

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

Entirely new rules are printed without any special 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 If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission.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.

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

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

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

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

control of the eligible property (as defined in section 253.545(3), RSMo) on which qualified rehabilitation expenditures have been incurred which are expected to generate tax credits. Proof of ownership shall include evidence that applicant is the fee simple owner of the eligible property, such as a warranty deed or closing statement. Proof of site control may be evidenced by a leasehold interest for a term of not less than thirty (30) years, provided that such leasehold interest is not determined to be a disqualified lease as defined in section 168(h) of the Internal Revenue Code of 1986, as amended, or an option to acquire such an interest. If the applicant is in the process of acquiring fee simple ownership, proof of site control shall include an executed sales contract or an executed option to purchase the eligible property.

(B) Department. The Department of Economic Development.

(C) Developer Fee Agreement. A written agreement for services between the developer and the applicant in the form provided by the department.

(D) Director. The director of the department.

(E) Final Application. A request for tax credits by an applicant whose project is complete and whose preliminary application has been approved by the department, on the form provided by the department.

[(A)](F) Final Completion. For the purposes of issuing state historic preservation tax credits, the project is considered complete when all work has been done on the project. The final year construction costs are incurred is the year credits will be issued. (i.e., if costs are still being incurred in 2007 then regardless of ["/]placed in service/["] date or date of ["/]substantial completion,["/] the credits will be issued as 2007 credits if those expenses are being claimed for tax credits.) Please note: completion dates have been established for the state historic program only. Federal guidelines vary. Final completion is separately determined for each ["/]construction period/["] of a ["/]multiple phased project.["/] Costs associated with one construction period may not be carried to another construction period of a project. Each construction period is considered a separate project for audit purposes and must stand alone to meet all requirements of the HTC Program. Any exceptions must be submitted to [DED] the department before the final cost certification is submitted and must be approved in writing by [DED] the department.

(G) Guidelines. The program guidelines, which shall be published on the department's website.

(H) Hard Costs. Qualified rehabilitation expenditures, or QREs, related to the structural components of a building, including, but not limited to, walls, partitions, floors, ceilings, windows, doors, components of central air conditioning or heating systems, plumbing, electrical wiring and lighting fixtures, chimneys, stairs, escalators, elevators, sprinkling systems, fire escapes, and other components related to the operation or maintenance of the building.

[(B)](I) Identity of Interest, or Related Party. An identity of interest, or related party, may exist when:

1)]. [when t]The [project owner] applicant has any financial interest in the other party (i.e., general contractor, subcontractor, vendor);

2)]. [when o]One (1) or more of the officers, directors, stockholders, or partners of the [project owner] applicant is also an officer, director, stockholder, or partner of the other party;

3)]. [when a]Any officer, director, stockholder, or partner of the [project owner] applicant has any financial interest whatsoever in the other party or has controlling interest in the management or operation of the other party;

4)]. [when t]The other party advances any funds to the [project owner] applicant;

5)]. [when t]The other party provides and pays on behalf of the [project owner] applicant the cost of any legal services, architectural services, or engineering services other than those of a surveyor,

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 85—Division of Business and Community Services

Chapter 5—Historic Preservation Tax Credit Program

PROPOSED AMENDMENT

4 CSR 85-5.010 Overview and Definitions. The department is amending section (2) to update the terms used for the Missouri Historic Preservation Tax Credit program.

PURPOSE: This amendment updates the terms used for the Missouri Historic Preservation Tax Credit program.

(2) As used in this chapter, the following terms mean:

(A) **Applicant.** The entity or individual(s) that owns or has site

general superintendent, or engineer employed by a general contractor in connection with obligations under the construction contract;

6[)]. [when t/The other party takes stock or any interest in the [project owner] applicant as part of consideration to be paid; [and]

7[)]. [when t/There exists or comes into being any side deal/s], agreement/s], contract, or undertaking/s] entered into thereby altering, amending, or canceling any of the original documents submitted to [DED] the department [at initial] in the preliminary application, except as approved by [DED]. In the event an identity of interest exists between the project owner, developer, and/or contractor, care should be taken that no duplication of work exists.] the department;

8. Any party involved in the project would be deemed to constructively own the stock of another party involved in the project as set forth in section 304(c) of the Internal Revenue Code of 1986, as amended; or

9. Any party involved in the project has a stockholder, member, partner, officer, or director that is related by blood, adoption, or marriage to a stockholder, member, partner, officer, or director of another party involved in the project.

(J) Inactive Project. Any project deemed pending as described in written communication from the department to the applicant or that has received a tax credit authorization that, in either case, has remained idle without communication from the applicant to the department providing a justified reason for such idleness, such justification to be reasonably determined by the department, for a period of at least nine (9) months from the date the last written correspondence was sent by the department to the applicant regarding the project.

(K) Incomplete Application. A preliminary application received by the department that is not submitted in accordance with the preliminary application or its instructions, regulations, or the department's guidelines published on its website.

(L) Incurred. Has the same meaning as set forth in U.S. Treasury Regulation 26 CFR 1.461-1(a)(2)(i).

