

Volume 44, Number 7  
Pages 1007–1126  
April 1, 2019

SALUS POPULI SUPREMA LEX ESTO

*“The welfare of the people shall be the supreme law.”*



JOHN R. ASHCROFT  
SECRETARY OF STATE

MISSOURI  
REGISTER

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The *Missouri Register* is published semi-monthly by

**SECRETARY OF STATE**

**JOHN R. ASHCROFT**

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

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•

MANAGING EDITOR

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•

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•

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ISSN 0149-2942, USPS 320-630; periodical postage paid at Jefferson City, MO  
Subscription fee: \$72.00 per year

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

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

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

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December 3, 2018 December 17, 2018	<b>January 2, 2019</b> <b>January 15, 2019</b>	January 29, 2019 January 29, 2019	February 28, 2019 February 28, 2019
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February 1, 2019 February 15, 2019	<b>March 1, 2019</b> <b>March 15, 2019</b>	March 31, 2019 March 31, 2019	April 30, 2019 April 30, 2019
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April 1, 2019 April 15, 2019	<b>May 1, 2019</b> <b>May 15, 2019</b>	May 31, 2019 May 31, 2019	June 30, 2019 June 30, 2019
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June 3, 2019 June 17, 2019	<b>July 1, 2019</b> <b>July 15, 2019</b>	July 31, 2019 July 31, 2019	August 30, 2019 August 30, 2019

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

## HOW TO CITE RULES AND RSMO

### RULES

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

<b>Title</b>		<b>Division</b>	<b>Chapter</b>	<b>Rule</b>
3	CSR	10-	4	.115
Department	<i>Code of State Regulations</i>	Agency Division	General area regulated	Specific area regulated

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

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraphs 1., subparagraphs A., parts (I), subparts (a), items I. and subitems a.

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

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

### ***Code and Register on the Internet***

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The *Code* address is [www.sos.mo.gov/adrules/csr/csr](http://www.sos.mo.gov/adrules/csr/csr)

The *Register* address is [www.sos.mo.gov/adrules/moreg/moreg](http://www.sos.mo.gov/adrules/moreg/moreg)

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

**R**ules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2016. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety, or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons, and findings which support its conclusion that there is an immediate danger to the public health, safety, or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

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

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

## Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

### Division 73—Missouri Board of Nursing Home Administrators Chapter 2—General Rules

#### EMERGENCY RULE

#### 19 CSR 73-2.011 Fee Waiver for Military Families and Low-Income Individuals

*PURPOSE:* This rule complies with section 324.015.6, RSMo, which requires the Board of Nursing Home Administrators to promulgate rules to implement the provisions of section 324.015, RSMo, the waiver of occupational fees for military families and low-income individuals for a period of two (2) years.

*EMERGENCY STATEMENT:* The emergency rule is necessary because on August 28, 2018 when Senate Bill 843 became effective, licensing boards, commissions, committees, councils, and offices have to, upon request, provide the waiver of all occupational fees to military families and qualifying low-income individuals.

Senate Bill 843, section 324.015, RSMo, provides that, upon request, individuals can seek a waiver of all occupational fees for a two- (2-) year period from licensing authorities in the state of Missouri. The provision requires licensing authorities to waive all occupational fees for a two- (2-) year period beginning upon approval of an application for military families and low-income indi-

viduals that meet the requirements detailed in section 324.015, RSMo. Section 324.015.6, RSMo, requires that the Board of Nursing Home Administrators promulgate a rule to implement the provisions of section 324.015, RSMo. Senate Bill 843 became effective August 28, 2018, and it is in the best interest of the state to make the waiver available to qualifying applicants as soon as possible.

As a result, the Board of Nursing Home Administrators finds that there is a compelling governmental interest that requires this emergency action. The scope of this emergency rule is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. The Board of Nursing Home Administrators believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed February 21, 2019, becomes effective March 3, 2019, and expires August 29, 2019.

(1) For purposes of this regulation, all terms shall have the same definition as contained in section 324.015.1, RSMo.

(2) Individuals seeking a waiver must apply with the Board of Nursing Home Administrators in writing and include documentation that establishes eligibility for the waiver pursuant to section 324.015, RSMo.

*AUTHORITY:* section 324.015, RSMo Supp. 2018. Emergency rule filed Feb. 21, 2019, effective March 3, 2019, expires Aug. 29, 2019. A proposed rule covering this same material is published in this issue of the *Missouri Register*.

## Title 20—DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION Division 2015—Acupuncturist Advisory Committee Chapter 1—General Rules

### EMERGENCY AMENDMENT

**20 CSR 2015-1.030 Fees.** The advisory committee is proposing to amend subsection (3)(B).

*PURPOSE:* This amendment reduces the biennial renewal fee.

*EMERGENCY STATEMENT:* The advisory committee is statutorily obligated to enforce and administer the provisions of section 324.475 to 324.499, RSMo. Fees are established at a level sufficient, but not excessive, to cover the costs for administering the provisions of sections 324.475 to 324.499, RSMo. This emergency amendment is necessary to preserve a compelling governmental interest requiring an early effective date of the rule by informing the public of a change in the fee required to renew a license. The advisory committee is proposing to decrease the acupuncturist biennial renewal fee from one hundred twenty-five dollars (\$125) to one hundred dollars (\$100). Acupuncturist renewal notices will be mailed on April 1, 2019. Without this emergency amendment, the decreased fee requirements will not be effective prior to mailing and the committee will collect more revenue than it is statutorily authorized to collect. The emergency amendment is necessary to allow the division to collect the decreased renewal fee.

The scope of the emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. In developing this emergency amendment, the division has determined that the fee decrease is necessary to prevent funds from exceeding the maximum fund balance as set forth in section 324.481, RSMo. Pursuant to section 324.001.1(10), "A compelling governmental interest shall be

deemed to exist for the purposes of section 536.025, RSMo, for licensure fees to be reduced by emergency rule, if the projected fund balance of any agency assigned to the division of professional registration is reasonably expected to exceed an amount that would require transfer from that fund to general revenue." The division believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 28, 2019, becomes effective April 1, 2019, and expires September 30, 2019.

(3) The fees are established as follows:

(B) Acupuncturist Biennial Renewal Fee     [\$125.00] **\$100.00**

**AUTHORITY:** sections 324.481, [324.487,] 324.490, and 324.493, RSMo [2000] 2016, and section 324.487, RSMo Supp. 2018. This rule originally filed as 4 CSR 15-1.030. Original rule filed July 24, 2001, effective Feb. 28, 2002. Amended: Filed March 15, 2004, effective Sept. 30, 2004. Amended: Filed Feb. 15, 2005, effective Aug. 30, 2005. Moved to 20 CSR 2015-1.030, effective Aug. 28, 2006. Emergency amendment filed Feb. 28, 2019, effective April 1, 2019, expires Sept. 30, 2019. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2150—State Board of Registration for the  
Healing Arts**

**Chapter 2—Licensing of Physicians and Surgeons**

**EMERGENCY AMENDMENT**

**20 CSR 2150-2.080 Physician Licensure Fees.** The board is amending section (1).

**PURPOSE:** This rule is being amended to decrease the licensing fees for assistant physicians as passed in Senate Bill 718 (2018) passed by the 99th General Assembly.

**EMERGENCY STATEMENT:** As required by section 334.090, the Missouri State Board of Registration for the Healing Arts (board) must set the amount of fees authorized by Chapter 334, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of the Chapter.

Pursuant to section 334.036, RSMo, the board is authorized to set the amount of fees related to assistant physician licensure. Section 334.036, as amended by Senate Bill 718 (2018), became effective July 5, 2018. Subsection 334.036.3, RSMo was amended in Senate Bill 718 to prohibit any licensure fee for an assistant physician from exceeding the amount of any licensure fee for a physician assistant. The current licensure fee for an assistant physician is higher than that for a physician assistant. Therefore, the board is amending this rule. Senate Bill 718 further stipulates that any rules or regulations regarding assistant physicians in effect on the effective date of this bill that conflicts with the provisions of the newly amended sections 334.036 and 334.037, RSMo shall be null and void. With the licensure fee set at a rate that is in direct conflict with the amended statutes, the board is proposing to file an emergency rule to allow the board to continue to collect licensure fees from assistant physicians, so the board could process their applications and issue licenses to qualified candidates. Pursuant to section 536.025, RSMo, this emergency amendment is necessary to preserve a compelling governmental interest—compliance with section 334.037, RSMo—which requires an early effective date.

Without the amendment to decrease the assistant licensure fees, the board would be in violation of Senate Bill 718 and would not be able to collect licensure fees and fulfill a core function of the board

mandated by section 334.090, RSMo.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the **Missouri and United States Constitutions**. By establishing the proper fee schedule and implementing Senate Bill 718, the board will continue to collect assistant physician licensure fees as authorized by section 334.036, RSMo, and remain compliant with the provisions of section 334.090, RSMo.

This clears the path for individuals wishing to obtain and maintain licensure as assistant physicians in the state of Missouri. Missourians will continue to have access to assistant physicians' services by allowing the board to continue to process initial licensure and renewal applications. Missouri citizens will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to individuals seeking assistant physician licensure, renewal, and a certificate of prescriptive authority. The normal rulemaking process would require these applicants to wait six (6) months for the rule change to go through the process, while other assistant physician rules become null and void, place the licensure process in limbo, and stall assistant physicians from providing healthcare services to Missouri patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(1) The following fees are established by the State Board of Registration for the Healing Arts:

(A) Physician	
1. Assistant Physician	
A. Licensure Fee	[\$300] <b>\$25</b>
B. Renewal Fee	[\$135] <b>\$25</b>
C. Prescriptive Authority Fee	[\$ 50] <b>\$25</b>
2. Contiguous State License	
A. Licensure Fee	\$ 25
B. Renewal Fee	\$ 25
3. Limited License	
A. Licensure Fee	\$ 25
B. Renewal Fee	\$ 25
4. Permanent Physician	
A. Licensure Fee	\$ 75
B. Reinstatement Fee	\$ 75
C. Renewal Fee	\$100
5. Temporary Physician	
A. Conditional Temporary License Fee	\$ 25
B. Temporary License Fee	\$ 25
C. Temporary License Renewal Fee	\$ 25
6. Visiting Professor	
A. Licensure Fee	\$ 25
B. Renewal Fee	\$ 25

**AUTHORITY:** sections 334.090.2 and 334.125, RSMo 2016. This rule originally filed as 4 CSR 150-2.080. Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 8, 1981. Original rule filed July 14, 1981, effective Oct. 11, 1981. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2150—State Board of Registration for the  
Healing Arts**

**Chapter 2—Licensing of Physicians and Surgeons**

**EMERGENCY AMENDMENT**

**20 CSR 2150-2.230 Assistant Physician—Continuing Education.**  
The board is amending sections (1) and (2).

*PURPOSE:* This rule is being amended to reduce the number of continuing education hours required for physician assistants as passed in Senate Bill 718 (2018) passed by the 99th General Assembly.

*EMERGENCY STATEMENT:* Pursuant to section 334.036, RSMo, the board is authorized to establish renewal procedures and other matters as are necessary to protect the public and discipline the profession. The board believes rules related to continuing education are a vital component of assessing an assistant physician's competency in renewing an assistant physician license. Continuing education allows assistant physicians to participate in educational activities which serve to maintain, develop, or increase their knowledge, skills, and abilities.

Provisions of Senate Bill 718 (2018) become effective on August 28, 2018. Subsection 334.036.3 of Senate Bill 718 stipulates that no rule or regulation shall require an assistant physician to complete more hours of continuing medical education than that of a licensed physician and that any rules or regulations regarding assistant physicians in effect on the effective date of this bill that conflicts with the provisions of the newly amended sections 334.036 and 334.037, RSMo shall be null and void. With the renewal season starting from late November and the current rule contradicting the amended statutes, the board is proposing to file an emergency amendment to require assistant physicians to obtain continuing medical education hours equal to that of a licensed physician. Pursuant to section 536.025, RSMo, this emergency amendment is necessary to preserve a compelling governmental interest—compliance with sections 334.0367, RSMo—which requires an early effective date.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the *Missouri and United States Constitutions*. By establishing the proper continuing education requirement and implementing Senate Bill 718, the board will continue to process renewal applications and remain compliant with the provisions of sections 334.036.3(1) and 334.036.3(3), RSMo.

This clears the path for individuals wishing to maintain licensure as assistant physicians in the state of Missouri. Missourians will continue to have access to assistant physician services by allowing the board to continue to process renewal applications of a licensee who currently holds an assistant physician license. Missouri citizens will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to individuals seeking assistant physician licensure renewal. The normal rulemaking process would require these applicants to wait six (6) months for the rule change to go through the process, causing the licensee to miss the renewal season (December 1, 2018 through January 31, 2019) and their licenses to lapse. While the current assistant physician rules become null and void, the board will have no continuing education rule to enforce. In the meantime, assistant physicians without a properly renewed license will not be able to provide healthcare services to Missouri patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(1) Each assistant physician shall complete and attest that he or she has completed at least *[one hundred (100)] fifty (50)* hours of continuing medical education every two (2) years. The reporting period shall end December 31 of the odd numbered year.

(2) In order to count toward the required *[one hundred (100)] fifty (50)* hours, the continuing education shall be accredited by the American Medical Association (AMA) as Category 1; or by the American Academy of Family Physicians (AAFP) or the American

Osteopathic Association (AOA) as Category 1-A or 2-A; or offered by a residency program or hospital-approved by Accreditation Council on Graduate Medical Education (ACGME) of the American Medical Association or the Program and Trainee Review Council of the American Osteopathic Association.

*AUTHORITY:* section[s] 334.036, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2150—State Board of Registration for the  
Healing Arts**

**Chapter 2—Licensing of Physicians and Surgeons**

**EMERGENCY AMENDMENT**

**20 CSR 2150-2.240 Assistant Physician Collaborative Practice  
Agreements.** The board is amending the purpose statement and sections (1)–(3).

*PURPOSE:* This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.

*PURPOSE:* In accordance with section 334.036, RSMo, this rule defines collaborative practice arrangement terms and implements section 630.875, RSMo related to “Improved Access to Treatment for Opioid Addictions Act” (IATOA).

*EMERGENCY STATEMENT:* Section 334.036.4, RSMo provides that “No assistant physician shall practice or attempt to practice without an assistant physician collaborative agreement ...[.]” Pursuant to sections 334.036.3 and 334.037, RSMo, the board promulgated this rule setting forth the requirements for the collaborative agreement between an assistant physician and his/her supervising physician.

Prior to the effective date of Senate Bill 718 (2018), Section 334.036, RSMo mandated that in order for assistant physicians to be eligible to practice they must be licensed by the board and enter into an collaborative practice arrangement within six (6) months of initial licensure and not have more than a six- (6-) month time period between collaborative practice arrangements during his or her licensure period; and section 334.037, RSMo authorized the board to establish rules for the review of services provided by the assistant physician and allowed the collaborating physician to be in a collaborative practice agreement with three (3) full-time equivalent assistant physicians.

