumes average water and fish consumption amounts. Assumptions are two (2) liters of water and six and one-half (6.5) grams of fish consumed per day. Federally established final maximum contaminant levels for drinking water supply shall supersede drinking water supply criteria developed in this manner.

(N) Nutrients and Chlorophyll.

1. Definitions.

A. For the purposes of these criteria, all lakes and reservoirs shall be referred to as "lakes."

B. Lake ecoregions—Due to differences in watershed topography, soils, and geology, nutrient criteria for lakes and reservoirs will be determined by the use of four (4) major ecoregions based upon dominant watershed ecoregion. These regions were delineated by grouping the ecological subsections described in Nigh and Schroeder, 2002, *Atlas of Missouri Ecoregions*, as follows:

(I) Plains: OP1 – Scarped Osage Plains; OP2 – Cherokee Plains; TP2—Deep Loess Hills; TP3—Loess Hills; TP4— Grand River Hills; TP5—Chariton River Hills; TP6—Claypan Till Plains; TP7—Wyaconda River Dissected Till Plains; TP8— Mississippi River Hills;

(II) Ozark Border: MB2a—Crowley's Ridge Loess Woodland/Forest Hills; OZ11—Prairie Ozark Border; OZ12— Outer Ozark Border; OZ13—Inner Ozark Border;

(III) Ozark Highland: OZ1—Springfield Plain; OZ2—Springfield Plateau; OZ3—Elk River Hills; OZ4—White River Hills; OZ5—Central Plateau; OZ6—Osage River Hills; OZ7—Gasconade River Hills; OZ8—Meramec River Hills; OZ9—Current River Hills; OZ10—St. Francois Knobs and Basins; OZ14—Black River Ozark Border; and

(IV) Big River Floodplain: MB1—Black River Alluvial Plain; MB2b—Crowley's Ridge Footslopes and Alluvial Plains; MB3—St. Francis River Alluvial Plain; MB4, OZ16, TP9—Mississippi River Alluvial Plain; OZ15, TP1—Missouri River Alluvial Plain.

C. Nutrient Criteria—Nutrient criteria represent the desired condition for a water body necessary to protect the designated uses assigned in rule.

(I) Lake Ecoregion Criteria—A decision framework that integrates causal and response parameters into one water quality standard that accounts for uncertainty in linkages between causal and response parameters.

(a) Response Impairment Thresholds—Maximum ambient concentrations of chlorophyll-a (Chl-a) that are based on annual geometric means of samples collected May through September with an allowable exceedance frequency of one in three (1-in-3) years for lakes that have not been assigned site-specific criteria.

(b) Nutrient Screening Thresholds—Maximum ambient concentrations of total phosphorus (TP), total nitrogen (TN), and Chl-a that are based on the annual geometric mean of samples collected May through September. Nutrient screening thresholds represent causal and response parameter concentrations, above which an exceedance in any one year warrants further evaluation of Response Assessment Endpoints.

(c) Response Assessment Endpoints—Narrative and numeric biological response endpoints that link directly to designated use impairment.

(II) Lake Site-Specific Criteria—Maximum Ambient Concentrations of TP, TN, or Chl-a that are based on the geometric mean of a minimum of three (3) years of data and the characteristics of the waterbody.

2. This rule applies to all lakes that are waters of the state and have an area of at least ten (10) acres during normal pool condition. Big River Floodplain lakes shall not be subject to these criteria.

3. Response Impairment Thresholds are listed in Table L. Nutrient Screening Thresholds are listed in Table M. Lake Site-Specific Criteria for TP, TN, and Chl-a are listed in Table N. Additional lake site-specific criteria may be developed in accordance with subsection (5)(S) to account for the unique characteristics of the waterbody that affect trophic status, such as lake morphology, hydraulic residence time, temperature, internal nutrient cycling, or watershed contribution from multiple ecoregions.

4. All TP, TN, and Chl-a concentrations must be calculated as the geometric mean of a minimum of four (4) representative samples per year for one (1) year for purposes of comparison to lake ecoregion criteria thresholds. All samples must be collected from the lake surface, near the outflow of the lake, and during the period May 1 – September 30.

5. Lakes with water quality that exceed Response Impairment Thresholds or Lake Site-Specific Criteria identified in Tables L and N are to be deemed impaired for excess nutrients.

6. Lakes are to be deemed impaired for excess nutrients if any of the following Response Assessment Endpoints are documented to occur within the same year as an exceedances of Nutrient Screening Thresholds in Table M. The department shall collect information on Response Assessment Endpoints concurrently with collection of Nutrient Screening Threshold parameters. The department shall determine attainment of Nutrient Criteria during the biennial assessment of Missouri waters.

A. Occurrence of eutrophication-related mortality or morbidity events for fish and other aquatic organisms;

B. Epilimnetic excursions from dissolved oxygen or pH criteria;

C. Cyanobacteria counts in excess of one hundred thousand (100,000) cells per milliliter (cells/mL);

D. Observed shifts in aquatic diversity attributed to eutrophication; and

E. Excessive levels of mineral turbidity that consistently limit algal productivity during the period May 1 – September 30.

(S) Site-Specific Criteria Development for the Protection and Propagation of Fish, Shellfish, and Wildlife. When water quality criteria in this regulation are either underprotective or overprotective of water quality due to factors influencing bioavailability, or nonanthropogenic conditions for a given water body segment, a petitioner may request site-specific criteria. The petitioner must provide the department with sufficient documentation to show that the current criteria are not adequate and that the proposed site-specific criteria will protect all existing and/or potential uses of the water body.

1. Site-specific criteria may be appropriate where, but is not limited to, the examples given in subparagraphs A. or B. of this paragraph.

A. The resident aquatic species of the selected water body have a different degree of sensitivity to a specific pollutant as compared to those species in the data set used to calculate the national or state criteria as described in either of the following parts:

(I) Natural adaptive processes have enabled a viable, balanced aquatic community to exist in waters where natural (nonanthropogenic) background conditions exceed the criterion (e.g., resident species have evolved a genetically-based greater tolerance to high concentrations of a chemical); or

(II) The composition of aquatic species in a water body is different from those used in deriving a criterion (e.g., most of the species considered among the most sensitive, such as salmonids or the cladoceran, *Ceriodaphinia dubia*, which were used in developing a criterion, are absent from a water body).

B. The physical and/or chemical characteristics of the water body alter the biological availability and/or toxicity of the pollutant (e.g., pH, alkalinity, salinity, water temperature, hardness). Such an example is the Water Effect Ratio (WER) defined at (1)(BB) of this rule.

2. All petitioners seeking to develop site-specific criteria shall coordinate with the department early in the process. This coordination will ensure the use of adequate, relevant, and quality data; proper analysis and testing; and defendable procedures.