[(C)](M) Non-Qualified Expenditures. All costs included in [T]total [P]project [C]costs which are not [Q]qualified [R]rehabilitation [E]expenditures are considered [N]non-[Q]qualified [E]expenditures, including, but not limited to, a list of non-qualified expenditures under the program published by the department in the program guidelines, which shall be effective for the state fiscal year beginning on July 1 following such publication and may be updated for subsequent state fiscal years in the reasonable determination of the department. Each project shall be held to the non-qualified expenditures effective on the date the project's preliminary application was submitted. Costs of acquisition shall constitute a non-qualified expenditure.

[(D)] Project Owner. The entity or individual(s) owning the structure or property on which rehabilitation or new construction costs have been incurred which are expected to generate HTC and/or Neighborhood Presentation Act (NPA) tax credits.]

(N) Not-for-profit. A not-for-profit entity, including but not limited to a not-for-profit corporation formed under chapter 355, RSMo.

(O) Phased Project. A project for which the applications for tax credits submitted to the department provide for the project to be completed and reviewed in more than one construction period, as described in 4 CSR 85-5.080.

(P) Preliminary Application. A request by an applicant for an authorization of tax credits, on the form approved and made available by the department.

(Q) Preliminary Approval. The department's authorization of tax credits for a particular project under the program.

(R) Program. The Missouri Historic Preservation Tax Credit Program as set forth in sections 253.545 to 253.559, RSMo.

(S) Project. The structure or property on which qualified rehabilitation expenditures are to be incurred which is expected to

generate tax credits.

[(E)](T) Qualified Rehabilitation Expenditures, or [(I)] QREs.—HTC. Qualified Rehabilitation Expenditures are t/Those expenditures that are used as eligible basis on which to calculate the Missouri Historic Preservation Tax Credit. Such costs include, but shall not be limited to, qualified rehabilitation expenditures as defined under section 47(c)(2)(A) of the Internal Revenue Code of 1986, as amended, as determined by the department; and a list of qualified rehabilitation expenditures under the program that the department shall publish in its guidelines, which shall be effective for the state fiscal year beginning on July 1 following such publication and may be updated for subsequent state fiscal years in the reasonable determination of the department. Each project shall be held to the list of qualified rehabilitation expenditures effective on the date the project's preliminary application was submitted.

[(F)] Qualified Rehabilitation Expenditures (QRE)—NPA. Qualified Rehabilitation Expenditures are those expenditures that are used as eligible basis on which to calculate the Missouri Neighborhood Preservation Tax Credit.]

(U) Soft Costs. QREs other than hard costs, including, but not limited to, architect fees, engineering fees, construction management costs, utilities incurred during rehabilitation, property taxes, reasonable developer fees, construction period interest, and financing costs related to construction financing.

(V) Tax Credits. State historic preservation tax credits authorized under the program.

[(G)](W) Total Project Costs. [Total Project Costs include a/All costs, whether accrued or paid, pertaining to the redevelopment of the property for which an application for tax credits has been submitted. Total [P]project [C]costs include all [Qualified Rehabilitation Expenditures] QREs and all [N]non-[Q]qualified [E]expenditures, including the shell acquisition cost. It does not include any cash reserves established or to be established for the project, such as replacement reserves, lease-up reserves, lease commission reserves, or other cash held by, or for, the [project owner] applicant.

AUTHORITY: sections 135.487, RSMo 2000] and [section] 620.010, [HB 788, Second Regular Session, Ninety-fourth General Assembly, 2008] RSMo 2016. Original rule filed July 8, 2008, effective Feb. 28, 2009. Emergency amendment filed March 20, 2019, effective March 30, 2019, expires Dec. 31, 2019. Amended: Filed March 20, 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 Department of Economic Development, General Counsel, PO Box 1157, Jefferson City, MO 65102-1157. 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 85—Division of Business and Community Services

Chapter 5—Historic Preservation Tax Credit Program

PROPOSED AMENDMENT

4 CSR 85-5.020 [Preliminary] Applications. The department is

amending the title, purpose, and sections (1) through (6) of this rule and adding seven (7) new sections to explain the application process for the Historic Preservation Tax Credit Program.

PURPOSE: This amendment explains the application process for the Historic Preservation Tax Credit Program.

PURPOSE: This rule [establishes requirements for submitting a preliminary] explains the application process for tax credits under the Historic Preservation Tax Credit Program.