Senate Bill 718 repeals the requirement that the assistant physician has to enter into a collaborative practice agreement within six (6) months of initial licensure and must not have six (6) months between collaborative practice arrangements during the licensure period; restricts the collaborating physician's review of services to no more than ten (10%) of the assistant physician's charts or records during

a one- (1-) month period; and changes the number of full-time mid-level providers a physician can enter into a collaborative practice agreement or supervision agreement with from but allows the collaborating or supervising physician to determine the type of midlevel practitioner, which includes advanced practice registered nurses, physician assistants, or assistant physicians in any combination that best serves the physician's practice setting. Section 334.036.3, RSMo, as amended by Senate Bill 718 also stipulates that any rules or regulations regarding assistant physicians in effect on the effective date of this bill that conflicts with the provisions of the newly amended sections 334.036 and 334.037, RSMo shall be null and void. Without the rule delineating requirements for collaborative practice arrangement, an assistant physician will not be able to enter into collaborative practice with a physician, and as a result, be prevented from practicing medicine or offering medical services. Therefore, the board is proposing to file an emergency amendment to repeal conflicting rule language.

Senate Bill 718 also implements the Improved Access to Treatment for Opioid Addictions Act (IATOA Act) which authorized assistant physicians to prescribe buprenorphine for up to thirty (30) days without refill for patients receiving medication assisted treatment for substance abuse disorders under the direction of a collaborating physician. Additionally, Senate Bill 718 exempts assistant physicians from the onsite practice requirements mandated by section 334.037(2), RSMo if they are providing opioid treatment.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. By removing conflicting language from the rule the board will remain compliant with the provisions of Senate Bill 718 and with the inclusion of the IATOA Act assistant physicians will be able to assist in the treatment of substance abuse.

This removes hurdles for individuals wishing to practice as assistant physicians in the state of Missouri and improves access to care for individuals with substance abuse. Missourians will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to individuals practicing as assistant physicians and removes conflicting language from the text of this rule. The normal rulemaking process would require these changes to wait six (6) months for the rule change to go through the process, deem other assistant physician rules to become null and void, and potentially cause confusion for collaborating physicians and assistant physicians, their employers, and patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

#### (1) Geographic areas.

(B) The following shall apply in the use of a collaborative practice arrangement by an assistant physician who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the collaborating physician and assistant physician are utilizing telehealth in providing services in a medically underserved area no mileage limitation shall apply; or

2. If the assistant physician is not utilizing telehealth in providing services the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be no further than [fifty (50)] seventy five (75) miles by road, using the most direct route available, from the collaborating assistant physician[.]; or

3. Pursuant to 630.875 RSMo, an assistant physician collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the "Improved Access to Treatment for Opioid Addictions Program" (IATOAP) in any area of the state and provide all services and functions of an assistant physician. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the

#### purposes of IATOAP.

(C) An assistant physician who desires to enter into a collaborative practice arrangement at a location where the collaborating physician is not continuously present shall practice together at the same location with the collaborating physician continuously present for a period of at least one (1) month before the collaborating assistant physician practices at a location where the collaborating physician is not present. During this one (1) month period, the collaborating physician must review [one hundred percent (100%)] **ten percent (10%)** of the assistant physicians' patient's records. It is the responsibility of the collaborating physician to determine and document the completion of the same location practice and records review as described above.

(E) A collaborating physician shall not enter into a collaborative practice arrangement with more than [three (3)] **six (6)** full-time equivalent assistant physicians, **full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof**. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in 334.104(7) RSMo.

#### (2) Methods of treatment.

(E) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the United States Pharmacopeia (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrieval dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating assistant physician;

8. In addition to administering and dispensing controlled substances, an assistant physician, who meets the requirements of 20 CSR 2150-2.260, may be delegated the authority to prescribe controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. **When issuing the initial prescription for opioid controlled substance in treating a patient for acute pain, the assistant physician shall comply with requirements set forth in section 195.080, RSMo. Schedule II (hydrocodone) and Schedule III narcotic controlled substance prescriptions shall be limited to a [one hundred twenty (120-) hour] five- (5-) day supply without refill[.]; Pursuant to section 334.037, RSMo an assistant physician may prescribe Schedule III - buprenorphine for up to a thirty- (30-) day supply**



**without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.037 and 630.875 RSMo;**

9. An assistant physician may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step family members are also included in family;

10. An assistant physician in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

11. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the assistant physician to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

12. The medications to be administered, dispensed, or prescribed by a collaborating assistant physician in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating assistant physician.

(3) Review of Services.

(E) The collaborating physician shall complete a review [of a minimum] of ten percent (10%) of the total health care services delivered by the assistant physician. If the assistant physician practice includes the prescribing of controlled substances, the physician shall review a minimum of twenty percent (20%) of the cases in which the assistant physician wrote a prescription for a controlled substance. If the controlled substance chart review meets the minimum total ten percent (10%) as described above, then the minimum review requirements have been met. The assistant physician's documentation shall be submitted for review to the collaborating physician at least every fourteen (14) days. This documentation submission may be accomplished in person or by other electronic means and reviewed by the collaborating physician. The collaborating physician must produce evidence of the chart review upon request of the Missouri State Board of Registration for the Healing Arts. This subsection shall not apply during the time the collaborating physician and assistant physician are practicing together as required in subsection (2)(C) above or 20 CSR 2150-2.240.

*AUTHORITY sections 334.036, 334.037, and 630.875, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014, and section 334.037, RSMo Supp. 2015] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2150—State Board of Registration for the  
Healing Arts**

**Chapter 2—Licensing of Physicians and Surgeons**

**EMERGENCY AMENDMENT**

**20 CSR 2150-2.250 Assistant Physician [Supervision]—**

**Collaborative Practice Change Requirements.** The board is amending the title, rule purpose, and section (1), and deleting sections (2) and (3).

*PURPOSE: This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly.*

*PURPOSE: This rule provides the requirements and time frames licensees must follow in reporting a change in [supervision] collaborative practice arrangement.*

*EMERGENCY STATEMENT: Prior to the effective date of Senate Bill 718 (2018) which became effective on August 28, 2018, section 334.036, RSMo, mandated that in order for assistant physicians to be eligible to practice they must be licensed by the board and enter into a collaborative practice arrangement within six (6) months of initial licensure and not have more than a six- (6-) month time period between collaborative practice arrangements during his or her licensure period. Senate Bill 718 repeals this requirement while maintaining that an assistant physician must practice under a collaborative practice agreement. Section 334.036 of SB 718 stipulates that any rules or regulations regarding assistant physicians in effect on the effective date of this bill that conflicts with the provisions of the newly amended sections 334.036 and 334.037, RSMo, shall be null and void. Therefore, the board is proposing to file an emergency amendment to repeal language that voids the assistant physician license within six (6) months of its issuance.*

*Pursuant to section 536.025, RSMo, this emergency amendment is necessary to preserve a compelling governmental interest—compliance with sections 334.036 and 334.037, RSMo – which requires an early effective date. Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions.*

*Individuals wishing to practice as assistant physicians in the state of Missouri will be issued a license to expire annually and will no longer bear the burden of renewing the license on a six (6) month basis. Missouri citizens will continue to benefit from continuity of care, improved access, and have more choices for healthcare services delivered in diversified methods by assistant physicians practicing under a collaborative practice agreement. This emergency amendment is limited to assistant physicians practicing in the state of Missouri. The normal rulemaking process would require these applicants to wait six (6) months for the rule change to go through the process, deem other assistant physician rules to become null and void, and prevent assistant physicians from providing healthcare services to Missouri patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.*

(1) Licensed assistant physicians who enter a collaborative practice arrangement with a physician or who terminate a collaborative practice arrangement with a physician, for any reason, must submit written notification and the required form to the board within [fifteen (15)] **thirty (30)** days of such occurrence.

[2] *If an assistant physician does not have a collaborative physician within six (6) months of his or her initial licensure, the license shall be void.*

[3] *If an assistant physician does not have a collaborative physician for any six (6) month period, the license shall be void.]*

*AUTHORITY: section[s] 334.036, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22,*

2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2150—State Board of Registration for the  
Healing Arts**

**Chapter 2—Licensing of Physicians and Surgeons**

**EMERGENCY AMENDMENT**

**20 CSR 2150-2.260 Assistant Physician—Certificate of Prescriptive Authority.** The board is amending the title and section (1).

*PURPOSE:* This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly with respect to the assistant physician's involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IATOA) and with regard to on-site supervision requirements.

*EMERGENCY STATEMENT:* Senate Bill 718 (2018) established the Improved Access to Treatment for Opioid Addictions Act (IATOA). The IATOA Act was passed to address the opioid crisis in Missouri by including assistant physicians as providers in medication-assisted treatment programs and permitting assistant physicians to prescribe buprenorphine. This bill expands the scope of prescriptive authority for assistant physicians by authorizing these licensees to prescribe buprenorphine for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. The bill also exempts assistant physicians from practicing on-site with the collaborating physicians for at least one hundred twenty (120) hours if the assistant physician is providing opioid addiction treatment while the exemption only applied to assistant physicians providing population-based public health services as defined in 20 CSR 2150-5.100.

Furthermore, section 334.036, RSMo of Senate Bill 718 stipulates that any rules or regulations regarding assistant physicians in effect on the effective date of this bill that conflicts with the provisions of the newly amended sections 334.036 and 334.037, RSMo, shall be null and void. With the current rule promulgated pursuant to old statutes, the board is proposing to file an emergency amendment to align the rule with the emergency clause enacted by SB718. Pursuant to section 536.025, RSMo, this emergency amendment is necessary to preserve a compelling governmental interest—compliance with sections 334.037, RSMo—which requires an early effective date.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the *Missouri and United States Constitutions*. This emergency amendment will align the board rule with the IATOA Act which expands the assistant physician's scope of prescriptive authority to increase patients' immediate access to buprenorphine for opioid-dependency treatment.

This amendment aligns the state of Missouri with federal efforts to increase access to treatment for opioid addiction. Missouri citizens will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to licensed assistant physicians in the treatment of opioid addiction. The normal rulemaking process would require assistant physicians to wait six (6) months for the rule change to go through the process and deem other assistant physician rules to become null and void. If granted, this emergency amendment will allow the board to continue processing assistant physicians' applications for certificate of prescriptive authority, so that the assistant physician may further register with the Bureau of Narcotics and Dangerous Drugs of the Missouri Department of Health and Senior

Services and the Drug Enforcement Administration to prescribe medications and provide healthcare services to Missouri patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(1) Licensees applying for a certificate of prescriptive authority shall submit—

(C) A supervision verification form, signed by their collaborating physician, stating that the collaborating physician has delegated to the assistant physician the authority to prescribe: Schedule II (hydrocodone)—limited to a five- (5-) day supply; Schedule III—limited to a five- (5-) day supply, except that buprenorphine may be prescribed for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician; Schedule IV; or Schedule V [controlled substances to the assistant physician]. The delegated authority to prescribe shall be consistent with each professional's education, knowledge, skill, and competence. Any limitations on the physician's or assistant physician's ability to prescribe shall be listed on the supervision verification form; and

(D) An affidavit completed by their collaborating physician documenting the completion of at least one hundred twenty (120) hours in a four- (4-) month period by the assistant physician during which the assistant physician practiced with the supervising physician continuously present. Pursuant to section 334.037, RSMo such on-site supervision requirement shall not apply to assistant physicians of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid addiction treatment.

*AUTHORITY:* sections 334.036 and 334.037, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014, and section 334.037, RSMo Supp. 2015] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the *Missouri Register*.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2150—State Board of Registration for the  
Healing Arts**

**Chapter 5—General Rules**

**EMERGENCY AMENDMENT**

**20 CSR 2150-5.100 Collaborative Practice Arrangement with Nurses.** The board is amending the title, purpose, and sections (2) and (3).

*PURPOSE:* This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.

**PURPOSE:** In accordance with section 334.104, RSMo, this rule defines collaborative practice arrangement terms and delimits geographic areas; methods of treatment; review of services; and drug/device dispensing or distribution pursuant to prescription and implements the Utilization of Telehealth by Nurses as required by section 335.175, RSMo and APRN involvement in the “Improved Access to Treatment for Opioid Addictions Act” (IATOA) pursuant to sections 334.104 and 630.875, RSMo.

**EMERGENCY STATEMENT:** Senate Bill 718 (2018) changes the number of full-time mid-level providers a physician can enter into a collaborative practice agreement or supervision agreement and allows the collaborating or supervising physician to determine the type of midlevel practitioner, which includes advanced practice registered nurses (APRNs), physician assistants (PAs) or assistant physicians in any combination that best serves the physician’s practice setting. Therefore, the board is proposing to file an emergency amendment to remove conflicting rule language.

Senate Bill 718 also implements the Improved Access to Treatment for Opioid Addictions Act (IATOA Act) which authorizes APRNs to prescribe buprenorphine for up to thirty (30) days without refill for patients receiving medication assisted treatment for substance abuse disorders under the direction of a collaborating physician.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. By removing conflicting language from the rule the board will remain compliant with the provisions of Senate Bill 718, and with the inclusion of the IATOA Act, APRNs will be able to assist in the treatment of substance abuse.

This improves access to care for individuals with substance abuse. Missourians will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to collaborating physicians and APRNs and removes conflicting language from the text of this rule. The normal rulemaking process would require these changes to wait six (6) months for the rule change to go through the process, potentially causing confusion for collaborating physicians and APRNs, their employers, and patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(2) Geographic Areas.

(B) The following shall apply in the use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the APRN is providing services pursuant to section 335.175, RSMo, no mileage limitation shall apply;

2. If the APRN is not providing services pursuant to section 335.175, RSMo, and is practicing the collaborating physician and collaborating APRN shall practice within seventy-five (75) miles by road of one another.

3. Pursuant to 630.875, RSMo, an APRN collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the “Improved Access to Treatment for Opioid Addictions Program” (IATOAP) in any area of the state and provide all services and functions of an APRN. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(D) A collaborating physician shall not enter into a collaborative practice arrangement with more than [three (3)] six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health

services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in 334.104(7), RSMo.

(3) Methods of Treatment.