A. The department will provide guidance for establishing site-specific water quality criteria using scientific procedures including, but not limited to, those procedures described in:

(I) U.S. Environmental Protection Agency's *Water Quality Standards Handbook,* Second Edition, August 1994;

(II) U.S. Environmental Protection Agency's *Interim Guidance on Determination and Use of Water-Effect Ratios for Metals* (EPA-823-B-94-001) and subsequent 1997 modifications;

(III) U.S. Environmental Protection Agency's *Streamlined Water-Effect Ratio Procedure for Discharges of Copper* (EPA-822-R-01-005); and

(IV) U.S. Environmental Protection Agency's *Aquatic Life Ambient Freshwater Quality Criteria – Copper 2007 Revision* (EPA-822-R-07-001).

B. Site-specific criteria development for the Protection and Propagation of Fish, Shellfish, and Wildlife shall be performed using the guidance documents listed in parts (5)(S)2.A.(I)–(IV) as published by the Office of Science and Technology, Office of Water, U.S. Environmental Protection Agency, Washington, DC 20460, which are hereby incorporated by reference and do not include any later amendments or additions. The department shall maintain a copy of the referenced documents and shall make them available to the public for inspection and copying at no more than the actual cost of reproduction.

3. Site-specific criteria shall protect all life stages of resident species and prevent acute and chronic toxicity in all parts of a water body.

4. Site-specific criteria shall include both chronic and acute concentrations to better reflect the different tolerances of resident species to the inherent variability between concentrations and toxicological characteristics of a chemical.

5. Site-specific criteria shall be clearly identified as maximum "not to be exceeded" or average values, and if an average, the averaging period and the minimum number of samples. The conditions, if any, when the criteria apply shall be clearly stated (e.g., specific levels of hardness, pH, or water temperature). Specific sampling requirements (e.g., location, frequency), if any, shall also be identified.

6. The data, testing procedures, and application (safety) factors used to develop site-specific criteria shall reflect the nature of the chemical (e.g., persistency, bioaccumulation potential, and avoidance or attraction responses in fish) and the most sensitive resident species of a water body.

7. The size of a site may be limited to a single water segment, single water subsegment, or may cover a whole watershed depending on the particular situation for which the specific criterion is developed. A group of water bodies may be considered one (1) site if their respective aquatic communities are similar in composition and have comparable water quality.

8. The department shall determine if a site-specific criterion is adequate and justifiable. The public notice shall include a description of the affected water body or water body segment and the reasons for applying the proposed criterion. If the department determines that there is significant public interest, a public hearing may be held in the geographical vicinity of the affected water body or water body segment. Any site-specific criterion promulgated under these provisions is subject to U.S. Environmental Protection Agency approval prior to becoming effective for Clean Water Act purposes.

(12) Water Quality Standards Variances. A permittee or an applicant for a National Pollutant Discharge Elimination System (NPDES) or Missouri state operating permit may pursue a temporary variance pursuant to either section 644.061 or section 644.062, RSMo. A variance from water quality standards shall comply with 40 CFR 131.14.

(C) Variance terms and conditions, including facility name, permit number, receiving stream name, first classified water body ID, discharge location, highest attainable condition, effective permit date, and the variance expiration date will be incorporated into the Missouri Use Designation Dataset and Table J.

Table A1-Criteria for Designated Uses and Health Advisory Levels

Criteria for Designated Uses							
		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
METALS (µg/L)							
Aluminum (pH 6.5-9.0 SU)	7429905	750					
Antimony	7440360			4,300	6		6
Arsenic	7440382	340	150		50	100	50
Barium	7440393				2,000		2,000
Beryllium	7440417		5		4	100	4
Boron	7440428					2,000	2,000
Cadmium	7440439	Table A2	Table A2		5		5
Chromium (III)	16065831	Table A2	Table A2		100	100	100
Chromium (VI)	18540299	16	11				
Cobalt	7440484					1,000	1,000
Copper	7440508	Table A2	Table A2		1,300	500	1,300
Iron	7439896		1,000				300
Lead	7439921	Table A2	Table A2		15		15
Manganese	7439965						50
Mercury	7439976	1.4	0.77		2		2
Methylmercury	22967926	1.4	0.77				
Nickel	7440020	Table A2	Table A2		100		100
Selenium	7782492		5		50		50
Silver	7440224	Table A2			50		50
Thallium	7440280			6.3	2		2

DWS-Drinking Water Supply
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SCR-Secondary Contact Recreation
GRW-Groundwater

		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Zinc	7440666	Table A2	Table A2		5,000		5,000
OTHER INORGANIC SUBSTANCES (µg/L)							
Alkalinity (minimum $CaCO_3$)			20,000				
Ammonia	7664417	Table B1	Tables B2 & B3				
Asbestos (Fibers/L)	1332214				7,000,000		
Chloride (mg/L)	16887006	860	230		250		
Chloride + Sulfate	16887006 & 18785723	10 CSR 20-7.031(5)(L)					
Chlorine, Total Residual (Coldwater Aquatic Habitat)	7782505		2				
Chlorine, Total Residual (Warmwater Aquatic Habitat)	7782505	19	11				
Cyanide	57125	22	5.2				
E. coli Bacteria (cfu/100 mL)		WBC-A: 126 WBC-B: 206 SCR: 1,134 10 CSR 20-7.031(5)(C)					
Fluoride (mg/L)					4	4	4
Gases, Total Dissolved (percent saturation)		110%	110%				
Hydrogen Sulfide	7783064		2.0				
Nitrate	14797558				10,000		10,000
Oil and Grease (mg/L)			10				
Oxygen, Dissolved (mg/L) (Coldwater Aquatic Habitat)	7782447	6 (minimum)					
Oxygen, Dissolved (mg/L) (Coolwater Aquatic Habitat)	7782447	5 (minimum)					
Oxygen, Dissolved (mg/L) (Warmwater Aquatic Habitat)	7782447	5 (minimum)					
pH (SU; 4-day average)			6.5 – 9				
Solids Suspended and Turbidity		10 CSR 20-7.031(5)(G–H)					
Sulfate (mg/L)	18785723				250		