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

(1) *[In order to qualify for state historic preservation tax credits, the property must be a certified historic structure listed on the National Register of Historic Places or a contributing structure in a certified historic district, as those terms are defined in section 253.545, RSMo. The eligible rehabilitation costs and expenses must exceed fifty percent (50%) of the total basis in the property. A copy of the portion of the settlement statement that shows purchase price must be submitted as proof, preferably with the preliminary application materials. The rehabilitation must meet standards consistent with the standards of the Secretary of the United States Department of the Interior for rehabilitation as determined by the State Historic Preservation Office of the Missouri Department of Natural Resources (SHPO).] All applicants shall submit a preliminary application. Sections (2) through (7) of this rule shall not apply to projects to receive less than two hundred seventy-five thousand dollars (\$275,000) of tax credits.*

(2) *[The approval process is broken into two (2) parts—the preliminary application and the final application.] A preliminary application will be scored and considered by the department in accordance with section 253.559.3(1), RSMo. The scoring criteria for preliminary applications shall be published annually on the department's website. Based on their scores, the department will place preliminary applications into one of three tiers: Tier 1, Tier 2, or Tier 3. The department will automatically reject all incomplete applications. [should be submitted prior to any project work. This allows the Missouri Department of Economic Development (DED) and SHPO to review the project for eligibility and allows SHPO to guide the applicant in regard to rehabilitation. Any work done prior to certification of preliminary approval is done at the applicant's risk.]*

(3) *[A project may be completed in multiple construction periods. Use of construction periods will only be allowed when a phased federal application is also filed. The construction periods used for the state historic rehabilitation must match the phase dates submitted in the federal application. The applicant must apply for all construction periods simultaneously, prior to the start of any work on the project. An applicant who elects to utilize construction periods must submit an audit performed by a certified public accountant.] A Tier 1 preliminary application that has been received by the department, but has not been approved due to an exhaustion of the program cap, will be placed in line for review until there is sufficient program cap space due to a rescission of authorized tax*

credits for such state fiscal year in which the program cap has been exhausted or until the next state fiscal year with sufficient program cap space. Tier 2 and Tier 3 preliminary applications that have been received by the department, but have not been approved due to an exhaustion of the program cap, will not be further considered.

(4) *[Applicants for state historic preservation tax credits whose] The department shall accept preliminary applications [are received by the DED on, or after, February 28, 2009, but before January 30, 2015 must follow the procedures and guidelines found in Missouri Historic Preservation Tax Credit Program, Preliminary Application and Guidelines and complete Historic Preservation Tax Credit Program—Preliminary Approval Form—Form 1, both of which are incorporated by reference in this rule as published February 28, 2009, by DED and available at DED, Business and Community Services, 301 West High Street, Suite 770, Jefferson City, MO 65101. This rule does not incorporate any subsequent amendments or additions.] in two (2) cycles for each state fiscal year. An applicant shall apply to the program on the preliminary application form approved and made available by the department.*

(A) Specific application submission schedules shall be established by the department and published not less than two (2) months prior to the beginning of each application period. Preliminary applications for the first cycle must be submitted to the department and postmarked no earlier than June 1, 2019, for allocations to be awarded for the fiscal year starting July 1, 2019, or no earlier than October 1 for allocations to be awarded on or after January 1, 2020.

(B) Pursuant to section 253.559.1, RSMo, preliminary applications within each cycle shall be prioritized for review and approval in the order of the date on which the application was postmarked, with the oldest postmarked date within the cycle receiving priority.

(C) Preliminary applications postmarked on the same day shall go through a lottery process to determine the order in which such preliminary applications shall be reviewed. Upon the department's review, if more than one preliminary application receives the same score, such applications shall be approved in the order determined by the lottery process.

(5) *[Applicants for state historic preservation tax credits whose preliminary applications are received by the DED on, or after, January 30, 2015 must follow the procedures and guidelines found in Missouri Historic Preservation Tax Credit Program, Preliminary Application and Guidelines, which is incorporated by reference in this rule as published September 2, 2014, by DED and available at DED, Division of Business and Community Services, 301 West High Street, Suite 770, Jefferson City, MO 65101. This rule does not incorporate any subsequent amendments or additions.] Subject to sufficient program cap space, preliminary applications for projects meeting the following requirements are not subject to the application cycles set forth in section (4) of this rule and shall be accepted by the department at any time:*

(A) The applicant or an entity with a direct or indirect controlling interest in applicant has received a formal, written proposal for business development incentives executed by the director of the department with regard to the project;

(B) The project will be occupied by the applicant or an entity with a direct or indirect controlling interest in applicant upon completion; and

(C) The applicant or an entity with a direct or indirect controlling interest in applicant has committed to relocating to Missouri from another state.

(6) The department shall review preliminary applications in the order established by the lottery system described in section (4) of this rule; however, the department shall not authorize tax credits until such preliminary application has received written, unconditional approval from the State Historic Preservation Office.

[(6)](7) [After receiving] For projects that receive preliminary approval, the applicant may go forward with the project. When the project is completed and expenses have been paid, the final application should be submitted along with expense documentation and required application materials. (See rule 4 CSR 85-5.030.) After the final materials are received by DED, SHPO performs a final review of the technical project work and DED performs an audit of the expenses. After approval of the project work and expenses, a tax credit certificate for twenty-five percent (25%) of state qualified rehabilitation expenditures is issued and mailed to the applicant.] and that are located within a qualified census tract as defined in section 253.545, RSMo, credits shall first be authorized from the amount allocated for all projects set forth in section 253.550.2(1), RSMo, before being authorized from the amount allocated solely for qualified census tract projects set forth in section 253.550.2(2), RSMo.