(G) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the United States Pharmacopeia (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating APRN;

8. An RN shall not, under any circumstances, prescribe drugs. The administering or dispensing of a controlled substance by an RN or APRN who has not been delegated authority to prescribe in a collaborative practice arrangement, pursuant to 19 CSR 30-1.066, shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient’s needs following verbal consultation between the collaborating physician and collaborating RN or APRN. The required consultation and the physician’s directions for the administering or dispensing of controlled substances shall be recorded in the patient’s chart and in the appropriate dispensing log. These recordings shall be made by the collaborating RN or APRN and shall be cosigned by the collaborating physician following a review of the records;

9. In addition to administering and dispensing controlled substances, an APRN, as defined in section 335.016, RSMo, may be delegated the authority to prescribe controlled substances listed in **Schedule II-hydrocodone** and Schedules III, IV, and V of section 195.017, RSMo in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in **Schedule II-hydrocodone** and Schedules III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. **When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the APRN shall comply with requirements set forth in section 195.080, RSMo. Schedule II-hydrocodone and Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty- (120-)/- hour supply without refill. An APRN may prescribe buprenorphine, a Schedule III controlled substance, for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.104 and 630.875, RSMo;**

10. An APRN may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents,

grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step members are also included in family;

11. An APRN or RN in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

12. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the collaborating APRN to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

13. The medications to be administered, dispensed, or prescribed by a collaborating RN or APRN in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating RN or APRN.

*AUTHORITY: sections [334.104.3, 335.036,] 334.125 and 335.175, RSMo [Supp. 2013] 2016, and sections [334.125] 334.104.3 and 335.036, RSMo Supp. [2014] 2018. This rule originally filed as 4 CSR 200-4.200. Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2150—State Board of Registration for the  
Healing Arts**

**Chapter 7—Licensing of Physician Assistants**

**EMERGENCY AMENDMENT**

**20 CSR 2150-7.130 Applicants for Certificate of Controlled Substance Prescriptive Authority.** The board is amending section (5).

*PURPOSE: This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly.*

*EMERGENCY STATEMENT: Senate Bill 718 (2018) implements the Improved Access to Treatment for Opioid Addictions Act (IATOA Act) which authorizes mid-level practitioners to prescribe buprenorphine for up to thirty (30) days without refill for patients receiving medication assisted treatment for substance abuse disorders under the direction of a collaborating or supervising physician.*

*Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. By removing conflicting language from the rule the board will remain compliant with the provisions of Senate Bill 718 and with the inclusion of the IATOA Act mid-level practitioners will be able to assist in the treatment of substance abuse.*

*This improves access to care for individuals with substance abuse. Missourians will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to collaborating physicians and physician assistants and removes conflicting language from the text of*

*this rule. The normal rulemaking process would require these changes to wait six (6) months for the rule change to go through the process, potentially causing confusion for collaborating physicians and physician assistants, their employers, and patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.*

(5) Applicants shall file with the board a supervision verification form, signed by their supervising physician, stating that the supervising physician has delegated to the **physician assistant** the authority to prescribe [Schedule III, IV, or V controlled substances to the physician assistant.]: **Schedule II—hydrocodone prescription shall be limited to a five- (5-) day supply; Schedule III—limited to a five-(5-) day supply, except buprenorphine can be prescribed for up to a thirty- (30-) day supply without refill for patients receiving medication assisted treatment for substance use disorders under the direction of the collaborating or supervising physician pursuant to section 334.747, RSMo; Schedule IV; or Schedule V.** The delegated authority to prescribe shall be consistent with each professional's education, knowledge, skill, and competence. Any limitations on the physician's or physician assistant's ability to prescribe shall be listed on the supervision verification form.

*AUTHORITY: sections 334.125, 334.736, 334.738, and 334.743, RSMo [2000] 2016, and sections 334.735 and 334.747, RSMo Supp. [2010] 2018. Original rule filed Nov. 1, 2010, effective June 30, 2011. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2150—State Board of Registration for the  
Healing Arts**

**Chapter 7—Licensing of Physician Assistants**

**EMERGENCY AMENDMENT**

**20 CSR 2150-7.135 Physician Assistant Supervision Agreements.** The board is amending the purpose statement, adding new sections (6), (8), and (9), and renumbering as necessary.

*PURPOSE: This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.*

*PURPOSE: This rule defines the terms used throughout this chapter as applicable to physician assistants, specifies the requirements for supervision agreements and practice of a physician assistant pursuant to a supervision agreement pursuant to section 334.735, RSMo, and physician assistant involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IATOA) pursuant to section 630.875, RSMo.*

*EMERGENCY STATEMENT: Senate Bill 718 (2018) changes the*

number of full-time mid-level providers a physician can enter into a collaborative practice agreement or supervision agreement and allows the collaborating or supervising physician to determine the type of mid-level practitioner, which includes advanced practice registered nurses (APRNs), physician assistants (PAs), or assistant physicians in any combination that best serves the physician's practice setting. The board is proposing to file an emergency amendment to remove conflicting rule language.

Senate Bill 718 also implements the Improved Access to Treatment for Opioid Addictions Act (IATOA Act) which authorizes mid-level practitioners to prescribe buprenorphine for up to thirty (30) days without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of a collaborating or supervising physician.

Furthermore, this emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. By removing conflicting language from the rule the board will remain compliant with the provisions of Senate Bill 718, and with the inclusion of the IATOA Act, mid-level practitioners will be able to assist in the treatment of substance abuse.

This improves access to care for individuals with substance abuse. Missourians will benefit from improved access and have more choices for healthcare services delivered in diversified methods. This emergency amendment is limited to collaborating physicians and physician assistants and removes conflicting language from the text of this rule. The normal rulemaking process would require these changes to wait six (6) months for the rule change to go through the process, potentially causing confusion for collaborating physicians and physician assistants, their employers, and patients. The board also believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.

(6) In addition to administering and dispensing controlled substances, a physician assistant, who meets the requirements of 20 CSR 2150-7.130, may be delegated the authority to prescribe controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, in a written supervision agreement, except that, the supervision agreement shall not delegate the authority to administer any controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the physician assistant shall comply with requirements set forth in section 195.080, RSMo. Schedule II (hydrocodone) and Schedule III narcotic controlled substance prescriptions shall be limited to a five- (5-) day supply without refill. Pursuant to section 334.747, RSMo, a physician assistant may prescribe Schedule III buprenorphine for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.735 and 630.875, RSMo.

[(6)](7) It is the responsibility of the supervising physician to determine and document the completion of a one- (1-) month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present. A one- (1-) month period shall consist of a minimum of one hundred (100) hours in a consecutive thirty- (30-) day period.

(8) The following shall apply in the use of a supervision agreement by a physician assistant who provides health care services that include the diagnosis and initiation of treatment for acutely

or chronically ill or injured persons:

(A) If the collaborating physician and physician assistant are utilizing telehealth in providing services in medically underserved area as defined in 20 CSR 2150-2.001(11), no mileage limitation shall apply;

(B) If the physician assistant is providing services pursuant to section 334.735.2(2), RSMo, no supervision requirements in addition to the minimum federal law shall be required;

(C) If the collaborating physician and physician assistant are not utilizing telehealth in providing services in the medically underserved area, the practice location where the collaborating physician, or other physician designated in the collaborative practice agreement, shall be no further than seventy-five (75) miles by road, using the most direct route available, from the collaborating physician assistant;

(D) If the physician assistant is collaborating with a physician who is waiver-certified for the use of buprenorphine, pursuant to section 630.875 RSMo, the physician assistant may participate in the "Improved Access to Treatment for Opioid Addictions Program" (IATOAP) in any area of the state and provide all services and functions of a physician assistant. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(9) Pursuant to section 334.104, RSMo, a supervising physician shall not enter into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7), RSMo.

[(7)](10) It is the responsibility of the supervising physician and licensed physician assistant to jointly review and document the work, records, and practice activities of the licensed physician assistant at least once every two (2) weeks. The supervising physician must review a minimum of ten percent (10%) of the physician assistant's patients' records every two (2) weeks and have documentation supporting the review. For nursing home practice, such review shall occur at least once a month. The documentation of this review shall be available to the Board of Registration for the Healing Arts for review upon request.

[(8)](11) If any provisions of these rules are deemed by the appropriate federal or state authority to be inconsistent with guidelines for federally funded clinics, individual provisions of these rules shall be considered severable and supervising physicians and licensed physician assistants practicing in such clinics shall follow the provisions of such federal guidelines in these instances. However, the remainder of the provisions of these rules not so affected shall remain in full force and effect for such practitioners.

*AUTHORITY: section 334.735, RSMo Supp. [2017] 2018. This rule originally filed as 4 CSR 150-7.135. Original rule filed Jan. 3, 1997, effective July 30, 1997. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2200—State Board of Nursing  
Chapter 4—General Rules**

**EMERGENCY AMENDMENT**

**20 CSR 2200-4.200 Collaborative Practice.** The board is amending the purpose statement and sections (2) and (3).

*PURPOSE: This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.*

*PURPOSE: In accordance with section 334.104, RSMo, this rule defines collaborative practice arrangement terms and delimits geographic areas; methods of treatment; review of services; and drug/device dispensing or distribution pursuant to prescription and implements the Utilization of Telehealth by Nurses as required by section 335.175, RSMo and APRN involvement in the “Improved Access to Treatment for Opioid Addictions Act” (IATOA) pursuant to sections 334.104 and 630.875, RSMo.*

*EMERGENCY STATEMENT: The Missouri State Board of Registration for the Healing Arts and the Missouri State Board of Nursing (boards) find that an immediate danger to the public health, safety, or welfare requires emergency action to increase access to Missourians who are in need of medication-assisted treatment due to a substance use disorder. In current regulation, an APRN can prescribe a Schedule III drug, for five (5) days. Patients receiving medication-assisted treatment are having to return to the provider (the APRN) every five (5) days for a new prescription. This places a burden on the patient and the patient’s support system, both financially and time wise. This rule change will permit APRNs to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician.*

*Additionally, this emergency amendment is necessary to preserve a compelling governmental interest that requires an early effective date by addressing the public’s access to healthcare to improve health outcomes, reduced health disparities, and lower healthcare expenditures. When Missourians have access to primary healthcare services and resources, their health problems are detected and treated earlier. The boards believe that procedures best calculated to assure fairness to all interested persons and parties in that the mileage restrictions have been discussed at several legislative hearings, at the Board of Nursing’s August 8, 2018 board meeting, and in the Board of Healing Arts’ March 9, 2017 mail ballot which provided adequate public notice for the proposed amendment. This emergency amendment limits its scope to the circumstances creating the emergency and complies with the protections extended by the Missouri and United States Constitutions. The board believes this emergency amendment to be fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 22, 2019, becomes effective March 4, 2019, and expires August 30, 2019.*

(2) Geographic Areas.

(B) The following shall apply in the use of a collaborative practice

arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the APRN is providing services pursuant to section 335.175, RSMo, no mileage limitation shall apply;

2. If the APRN is not providing services pursuant to section 335.175, RSMo, the collaborating physician and collaborating APRN shall practice within seventy-five (75) miles by road of one another[.]; and

3. Pursuant to section 630.875, RSMo, an APRN collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the “Improved Access to Treatment for Opioid Addictions Program” (IATOAP) in any area of the state and provide all services and functions of an APRN. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(D) A collaborating physician shall not enter into a collaborative practice arrangement with more than [three (3)] six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7), RSMo.

(3) Methods of Treatment.

(G) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the *United States Pharmacopeia* (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrieval dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating APRN;

8. An RN shall not, under any circumstances, prescribe drugs. The administering or dispensing of a controlled substance by an RN or APRN who has not been delegated authority to prescribe in a collaborative practice arrangement, pursuant to 19 CSR 30-1.066, shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient’s needs following verbal consultation between the collaborating physician and collaborating RN or APRN. The required consultation and the physician’s directions for the administering or dispensing of controlled substances shall be recorded in the patient’s chart and in the appropriate dispensing log. These recordings shall be made by the collaborating RN or APRN and shall

be cosigned by the collaborating physician following a review of the records;

9. In addition to administering and dispensing controlled substances, an APRN, as defined in section 335.016, RSMo, may be delegated the authority to prescribe controlled substances listed in **Schedule II-hydrocodone** and Schedules III, IV, and V of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in **Schedule II-hydrocodone** and Schedules III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. **When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the APRN shall comply with requirements set forth in section 195.080, RSMo. Schedule II-hydrocodone** and Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty- (120-) hour supply without refill. **An APRN may prescribe buprenorphine, a Schedule III controlled substance, for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.104 and 630.875, RSMo;**

10. An APRN may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step members are also included in family;

11. An APRN or RN in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

12. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the collaborating APRN to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

13. The medications to be administered, dispensed, or prescribed by a collaborating RN or APRN in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating RN or APRN.

*AUTHORITY: sections 334.104.3, 334.125, 335.036, and 335.175, RSMo 2016. This rule originally filed as 4 CSR 200-4.200. Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

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

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

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

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

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

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

Proposed Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

**Title 2—DEPARTMENT OF AGRICULTURE  
Division 80—State Milk Board  
Chapter 5—Inspections**

**PROPOSED AMENDMENT**

**2 CSR 80-5.010 Inspection Fees.** The board is amending the rule purpose and section (1).

*PURPOSE: This amendment is updating the inspection fee from fiscal year 2019 to 2020.*

*PURPOSE: This rule complies with section 196.945, RSMo, to set inspection fees for Fiscal Year [2019] 2020 for milk produced on farms inspected by the State Milk Board and milk imported from points beyond the limits of routine inspection.*

(1) The inspection fee for Fiscal Year [2019] 2020 (July 1, [2018] 2019–June 30, [2019] 2020) shall be five cents (5¢) per hundred

weight on milk produced on farms inspected by the State Milk Board or its contracted local authority and four and a half cents (4.5¢) per hundred weight on milk imported from areas beyond the points of routine inspection.

*AUTHORITY: section 196.939, RSMo 2016. Original rule filed April 12, 1977, effective Sept. 11, 1977. For intervening history, please consult the Code of State Regulations. Amended: Filed March 1, 2019.*

*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 of support of or in opposition to this proposed amendment with the Missouri Department of Agriculture, Amy Luecke, PO Box 630, Jefferson City, MO 65102 or by email to amy.luecke@mda.mo.gov. To be considered, comments must be received within thirty (30) days of publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 9—Wildlife Code: Confined Wildlife: Privileges,  
Permits, Standards**

**PROPOSED AMENDMENT**

**3 CSR 10-9.110 General Prohibition; Applications.** The commission proposes to amend subsection (3)(E), and subparagraphs (3)(H)2.A. and (3)(H)2.E. of this rule.

*PURPOSE: This amendment updates the scientific names of the Virile (or "Northern") crayfish and the Calico ("papershell") crayfish.*

(3) Fish and crayfish may be bought, sold, transported, propagated, taken, and possessed by any person without permit throughout the year in any number or size and by any method providing—

(E) Only the Virile (or "Northern") crayfish (*Orconectes faxonius virilis*) may be purchased for re-sale or sold for use as live bait. Live Virile (or "Northern") crayfish may not be imported into the state;

(H) Approved Aquatic Species List.