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Temperature		10 CSR 20-7.031(5)(D)					
ORGANIC SUBSTANCES (µg/L)							
Benzenes							
Benzene	71432			71	5		5
Chlorobenzene	108907			21,000	100		100
1,2-Dichlorobenzene (ortho-Dichlorobenzene)	95501			2,600	600		600
1,3-Dichlorobenzene (meta-Dichlorobenzene)	541731			2,600	600		600
1,4-Dichlorobenzene (para-Dichlorobenzene)	106467			2,600	75		75
1,2,4-Trichlorobenzene	120821			940	70		70
1,2,4,5-Tetrachlorobenzene	95943			2.9	2.3		2.3
Pentachlorobenzene	608935			4.1	3.5		3.5
Hexachlorobenzene	118741			0.00074	1		1
Ethylbenzene	100414		320		700		700
Nitrobenzene	98953			1,900	17		17
Styrene (Vinyl Benzene)	100425				100		100
Chlorinated Hydrocarbons							
1,1-Dichloroethylene	75354			3.2	7		7
1,1,1-Trichloroethane	71556				200		200
1,1,2-Trichloroethane	79005			42	5		5
1,1,2,2-Tetrachloroethane	79345			11	0.17		0.17
1,2-Dichloroethane	107062			99	5		5
1,2-Dichloropropane	78875			39	0.52		0.52

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
1,3-Dichloropropene (Dichloropropene)	542756			1,700	87		87
Carbon Tetrachloride (Tetrachloromethane)	56235			5	5		5
cis-1,2-Dichloroethylene	156592				70		70
Hexachloroethane	67721			8.7	1.9		1.9
Tetrachloroethylene	127184			8.85	0.8		0.8
trans-1,2-Dichloroethylene	156605			140,000	100		100
Trichloroethylene	79016			80	5		5
Other Halogenated Hydrocarbons							
Chlorodibromomethane	124481			34	0.41		0.41
Dichlorobromomethane	75274			46	0.56		0.56
Dichlorodifluoromethane	75718			570,000			
Ethylene Dibromide (1,2-Dibromoethane)	106934				0.05		0.05
Methyl Bromide (Bromomethane)	74839			4,000	48		48
Methyl Chloride (Chloromethane)	74873			470	5		5
Methylene Chloride (Dichloromethane)	75092			1,600	4.7		4.7
Total Trihalomethanes (TTHMs)					80		80
Tribromomethane (Bromoform)	75252			360	4.3		4.3
Trichlorofluoromethane	75694			860,000			
Trichloromethane (Chloroform)	67663			470	5.7		5.7
Vinyl Chloride	75014			525	2		2
Ethers							
Bis-2-Chloroethyl Ether	111444			1.4	0.03		0.03

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Bis-2-Chloroisopropyl Ether	108601			4,360	1,400		1,400
Bis-Chloromethyl Ether	542881			0.00078	0.00013		0.00013
Miscellaneous Organics							
2,3,7,8-TCDD (Dioxin)	1746016			1.4E-08	1.3E-08		1.3E-08
Di (2-ethylhexyl) adipate	103231				400		400
Isophorone	78591			2,600	36		36
Polychlorinated Biphenyls (PCBs)			0.014	0.000045			0.00045
Tributylin (TBT)		0.46	0.072				
Nitrogen Containing Compounds							
1,2-Diphenylhydrazine	122667			0.54	0.04		0.04
3,3'-Dichlorobenzidine	91941			0.08	0.04		0.04
Acrylonitrile (2-propenenitrile)	107131			0.65	0.058		0.058
Benzidine (4,4'-diaminobiphenyl)	92875			0.00053	0.00012		0.00012
Nitrosamines							
N-Nitrosodibutylamine	924163						
N-Nitrosodiethylamine	55185						
N-Nitrosodimethylamine	62759			8	0.0007		0.0007
N-Nitrosodi-n-propylamine	621647			1.4			
N-Nitrosodiphenylamine	86306			16	5		5
N-Nitrosopyrrolidine	930552			91.9			
Polynuclear Aromatic Hydrocarbons (PAHs)							
Acenaphthene	83329			2,700	1,200		1,200

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Anthracene	120127			110,000	9,600		9,600
Benzo(a)anthracene	56553			0.049	0.0044		0.0044
Benzo(a)pyrene	50328			0.049	0.2		0.2
Benzo(b)fluoranthene	205992			0.049	0.0044		0.0044
Benzo(k)fluoranthene	207089			0.049	0.0044		0.0044
2-Chloronaphthalene	91587		4,300				
Chrysene	218019			0.049	0.0044		0.0044
Dibenzo(a,h)anthracene	53703			0.049	0.0044		0.0044
Fluoranthene	206440			370	300		300
Fluorene	86737			14,000	1,300		1,300
Indeno(1,2,3-cd)pyrene	193395			0.049	0.0044		0.0044
Pyrene	129000			11,000	960		960
Phthalate Esters							
Bis (2-Ethylhexyl) Phthalate	117817			5.9	6		6
Butylbenzyl Phthalate	85687			5,200	3,000		3,000
Diethyl Phthalate	84662			120,000	23,000		23,000
Dimethyl Phthalate	131113			2,900,000	313,000		313,000
Di-n-Butyl Phthalate	84742			12,000	2,700		2,700
Phenolic Compounds							
2-Chlorophenol	95578			400	0.1		0.1
2-Methyl-4,6-Dintrophenol	534521			765	13		13
2,4-Dichlorophenol	120832			790	93		93

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
2,4-Dimethylphenol	105679			2,300	540		540
2,4-Dinitrophenol	51285			14,000	70		70
2,4,5-Trichlorophenol	95954			9,800	2,600		2,600
2,4,6-Trichlorophenol	88062			6.5	2		2
3-Methyl-4-Chlorophenol	59507						
Dinitrophenols	25550587						
Nonylphenol	84852153	28	6.6				
Pentachlorophenol	87865	Table A2	Table A2	8	1		1
Phenol (Coldwater Aquatic Habitat)	108952	5,293	157		100		300
Phenol (Warmwater Aquatic Habitat)	108952	5,293	2,560		100		300
Toluenes							
2,4-Dinitrotoluene	121142			9	0.11		0.04
Toluene	108883			200,000	1,000		1,000
Xylenes (Total)	1330207				10,000		10,000
PESTICIDES (µg/L)							
1,2-Dibromo-3-chloropropane (DBCP)	96128				0.2		0.2
4-4'-Dichlorodiphenyldichloro ethane (DDD)	72548			0.00084	0.00083		0.00083
4-4'-Dichlorodiphenyldichloro ethylene (DDE)	72559			0.00059	0.00059		0.00059
4-4'-Dichlorodiphenyltrichlor oethane (DDT)	50293	1.1	0.001	0.00059	0.00059		0.00059
Acrolein	107028	3	3	780	320		320
Alachlor	15972608				2		2
Aldrin	309002	3.0		0.000079	0.00013		0.00013