(8) An applicant's hard costs set forth in the preliminary application will only be deemed eligible QREs if they are incurred on the later of:

(A) Six (6) months prior to the department's approval of the applicant's preliminary application; or

(B) One (1) month prior to the department's receipt of the applicant's preliminary application.

(9) An applicant's soft costs set forth in the preliminary application will only be deemed eligible QREs if they are incurred on the later of:

(A) One (1) year prior to approval of the applicant's preliminary application; or

(B) Six (6) months prior to the receipt of the applicant's preliminary application.

(10) Subject to section 253.559.9, RSMo, at an applicant's request, the department may contract to facilitate an independent review process of an applicant's preliminary cost certification by one or more third-party certified public accountant firms, provided that any such independent cost certification review shall be paid entirely by the applicant and shall not constitute an eligible QRE under the program, and further provided that, under such independent review process, applicant may not contract with a certified public accountant firm with which it is a related party or has had a significant business relationship, as reasonably determined by the department. The department may publish guidance regarding such independent cost certification review in the program guidelines.

(11) An applicant shall submit the final application on the form approved and made available by the department. The final application shall be evaluated using the rules and guidelines published by the department for the fiscal year in which the applicant's preliminary application was submitted.

(12) If upon submitting the final application, the amount of eligible QREs is in excess of the amount approved under the program's preliminary application process, the applicant may apply to the department for issuance of tax credits in an amount equal to such excess. The applicant must apply for issuance of the excess credits on the form provided by the department. Applications for issuance of excess credits will be placed in line for issuance at the next available date. When evaluating an appli-

cation for excess credits, the department may adjust the project scores in light of the excess amount.

(13) Except as otherwise provided, no property shall receive preliminary approval within five (5) years following the issuance of tax credits in connection with that property.

AUTHORITY: sections 135.487 and 620.010, RSMo [Supp. 2014] 2016. Original rule filed July 8, 2008, effective Feb. 28, 2009. Amended: Filed July 31, 2014, effective Jan. 30, 2015. Emergency amendment filed March 20, 2019, effective March 30, 2019, expires Dec. 31, 2019. Amended: Filed March 20, 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 Department of Economic Development, General Counsel, PO Box 1157, Jefferson City, MO 65102-1157. 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 85—Division of Business and Community Services

Chapter 5—Historic Preservation Tax Credit Program

PROPOSED AMENDMENT

4 CSR 85-5.030 [Final] Preliminary Application Evaluation—Net Fiscal Benefit. The department is amending the title and purpose and replacing sections (1) through (3) of this rule with a single section.

PURPOSE: This amendment clarifies the application considerations set forth in section 253.559.3(1)(a), RSMo for the Historic Preservation Tax Credit Program.

PURPOSE: This rule [establishes the requirements for submitting the final application for tax credits under the Historic Preservation Tax Credit Program.] clarifies the application considerations set forth in section 253.559.3(1)(a), RSMo.

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

(1) When a project for which tax credits are sought under the Historic Preservation Tax Credit Program (HTC) is completed and expenses have been paid, the final application should be submitted along with expense documentation and required application materials. After the final materials are received by the Department of Economic Development (DED), the State Historic Preservation Office of the Department of Natural Resources (SHPO) performs a final

review of the technical project work and DED performs an audit of the expenses. After approval of the project work and expenses, a tax credit certificate for twenty-five percent (25%) of qualified rehabilitation expenditures is issued and mailed to the applicant.

(2) For projects with total project costs of two hundred fifty thousand dollars (\$250,000) or more in which tax credits are being sought under both the HTC program and the Neighborhood Preservation Tax Credit Program (sections 135.475 to 135.487, RSMo), the project applicant must follow the HTC guidelines and complete the HTC cost certification, which will be used by both programs in the credit approval process.

(3) Applicants for state historic preservation tax credits must follow the procedures and guidelines found in Missouri Historic Preservation Tax Credit Program, Final Application and Guidelines and complete Historic Preservation Tax Credit Program—Final Approval Form—Form 2, both of which are incorporated by reference in this rule as published February 28, 2009, by DED and available at DED, Business and Community Services, 301 West High Street, Suite 770, Jefferson City, MO 65101. This rule does not incorporate any subsequent amendments or additions.]

For purposes of evaluating a preliminary application for tax credits pursuant to section 253.559.3(1)(a), RSMo, net fiscal benefit to the state and local municipality shall be reasonably determined by the department.

AUTHORITY: sections 135.487, RSMo 2000] and [section] 620.010, [HB 788, Second Regular Session, Ninety-fourth General Assembly, 2008] RSMo 2016. Original rule filed July 8, 2008, effective Feb. 28, 2009. Emergency amendment filed March 20, 2019, effective March 30, 2019, expires Dec. 31, 2019. Amended: Filed March 20, 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 Department of Economic Development, General Counsel, PO Box 1157, Jefferson City, MO 65102-1157. 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 85—Division of Business and Community Services

Chapter 5—Historic Preservation Tax Credit Program

PROPOSED RULE

4 CSR 85-5.040 Preliminary Application Evaluation—Overall Size and Quality of the Project

PURPOSE: This rule clarifies the application considerations set forth in section 253.559.3(1)(b), RSMo.