1. Fishes.

- A. Alligator gar (*Lepisosteus spatula*)
- B. American eel (*Anguilla rostrata*)
- C. Atlantic salmon (*Salmo salar*)
- D. Bighead carp (*Hypophthalmichthys nobilis*)
- E. Bigmouth buffalo (*Ictiobus cyprinellus*)
- F. Black bullhead (*Ameiurus melas*)
- G. Black crappie (*Pomoxis nigromaculatus*)
- H. Blue catfish (*Ictalurus furcatus*)
- I. Bluegill (*Lepomis macrochirus*)
- J. Blue sucker (*Cycleptus elongatus*)
- K. Bluntnose minnow (*Pimephales notatus*)
- L. Bowfin (*Amia calva*)
- M. Brook trout (*Salvelinus fontinalis*)
- N. Brown bullhead (*Ameiurus nebulosus*)
- O. Brown trout (*Salmo trutta*)
- P. Channel catfish (*Ictalurus punctatus*)



- Q. Coho salmon (*Oncorhynchus kisutch*)
- R. Common carp (*Cyprinus carpio*)
- S. Cutthroat trout (*Oncorhynchus clarkii*)
- T. Fathead minnow (*Pimephales promelas*)
- U. Flathead catfish (*Pylodictis olivaris*)
- V. Freshwater drum (*Aplodinotus grunniens*)
- W. Gizzard shad (*Dorosoma cepedianum*)
- X. Golden shiner (*Notemigonus crysoleucas*)
- Y. Golden trout (*Oncorhynchus aguabonita*)
- Z. Goldfish (*Carassius auratus*)
- AA. Grass carp (*Ctenopharyngodon idella*)
- BB. Green sunfish (*Lepomis cyanellus*)
- CC. Largemouth bass (*Micropterus salmoides*)
- DD. Longear sunfish (*Lepomis megalotis*)
- EE. Longnose gar (*Lepisosteus osseus*)
- FF. Mosquitofish (*Gambusia affinis*)
- GG. Muskellunge (*Esox masquinongy*)
- HH. Northern pike (*Esox lucius*)
- II. Orangespotted sunfish (*Lepomis humilis*)
- JJ. Paddlefish (*Polyodon spathula*)
- KK. Pumpkinseed (*Lepomis gibbosus*)
- LL. Quillback (*Carpionodes cyprinus*)
- MM. Rainbow trout (*Oncorhynchus mykiss*)
- NN. Redear sunfish (*Lepomis microlophus*)
- OO. River carpsucker (*Carpionodes carpio*)
- PP. Sauger (*Sander canadensis*)
- QQ. Shortnose gar (*Lepisosteus platostomus*)
- RR. Shovelnose sturgeon (*Scaphirhynchus platyrhynchus*)
- SS. Smallmouth bass (*Micropterus dolomieu*)
- TT. Spotted bass (*Micropterus punctulatus*)
- UU. Spotted gar (*Lepisosteus oculatus*)
- VV. Striped bass (*Morone saxatilis*)
- WW. Threadfin shad (*Dorosoma petenense*)
- XX. Walleye (*Sander vitreus*)
- YY. Warmouth (*Lepomis gulosus*)
- ZZ. White bass (*Morone chrysops*)
- AAA. White crappie (*Pomoxis annularis*)
- BBB. White sucker (*Catostomus commersoni*)
- CCC. Yellow bullhead (*Ameiurus natalis*)
- DDD. Yellow perch (*Perca flavescens*)

2. Crustaceans.

- A. Calico (“papershell”) crayfish (*[Orconectes] Faxonius immunis*)
- B. Freshwater prawn (*Macrabrachi um rosenbergii*)
- C. Pacific white shrimp (*Litopenaeus vannamei*)
- D. Red swamp crawfish (*Procambarus clarkii*)
- E. Virile (or “[n]Northern”) crayfish (*[Orconectes] Faxonius virilis*)
- F. White River crawfish (*Procambarus acutus*)

*AUTHORITY:* sections 40 and 45 of Art. IV, Mo. Const. and section 252.040, RSMo 2016. This rule was previously filed as 3 CSR 10-4.110(5), (6), and (10). Original rule filed June 26, 1975, effective July 7, 1975. For intervening history, please consult the *Code of State Regulations*. Amended: Filed March 1, 2019.

*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 Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department’s website at <http://short.mdc.mo.gov/Z49>. To be considered, com-

ments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 10—Wildlife Code: Commercial Permits:  
Seasons, Methods, Limits**

**PROPOSED AMENDMENT**

**3 CSR 10-10.743 Commercial Establishments.** The commission proposes to amend this rule and the authority section of this rule.

*PURPOSE:* This amendment removes bear from the list of wildlife which may be bought, possessed, transported, and sold by commercial establishments and corrects an inaccurate reference in the authority section of the rule.

Resident commercial establishments, when possession is accompanied by a valid invoice or bill of sale, may buy, possess, transport, and sell legally purchased and plainly marked dressed or processed pheasants, exotic partridges, quail, game bird eggs, [bear,] deer except white-tailed and mule deer, elk, moose, caribou, wild boar, live bait and frogs, and fish. Skinned furbearer carcasses and fish eggs may be sold at retail only.

*AUTHORITY:* sections 40 and 45 of Art. IV, Mo. Const. and section [252.240] 252.040, RSMo 2016. Original rule filed Aug. 16, 1973, effective Dec. 31, 1973. For intervening history, please consult the *Code of State Regulations*. Amended: Filed March 1, 2019.

*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 Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department’s website at <http://short.mdc.mo.gov/Z49>. 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 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**PROPOSED AMENDMENT**

**3 CSR 10-11.115 Closings.** The commission proposes to delete subsections (4)(A), (4)(B), and (4)(C) and add new subsections (4)(A)-(4)(E) to this rule.

*PURPOSE:* This amendment expands the list of department areas that close to public use during high water on the Mississippi River and re-orders the list for consistency.

- (4) The following department areas are closed during high waters:
  - [(A) On Donaldson Point Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above thirty-four feet (34') on the New Madrid gauge;

(B) On Seven Island Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above thirty feet (30') on the New Madrid gauge; and

(C) On Hornersville Swamp Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the water level is at or above thirty-eight feet (38') on the Little River Floodway Ditch No. 1 at Hornersville, MO, gauge.]

(A) On Black Island Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above twenty-eight feet (28') on the Caruthersville, MO, gauge;

(B) On Donaldson Point Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above thirty-four feet (34') on the New Madrid, MO, gauge;

(C) On Girvin (John L. and Georgia) Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above twenty-nine feet (29') on the New Madrid, MO, gauge;

(D) On Hornersville Swamp Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the water level is at or above thirty-eight feet (38') on the Little River Floodway Ditch No. 1 at Hornersville, MO, gauge; and

(E) On Seven Island Conservation Area, all public use is prohibited, except fishing and waterfowl hunting by boat, when the Mississippi River water level is at or above thirty feet (30') on the New Madrid, MO, gauge.

*AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. and section 252.040, RSMo 2016. This rule previously filed as 3 CSR 10-4.115. Original rule filed April 30, 2001, effective Sept. 30, 2001. For intervening history, please consult the Code of State Regulations. Amended: Filed March 1, 2019.*

*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 Regulations Committee Chairman, Department of Conservation, PO Box 180, Jefferson City, MO 65102-0180, or via the department's website at <http://short.mdc.mo.gov/Z49>. 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 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

### Division 240—Public Service Commission Chapter 20—Electric Utilities

#### PROPOSED AMENDMENT

**4 CSR 240-20.100 Electric Utility Renewable Energy Standard Requirements.** The commission is amending section (4).

*PURPOSE: This amendment incorporates provisions of SB 564, passed by the 99th General Assembly and signed by the governor on June 1, 2018.*

(4) Solar Rebate. Pursuant to sections 393.1030 and 393.1670, RSMo, and this rule, electric utilities shall include in their tariffs a

provision regarding retail account holder rebates for solar electric systems. These rebates shall be available to Missouri electric utility retail account holders who install new or expanded solar electric systems comprised of photovoltaic cells or photovoltaic panels. **As used in this section, customer means retail account holder.**

(D) Solar electric systems installed by retail account holders must consist of equipment that is commercially available and factory new when installed on the original account holder's premises, and the principal system components (i.e., photovoltaic modules and inverters) shall be covered by a functional warranty from the manufacturer for a minimum period of ten (10) years, unless determined otherwise by the commission, with the exception of solar battery components. Rebuilt, used, or refurbished equipment is not eligible to receive the rebate.

**1. Solar rebates made available prior to January 1, 2019, [For any applicable retail account, rebates]** shall be limited to twenty-five (25) kW **for any applicable retail account.** Retail accounts which have been awarded rebates for an aggregate of less than twenty-five (25) kW shall qualify to apply for rebates for system expansions up to an aggregate of twenty-five (25) kW. Systems greater than twenty-five (25) kW but less than one hundred (100) kW in size shall be eligible for a solar rebate up to the twenty-five (25) kW limit of this section.

**2. Solar rebates for systems that become operational after January 1, 2019 shall be available for new or expanded solar electric systems up to twenty-five (25) kW for residential customers and one hundred and fifty (150) kW for non-residential customers. Residential net-metered solar electric systems greater than twenty-five (25) kW but less than one hundred (100) kW in size shall be eligible for a solar rebate up to the twenty-five (25) kW limit of this section. Customers shall be eligible for rebates on new or expanded systems for the increment of new or expanded capacity and not for capacity on which rebates offered under any other provision of law have previously been paid, up to the system kilowatt limits outlined in this section.**

(E) *[The s/]*Solar electric systems which are less than 100 kW in size shall meet all requirements of 4 CSR 240-20.065, Net Metering.

(L) The electric utility shall provide the solar rebate payment to qualified customer-generators within thirty (30) days of confirming the customer-generator's solar electric system is operational. Consistent with 4 CSR 240-20.065(9), customer-generators have up to twelve (12) months from when they receive notice of approval of their Interconnection Application/Agreement for Net Metering Systems with Capacity of One Hundred Kilowatts (100 kW) or less for the utility to confirm the customer-generator's solar electric system is operational.

1. The solar rebates per installed watt *[up to a maximum of twenty-five kilowatts (25 kW) per retail account]* are—

A. \$2.00 per watt for systems operational on or before June 30, 2014;

B. \$1.50 per watt for systems operational between July 1, 2014 and June 30, 2015 (inclusive);

C. \$1.00 per watt for systems operational between July 1, 2015 and June 30, 2016 (inclusive);

D. \$0.50 per watt for systems operational between July 1, 2016 and June 30, 2019 (inclusive);

E. \$0.25 per watt for systems operational between July 1, 2019 and *[June 30, 2020]* **December 31, 2023.** (inclusive); *and]*

*[F. \$0.00 per watt for systems operational after June 30, 2020.]*

*[G./F. An electric utility may offer solar rebates after [July 1, 2020] December 31, 2023 through a commission-approved tariff.*

(M) Any future payment of valid solar rebate applications, queued for payment prior to August 28, 2018, shall not count toward the annual or aggregate limits prescribed in section 393.1670(1) RSMo.

(N) For electric utilities with less than two hundred thousand (200,000) Missouri retail customers—

1. Solar rebate payments made prior to January 1, 2019 shall be limited to twenty-five (25) kW for both residential and non-residential customers; and

2. In the event the limit has been reached, the electric utility shall continue to process and pay solar rebates until the electric utility meets or exceeds the retail rate impact limits of section (5) of this rule. However, these solar rebates shall be limited to twenty-five (25) kW for both residential and non-residential customers.

*[(M)](O)* An electric utility may, through its tariff, require applications for solar rebates to be submitted up to one hundred eighty-two (182) days prior to the June 30 operational dates. The electric utility will pay the pre-June 30 rebate amount as defined in this subsection to customer-generators who comply with the submission and system operational requirements on or before June 30 of the following year. Customer-generators that fail to meet the submission or system operational requirements on or before the June 30 date will receive the post-June 30 rebate amount if the electric utility confirms their solar electric systems are operational within one (1) year of their application. If a customer has satisfied all of the System Completion Requirements by June 30 of indicated years, but the electric utility is not able to complete all of the electric utility's steps needed to establish an Operational Date on or before June 30, the rebate rate will be determined as though the Operational Date was June 30. If it is subsequently determined that the customer or the System did not satisfy all Completion Requirements required of the customer on or before June 30, the rebate rate will be determined based on the Operational Date.

*[(N)](P)* Unless the commission orders otherwise, if the electric utility meets or exceeds the retail rate impact limits of section (5) of this rule, the solar rebates shall be paid *[on a first-come, first-served basis,]* as determined by the solar system operational date. Any solar rebate applications that are not honored in a particular calendar year due to the requirements of this subsection shall be *[the first-come, first-served applications]* considered in the following calendar year.

*[(O)](Q)* An electric utility shall maintain on its website, current information related to—

1. The electric utility's solar rebate application and review processes, including standards for determining application eligibility;
2. The solar rebate amount associated with pending applications that have been submitted, but not yet reviewed;
3. The current level of solar rebate payments; and
4. The rebate amount associated with applications that are approved, but where the solar electric system is not yet operational.

*AUTHORITY:* section 393.1030, RSMo Supp. [2013] 2018, and sections 386.040 and 386.250, RSMo [2000] 2016. Original rule filed Jan. 8, 2010, effective Sept. 30, 2010. Amended: Filed March 25, 2015, effective Nov. 30, 2015. Amended: Filed Feb. 27, 2019.

*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 OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to the proposed amendment with the Missouri Public Service Commission, Morris L. Woodruff, Secretary of the Commission, 200 Madison Street, PO Box 360, Jefferson City MO 65102-0360. To be considered, comments must be received at the commission's offices on or before May 1, 2019, and should include a reference to Commission Case No. EX-2019-0050. Comments may also be submitted via a filing using the commission's electronic filing and infor-

mation system at <http://www.psc.mo.gov/efis.asp>. A public hearing is scheduled for May 7, 2019 at 10:00 a.m., in Room 310 of the Governor Office Building, 200 Madison St., Jefferson City, Missouri. Interested persons may appear at this hearing to submit additional comments and/or testimony in support of or in opposition to this proposed amendment, and may be asked to respond to commission questions. Any persons with special needs, as addressed by the Americans with Disabilities Act, should contact the Missouri Public Service Commission at least ten (10) days prior to the hearing at one (1) of the following numbers: Consumer Services Hotline 1-800-392-4211 or TDD Hotline 1-800-829-7541.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 10—Adjutant General  
Chapter 11—State Emergency Management Agency**

**PROPOSED RESCISSION**

**11 CSR 10-11.010 Emergency Operations Plan (State).** This rule established the State Emergency Management Agency, Office of the Adjutant General as the authority to establish a plan to organize state government in order to respond in an emergency and to provide guidance to state agencies and local political subdivisions in the preparation of disaster plans of their own.

*PURPOSE:* This rule is being rescinded because it is unnecessary as it duplicates language in sections 44.010 to 44.130, RSMo.