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Atrazine	1912249				3		3
Carbaryl	63252	2.1	2.1				
Carbofuran	1563662				40		40
Chlordane	57749	2.4	0.0043	0.00048	2		2
Chlorophenoxy Herbicide (2,4-D)	94757				70		70
Chlorophenoxy Herbicide (2,4,5-TP)	93721				50		50
Chlorpyrifos	2921882	0.083	0.041				
Dalapon	75990				200		200
Demeton	8065483		0.1				
Diazinon	333415	0.17	0.17				
Dieldrin	60571	0.24	0.056	0.000076	0.00014		0.00014
Dinoseb	88857				7		7
Diquat	85007				20		20
alpha-Endosulfan (Endosulfan)	959988	0.22	0.056				
beta-Endosulfan (Endosulfan)	33213659	0.22	0.056				
Endosulfan Sulfate	1031078						
Endothall	145733				100		100
Endrin	72208	0.086	0.036	0.0023	2		2
Endrin Aldehyde	7421934			0.0023	0.75		0.75
Glyphosate	1071836				700		700
Guthion	86500		0.01				
Heptachlor	76448	0.52	0.0038	0.0002	0.4		0.4

DWS-Drinking Water Supply
IRR-Irrigation
LWP-Livestock and Wildlife Protection
WBC-Whole Body Contact Recreation
SCR-Secondary Contact Recreation
GRW-Groundwater

		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Heptachlor Epoxide	1024573	0.52	0.0038	0.00011	0.2		0.2
Hexachlorobutadiene	87683			50	0.45		0.45
Hexachlorocyclopentadiene	77474				50		50
alpha-Hexachlorocyclohexane (alpha-BHC)	319846			0.0074	0.0022		0.0022
beta-Hexachlorocyclohexane (beta-BHC)	319857			0.0074	0.0022		0.0022
delta-Hexachlorocyclohexane (delta-BHC)	319868			0.0074	0.0022		0.0022
gamma-Hexachlorocyclohexane (gamma-BHC; Lindane)	58899	0.95		0.062	0.2		0.2
Technical-Hexachlorocyclohexane	608731						
Malathion	121755		0.1				
Methoxychlor	72435		0.03		40		40
Mirex	2385855		0.001				
Oxamyl (Vydate)	23135220				200		200
Parathion	56382	0.065	0.013				
Picloram	1918021				500		500
Simazine	122349				4		4
Toxaphene	8001352	0.73	0.0002	0.000073	3		3
Health Advisory Levels (µg/L)							
1,1,1,2-Tetrachloroethane	630206				70		70
1,2,3-Trichloropropane	96184				40		40
1,3-Dinitrobenzene	99650				1		1
1,4-Dithiane	505293				80		80
2,4,5-T (2,4,5-Trichlorophenoxyacetic acid)	93765				70		70

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
2,4,6-Trinitrotoluene (Trinitrotoluene)	118967				2		2
Ametryn	834128				60		60
Baygon	114261				3		3
Bentazon	25057890				20		20
Bis-2-Chloroisopropyl Ether	108601				300		300
Bromacil	314409				90		90
Bromochloromethane	74975				90		90
Butylate	2008415				350		350
Carbaryl	63252				700		700
Carboxin	5234684				700		700
Chloramben	133904				100		100
ortho-Chlorotoluene	95498				100		100
para-Chlorotoluene	106434				100		100
Chlorpyrifos	2921882				20		20
DCPA (Dacthal)	1861321				4,000		4,000
Diazinon	333415				0.6		0.6
Dicamba	1918009				200		200
Diisopropyl methylphosphonate	1445756				600		600
Dimethyl methylphosphonate	756796				100		100
Diphenamid	957517				200		200
Diphenylamine	122394				200		200
Disulfoton	298044				0.3		0.3

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Diuron	330541				10		10
Fenamiphos	22224926				2		2
Fluometron	2164172				90		90
Fonofos	944229				10		10
Hexazinone	51235042				200		200
Malathion	121755				200		200
Maleic hydrazide	123331				4,000		4,000
MCPA (2-Methyl-4-Chlorophenoxyacetic acid)	94746				10		10
Methyl Bromide (Bromomethane)	74839				10		10
Methyl Parathion	298000				2		2
Metolachlor	51218452				70		70
Metribuzin	21087649				100		100
Naphthalene	91203				20		20
Nitroguanidine	556887				700		700
para-Nitrophenol	100027				60		60
Paraquat	1910425				30		30
Pronamide	23950585				50		50
Propachlor	1918167				90		90
Propazine	139402				10		10
Propham	122429				100		100
Tebuthiuron	34014181				500		500
Terbacil	5902512				90		90

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		Aquatic Life Protection		Human Health Protection	DWS	IRR/ LWP	GRW
POLLUTANT	CAS #	Acute	Chronic	Fish Consumption			
Terbufos	13071799				0.9		0.9
Trichlorofluoromethane	75694				2,000		2,000
Trifluralin	1582098				5		5
Trinitroglycerol	55630				5		5

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Table J – Water Quality Standards Variances

Facility Name	Permit ID	Effective Permit Date	Easting (UTM)	Northing (UTM)	Receiving Stream	WBID	HUC 8	Highest Attainable Condition (designated use and criterion)		Variance Expiration (EPA Approval) Date
Fulton WWTP	MO-0103331	1/1/15	592755.59	4299234.181	Stinson Creek	710	10300102	AQL	9 mg/L - CBOD 5 mg/L - TSS 4.0 mg/L - TN 0.10 mg/L - TP	12/1/35 (2/25/15)
Kirksville WWTP	MO-0049506	*TBD	537368.878	4445117.91	Bear Creek	115	07110005	AQL	15.0 mg/L - 5-Day BOD** 23.0 mg/L - TN 6.0 mg/L - TP	12/31/33 (*TBD)

*Effective upon issuance of the permit and EPA approval

**Includes CBOD and NBOD

Table L: Lake Ecoregion Chl-a Response Impairment Threshold Values (µg/L)

Lake Ecoregion	Chl-a Response Impairment Thresholds
Plains	30
Ozark Border	22
Ozark Highland	15

Table M: Lake Ecoregion Nutrient Screening Threshold Values (µg/L)

Lake Ecoregion	Nutrient Screening Thresholds		
	TP	TN	Chl-a
Plains	49	843	18
Ozark Border	40	733	13
Ozark Highland	16	401	6