(1) For purposes of evaluating a preliminary application for tax credits pursuant to section 253.559.3(1)(b), RSMo, the department shall evaluate the following criteria:

(A) Leveraged investment ratio, as determined by the total project investment divided by the amount of tax credits requested;

(B) The number of net new jobs to the state to be created by the project;

(C) The average wage for new jobs to be created by the project;

(D) Potential multiplier effect of the project, based on the project's industry type (e.g., manufacturing office facilities, residential); and

(E) The amount of overall project financing for which the applicant has secured firm commitments prior to submitting its preliminary application to the department.

AUTHORITY: sections 135.487 and 620.010, RSMo 2016. Emergency rule filed March 20, 2019, effective March 30, 2019, expires Dec. 31, 2019. Original rule filed March 20, 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 Department of Economic Development, General Counsel, PO Box 1157, Jefferson City, MO 65102-1157. 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 85—Division of Business and Community Services

Chapter 5—Historic Preservation Tax Credit Program

PROPOSED RULE

4 CSR 85-5.050 Preliminary Application Evaluation—Level of Economic Distress

PURPOSE: This rule clarifies the application considerations set forth in section 253.559.3(1)(c), RSMo.

(1) For purposes of evaluating a preliminary application for tax credits pursuant to section 253.559.3(1)(c), RSMo, the department shall evaluate the following criteria:

(A) The project census tract's designation as a federal opportunity zone;

(B) The project census tract's designation as a qualified census tract, as defined in section 253.545(7), RSMo;

(C) The project census tract's level of unemployment, as compared to the statewide level of unemployment;

(D) The project census tract's overall poverty rate, as determined pursuant to section 253.545(7), RSMo; and

(E) The project's vacancy or underutilization prior to rehabilitation.

AUTHORITY: sections 135.487 and 620.010, RSMo 2016. Emergency rule filed March 20, 2019, effective March 30, 2019, expires Dec. 31, 2019. Original rule filed March 20, 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 Department of Economic Development, General Counsel, PO Box 1157, Jefferson City, MO 65102-1157. 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 85—Division of Business and Community Services
Chapter 5—Historic Preservation Tax Credit Program

PROPOSED RULE

4 CSR 85-5.060 Preliminary Application Evaluation—Input from Local Elected Officials

PURPOSE: This rule clarifies the application considerations set forth in section 253.559.3(1)(d), RSMo.

(1) For purposes of evaluating a preliminary application for tax credits pursuant to section 253.559.3(1)(d), RSMo, the department shall evaluate the following criteria:

(A) Committed amount of local incentives to the project; and

(B) Signed letter of support from the chief elected official of the jurisdiction where the project will be located.

AUTHORITY: sections 135.487 and 620.010, RSMo 2016. Emergency rule filed March 20, 2019, effective March 30, 2019, expires Dec. 31, 2019. Original rule filed March 20, 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 Department of Economic Development, General Counsel, PO Box 1157, Jefferson City, MO 65102-1157. 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 85—Division of Business and Community Services
Chapter 5—Historic Preservation Tax Credit Program

PROPOSED RULE

4 CSR 85-5.070 Compliance with Other Provisions of Law

PURPOSE: This rule clarifies the issuance requirements for Historic Preservation Tax Credit certificates.

(1) A tax credit certificate issued following the final completion shall be in an amount no greater than those costs that are deemed eligible under the program, and shall only be issued after compliance with all other provisions of law, including but not limited to:

(A) Payment of any issuance fees under section 620.1900, RSMo, or similar provisions; and

(B) Payment of any back taxes and penalties under section 135.815, RSMo, or similar provisions.

(2) All sources of funds for payment of project costs, invoices for project costs, and other documentation relating to the project must be in applicant's name and authorized by applicant. All loans related to the project must be made to applicant, provided that loans may be made to applicant's owner if applicant is a single member limited liability company where the single member is an individual. An applicant may not receive tax credits for Qualified Rehabilitation Expenditures (QREs) paid by a third party payor on behalf of the applicant, regardless of whether applicant reimburses the third party payor. A title company paying on behalf of an applicant shall not be considered a third party payor for purposes of this section.

AUTHORITY: sections 135.487 and 620.010, RSMo 2016. Emergency rule filed March 20, 2019, effective March 30, 2019, expires Dec. 31, 2019. Original rule filed March 20, 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 Department of Economic Development, General Counsel, PO Box 1157, Jefferson City, MO 65102-1157. 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 85—Division of Business and Community Services
Chapter 5—Historic Preservation Tax Credit Program

PROPOSED RULE

4 CSR 85-5.080 Phased Projects

PURPOSE: This rule explains the circumstances under which a project can have multiple construction periods under the Historic Preservation Tax Credit program.

(1) To qualify as a phased project, an applicant must:

(A) Apply for the federal historic preservation tax incentives program as a phased project;

(B) Submit a preliminary application for each construction period of the phased project at the same time; and

(C) The phased project application must be submitted with each preliminary application.