*AUTHORITY:* sections 44.010 to 44.130, RSMo (1994). Original rule filed Sept. 10, 1969, effective Sept. 20, 1969. Amended: Filed Feb. 4, 1983, effective May 15, 1983. Filed Jan. 9, 1996, effective July 30, 1996. Rescinded: Filed March 1, 2019.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 10—Adjutant General  
Chapter 11—State Emergency Management Agency**

**PROPOSED RESCISSION**

**11 CSR 10-11.020 Emergency Operations Plan (State).** This rule established the State Emergency Management Agency, Office of the Adjutant General as the authority to establish a plan for emergency management of resources.

*PURPOSE:* This rule is being rescinded because it is unnecessary as it duplicates language in sections 44.010 to 44.130, RSMo.

*AUTHORITY:* sections 44.010 to 44.130, RSMo 2000 and Supp. 2003. Original rule filed Dec. 20, 1966, effective Dec. 30, 1966. For intervening history, please consult the Code of State Regulations. Rescinded: Filed March 1, 2019.

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 10—Adjutant General  
Chapter 11—State Emergency Management Agency**

**PROPOSED RESCISSION**

**11 CSR 10-11.040 Missouri Disaster Fund.** This rule established definitions, eligibility and procedures for providing assistance to state agencies, political subdivisions and individuals who have suffered losses resulting from disaster which has imposed a severe financial burden and imposed a hardship which exceeds ordinary or expected impact on their capacity to restore basic/essential services or materials needed for essential functions.

*PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.032, RSMo.*

*AUTHORITY: section 44.032, RSMo (1986). Original rule filed Jan. 6, 1986, effective April 14, 1986. Rescinded: Filed March 1, 2019.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 10—Adjutant General  
Chapter 11—State Emergency Management Agency**

**PROPOSED RESCISSION**

**11 CSR 10-11.050 Definitions.** This rule established definitions of terminology used in the Missouri Disaster Fund Rules.

*PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in sections 44.010 - 44.032, RSMo.*

*AUTHORITY: section 44.032, RSMo (1986). Original rule filed Jan. 6, 1986, effective April 14, 1986. Rescinded: Filed March 1, 2019.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 10—Adjutant General  
Chapter 11—State Emergency Management Agency**

**PROPOSED RESCISSION**

**11 CSR 10-11.070 Political Subdivision Assistance.** This rule established the eligibility of political subdivisions for assistance of disaster expenses from the Missouri Disaster Fund.

*PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.032, RSMo.*

*AUTHORITY: section 44.032, RSMo 2000. Original rule filed Jan. 6, 1986, effective April 14, 1986. Amended: Filed March 20, 1989, effective June 29, 1989. Amended: Filed March 4, 2004, effective Sept. 30, 2004. Rescinded: Filed March 1, 2019.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 10—Adjutant General  
Chapter 11—State Emergency Management Agency**

**PROPOSED RESCISSION**

**11 CSR 10-11.090 Procedures for Submitting Requests.** This rule established procedures which shall be followed to apply for assistance by state agencies, political subdivisions and individuals to receive assistance from the Missouri Disaster Fund.

*PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.032, RSMo.*

*AUTHORITY: section 44.032, RSMo (1986). Original rule filed Jan. 6, 1986, effective April 14, 1986. Amended: Filed March 20, 1989, effective June 29, 1989. Rescinded: Filed March 1, 2019.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 10—Adjutant General  
Chapter 11—State Emergency Management Agency**

**PROPOSED RESCISSION**

**11 CSR 10-11.100 Major Disasters, Presidentially Declared.** This rule clarified and differentiated assistance from the Missouri Disaster Fund and federal assistance which may be available when a federal disaster is declared.

*PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.032, RSMo.*

*AUTHORITY: section 44.032, RSMo 2000. Original rule filed Jan. 6, 1986, effective April 14, 1986. Amended: Filed March 4, 2004, effective Sept. 30, 2004. Rescinded: Filed March 1, 2019.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 10 Adjutant General  
Chapter 11—State Emergency Management Agency**

**PROPOSED RESCISSION**

**11 CSR 10-11.110 Limitations.** This rule established limits of expenditure from the fund for each disaster declaration or emergency.

*PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.032, RSMo.*

*AUTHORITY: section 44.032, RSMo 2000. Original rule filed Jan. 6, 1986, effective April 14, 1986. Amended: Filed March 20, 1989, effective June 29, 1989. Amended: Filed March 4, 2004, effective Sept. 30, 2004. Rescinded: Filed March 1, 2019.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 10—Adjutant General  
Chapter 11—State Emergency Management Agency**

**PROPOSED RESCISSION**

**11 CSR 10-11.120 Volunteer Inspectors Administrative Plan (State).** The State Emergency Management Agency, Office of the Adjutant General had the authority to establish a plan to establish and administer an emergency volunteer program to be activated in the event of a catastrophic earthquake or other natural disaster whereby volunteer architects and professional engineers registered under Chapter 327, RSMo may volunteer their services to determine whether or not buildings have been affected as required by section 44.023, RSMo.

*PURPOSE: This rule is being rescinded because it is unnecessary as it duplicates language in section 44.023, RSMo*

*AUTHORITY: section 44.023, RSMo Supp. 2003. Original rule filed March 31, 1994, effective Sept. 30, 1994. Amended: Filed March 4, 2004, effective Sept. 30, 2004. Rescinded: Filed March 1, 2019.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register.*

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 30—Office of the Director  
Chapter 1—General Organization**

**PROPOSED AMENDMENT**

**11 CSR 30-1.010 Organization and Operations.** The director is amending sections (3) and (5).

*PURPOSE: This rule is being amended to accurately reflect the organization of the department.*

(3) The Department of Public Safety [is divided into eight (8) major units. These units include three (3) planning or support units for public safety activities, four (4) law enforcement units and the adjutant general's office.

(A) Planning and Support Units.

1. Division of staff services. This office is headed by a

director of staff services employed by and directly responsible to the director of public safety. This office is re-sponsible for overall coordination and unified budgeting within the Department of Public Safety. This office is responsible for the implementation of programs and procedures involving personnel, payrolls, accounts, purchases and contracts; for monitoring the expenditure of all budgeted funds; and for the collection and dissemination of information necessary for the efficient operation and management of the Department of Public Safety. This office enables the director to evaluate and pursue department-wide priorities and provides effective management tools for the director of public safety to ensure intradepartmental efficiency and accessibility to pertinent information for review and research purposes. It is through this office that the director is able to eliminate waste and duplication, promote coordination and cooperation in the public safety area and streamline the delivery of necessary services.

2. *Missouri Council on Criminal Justice.* The Missouri Council on Criminal Justice was created by the director of the department. The members of this council are appointed by the director. This council has been designated by the governor as the state planning agency required by the Omnibus Crime Control and Safe Streets Act of 1968 as amended in 1973, Public Law 93-83. This council has the power to approve or disapprove the allocation of all grants issued through the Law Enforcement Assistance Administration. The director of public safety is responsible for providing staff assistance to the Missouri Council on Criminal Justice. This staff is headed by an executive director employed by and directly responsible to the director of public safety.

3. *Division of Highway Safety.* The Division of Highway Safety is headed by a director employed by and directly responsible to the director of public safety. This division administers Missouri's comprehensive highway safety program which is designed to implement the National Highway Traffic Safety Act, Public Law 93-643 and is responsible for the allocation of federal funds in accordance with this comprehensive plan and applicable state and federal law.

(B) *Law Enforcement Units:* The law enforcement activities of the Department of Public Safety are carried out through four (4) separate divisions, the Missouri State Highway Patrol, the Division of Liquor Control, the Division of Water Safety and the State Fire Marshal.

1. The State Highway Patrol is headed by a superintendent appointed by the governor with the advice and consent of the senate. The superintendent is directly responsible to the director of public safety. This division is primarily responsible for enforcing the laws on the state's highways as specified in Chapter 43, RSMo.

2. The Division of Liquor Control is headed by a supervisor nominated by the director of the Department of Public Safety and appointed by the governor with the advice and consent of the senate. The supervisor of liquor control is directly responsible to the director of public safety. This division is primarily responsible for the enforcement of liquor laws in the state of Missouri as specified in Chapters 311 and 312, RSMo.

3. The Division of Water Safety is headed by a commissioner appointed by the governor with the advice and consent of the senate. The commissioner is directly responsible to the director of public safety. This division is primarily responsible for enforcing the laws of Missouri on the state's waterways as specified in Chapter 306, RSMo.

4. The State Fire Marshal's office is headed by a state fire marshal appointed by and directly responsible to the director of public safety. This office is responsible for the investigation of suspicious fires and explosions and the

development of information which will lead to the arrest and prosecution of persons who have committed criminal arson as specified in Chapter 320, RSMo. In addition, the State Fire Marshal's office is authorized under sections 292.600-292.625, RSMo to administer the state and federal Emergency Planning and Community Right-to-Know Act.

(C) *The Adjutant General.*

1. The adjutant general and the state militia are assigned to the Department of Public Safety. The adjutant general is appointed by the governor with the advice and consent of the senate and is responsible to the governor who serves as commander-in-chief of the state militia.

2. The adjutant general's office and the Department of Public Safety cooperate in the development and implementation of plans to prepare against civil disturbances, natural disasters and other emergency situations and to provide assistance following these events.] carries out its programs through the following major administrative divisions and units:

(A) Office of the Director is responsible for the overall coordination and unified budgeting within the department. This office is responsible for the implementation of programs and procedures involving personnel, payroll, accounting, purchasing and contracts. The director's office also manages the Criminal Justice/Law Enforcement Unit, Peace Officer Standards and Training Unit, Crime Victims Services Unit, Crime Victims' Compensation Program, Missouri Office of Homeland Security, Juvenile Justice, and the Missouri Statewide Interoperability Center;

(B) Alcohol and Tobacco Control Division is responsible for the enforcement of liquor and tobacco control laws in the state of Missouri as specified in Chapters 311 and 312, RSMo;

(C) Capitol Police Division is the primary law enforcement agency for the Capitol Complex. Officers patrol buildings and grounds and respond to medical emergencies, traffic accidents, and security and fire alarms. The division also provides residential security at the Missouri Governor's Mansion;

(D) Fire Safety Division is responsible for the investigation of suspicious fires and explosions, performing fire safety inspections, regulating the manufacturing and sale of fireworks in Missouri, conducting safety inspections of boiler and pressure vessels, elevator and amusement ride safety, and firefighter training and certification;

(E) Gaming Commission regulates charitable gaming, riverboat casino gaming, and fantasy sports contests in Missouri and ensures the integrity of the gaming industry;

(F) Missouri State Highway Patrol Division is empowered to enforce traffic laws and promote safety upon Missouri highways and waterways. The division also provides executive protection to the Governor and First Family, aircraft operations, criminal investigation, law enforcement information systems, and education and training;

(G) Office of the Adjutant General, in cooperation with the Department of Public Safety, is responsible for the development and implementation of plans to prepare against civil disturbances, natural disasters and other emergency situations, and provides assistance during and following these events;

(H) State Emergency Management Agency teaches Missourians how to prepare for natural disasters, responds with assistance during a disaster, and provides recovery resources following a disaster; and

(I) Veterans Commission provides benefits, assistance, skilled nursing care, and interment of eligible veterans in Missouri.

(5) Any person desiring information or assistance on any matter

falling within the jurisdiction of the Department of Public Safety should contact the Director of Public Safety, [1101 Riverside Drive] P[.JO[.] Box 749, Jefferson City, MO 65102, phone (573) 751-4905.

*AUTHORITY:* section 536.023, RSMo [1986] 2016. Original rule filed Dec. 31, 1975, effective Jan. 10, 1976. Amended: Filed Nov. 16, 1993, effective June 6, 1994. Amended: Filed March 1, 2019.

*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 Department of Public Safety, ATTN: Nathan Weinert, PO Box 749, Jefferson City, MO 65102. 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 11—DEPARTMENT OF PUBLIC SAFETY  
Division 30—Office of the Director  
Chapter 1—General Organization**

**PROPOSED RESCISSION**

**11 CSR 30-1.050 Approval of Motor Vehicle Safety Standard for Child Restraint System.** This established a rule relating to approval of child restraint systems for use in Missouri.

*PURPOSE:* This rule is being rescinded because it is no longer needed. The Missouri State Highway Patrol concurs that rescinding the rule will not affect their enforcement of the child restraint law.

*AUTHORITY:* sections 210.104—210.107, RSMo Supp. 1993. Original rule filed June 10, 1985, effective Aug. 26, 1985. Rescinded: Filed March 1, 2019.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 30—Office of the Director  
Chapter 10—Amber Alert**

**PROPOSED RESCISSION**

**11 CSR 30-10.010 Definitions for the Amber Alert.** This rule defined terms used in the rules for activating an Amber Alert.

*PURPOSE:* This rule is being rescinded because it is duplicative of state statutes and not required for the operation of the Amber Alert

System.

*AUTHORITY:* section 210.1014, RSMo Supp. 2005. Original rule filed Oct. 3, 2005, effective March 30, 2006. Rescinded: Filed March 1, 2019.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Public Safety, Director's Office, PO Box 749, Jefferson City, MO 65102-0749. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 30—Office of the Director  
Chapter 16—Higher Education Memorandums  
of Understanding**

**PROPOSED RULE**

**11 CSR 30-16.010 Higher Education Memorandums of Understanding**

*PURPOSE:* This rule facilitates the implementation of section 173.2050, RSMo.

(1) Definitions.

(A) "Assessment" is a survey that includes the following:

1. Distributing a copy of section 173.2050, RSMo, to institutions; and
2. Requesting that institutions report to the department whether they have complied with section 173.2050, RSMo.

(B) "Department" is the Department of Public Safety, Office of the Director.

(C) "Public institution of higher education" or "institution" is any public community college, public college, or public university located in the state of Missouri.

(2) An assessment is to be conducted by the department, and the results are to be published on the department's website.

(3) Following the assessment, any institution entering into or revoking a memorandum of understanding pursuant to section 173.2050, RSMo, is to notify the department within sixty (60) days of such action. The department is to update its website to reflect this change.

*AUTHORITY:* section 173.2050, RSMo 2016. Original rule filed March 1, 2019.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Public Safety, ATTN: Nathan Weinert, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be

received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**

**Division 73—Missouri Board of Nursing Home Administrators**

**Chapter 2—General Rules**

**PROPOSED RULE**

**19 CSR 73-2.011 Fee Waiver for Military Families and Low-Income Individuals**

*PURPOSE:* This rule complies with section 324.015.6, RSMo, which requires the Board of Nursing Home Administrators to promulgate rules to implement the provisions of section 324.015, RSMo, the waiver of occupational fees for military families and low-income individuals for a period of two (2) years.

(1) For purposes of this regulation, all terms shall have the same definition as contained in section 324.015.1, RSMo.