Table N: Site-Specific Nutrient Criteria

Lake Ecoregion	Lake	County	Site-Specific Criteria (µg/L)		
			TP	TN	Chl-a
Plains	Bowling Green Lake	Pike	21	502	6.5
	Bowling Green Lake (old)	Pike	31	506	5.0
	Forest Lake	Adair	21	412	4.3
	Fox Valley Lake	Clark	17	581	6.3
	Hazel Creek Lake	Adair	27	616	6.9
	Lincoln Lake – Cuivre River State Park	Lincoln	16	413	4.3
	Marie, Lake	Mercer	14	444	3.6
	Nehai Tonkaia Lake	Chariton	15	418	2.7
	Viking, Lake	Daviess	25	509	7.8
	Waukomis Lake	Platte	25	553	11.0
	Weatherby Lake	Platte	16	363	5.1
Ozark Border	Goose Creek Lake	St Francois	12	383	3.2
	Wauwanoka, Lake	Jefferson	12	384	6.1
Ozark Highland	Clearwater Lake	Wayne-Reynolds	13	220	2.6
	Council Bluff Lake	Iron	7	229	2.1
	Crane Lake	Iron	9	240	2.6
	Fourche Lake	Ripley	9	236	2.1
	Loggers Lake	Shannon	9	200	2.6
	Lower Taum Sauk Lake	Reynolds	9	203	2.6
	Noblett Lake	Douglas	9	211	2.0
	St. Joe State Park Lakes	St Francois	9	253	2.0
	Sunnen Lake	Washington	9	274	2.6
	Table Rock Lake	Stone	9	253	2.6
	Terre du Lac Lakes	St Francois	9	284	1.7
	Timberline Lakes	St Francois	8	276	1.5

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

ORDER OF RULEMAKING

By the authority vested in the Director of Revenue under section 32.065, RSMo 2016, the director amends a rule as follows:

12 CSR 10-41.010 Annual Adjusted Rate of Interest **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1765–1767). 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 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 188.052, 188.055, and 192.006, RSMo 2016, the department amends a rule as follows:

19 CSR 10-15.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1768–1769). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), and one (1) comment from the Missouri Hospital Association. If you would like a list of individuals who submitted comments, please contact 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.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that the reference to section 188.052, RSMo was being removed from the purpose statement of 19 CSR 10-15.010 (Report of Induced Termination of Pregnancy) and requested that the reference be kept because it provides clarity that all abortions are to be reported.
RESPONSE AND EXPLANATION OF CHANGE: Although section 188.052, RSMo does not need to be mentioned in the purpose statement of the rule for the statute's requirement to apply, the purpose statement has been amended to add a reference to section 188.052, RSMo, and its requirement that all abortions be reported.

19 CSR 10-15.010 Report of Induced Termination of Pregnancy

PURPOSE: Under section 188.055, RSMo, the Department of Health and Senior Services is responsible for providing abortion forms to abortion facilities, hospitals, and physicians. This rule establishes the content of the report of induced termination of pregnancy to be filed with the department for statistical purposes for each abortion performed or induced as required by section 188.052, RSMo.

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

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 188.052, 188.055, and 192.006, RSMo 2016, the department amends a rule as follows:

19 CSR 10-15.020 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1769). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), and two (2) comments from Planned Parenthood. If you would like a list of individuals who submitted comments, please contact 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.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO,

Comprehensive Health of Planned Parenthood Great Plains, commented that inconsistency exists between 19 CSR 10-15.020 and 19 CSR 30-30.050(1)(D) regarding the reference to "hemorrhage" as a type of complication. In 19 CSR 10-15.020, it is listed as "hemorrhage" and in 19 CSR 30-30.050 it is listed as "excessive hemorrhage." They suggest that the term "hemorrhage" be used because the definition is inclusive of the term "excessive."
RESPONSE: No changes have been made to this rule based on this comment. However, based upon this comment, 19 CSR 30-30.050(1)(D) will be amended via separate final order to remove the word "excessive."

COMMENT #3: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented regarding the use of "psychiatric" as a type of complication referenced in the proposed amendment to 19 CSR 10-15.020 and 19 CSR 30-30.050. They believe the term is inexact and not an actual condition. Therefore they recommend replacing "psychiatric" with "diagnosable psychiatric condition."
RESPONSE AND EXPLANATION OF CHANGE: Based upon this comment, 19 CSR 10-15.020(1) and 19 CSR 30-30.050(1)(D) have been amended to state "diagnosable psychiatric condition" rather than "psychiatric." DHSS is also amending the form Complication Report for Post-Abortion Care referenced in 19 CSR 10-15.020(1). The form date has been updated in section (1) of the rule.

19 CSR 10-15.020 Complication Report for Post-Abortion Care

(1) The complication report for post-abortion care shall contain the following items on a form provided by the department: 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, diagnosable psychiatric condition, other-describe); result of complication (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 January 2018 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.

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

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 188.047, RSMo Supp. 2017, and section 192.006, RSMo 2016, the department amends a rule as follows:

19 CSR 10-15.030 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1769–1770). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG); two (2) comments from Planned Parenthood; and two comments from Missouri Hospital Association. If you would like a list of individuals who submitted comments, please contact 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.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that the fiscal note for the proposed amendment for 19 CSR 10-15.030 was not accurate because the mandatory histopathological exam increases the charge for each specimen.
RESPONSE: The statute, not the regulation, requires the histopathological exam. No changes have been made to the fiscal note based on this comment.

COMMENT #3: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that the proposed amendment to 19 CSR 10-15.030 (Content and Filing of Tissue Report) did not address the perceived conflict between two (2) statutes and provide clear guidance as to how hospitals and physicians are to comply with these laws. Section 188.047, RSMo requires all tissue to be sent for gross and histopathological examination. Sections 194.378 to 194.390, RSMo, recognize a mother's right to determine the final disposition of fetal remains.
RESPONSE: Based on the definition of "remains of a human fetus" in section 194.375, RSMo, section 194.378, RSMo appears to apply to miscarriages, not abortions. No change has been made to the rule based on this comment.

COMMENT #4: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains; and Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that the proposed amendment to 19 CSR 10-15.030(3) requiring "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" is beyond the statute in directing the details of medical practice and imposes vague requirements on physicians that could open

them up to liability. Planned Parenthood suggests this proposed amendment be revised to clarify that the physician is only required to follow up with a patient when the pathology lab has flagged her results as outside the normal range. Missouri Hospital Association suggests this proposed amendment be revised as "The physician may, based on his or her medical judgement and prevailing standards of care, provide the results…"
RESPONSE AND EXPLANATION OF CHANGE: Based upon these comments, 19 CSR 10-15.030(3) has been amended to state: The physician who performed or induced the abortion may, based on his or her medical judgment and prevailing standards of care, provide the results of the gross and histopathological examination to the patient.

19 CSR 10-15.030 Content and Filing of Tissue Report

(3) The physician who performed or induced the abortion may, based on his or her medical judgment and prevailing standards of care, provide the results of the gross and histopathological examination to the patient.