(2) Each phased preliminary application for tax credits must mirror the phasing listed in the federal historic preservation tax incentives project application.

(3) Each construction period of a phased project must be described

such that expenditures are clearly identified as incurred during an individual phase.

(4) All amendments to a state phased project application must have identical amendments as the applicant's federal phased project application. An amended phased project application shall be evaluated as an amendment to the project phase in question.

(5) Each construction period of a phased project must meet all program requirements on its own, without consideration of any other phase of the project.

(6) The director shall have the authority to approve a phased project application using an aggregate estimate with flexibility among phases for projects that meet the requirements of 4 CSR 85-5.020(5).

AUTHORITY: sections 135.487 and 620.010, RSMo 2016. Emergency rule filed March 20, 2019, effective March 30, 2019, expires Dec. 31, 2019. Original rule filed March 20, 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 Department of Economic Development, General Counsel, PO Box 1157, Jefferson City, MO 65102-1157. 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 85—Division of Business and Community Services

Chapter 5—Historic Preservation Tax Credit Program

PROPOSED RULE

4 CSR 85-5.090 Developer Fees; General Contractor Requirements

PURPOSE: This rule explains the treatment of developer fees and general contractor requirements under the Historic Preservation Tax Credit program.

(1) For a developer fee to be a Qualified Rehabilitation Expenditure (QRE), the developer fee agreement must be on the form approved and made available by the department in the program guidelines for the applicable state fiscal year.

(2) A developer fee shall be deemed a QRE only if:

(A) The developer fee is reasonable, which shall mean that it does not exceed twelve percent (12%) of total project cost less non-qualified expenditures, related party fees, profit, and the total amount of the developer fee itself;

(B) The developer fee is evidenced by written records indicating:

1. A requirement of full payment of the developer fee within five (5) years of final completion, as defined within the developer fee agreement; and

2. That the applicant will be personally liable for repayment of all credits attributable to any amount of the developer fee not paid within five (5) years of final completion; and

(C) The developer fee agreement is provided to the department

with an applicant's preliminary application, if notarized at or prior to that date, but not after the later to occur of the project's initial closing on construction financing; or initial closing on federal historic tax credits, if applicable. If no developer fee agreement has been submitted to the department for review by the later to occur of either event in the preceding sentence, no developer fees will be deemed eligible as QREs for such project.

1. Any amendments to the developer fee agreement that change the amount of the developer fee shall include the justification for such increase or decrease to such amount.

2. All developer agreements and amendments thereto must be signed and notarized by all parties involved to be considered eligible as a QRE.

3. In the event applicant amends any developer fee agreement for any developer fees that applicant requests or has requested as QREs, applicant shall provide the department with such amendment upon its execution.

(3) In order to be included as a QRE, general contractor overhead, including general requirements, and profit must be separately listed on the expense report form submitted with the final application. General contractor profit and overhead must be reasonable.

(A) General contractor profit is presumed to be reasonable if it is equal to or less than six percent (6%) of total eligible project costs less related party fees, overhead, and profit.

(B) General contractor overhead, including general requirements, is presumed to be reasonable if it is equal to, or less than four percent (4%) of total eligible project costs less related party fees, overhead, and profit.

(4) Payment of a developer fee within a reasonable period of time following its accrual is material to the department's approval of such developer fee as a QRE. The appropriate real party in interest to represent the state shall have standing to bring suit for an applicant's failure to pay an accrued developer fee for which tax credits have been issued within five (5) years of such developer fee's accrual.

AUTHORITY: sections 135.487 and 620.010, RSMo 2016. Emergency rule filed March 20, 2019, effective March 30, 2019, expires Dec. 31, 2019. Original rule filed March 20, 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.

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Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 85—Division of Business and Community Services

Chapter 5—Historic Preservation Tax Credit Program

PROPOSED RULE

4 CSR 85-5.100 Not-for-Profits

PURPOSE: This rule explains the treatment of not-for-profit entities

under the Historic Preservation Tax Credit program.

(1) Not-for-profit entities, including but not limited to entities organized as not-for-profit corporations pursuant to chapter 355, RSMo, shall be ineligible for tax credits. Under no circumstance shall tax credits be issued to a not-for-profit.

(2) A for-profit entity will be restricted from full participation in the program if that entity has a not-for-profit as part of its ownership group or has received a contribution from a related not-for-profit. Such a for-profit applicant shall have its tax credits reduced by the greater of:

(A) The percentage interest in its ownership held by or attributed to a not-for-profit. When a not-for-profit is considered part of the applicant's ownership group, ownership interest shall be attributed to the related party not-for-profit in accordance with the attribution rules of section 304(c)(3) of the Internal Revenue Code of 1986, as amended; and

(B) The percentage of capital contributed by or on behalf of a not-for-profit owner or related party.

(3) A for-profit applicant may obtain a non-forgivable loan from a related not-for-profit entity and not have its tax credits reduced on account of such loan if such loan is made on reasonable, commercial terms evidencing an arms-length transaction, as reasonably determined by the department.