(2) Individuals seeking a waiver must apply with the Board of Nursing Home Administrators in writing and include documentation that establishes eligibility for the waiver pursuant to section 324.015, RSMo.

*AUTHORITY:* section 324.015, RSMo Supp. 2018. Emergency rule filed Feb. 21, 2019, effective March 3, 2019, expires Aug. 29, 2019. Original rule filed Feb. 21, 2019.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the Board of Nursing Home Administrators, Sally McKee, Board Coordinator, PO Box 570, Jefferson City, MO 65102, or via email at sally.mckee@health.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 2015—Acupuncturist Advisory Committee**

**Chapter 1—General Rules**

**PROPOSED AMENDMENT**

**20 CSR 2015-1.030 Fees.** The committee is amending subsection (3)(B).

*PURPOSE:* This amendment reduces the biennial renewal fee.

(3) The fees are established as follows:

(B) Acupuncturist Biennial Renewal Fee    [~~\$ 125.00~~] **\$100.00**

*AUTHORITY:* sections 324.481, [324.487,] 324.490, and 324.493, RSMo 2016, and section 324.487, RSMo Supp. 2018. This rule originally filed as 4 CSR 15-1.030. Original rule filed July 24, 2001,

effective Feb. 28, 2002. Amended: Filed March 15, 2004, effective Sept. 30, 2004. Amended: Filed Feb. 15, 2005, effective Aug. 30, 2005. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 28, 2019.

*PUBLIC COST:* This proposed amendment will cost state agencies three thousand five hundred dollars (\$3,500) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*PRIVATE COST:* This proposed amendment will save private entities approximately three thousand five hundred dollars (\$3,500) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Acupuncturist Advisory Committee, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-0735, or via email at acupuncture@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.



**PUBLIC FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
Division 2015 - Acupuncturist Advisory Committee  
Chapter 1 - General Rules  
Proposed Amendment to 20 CSR 2015-1.030 Fees**

**II. SUMMARY OF FISCAL IMPACT**

**Estimated Fiscal Impact**

Affected Agency or Political Subdivision	Estimated Revenue	
Acupuncturist Advisory Committee	<b>(\$3,500)</b>	
	<b>Estimated Loss of Revenue Biennially for the Life of the Rule</b>	<b>(\$3,500)</b>

**III. WORKSHEET**

See Private Entity Fiscal Note

**IV. ASSUMPTION**

1. The total loss of revenue is based on the cost savings reflected in the Private Entity Fiscal Note filed with this amendment.
2. The committee utilizes a rolling five year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five year analysis, the committee voted on a \$25 reduction in renewal fees.
3. It is anticipated that the total decrease in revenue will recur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

## PRIVATE FISCAL NOTE

## I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2015 - Acupuncturist Advisory Committee

Chapter 1 - General Rules

Proposed Amendment to 20 CSR 2015-1.030 Fees

## II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the amendment by affected entities:
140	Acupuncturist Biennial Renewal Fee (Decrease @ \$25)	\$3,500
	<b>Estimated Biennial Cost Savings for the Life of the Rule</b>	<b>\$3,500</b>

## III. WORKSHEET

See Table Above

## IV. ASSUMPTION

1. The above figures are based on FY19-21 projections and numbers of licenses subject to renewal.
2. It is anticipated that the total fiscal savings will recur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2040—Office of Athletics  
Chapter 2—Licenses and Permits**

**PROPOSED AMENDMENT**

**20 CSR 2040-2.011 Licenses.** The office is amending sections (3)-(5) and adding new section (9).

*PURPOSE: This amendment adds amateur kickboxing as prescribed in House Bill 1388 signed into law and effective August 28, 2018 and the expiration date for licenses.*

(3) An applicant for a professional boxing, professional wrestling, professional **and amateur** kickboxing, professional full-contact karate, professional mixed martial arts, and amateur mixed martial arts contestant license shall submit to any medical examination or testing ordered by the office.

(4) Each contestant shall consistently use the same name in contests and provide the office with the contestant's legal name and the ring name, if any, to be used in a professional boxing, professional wrestling, professional **and amateur** kickboxing, professional full-contact karate, professional mixed martial arts, and amateur mixed martial arts bout. The inspector may require all contestants to present photo identification prior to competing in the contest.

(5) Licensees must comply with all applicable federal regulations governing professional boxing, professional wrestling, professional **and amateur** kickboxing, professional full-contact karate, professional mixed martial arts, and amateur mixed martial arts.

**(9) All licenses expire on June 30 of each even numbered year following the date of issuance.**

*AUTHORITY: section 317.006, RSMo [2016] Supp. 2018. This rule originally filed as 4 CSR 40-2.011. Original rule filed April 30, 1982, effective Sept. 11, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 28, 2019.*

*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 Office of Athletics, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-5649, or via email at athletic@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 2040—Office of Athletics  
Chapter 2—Licenses and Permits**

**PROPOSED AMENDMENT**

**20 CSR 2040-2.021 Permits.** The office is amending sections (1) and (2).

*PURPOSE: This rule is being amended to implement House Bill 1388 signed into law and effective August 28, 2018 and incorporates permit information from 20 CSR 2040-8.030.*

(1) The promoter shall obtain a separate permit for each contest from the office prior to each contest. The request for the permit must be received by the office no later than ten (10) business days before the date of a contest. The office will not approve permits for—

(A) Bouts between members of the opposite sex for professional **and amateur** boxing, professional kickboxing, [or] professional full-contact karate, **or professional and amateur mixed martial arts;** [or]

(B) Bouts between human contestants and nonhumans[.];

(C) **Bouts between professional and amateur contestants; or**

(D) **Contests with more than two (2) contestants competing in the same bout.**

(2) Fees for professional boxing, professional **and amateur** kickboxing, professional full-contact karate, professional mixed martial arts and amateur mixed martial arts permits are twenty-five dollars (\$25) per contest per day. Professional and amateur combined events permit fee is twenty-five dollars (\$25) per contest per day. Fees for wrestling permits are one hundred fifty dollars (\$150) per contest per day.

*AUTHORITY: sections 317.006 and 317.011.1, RSMo [2016] Supp. 2018. This rule originally filed as 4 CSR 40-2.021. Original rule filed April 30, 1982, effective Sept. 11, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 28, 2019.*

*PUBLIC COST: This proposed amendment will increase the fund for the Office of Athletics approximately one hundred twenty-five dollars (\$125) annually for the life of the rule. It is anticipated that this increase will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*PRIVATE COST: This proposed amendment will cost private entities approximately one hundred twenty-five dollars (\$125) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of Athletics, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-5649, or via email at athletic@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**PUBLIC FISCAL NOTE****I. RULE NUMBER**

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration**  
**Division 2040 - Office of Athletics**  
**Chapter 2 - Licenses and Permits**  
**Proposed Amendment to 20 CSR 2040-2.021 - Permits**

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Increase of Revenue	
Office of Athletics	<b>\$125</b>	
	<b>Estimated Increased Revenue Annually for the Life of the Rule</b>	<b>\$125</b>

**III. WORKSHEET**

See Private Entity Fiscal Note

**IV. ASSUMPTION**

1. The total revenue increase is based on the costs to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees.

**PRIVATE FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
Division 2040 - Office of Athletics  
Chapter 2 - Licenses and Permits  
Proposed Amendment to 20 CSR 2040-2.021 - Permits**

**II. SUMMARY OF FISCAL IMPACT**

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost for the life of the rule by affected entities:
5	Event Permit ( Fee @ \$25)	\$125
<b>Estimated Cost of Compliance Annually for the Life of the Rule</b>		<b>\$125</b>

**III. WORKSHEET**

See Table Above

**IV. ASSUMPTION**

1. The above figures are based on FY 2019 projections.
2. It is anticipated that the total fiscal costs will occur beginning in FY2019, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2040—Office of Athletics  
Chapter 8—Mixed Martial Arts**

**PROPOSED RESCISSION**

**20 CSR 2040-8.020 Licensing.** This rule established licensing guidelines and criteria for professional mixed martial arts.

*PURPOSE: This rule is being rescinded to consolidate licensure requirements into 20 CSR 2040-2.011.*

*AUTHORITY: sections 317.001 and 317.006, RSMo 2016. Original rule filed April 3, 2007, effective Oct. 30, 2007. Amended: Filed March 20, 2018, effective Sept. 30, 2018. Rescinded: Filed Feb. 28, 2019.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Office of Athletics, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-5649, or via email at athletic@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 2040—Office of Athletics  
Chapter 8—Mixed Martial Arts**

**PROPOSED RESCISSION**

**20 CSR 2040-8.030 Event Permits.** This rule established guidelines and criteria for obtaining an event permit for a professional mixed martial arts contest in Missouri.

*PURPOSE: This rule is being rescinded and consolidated into 20 CSR 2040-2.021.*

*AUTHORITY: sections 317.001 and 317.006, RSMo 2016. Original rule filed April 3, 2007, effective Oct. 30, 2007. Amended: Filed March 20, 2018, effective Sept. 30, 2018. Rescinded: Filed Feb. 28, 2019.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Office of Athletics, PO Box 1335, Jefferson City, MO 65102, by facsimile at 573-751-5649, or via email at athletic@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 2110—Missouri Dental Board  
Chapter 2—General Rules**

**PROPOSED AMENDMENT**

**20 CSR 2110-2.010 Licensure by Examination—Dentists.** The board is amending subsection (1)(C) and adding new section (5).

*PURPOSE: This amendment specifies the skills that a dentist shall be tested on to qualify for licensure.*

(1) To qualify for licensure as set out in sections 332.131 and 332.151, RSMo, each applicant shall—

(C) Have passed a state or regional entry-level competency examination (hereinafter referred to as a competency examination) within the previous five (5) years, subject to sections (3) and (5) below of this rule; and

(5) Effective January 1, 2021, competency examinations shall be administered by any of the following: the Central Regional Dental Testing Service (CRDTS), the Commission on Dental Competency Assessments (CDCA), the Western Regional Examining Board (WREB), the Southern Regional Testing Agency (SRTA), the Council of Interstate Testing Agencies (CITA), or by an individual state dental board. The tested procedures are to be patient based, manikin based, or a combination of both.

(A) Applicants for licensure shall obtain a passing score of seventy-five percent (75%) or above in each of the following areas:

1. Periodontics clinical skills testing;
2. Endodontics clinical skills testing;
3. Posterior class II amalgam or posterior class II composite preparation and restoration clinical skills testing;
4. Anterior class III composite preparation and restoration clinical skills testing;
5. Anterior tooth preparation for a single unit crown; and
6. Posterior tooth preparations for use as abutments for a three unit bridge.

(B) In addition to the foregoing requirements an applicant for licensure shall successfully complete written or didactic competency testing from any of the following: the Central Regional Dental Testing Service (CRDTS), the Commission on Dental Competency Assessments (CDCA), the Western Regional Examining Board (WREB), the Southern Regional Testing Agency (SRTA), the Council of Interstate Testing Agencies (CITA), or from an individual state dental board on the following:

1. Removable prosthetics;
2. Diagnosis and treatment planning; and
3. Oral surgery.

(C) Competency examinations administered by one of the foregoing clinical competency testing entities or a state dental board shall provide the following elements:

1. Anonymity between candidates and examination raters;
2. Standardization and calibration of raters; and
3. A mechanism for post-exam analysis.

*AUTHORITY: sections 332.031, 332.141, 332.151, and 332.181, RSMo 2016. This rule originally filed as 4 CSR 110-2.010. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed*

Feb. 28, 2019.

*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 Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at 573-751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

*PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately thirty-seven thousand dollars (\$37,000) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*PRIVATE COST: This proposed amendment will save private entities approximately thirty-seven thousand dollars (\$37,000) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@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 2150—State Board of Registration for the  
Healing Arts**

**Chapter 2—Licensing of Physicians and Surgeons**

**PROPOSED AMENDMENT**

**20 CSR 2150-2.080 Physician Licensure Fees.** The board is amending section (1).

*PURPOSE: This rule is being amended to decrease the licensing fees for assistant physicians as passed in Senate Bill 718 (2018) passed by the 99th General Assembly.*

(1) The following fees are established by the State Board of Registration for the Healing Arts:

(A) Physician

- 1. Assistant Physician
  - A. Licensure Fee [~~\$300~~] **\$25**
  - B. Renewal Fee [~~\$135~~] **\$25**
  - C. Prescriptive Authority Fee [~~\$ 50~~] **\$25**
- 2. Contiguous State License
  - A. Licensure Fee \$ 25
  - B. Renewal Fee \$ 25
- 3. Limited License
  - A. Licensure Fee \$ 25
  - B. Renewal Fee \$ 25
- 4. Permanent Physician
  - A. Licensure Fee \$ 75
  - B. Reinstatement Fee \$ 75
  - C. Renewal Fee \$100
- 5. Temporary Physician
  - A. Conditional Temporary License Fee \$ 25
  - B. Temporary License Fee \$ 25
  - C. Temporary License Renewal Fee \$ 25
- 6. Visiting Professor
  - A. Licensure Fee \$ 25
  - B. Renewal Fee \$ 25

*AUTHORITY: sections 334.090.2 and 334.125, RSMo 2016. This rule originally filed as 4 CSR 150-2.080. Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 8, 1981. Original rule filed July 14, 1981, effective Oct. 11, 1981. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Feb. 22, 2019, effective March 4, 2010, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.*

## PUBLIC FISCAL NOTE

## I. RULE NUMBER

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration**  
**Division 2150 - State Board of Registration for the Healing Arts**  
**Chapter 2 - Licensing of Physicians and Surgeons**  
**Proposed Rule - 20 CSR 2150-2.080 Physician Licensure Fees.**

## II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
State Board of Registration for the Healing Arts		\$37,000
	<b>Total Loss of Revenue Annually for the Life of the Rule</b>	<b>\$37,000</b>

## III. WORKSHEET

See Private Entity Fiscal Note

## IV. ASSUMPTIONS

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in individual annual renewal fees for Board of Registration of Healing Arts licensees.



**PRIVATE FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
Division 2150 - State Board of Registration for the Healing Arts  
Chapter 2 - Licensing of Physicians and Surgeons  
Proposed Rule - 20 CSR 2150-2.080 Physician Licensure Fees.**

**II. SUMMARY OF FISCAL IMPACT**

Classification by types of the business entities which would likely be affected:	Current Fee	Proposed Fee	Estimate of the Number of Affected Entities	Estimated Cost Savings
Assistant Physician Licensure Fee	\$ 300.00	\$ 25.00	70	\$ 19,250.00
Assistant Physician Renewal Fee	\$ 135.00	\$ 25.00	150	\$ 16,500.00
Prescriptive Authority Fee	\$ 50.00	\$ 25.00	50	\$ 1,250.00
<b>Estimated Annual Savings for the Life of the Rule</b>				<b>\$37,000</b>

**III. WORKSHEET**

See Table Above

**IV. ASSUMPTIONS**

1. The above figures are based on FY18 actuals and FY19 projections.
2. Individual Board of Healing Arts licensees renew annually. This fiscal note shows the number expected to renew annually.
3. It is anticipated that the total fiscal savings will occur beginning in FY19, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**Division 2150—State Board of Registration for the  
Healing Arts**

**Chapter 2—Licensing of Physicians and Surgeons**

**PROPOSED AMENDMENT**

**20 CSR 2150-2.230 Assistant Physician—Continuing Education.** The board is amending sections (1) and (2).

*PURPOSE:* This rule is being amended to reduce the number of continuing education hours required for physician assistants as passed in Senate Bill 718 (2018) passed by the 99th General Assembly.