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

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under sections 188.039, RSMo Supp. 2017 and Planned Parenthood Association of Kansas City vs. Ashcroft, 483 F. Supp. 679 (W.D. Mo. 1980), the director rescinds a rule as follows:

19 CSR 10-15.040 Induced Termination of Pregnancy Consent Form **is rescinded**.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1770). 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 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 10—Office of the Director
Chapter 15—Abortions

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 188.021 and 197.225, RSMo Supp. 2017, the department adopts a rule as follows:

19 CSR 10-15.050 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1770–1773). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations.*

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals, one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists, two (2) comments from the Missouri Hospital Association, two (2) comments from Washington University Physicians/School of Medicine, and one (1) comment from DHSS staff. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Dean Linneman, Division Director, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that parts of 19 CSR 10-15.050 are not in alignment with other regulatory expectations of hospitals.
RESPONSE: The comment does not include any specifics regarding provisions that are not in alignment with other expectations. No change has been made to the rule based on this comment.

COMMENT #3: Paul J. Scheel, Jr., M.D., Associate Vice Chancellor for Clinical Affairs and CEO, Faculty Practice Plan, Washington University Physicians and Washington University School of Medicine, commented that 19 CSR 10-15.050(2)(I) requiring the complication plan to be included in the patient's medical record is confusing and beyond the scope of section 188.021.2., RSMo.
RESPONSE: 19 CSR 10-15.050(2)(I) does not require the complication plan to be included in the patient's medical record. No change has been made to the rule based on this comment.

COMMENT #4: Paul J. Scheel, Jr., M.D., Associate Vice Chancellor for Clinical Affairs and CEO, Faculty Practice Plan, Washington University Physicians and Washington University School of Medicine, commented that 19 CSR 10-15.050(2)(I) could be read to require the complication report to be included in the medical record which is beyond the scope of section 188.052, RSMo.
RESPONSE AND EXPLANATION OF CHANGE: 19 CSR 10-15.050(2)(I) has been amended to remove the requirement that the complication report be included in the patient's medical record.

COMMENT #5: DHSS staff commented that the counterpart to this proposed rule, 19 CSR 30-30.061 (pertaining to complication plans for abortion facilities) is being amended to clarify the phone number a patient must be given before discharge. That amendment is being made based upon a comment received. Because this rule contains the same phone number requirement, this rule should be clarified as well.
RESPONSE AND EXPLANATION OF CHANGE: 19 CSR 10-15.050(2)(J) has been amended to add: "The phone number given may be for the on-call service rather than the OB/GYN's direct number."

COMMENT #6: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that 19 CSR 10-15.050 regarding complication plans for hospitals does

not reference the emergency exception for complication plans contained in section 188.021, RSMo.
RESPONSE AND EXPLANATION OF CHANGE: Although the statutory exception applies regardless of whether it is referenced in the rule, for ease, a reference to the exception has been added to the rule in 19 CSR 10-15.050(3).

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

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

(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.

(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 OB/GYN group providing complication coverage. The phone number given may be for the on-call service rather than the OB/GYN's direct number.

(3) Pursuant to section 188.021.2, RSMo, no complication plan is required where the patient is administered the drug in a medical emergency at a hospital and is then treated as an inpatient at a hospital under medical monitoring by the hospital until the abortion is completed.

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

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 192.667, RSMo Supp. 2017, the department amends a rule as follows:

19 CSR 10-33.010 Reporting Patient Abstract Data by Hospitals, Ambulatory Surgical Centers, and Abortion Facilities **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1774). 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: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG); and one (1) comment from Barnes Jewish Hospital. If you would like a list of individuals who submitted comments, please contact 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.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Helen Wood, RN, BSN, CIC and David K. Warren, MD, MPH on behalf of Barnes Jewish Hospital, request that sections (10) and (14) of 19 CSR 10-33.010 be revised such that the data elements that shall not be released include physician name, in addition to provider number and the other data elements listed.
RESPONSE: The PAS file layout referenced in the rules does not include a variable of physician name. The only way that PAS data could be used to identify a physician's name is through the physician number (listed as Physician ID on the file layout). The physician number is already listed in the rule as a variable that is not available for subsequent release. No change has been made to the rule based on this comment.

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

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 192.667, RSMo Supp. 2017, the department amends a rule as follows:

19 CSR 10-33.050 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1774–1776). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG); one (1) comment from Barnes Jewish Hospital; and one (1) comment from Missouri Hospital Association. If you would like a list of individuals who submitted comments, please contact 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.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule.

No change has made to the rule based on this comment.

COMMENT #2: Helen Wood, RN, BSN, CIC and David K. Warren, MD, MPH on behalf of Barnes Jewish Hospital, recognize that the reporting requirements for ICUs and wards in the proposed amendment of 19 CSR 10-33.050 aligns with CMS (Centers for Medicare and Medicaid Services) reporting requirements and will not add any additional burden to the hospital.
RESPONSE: As recognized, DHSS has attempted to bring 19 CSR 10-33.050 into closer alignment with federal CMS reporting requirements. No change has been made to the rule based on this comment.

COMMENT #3: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, requests that 19 CSR 10-33.050(1)(G) be amended to include psychiatric hospitals as an exclusion for reporting due to the extremely low volume, if any, of patients diagnosed with a reportable Hospital Acquired Infection.
RESPONSE AND EXPLANATION OF CHANGE: DHSS agrees with the comment above and also recommends revision to exclude rehabilitation hospitals for the same reason. DHSS is amending 19 CSR 10-33.050(1)(G) to exclude psychiatric and rehabilitation hospitals, in addition to critical access hospitals and long term acute care hospitals, from Health Care-Associated Infection Rate reporting requirements.

19 CSR 10-33.050 Reporting of Healthcare-Associated Infection Rates by Hospitals, Ambulatory Surgical Centers, and Abortion Facilities

(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;

(B) CDC means the federal Centers for Disease Control and Prevention;

(C) Catheter-associated urinary tract infections (CAUTI) as defined by the National Healthcare Safety Network (NHSN), or its successor;

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

(E) Department means the Missouri Department of Health and Senior Services;

(F) HAI means Healthcare Associated Infection;

(G) Hospitals as defined in section 197.020, RSMo, but excluding Critical Access Hospitals, Psychiatric Hospitals, Rehabilitation Hospitals, and Long Term Acute Care Hospitals, as designated by the Centers for Medicare and Medicaid Services;

(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;

(I) NHSN means the National Healthcare Safety Network, CDC's widely used healthcare-associated infection tracking system;

(J) Risk index means grouping patients who have operations according to the American Society of Anesthesiologists (ASA) score, length of procedure, wound class, and other criteria as defined by the CDC for the purpose of risk adjustment as required in section 192.667.3, RSMo;

(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;

(L) Surgical site infection (SSI) as defined by NHSN, or its successor; and

(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.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 20—Division of Community and Public Health
Chapter 1—Food Protection

ORDER OF RULEMAKING

By the authority vested in the Department of Health and Senior Services under sections 192.006, 192.020, and 196.045, RSMo 2016, the director amends a rule as follows:

19 CSR 20-1.040 Good Manufacturing Practices **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2017 (42 MoReg 1663). 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 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 30—Ambulatory Surgical Centers and Abortion Facilities

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 197.225, RSMo Supp. 2017, the department amends a rule as follows:

19 CSR 30-30.050 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1776–1777). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals, five (5) comments from Planned Parenthood, and one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Dean Linneman, Division Director, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has made to the rule based on this comment.