(4) For purposes of section (2) of this rule, an ownership interest will not be attributed to a related party not-for-profit that is separated from the applicant in the ownership structure, directly or indirectly, by a for-profit entity, including blocker corporations and all corporations filing U.S. Treasury (Internal Revenue Service) Form 1120 or their successors that have been formed for a legitimate business purpose. The related party not-for-profit is still considered to be a related party for all other purposes under the program. The determination of whether or not a business was formed for a legitimate business purpose will be made by the department after considering all relevant facts and circumstances. In its review of a legitimate business purpose, the department shall consider, but not be limited to, the factors and principles set forth in *Moline Properties, Inc. v. Commissioner*, 319 U.S. 436 (1943), and applicable federal law.

(5) In cases of not-for-profit ownership for the sole purpose of obtaining local tax exemptions pursuant to chapters 100 or 353, RSMo, consistent with the holding of the U.S. Supreme Court in *Helvering v. F&R Lazarus & Co.*, 308 U.S. 252 (1939) and the Internal Revenue Service's published guidance in Revenue Ruling 68-590, the change in ownership required for such local tax exemptions will not render a project ineligible for tax credits, provided that all invoices submitted to the department as Qualified Rehabilitation Expenditures (QREs) are incurred and paid by the applicant.

AUTHORITY: sections 135.487 and 620.010, RSMo 2016. Emergency rule filed March 20, 2019, effective March 30, 2019, expires Dec. 31, 2019. Original rule filed March 20 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 Department of Economic Development, General Counsel, PO Box 1157, Jefferson City, MO 65102-1157. 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 85—Division of Business and Community Services
Chapter 5—Historic Preservation Tax Credit Program

PROPOSED RULE

4 CSR 85-5.110 Administrative Closure

PURPOSE: This rule explains the administrative closure process for inactive projects under the Historic Preservation Tax Credit program.

The department may administratively close any inactive project upon written notice sent to the applicant.

AUTHORITY: sections 135.487 and 620.010, RSMo 2016. Emergency rule filed March 20, 2019, effective March 30, 2019, expires Dec. 31, 2019. Original rule filed March 20, 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 Department of Economic Development, General Counsel, PO Box 1157, Jefferson City, MO 65102-1157. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 3—Substance Use Disorder Treatment Programs

PROPOSED AMENDMENT

9 CSR 30-3.160 Institutional [Corrections Programs] Treatment Centers. The department is amending the chapter title, rule title, and purpose; deleting old sections (1)–(13) and adding new sections (1)–(14).

PURPOSE: This amendment updates the service delivery process and certification requirements for Department of Corrections' (DOC) Institutional Treatment Centers (ITCs).

PURPOSE: This rule [supplements other rules under this chapter by setting forth rules which are specific to institutional corrections treatment programs.] describes the certification requirements, service delivery process, and staff qualifications for substance use disorder treatment programs within Department of Corrections' (DOC) institutions, referred to in this rule as Institutional Treatment Centers (ITCs).

[(1) Program Description. An institutional corrections treatment program shall provide treatment and rehabilitation services to persons with substance abuse problems who are incarcerated by the Missouri Department of Corrections. This rule does not apply to those corrections programs or facilities which provide only educational services regarding

substance abuse.

(2) *Admission Criteria.* The program shall provide treatment and rehabilitation for those persons who—

(A) Meet diagnostic criteria for a substance abuse or dependence as described in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*; or

(B) Have been ordered by a court of jurisdiction or by the Board of Probation and Parole to participate in a substance abuse treatment program in an institutional setting under the auspices of the Department of Corrections.

(3) *Treatment Goals.* The program shall provide treatment and rehabilitation in a structured, alcohol- and drug-free setting.

(A) Services shall be organized and directed toward the primary goals of—

1. Stabilizing a crisis situation, where applicable;
2. Interrupting a pattern of extensive or severe substance abuse;
3. Restoring physical, mental and emotional functioning;
4. Promoting the individual's recognition of a substance abuse problem and its effects on his/her life;
5. Developing recovery skills, including an action plan for continuing sobriety and recovery; and
6. Promoting the individual's support systems and community reintegration.

(B) The program shall establish a positive, recovery-oriented, supportive treatment setting that emphasizes personal responsibility and accountability and promotes pro-social interaction.

(C) Services shall promote reality-based, cognitive restructuring approaches to address substance abuse and criminality.

(4) *Performance Indicators.* All programs shall collect and review data related to the goals and outcomes for institutional corrections treatment.

(A) Each program shall collect data on key indicators that may include, but are not limited to, the following:

1. Client satisfaction with services;
2. Number of persons who successfully complete institutional corrections treatment;
3. Number of persons who leave against staff advice or are otherwise unsuccessfully discharged from the program;
4. Number of persons who engage in continuing treatment in the community;
5. Number of persons who commit further offenses in the community upon release or are re-incarcerated in a correctional facility;
6. Number of persons maintaining a drug-free status as determined by laboratory tests to detect the use of alcohol and drugs; and
7. Changes in the functioning of clients (such as employment and other measures of social and emotional functioning).

(B) Each program shall use this data in its quality improvement process.