(1) Each assistant physician shall complete and attest that he or she has completed at least *[one hundred (100)] fifty (50)* hours of continuing medical education every two (2) years. The reporting period shall end December 31 of the odd numbered year.

(2) In order to count toward the required *[one hundred (100)] fifty (50)* hours, the continuing education shall be accredited by the American Medical Association (AMA) as Category 1; or by the American Academy of Family Physicians (AAFP) or the American Osteopathic Association (AOA) as Category 1-A or 2-A; or offered by a residency program or hospital-approved by Accreditation Council on Graduate Medical Education (ACGME) of the American Medical Association or the Program and Trainee Review Council of the American Osteopathic Association.

*AUTHORITY:* section[s] 334.036, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

*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 Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@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 2150—State Board of Registration for the  
Healing Arts**

**Chapter 2—Licensing of Physicians and Surgeons**

**PROPOSED AMENDMENT**

**20 CSR 2150-2.240 Assistant Physician Collaborative Practice Agreements.** The board is amending the purpose statement and sections (1)–(3).

*PURPOSE:* This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.

*PURPOSE:* In accordance with section 334.036, RSMo, this rule defines collaborative practice arrangement terms and implements section 630.875, RSMo related to “Improved Access to Treatment for Opioid Addictions Act” (IATOA).

(1) Geographic areas.

(B) The following shall apply in the use of a collaborative practice arrangement by an assistant physician who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the collaborating physician and assistant physician are utilizing telehealth in providing services in a medically underserved area no mileage limitation shall apply; or

2. If the assistant physician is not utilizing telehealth in providing services the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be no further than *[fifty (50)] seventy five (75)* miles by road, using the most direct route available, from the collaborating assistant physician./.; or

3. Pursuant to 630.875 RSMo, an assistant physician collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the “Improved Access to Treatment for Opioid Addictions Program” (IATOAP) in any area of the state and provide all services and functions of an assistant physician. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(C) An assistant physician who desires to enter into a collaborative practice arrangement at a location where the collaborating physician is not continuously present shall practice together at the same location with the collaborating physician continuously present for a period of at least one (1) month before the collaborating assistant physician practices at a location where the collaborating physician is not present. During this one (1) month period, the collaborating physician must review *[one hundred percent (100%)] ten percent (10%)* of the assistant physicians’ patient’s records. It is the responsibility of the collaborating physician to determine and document the completion of the same location practice and records review as described above.

(E) A collaborating physician shall not enter into a collaborative practice arrangement with more than *[three (3)] six (6)* full-time equivalent assistant physicians, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in 334.104(7) RSMo.

(2) Methods of treatment.

(E) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of

drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the United States Pharmacopeia (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrievable dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating assistant physician;

8. In addition to administering and dispensing controlled substances, an assistant physician, who meets the requirements of 20 CSR 2150-2.260, may be delegated the authority to prescribe controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. **When issuing the initial prescription for opioid controlled substance in treating a patient for acute pain, the assistant physician shall comply with requirements set forth in section 195.080, RSMo, Schedule II (hydrocodone) and Schedule III narcotic controlled substance prescriptions shall be limited to a [one hundred twenty (120-) hour] five- (5-) day supply without refill[;]. Pursuant to section 334.037, RSMo an assistant physician may prescribe Schedule III - buprenorphine for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.037 and 630.875 RSMo;**

9. An assistant physician may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step family members are also included in family;

10. An assistant physician in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

11. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the assistant physician to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

12. The medications to be administered, dispensed, or prescribed by a collaborating assistant physician in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating assistant physician.

(3) Review of Services.

(E) The collaborating physician shall complete a review [of a minimum] of ten percent (10%) of the total health care services delivered by the assistant physician. If the assistant physician practice includes the prescribing of controlled substances, the physician shall review a minimum of twenty percent (20%) of the cases in which the assistant physician wrote a prescription for a controlled substance. If the controlled substance chart review meets the minimum total ten percent (10%) as described above, then the minimum review requirements have been met. The assistant physician's documentation shall be submitted for review to the collaborating physician at least every fourteen (14) days. This documentation submission may be accomplished in person or by other electronic means and reviewed by the collaborating physician. The collaborating physician must produce evidence of the chart review upon request of the Missouri State Board of Registration for the Healing Arts. This subsection shall not apply during the time the collaborating physician and assistant physician are practicing together as required in subsection (2)(C) above or 20 CSR 2150-2.240.

*AUTHORITY sections 334.036, 334.037, and 630.875, RSMo Supp. 2018, and section 334.125, RSMo [Supp. 2014, and section 334.037, RSMo Supp. 2015] 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.*

*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 Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@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 2150—State Board of Registration for the  
Healing Arts  
Chapter 2—Licensing of Physicians and Surgeons**

**PROPOSED AMENDMENT**

**20 CSR 2150-2.250 Assistant Physician [Supervision]—  
Collaborative Practice Change Requirements.** The board is amending the title, purpose statement, and section (1) and deleting sections (2) and (3).

*PURPOSE: This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly.*

*PURPOSE: This rule provides the requirements and time frames licensees must follow in reporting a change in [supervision] collaborative practice arrangement.*

(1) Licensed assistant physicians who enter a collaborative practice arrangement with a physician or who terminate a collaborative practice arrangement with a physician, for any reason, must submit written notification and the required form to the board within [fifteen (15)] **thirty (30)** days of such occurrence.

[(2) If an assistant physician does not have a collaborative physician within six (6) months of his or her initial licensure, the license shall be void.

(3) If an assistant physician does not have a collaborative physician for any six (6) month period, the license shall be void.]

**AUTHORITY:** section[s] 334.036, **RSMo Supp. 2018**, and section 334.125, **RSMo [Supp. 2014] 2016**. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

**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 Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@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 2150—State Board of Registration for the  
Healing Arts  
Chapter 2—Licensing of Physicians and Surgeons**

**PROPOSED AMENDMENT**

**20 CSR 2150-2.260 Assistant Physician—Certificate of Prescriptive Authority.** The board is amending the title and section (1).

**PURPOSE:** This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly with respect to the assistant physician's involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IATOA) and with regard to on-site supervision requirements.

(1) Licensees applying for a certificate of prescriptive authority shall submit—

(C) A supervision verification form, signed by their collaborating physician, stating that the collaborating physician has delegated to the assistant physician the authority to prescribe: Schedule II (hydrocodone)—limited to a five- (5-) day supply; Schedule III—limited to a five- (5-) day supply, except that buprenorphine may be prescribed for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician; Schedule IV; or Schedule V [controlled substances to the assistant physician]. The delegated authority to prescribe shall be consistent with each professional's education, knowledge, skill, and competence. Any limitations on the physician's or assistant physician's ability to prescribe shall be listed on the supervision verification form; and

(D) An affidavit completed by their collaborating physician documenting the completion of at least one hundred twenty (120) hours in a four- (4-) month period by the assistant physician during which the assistant physician practiced with the supervising physician con-

tinuously present. Pursuant to section 334.037, **RSMo** such on-site supervision requirement shall not apply to assistant physicians of population-based public health services as defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid addiction treatment.

**AUTHORITY:** sections 334.036 and 334.037, **RSMo Sup. 2018**, and section 334.125, **RSMo [Supp. 2014, and section 334.037, RSMo Supp. 2015] 2016**. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

**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 Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@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 2150—State Board of Registration for the  
Healing Arts  
Chapter 5—General Rules**

**PROPOSED AMENDMENT**

**20 CSR 2150-5.100 Collaborative Practice Arrangement with Nurses.** The board is amending the title, purpose, and sections (2) and (3).

**PURPOSE:** This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.

**PURPOSE:** In accordance with section 334.104, **RSMo**, this rule defines collaborative practice arrangement terms and delimits geographic areas; methods of treatment; review of services; and drug/device dispensing or distribution pursuant to prescription and implements the Utilization of Telehealth by Nurses as required by section 335.175, **RSMo** and APRN involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IATOA) pursuant to sections 334.104 and 630.875, **RSMo**.

(2) Geographic Areas.

(B) The following shall apply in the use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or

chronically ill or injured persons:

1. If the APRN is providing services pursuant to section 335.175, RSMo, no mileage limitation shall apply;

2. If the APRN is not providing services pursuant to section 335.175, RSMo, and is practicing the collaborating physician and collaborating APRN shall practice within seventy-five (75) miles by road of one another.

**3. Pursuant to 630.875, RSMo, an APRN collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the "Improved Access to Treatment for Opioid Addictions Program" (IATOAP) in any area of the state and provide all services and functions of an APRN. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.**

(D) A collaborating physician shall not enter into a collaborative practice arrangement with more than *[three (3)]* six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in 334.104(7), RSMo.

(3) Methods of Treatment.

(G) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the United States Pharmacopeia (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrieval dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating APRN;

8. An RN shall not, under any circumstances, prescribe drugs. The administering or dispensing of a controlled substance by an RN or APRN who has not been delegated authority to prescribe in a collaborative practice arrangement, pursuant to 19 CSR 30-1.066, shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient's needs following verbal consultation between the collaborating physician and collaborating RN or APRN. The required consultation and the physician's directions for the administering or dispensing of controlled substances shall be recorded in the patient's chart and in the appropriate dispensing log. These recordings shall be made by the collaborating RN or APRN and shall be cosigned by the collaborating physician following a review of the records;

9. In addition to administering and dispensing controlled sub-

stances, an APRN, as defined in section 335.016, RSMo, may be delegated the authority to prescribe controlled substances listed in **Schedule II-hydrocodone and Schedules III, IV, and V** of section 195.017, RSMo in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in **Schedule II-hydrocodone and Schedules III, IV, and V** of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. **When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the APRN shall comply with requirements set forth in section 195.080, RSMo. Schedule II-hydrocodone and Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty- (120-)/ hour supply without refill. An APRN may prescribe buprenorphine, a Schedule III controlled substance, for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.104 and 630.875, RSMo;**

10. An APRN may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step members are also included in family;

11. An APRN or RN in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

12. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the collaborating APRN to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

13. The medications to be administered, dispensed, or prescribed by a collaborating RN or APRN in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating RN or APRN.

*AUTHORITY: sections [334.104.3, 335.036,] 334.125 and 335.175, RSMo [Supp. 2013] 2016, and sections [334.125] 334.104.3 and 335.036, RSMo Supp. [2014] 2018. This rule originally filed as 4 CSR 200-4.200. Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.*

*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 Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@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 2150—State Board of Registration for the  
Healing Arts**

**Chapter 7—Licensing of Physician Assistants**

**PROPOSED AMENDMENT**

**20 CSR 2150-7.130 Applicants for Certificate of Controlled Substance Prescriptive Authority.** The board is amending section (5).

*PURPOSE:* This rule is being amended to implement Senate Bill 718 (2018) passed by the 99th General Assembly.

(5) Applicants shall file with the board a supervision verification form, signed by their supervising physician, stating that the supervising physician has delegated to the physician assistant the authority to prescribe [Schedule III, IV, or V controlled substances to the physician assistant.]: Schedule II—hydrocodone prescription shall be limited to a five- (5-) day supply; Schedule III—limited to a five- (5-) day supply, except buprenorphine can be prescribed for up to a thirty- (30-) day supply without refill for patients receiving medication assisted treatment for substance use disorders under the direction of the collaborating or supervising physician pursuant to section 334.747, RSMo; Schedule IV; or Schedule V. The delegated authority to prescribe shall be consistent with each professional's education, knowledge, skill, and competence. Any limitations on the physician's or physician assistant's ability to prescribe shall be listed on the supervision verification form.

*AUTHORITY:* sections 334.125, 334.736, 334.738, and 334.743, RSMo [2000] 2016, and sections 334.735 and 334.747, RSMo Supp. [2010] 2018. Original rule filed Nov. 1, 2010, effective June 30, 2011. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.

*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 Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@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 2150—State Board of Registration for the  
Healing Arts**

**Chapter 7—Licensing of Physician Assistants**

**PROPOSED AMENDMENT**

**20 CSR 2150-7.135 Physician Assistant Supervision Agreements.** The board is amending the purpose statement, adding new sections (6), (8), and (9), and renumbering as necessary.

*PURPOSE:* This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.

*PURPOSE:* This rule defines the terms used throughout this chapter as applicable to physician assistants, specifies the requirements for supervision agreements and practice of a physician assistant pursuant to a supervision agreement pursuant to section 334.735, RSMo, and physician assistant involvement in the "Improved Access to Treatment for Opioid Addictions Act" (IATOA) pursuant to section 630.875, RSMo.

(6) In addition to administering and dispensing controlled substances, a physician assistant, who meets the requirements of 20 CSR 2150-7.130, may be delegated the authority to prescribe controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, in a written supervision agreement, except that, the supervision agreement shall not delegate the authority to administer any controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the physician assistant shall comply with requirements set forth in section 195.080, RSMo. Schedule II (hydrocodone) and Schedule III narcotic controlled substance prescriptions shall be limited to a five- (5-) day supply without refill. Pursuant to section 334.747, RSMo, a physician assistant may prescribe Schedule III buprenorphine for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.735 and 630.875, RSMo.

[(6)](7) It is the responsibility of the supervising physician to determine and document the completion of a one- (1-) month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present. A one- (1-) month period shall consist of a minimum of one hundred (100) hours in a consecutive thirty- (30-) day period.

(8) The following shall apply in the use of a supervision agreement by a physician assistant who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

(A) If the collaborating physician and physician assistant are utilizing telehealth in providing services in medically underserved area as defined in 20 CSR 2150-2.001(11), no mileage limitation shall apply;

(B) If the physician assistant is providing services pursuant to section 334.735.2(2), RSMo, no supervision requirements in addition to the minimum federal law shall be required;

(C) If the collaborating physician and physician assistant are not utilizing telehealth in providing services in the medically

underserved area, the practice location where the collaborating physician, or other physician designated in the collaborative practice agreement, shall be no further than seventy-five (75) miles by road, using the most direct route available, from the collaborating physician assistant;

(D) If the physician assistant is collaborating with a physician who is waiver-certified for the use of buprenorphine, pursuant to section 630.875 RSMo, the physician assistant may participate in the “Improved Access to Treatment for Opioid Addictions Program” (IATOAP) in any area of the state and provide all services and functions of a physician assistant. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(9) Pursuant to section 334.104, RSMo, a supervising physician shall not enter into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7), RSMo.