COMMENT #2: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that the definition of "abortion" in 19 CSR 30-30.050(1)(A) should be the same as the statutory definition.
RESPONSE AND EXPLANATION OF CHANGE: Based on this comment, the definition of "abortion" in 19 CSR 30-30.050(1)(A) has been amended to match the definition in section 188.015, RSMo.

COMMENT #3: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that inconsistency exists between 19 CSR 10-15.020 and 19 CSR 30-30.050(1)(D) regarding the reference of "hemorrhage" as a type of complication. In 19 CSR10-15.020, it is listed as "hemorrhage" and in 19 CSR 30-30.050 it is listed as "excessive hemorrhage." They suggest that the term "hemorrhage" be used because the definition is inclusive of the term excessive.
RESPONSE AND EXPLANATION OF CHANGE: Based upon this comment, 19 CSR 30-30.050(1)(D) has been amended to remove the word "excessive."

COMMENT #4: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented regarding the use of "psychiatric" as a type of complication referenced in the proposed amendment to 19 CSR 10-15.020 and 19 CSR 30-30.050. They believe the term is inexact and not an actual condition. Therefore they recommend replacing "psychiatric" with "diagnosable psychiatric condition."
RESPONSE AND EXPLANATION OF CHANGE: Based upon this comment, 19 CSR 10-15.020(1) (via a separate final order) and 19 CSR 30-30.050(1)(D) have been amended to state "diagnosable psychiatric condition" rather than "psychiatric."

COMMENT #5: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.050(2)(B) requires provision of information on abortion facility licensure applications that is unusual, goes beyond what is required of ambulatory surgical centers, and may compromise the safety of abortion facilities and their staff if made public. They ask that "name and qualifications of OB/GYN consultant," "name and qualifications of administrator," "estimated number of each type of abortion that will be performed and/or induced annually at facility," "number of physicians routinely performing or inducing abortions at facility," "usual days and times that abortions are induced or performed at facility," and "number of procedure rooms" be removed from the application form requirements contained in the rule.
RESPONSE: 19 CSR 30-30.050(2)(B) is a list of information that is generally already requested on the Application for Abortion Facility License and the ASC License Addendum Data for Facility which have been in use for a number of years. This information helps the Bureau of Ambulatory Care confirm that certain preliminary requirements have been met before scheduling an inspection. The information also helps the Bureau schedule its unannounced inspections so that procedures will be occurring on the date of the inspection. No change has been made based on this comment.

COMMENT #6: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.050(2)(I) requires an abortion facility to be in compliance with all requirements of applicable regulations and statutes rather than in substantial compliance before receiving a license.
RESPONSE: The compliance requirement is in the existing regulation. No changes have been made based on this comment.

19 CSR 30-30.050 Definitions and Procedures for Licensing Abortion Facilities

(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, medicine, drug, or any other means or substance with the intent to destroy the life of an embryo or fetus in his or her mother's womb; or, the intentional termination of the pregnancy of a mother by using or prescribing any instrument, device, medicine, drug, or other means or substance with an intention other than to increase the probability of a live birth or to remove a dead or dying unborn child;

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

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

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 197.225, RSMo Supp. 2017, the department amends a rule as follows:

19 CSR 30-30.060 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1777–1784). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists; and nine (9) comments from Planned Parenthood. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Dean Linneman, Division Director, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule.

No change has been made to the rule based on this comment.

COMMENT #2: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.060(1)(C)4. retains the hospital relationship requirement for physicians performing abortions, which has been challenged as unconstitutional and is not required by SB5.
RESPONSE: 19 CSR 30-30.060(1)(C)4. is the subject of pending litigation against the department. No change has been made to the rule based on this comment.

COMMENT #3: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that there is no strong justification for the requirement in 19 CSR 30-30.060(1)(C)5. that the required physician consultant be an OB/GYN and asks that "OB/GYN" be changed to "qualified physician" or "appropriately-qualified physician."
RESPONSE: The requirement that the consultant be an OB/GYN is in the existing rule. No change has been made to the rule based on this comment.

COMMENT #4: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, requested that 19 CSR 30-30.060(2)(E) not require ultrasounds to be performed by physicians or individuals with current certification by the American Registry for Diagnostic Medical Sonography (ARDMS). They suggest that the rule should instead require ultrasounds to be performed by physicians or "qualified persons under the supervision of a physician."
RESPONSE: 19 CSR 30-30.060(2)(E) authorizes performance of ultrasounds by persons with "other certified training deemed acceptable by the department," not just physicians and those with ARDMS certification. No change has been made to the rule based on this comment.

COMMENT #5: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.060(2)(D) should not require a pelvic exam of each patient but should instead require only a health assessment.
RESPONSE: The requirement of a pelvic exam is in the existing regulation. No change has been made to the rule based on this comment.

COMMENT #6: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.060(2)(D), requiring an ultrasound examination for every patient seeking an abortion after the first trimester, be removed from the rule.
RESPONSE: This requirement is in the existing regulation at (3)(C). No change has been made to the rule based on this comment.

COMMENT #7: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that the requirement in 19 CSR 30-30.060(2)(F) requiring an RN, LPN, or surgical technician to be in the procedure room when a patient is in the procedure room, is unnecessary and should be changed to require such presence only at the time a surgical abortion is provided.
RESPONSE AND EXPLANATION OF CHANGE: Based on this comment, the third sentence of 19 CSR 30-30.060(2)(F) has been amended to add, "For surgical abortions," before "an RN, LPN, . . . shall be present."

COMMENT #8: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that it is medically unnecessary for abortion facilities to be required to maintain certain emergency drugs and equipment (19 CSR 30-30.060(2)(M), (N)) if the facility does not use moderate or higher levels of sedation.
RESPONSE: These requirements are contained in the existing regulation at (3)(I) and (L). No change has been made to the rule based on this comment.

COMMENT #9: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that abortion facilities should not be required (by 19 CSR 30-30.060(5)) to perform periodic checks with their contracted pathology labs to ensure that the labs are submitting tissue reports to the department as required by section 188.047, RSMo.
RESPONSE: No change has been made to the rule based on this comment.

COMMENT #10: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.060(8)(B)10. should not require an abortion facility's quality assessment program to include a documented review of the number and percentage of medical abortion patients who fail to return to the facility for follow-up to confirm completion of the abortion, and common reasons why.
RESPONSE: No change has been made to the rule based on this comment.

19 CSR 30-30.060 Standards for the Operation of Abortion Facilities

(2) Direct patient care services.

(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. For surgical abortions, 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.

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

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under sections 188.021 and 197.225, RSMo Supp. 2017, the department adopts a rule as follows:

19 CSR 30-30.061 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1785–1788). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals, one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists, two (2) comments from Planned Parenthood, one (1) comment from the Missouri Hospital Association, and one (1) DHSS staff comment. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Dean Linneman, Division Director, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council (SAC) of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has been made to the rule based on this comment.

COMMENT #2: DHSS staff commented that the counterpart to this proposed rule (19 CSR 10-15.050 regarding complication plans for hospitals) is being changed based on a comment received to not require the complication report to be included in the patient's medical record.
RESPONSE AND EXPLANATION OF CHANGE: So that this rule for abortion facilities is consistent with the rule for hospitals, 19 CSR 30-30.061(2)(I) has been amended to remove the requirement that the complication report be included in the patient's medical record.

COMMENT #3: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, requested that the 19 CSR 30-30.061 be amended to state a geographic limit for the OB/GYN providing complication coverage and to state whether the OB/GYN providing complication coverage must have hospital privileges within a geographic limit from the abortion facility.
RESPONSE: As stated in 19 CSR 30-30.061(2)(G), the OB/GYN providing complication coverage must be able to personally treat complications, including those requiring surgical intervention, except as indicated in that provision. No change has been made to the rule based on this comment.

COMMENT #4: Mary M. Kogut, MBA, BSW, President and CEO or Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.061 (regarding complication plans for abortion facilities as required by section 188.021, RSMo), is medically unnecessary, inconsistent with the standard of care, and unconstitutional. They request that the regulation be amended to allow a physician other than an OB/GYN to provide back-up coverage; eliminate the requirement that a pre-identified OB/GYN or other physician be available twenty-four hours a day, seven days a week (24/7) to assess, treat, or arrange handoff to another physician; and eliminate the requirement that the patient be given direct contact information for a physician.
RESPONSE AND EXPLANATION OF CHANGE: 19 CSR 30-30.061 is the subject of pending litigation against the department. One (1) change has been made to the rule based on this comment: 19 CSR 30-30.061(2)(J) has been amended to add: "The phone number given may be for the on-call service rather than the OB/GYN's direct number."

COMMENT #5: Sarah Willson, Vice President of Clinical and Regulatory Affairs, Missouri Hospital Association, commented that 19 CSR 30-30.061, a regulation pertaining to complication plans for abortion facilities, referenced hospitals in (2)(K) instead of abortion facilities.
RESPONSE AND EXPLANATION OF CHANGE: The reference to "hospital" in 19 CSR 30-30.061(2)(K) was an error and has been changed to "abortion facility."

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

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

(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.

(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 OB/GYN group providing complication coverage. The phone number given may be for the on-call service rather than the OB/GYN's direct number.

(K) The physician or abortion facility 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 an OB/GYN group 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.

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

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Health and Senior Services under section 197.225, RSMo Supp. 2017, the department amends a rule as follows:

19 CSR 30-30.070 Physical Standards for Abortion Facilities **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1,

2017 (42 MoReg 1789–1790). 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: The Department of Health and Senior Services (DHSS) received the same or similar comments from six hundred seventy-one (671) individuals; one (1) comment from the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists; and one (1) comment from Planned Parenthood. If you would like a list of individuals who submitted comments, please contact the Department of Health and Senior Services, Dean Linneman, Division Director, Division of Regulation and Licensure, PO Box 570, Jefferson City, MO 65102-0570.

COMMENT #1: On behalf of the Missouri Section Advisory Council of the American Congress of Obstetricians and Gynecologists (ACOG), the following people commented: Peter Greenspan, DO, FACOG, Chair; Mistie Mills, MD, FACOG, Secretary/Treasurer; Colleen McNicholas, MD, FACOG; Ravi Johar, MD, FACOG, Vice-Chair; Octavio Chirino, MD, FACOG, Immediate Past Chair; and Sandra Ahlum, MD, FACOG. Additionally, six hundred seventy-one (671) individuals commented. This was a general comment that DHSS' abortion regulations treat abortion providers differently than other providers, are medically unnecessary, and do not protect patient health and safety.
RESPONSE: The comment does not contain any specific recommendations or concerns regarding any particular provisions of the rule. No change has been made to the rule based on this comment.

COMMENT #2: Mary M. Kogut, MBA, BSW, President and CEO of Reproductive Health Services of Planned Parenthood of the St. Louis Region; and Aaron Samulcek, Interim President and CEO, Comprehensive Health of Planned Parenthood Great Plains, commented that 19 CSR 30-30.070 retains the ambulatory surgical center physical standards for abortion facilities that provide surgical abortions, despite that the standards may ultimately be held unconstitutional.
RESPONSE: 19 CSR 30-30.070 is the subject of pending litigation against the department. No changes have been made to the rule as a result of this comment.

Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
Division 2010—Missouri State Board of Accountancy
Chapter 2—General Rules

ORDER OF RULEMAKING

By the authority vested in the Missouri State Board of Accountancy under sections 326.262, 326.271, and 326.277, RSMo 2016, and sections 326.280, 326.283, 326.286, and 326.289, RSMo Supp. 2017, the board amends a rule as follows:

20 CSR 2010-2.160 Fees **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2017 (42 MoReg 1790–1792). 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 May 7, 2018. These applications are available for public inspection at the address shown below.

Date Filed
Project Number: Project Name
City (County)
Cost, Description

2/21/2018
#5566 HS: Lee's Summit Medical Center
Lee's Summit (Jackson County)
$2,533,000, Add Additional Robotic Surgery System

2/23/2018
#5560 HS: St. Anthony's Medical Center
St. Louis (St. Louis County)
$2,222,000, Add Additional Robotic Surgery System

#5569 HS: Landmark Hospital of Columbia
Columbia (Boone County)
$27,215,204, Establish 23-bed LTCH

#5568 NS: Delta South Nursing and Rehabilitation
Sikeston (New Madrid County)
$25,050, Add 15 SNF beds

#5571 RS: Clarendale of Clayton
Clayton (St. Louis County)
$17,500,000, Establish 98-bed ALF

#5567 RS: Moberly Retirement Center
Moberly (Randolph County)
$1,600,000, Establish 18-bed RCF

#5553 HS: SoutheastHEALTH Behavioral Health Center
Cape Girardeau (Cape Girardeau County)
$29,255,227, Establish 102-bed Psychiatric Hospital

#5572 HS: Barnes-Jewish Hospital
St. Louis (St. Louis City)
$1,776,980, Add Additional Robotic Surgery System

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 March 28, 2018. 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.