[[7]](10) It is the responsibility of the supervising physician and licensed physician assistant to jointly review and document the work, records, and practice activities of the licensed physician assistant at least once every two (2) weeks. The supervising physician must review a minimum of ten percent (10%) of the physician assistant’s patients’ records every two (2) weeks and have documentation supporting the review. For nursing home practice, such review shall occur at least once a month. The documentation of this review shall be available to the Board of Registration for the Healing Arts for review upon request.

[[8]](11) If any provisions of these rules are deemed by the appropriate federal or state authority to be inconsistent with guidelines for federally funded clinics, individual provisions of these rules shall be considered severable and supervising physicians and licensed physician assistants practicing in such clinics shall follow the provisions of such federal guidelines in these instances. However, the remainder of the provisions of these rules not so affected shall remain in full force and effect for such practitioners.

*AUTHORITY: section 334.735, RSMo Supp. [2017] 2018. This rule originally filed as 4 CSR 150-7.135. Original rule filed Jan. 3, 1997, effective July 30, 1997. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.*

*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 Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@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 4—General Rules**

**PROPOSED AMENDMENT**

**20 CSR 2200-4.200 Collaborative Practice.** The board is amending the purpose statement and sections (2) and (3).

*PURPOSE: This amendment is necessary to implement the provision of Senate Bill 718 (2018) passed by the 99th General Assembly. The proposed amendment change permits an advanced practice registered nurse (APRN) to prescribe buprenorphine, a Schedule III drug, for thirty (30) days without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician. It also prohibits the collaborating physician or supervising physician from entering into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent advanced practice registered nurses, full-time equivalent licensed physician assistants, or full-time equivalent assistant physicians, or any combination thereof.*

*PURPOSE: In accordance with section 334.104, RSMo, this rule defines collaborative practice arrangement terms and delimits geographic areas; methods of treatment; review of services; and drug/device dispensing or distribution pursuant to prescription and implements the Utilization of Telehealth by Nurses as required by section 335.175, RSMo and APRN involvement in the “Improved Access to Treatment for Opioid Addictions Act” (IATOA) pursuant to sections 334.104 and 630.875, RSMo.*

(2) Geographic Areas.

(B) The following shall apply in the use of a collaborative practice arrangement by an APRN who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the APRN is providing services pursuant to section 335.175, RSMo, no mileage limitation shall apply;

2. If the APRN is not providing services pursuant to section 335.175, RSMo, the collaborating physician and collaborating APRN shall practice within seventy-five (75) miles by road of one another[.]; and

3. Pursuant to section 630.875, RSMo, an APRN collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the “Improved Access to Treatment for Opioid Addictions Program” (IATOAP) in any area of the state and provide all services and functions of an APRN. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(D) A collaborating physician shall not enter into a collaborative practice arrangement with more than [three (3)] six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7),

**RSMo.**

## (3) Methods of Treatment.

(G) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the *United States Pharmacopeia* (USP), (2010), published by the United States Pharmacopoeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrieval dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating APRN;

8. An RN shall not, under any circumstances, prescribe drugs. The administering or dispensing of a controlled substance by an RN or APRN who has not been delegated authority to prescribe in a collaborative practice arrangement, pursuant to 19 CSR 30-1.066, shall be accomplished only under the direction and supervision of the collaborating physician, or other physician designated in the collaborative practice arrangement, and shall only occur on a case-by-case determination of the patient's needs following verbal consultation between the collaborating physician and collaborating RN or APRN. The required consultation and the physician's directions for the administering or dispensing of controlled substances shall be recorded in the patient's chart and in the appropriate dispensing log. These recordings shall be made by the collaborating RN or APRN and shall be cosigned by the collaborating physician following a review of the records;

9. In addition to administering and dispensing controlled substances, an APRN, as defined in section 335.016, RSMo, may be delegated the authority to prescribe controlled substances listed in **Schedule II-hydrocodone** and Schedules III, IV, and V of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in **Schedule II-hydrocodone** and Schedules III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. **When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the APRN shall comply with requirements set forth in section 195.080, RSMo. Schedule II-hydrocodone and Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty- (120-)/-/ hour supply without refill. An APRN may prescribe buprenorphine, a Schedule III controlled substance, for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.104 and 630.875, RSMo;**

10. An APRN may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-

grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step members are also included in family;

11. An APRN or RN in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

12. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the collaborating APRN to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

13. The medications to be administered, dispensed, or prescribed by a collaborating RN or APRN in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating RN or APRN.

*AUTHORITY: sections 334.104.3, 334.125, 335.036, and 335.175, RSMo 2016. This rule originally filed as 4 CSR 200-4.200. Original rule filed Jan. 29, 1996, effective Sept. 30, 1996. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expires Aug. 30, 2019. Amended: Filed Feb. 22, 2019.*

*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](mailto: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 2263—State Committee for Social Workers  
Chapter 2—Licensure Requirements**

**PROPOSED RESCISISON**

**20 CSR 2263-2.020 Educational Requirements for Licensed Social Workers.** This rule defined the educational requirements for an applicant for social work licensure, registration of supervision, and reciprocity.

*PURPOSE: This rule is being rescinded as the educational requirements are set forth in the statutes.*

*AUTHORITY: sections 337.612, 337.615, and 337.627, RSMo Supp. 2009. This rule originally filed as 4 CSR 263-2.020. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the Code of State Regulations. Rescinded: Filed Feb. 22, 2019.*



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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the State Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at [lcsw@pr.mo.gov](mailto:lcsw@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 2263—State Committee for Social Workers  
Chapter 2—Licensure Requirements**

**PROPOSED AMENDMENT**

**20 CSR 2263-2.030 Supervised Licensed Social Work Experience.**  
The committee is amending sections (1) and (4).

*PURPOSE:* This rule defines supervised licensed social work experience and sets out the supervised experience requirements for licensed clinical social workers and licensed baccalaureate social workers.

(1) Supervision of the applicant for licensure shall not begin, and will only be acceptable to the committee, after the *[satisfactory completion of the educational requirements as set forth in the rules promulgated by the committee]* issuance of the license as a master social worker or licensed baccalaureate social worker.

(4) An application for licensure must be submitted pursuant to the rules promulgated by the committee upon completion of the supervised social work experience. All applicants **working clinically** for licensure must remain under approved supervision until the license is approved by the committee.

*AUTHORITY:* section[s] 337.600, **RSMo 2016**, and sections 337.612, 337.615, 337.627, 337.662, and 337.665, *RSMo Supp. [2009] 2018*. This rule originally filed as 4 CSR 263-2.030. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 22, 2019.

*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 Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at [lcsw@pr.mo.gov](mailto:lcsw@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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Division 2263—State Committee for Social Workers  
Chapter 2—Licensure Requirements**

**PROPOSED AMENDMENT**

**20 CSR 2263-2.032 Registration of Supervised Social Work Experience.** The committee is amending sections (3) and (10).

*PURPOSE:* This amendment updates the requirements for registering clinical social work experience.

(3) The applicant for registration of supervision shall—  
(B) Submit a completed registration of supervision form provided by the committee; **and**

*[(C) Submit a copy of a contract negotiated between the applicant and the proposed supervisor. However, should the contract be terminated before the completion of the minimum hours required, the supervisee is responsible for negotiating a new contract and obtaining all evaluation and termination forms required to document prior supervision. Such a contract shall not be valid if the supervisor and supervisee have a relationship that could affect the employment or benefits of the supervisor, and the relationship could, in any way, bias or compromise the supervisor's evaluation of the supervisee; and]*

*[(D)](C)* Pay the one- (1-) time registration of supervision fee as prescribed by the committee.

(10) Because the difficulties in confirming or verifying supervision increase dramatically over time, supervision will not be recognized if it occurred more than *[sixty (60)] forty-eight (48)* calendar months prior to the application for licensure being filed.

*AUTHORITY:* section[s] 337.600, **RSMo 2016**, and sections 337.612, 337.615, 337.627, and 337.665, *RSMo Supp. [2009] 2018*. This rule originally filed as 4 CSR 263-2.032. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 22, 2019.

*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 Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at [lcsw@pr.mo.gov](mailto:lcsw@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,  
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REGISTRATION  
Division 2263—State Committee for Social Workers  
Chapter 2—Licensure Requirements**

**PROPOSED AMENDMENT**

**20 CSR 2263-2.050 Application for Licensure as a Social Worker.**  
The committee is amending sections (2) and (4).

*PURPOSE: This amendment updates the requirements for applying for licensure.*

(2) An application for licensure is not considered officially filed with the committee until it has been determined by the committee staff to be complete and the application is submitted on the form(s) provided by the committee. The application shall be *[typewritten or printed legibly in black ink, signed, notarized, and]* accompanied by the application fee as set forth in the rules promulgated by the committee.

(4) The following documents shall be on file for an application to be considered complete and officially filed:

(D) Verification of a passing score, as determined by the committee, on the examination administered by the Association of Social Work Boards (ASWB). Verification of score(s) shall be sent directly to the committee office by the ASWB. The required examinations are—

1. Licensed baccalaureate social worker—bachelors examination;
2. Licensed baccalaureate social worker independent practice—bachelors examination;
3. Licensed master social worker—masters examination[.];  
*[A. A clinical examination taken by a person who has registered supervision before April 30, 2010, and has not been issued a provisional licensed clinical social worker license is acceptable;]*
4. Licensed advanced macro social worker—advanced generalist examination.

A. An examination taken before the completion of at least two thousand two hundred fifty (2,250) hours and eighteen (18) months of the supervised work experience is not acceptable; and

5. Licensed clinical social worker—clinical examination.

A. An examination taken before the completion of at least two thousand two hundred fifty (2,250) hours and eighteen (18) months of the supervised work experience is not acceptable;

*AUTHORITY: sections 337.600[, 337.612, 337.615, 337.627,] and 337.630, RSMo 2016, and sections 337.612, 337.615, and 337.627, RSMo Supp. 2018. This rule originally filed as 4 CSR 263-2.050. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 22, 2019.*

*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 Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcsww@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,  
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**Division 2263—State Committee for Social Workers  
Chapter 2—Licensure Requirements**

**PROPOSED AMENDMENT**

**20 CSR 2263-2.060 Licensure by Reciprocity.** The committee is

amending section (1).

*PURPOSE: This rule provides information to those desiring licensure by reciprocity.*

(1) The committee may issue a license by reciprocity to individuals who meet the licensure requirements as set forth in the rules promulgated by the committee and provide the following:

(C) Verification form provided by the committee to be completed by the regulatory entity verifying that the individual holds a valid[, unexpired] active license as a social worker in that state[,/] or territory[, province, or country whose licensing or certification requirements at the time the application is submitted to the committee are substantially similar to those in Missouri and verification that the individual has engaged in the active practice of social work for at least three (3) of the past five (5) years]. The applicant has the burden of providing the information necessary for determination of this issue.

*[1. The applicant for licensure by reciprocity shall furnish to the committee true and accurate copies of the licensure law from the state in which he/she is licensed and/or certified;]*

*AUTHORITY: sections 337.600[, 337.612, 337.615, 337.627,] and 337.630, RSMo 2016, and sections 337.612, 337.615, and 337.627, RSMo Supp. 2018. This rule originally filed as 4 CSR 263-2.060. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 22, 2019.*

*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 Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at lcsww@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,  
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**Division 2263—State Committee for Social Workers  
Chapter 2—Licensure Requirements**

**PROPOSED AMENDMENT**

**20 CSR 2263-2.075 Renewal of License.** The committee is deleting section (3) and renumbering as necessary.

*PURPOSE: This amendment removes unnecessary language.*

*[(3) Each licensee shall notify the committee in writing within thirty (30) days of any change relating to rules promulgated by the committee occurring during the renewal period.]*

*[(4)](3) Any licensee who fails to timely renew shall not perform any act for which a license is required during the expired, lapsed, or inactive period.*

*AUTHORITY: sections 337.600[, 337.612, 337.618, 337.627,] and 337.630, RSMo [Supp. 2009] 2016, and sections 337.612,*

**337.618, and 337.627, RSMo Supp. 2018.** This rule originally filed as 4 CSR 263-2.075. Original rule filed Jan. 20, 1999, effective July 30, 1999. Amended: Filed Oct. 30, 2002, effective June 30, 2003. Moved to 20 CSR 2263-2.075, effective Aug. 28, 2006. Amended: Filed Aug. 27, 2009, effective April 30, 2010. Amended: Filed Feb. 22, 2019.

**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 Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at [lcsw@pr.mo.gov](mailto:lcsw@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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Chapter 2—Licensure Requirements**

**PROPOSED AMENDMENT**

**20 CSR 2263-2.090 Inactive Status.** The board is amending section (5).

**PURPOSE:** This amendment removes outdated language.

(5) If an inactive licensee wishes to return a license to active status, the licensee shall complete a renewal form and pay the renewal fee as stated in the rules promulgated by the committee. In addition the licensee shall:—

(A) Furnish evidence of completion of at least thirty (30) hours of continuing education within the prior two (2) years, or agree to complete thirty (30) hours within one (1) calendar year from the date of reactivation[; or].

[(B) Successfully complete the examination required for licensure.]

**AUTHORITY:** section 337.600, RSMo [Supp. 2009] 2016. This rule originally filed as 4 CSR 263-2.090. Original rule filed March 15, 2004, effective Sept. 30, 2004. Moved to 20 CSR 2263-2.090, effective Aug. 28, 2006. Amended: Filed Aug. 11, 2006, effective Jan. 30, 2007. Amended: Filed Aug. 27, 2009, effective April 30, 2010. Amended: Filed Feb. 22, 2019.

**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 Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at [lcsw@pr.mo.gov](mailto:lcsw@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,  
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Division 2263—State Committee for Social Workers  
Chapter 3—Ethical Standards/Disciplinary Rules**

**PROPOSED AMENDMENT**

**20 CSR 2263-3.100 Confidentiality.** The committee is adding section (7)

**PURPOSE:** This amendment adds a guideline for the use of electronic media.

(7) Social workers who use social media and/or other electronic means of communication and/or recordkeeping must ensure that all use of electronic communication and recordkeeping comply with all ethical duties and with all relevant statutes and regulations.

**AUTHORITY:** sections 337.600, [337.615, 337.627,] and 337.630, RSMo 2016, and sections 337.615, 337.627, and 337.665, RSMo Supp. [2009] 2018. This rule originally filed as 4 CSR 263-3.100. Original rule filed Sept. 18, 1990, effective Feb. 14, 1991. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 22, 2019.

**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 Committee for Social Workers, Tom Reichard, Executive Director, PO Box 1335, Jefferson City, MO 65102, by fax at (573) 526-3489, or via email at [lcsw@pr.mo.gov](mailto:lcsw@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.