(C) The Department of Corrections may require, at its option, the use of designated indicators or measures in order to promote consistency and the wider applicability of this data.

(5) *Adapting Other Requirements to Institutional Corrections Treatment Programs and Settings.* Requirements referenced under 9 CSR 30-3.022 *Certification of Alcohol and Drug Abuse Programs* shall be applicable to institutional correc-

tions treatment programs and settings, subject to the modifications and adaptations specified in this rule. The program shall comply with the following requirements without modification or adaptation:

- (A) 9 CSR 10-7.010 *Treatment Principles and Outcomes*;
- (B) 9 CSR 10-7.040 *Quality Improvement*;
- (C) 9 CSR 10-7.050 *Research*;
- (D) 9 CSR 10-7.090 *Governing Authority and Program Administration*;
- (E) 9 CSR 10-7.100 *Fiscal Management*;
- (F) 9 CSR 10-7.130 *Procedures to Obtain Certification*;
- (G) 9 CSR 10-7.140 *Definitions*;
- (H) 9 CSR 10-5.190 *Criminal Record Review*; and
- (I) 9 CSR 10-5.200 *Report of Complaints of Abuse and Neglect*.

(6) *Service Definitions and Staff Qualifications.* Requirements under 9 CSR 30-3.110 *Service Definitions and Staff Qualifications* are included by reference and are adapted for institutional corrections treatment programs as follows:

(A) The maximum size of educational groups for clients shall be identified in the organization's policy and procedures manual, approved by its governing authority, and stated in its application for certification.

1. In no case shall the size of the educational groups exceed the capacity for comfort, safety and security.

2. Educational groups shall be supplemented with methods such as worksheets, homework assignments or small discussion groups to enhance clients' understanding and internalization of the information presented.

(B) Educational groups for family members should be offered which provide information about substance abuse and its effects on the family. These groups may include family members and significant others who have an ongoing relationship with the individual that affects the continuing recovery plan.

(7) *Service Delivery Process and Documentation.* Requirements regarding *Service Delivery and Documentation* under 9 CSR 10-7.030 and 9 CSR 30-3.100 are included by reference and are adapted for institutional corrections treatment programs as follows:

(A) Individual counseling, group education and counseling, recreation and introduction to self-help groups shall be provided to each client;

(B) Community support, family therapy, and codependency counseling are not required services. However, if these services are offered, service delivery shall be in accordance with applicable standards;

(C) The screening process required under 9 CSR 10-7.030(1) is waived. However, it is the program's responsibility to identify and to refer individuals to appropriate Department of Correction services. The program shall—

1. Comply with Department of Corrections' policy for provision of psychological and medical emergency care; and

2. Coordinate services within the Department of Corrections to ensure the individual's safety;

(D) The assessment shall be completed by a qualified substance abuse professional within ten (10) working days of admission to the treatment program to ensure identification of the appropriate level of care and to develop the individualized treatment plan;

(E) The treatment plan shall be also developed within ten (10) working days of admission to the treatment program and shall accurately reflect the individual's needs and goals;

(F) Treatment plans shall be reviewed and updated as follows, unless a more frequent review is stipulated by the court for an individual:

1. Programs with an expected length of stay of six (6) months or less shall review and update treatment plans every forty-five (45) days;

2. Programs with an expected length of stay of more than six (6) months shall review and update treatment plans every ninety (90) days;

(G) Persons involved in the care and treatment of an individual shall participate in a staffing for the purpose of developing, coordinating, and communicating the treatment plan to all applicable parties;

(H) The program shall facilitate access to and cooperation with all necessary services within the institution including access to pertinent medical records;

(I) The program shall conduct or arrange tests to detect a client's use of alcohol and drugs in accordance with certification standards or Department of Corrections policy and procedure;

(J) The program shall provide an intensive phase of treatment and a less intensive phase including, but not limited to, orientation and work release.

1. During the intensive phase of treatment, each client shall participate in a minimum of thirty (30) hours of planned, structured, therapeutic activity per week.

2. During the less intensive phase of treatment, each client shall participate in a minimum of ten (10) hours of planned, structured, therapeutic activity per week;

(K) Individual counseling shall be provided to each person as follows:

1. Programs with an expected length of stay of six (6) months or less shall provide at least two (2) one-hour sessions per month; and

2. Programs with an expected length of stay of more than six (6) months shall provide at least one (1) one-hour session per month;

(L) Each client shall attend a minimum of two (2) one-hour group counseling sessions per week;

(M) A discharge summary shall be completed and entered in the client's record within fifteen (15) days of discharge or transfer from the program;

(N) For each group session, a group log shall document the type of service, summary of the service, date, actual beginning and ending time, clients' attendance and the signature and title of the staff member providing the service. Group activities may be documented in the client record on a prepared schedule, validated by the initials of the service provider; and

(O) There shall be written policies and procedures to assure the quality of client records.

1. Reviews shall include all applicable forms and documents.

2. Reviews shall include appropriate clinical content of the following documentation: comprehensive assessment; individualized treatment plan and updates; progress notes; continuing recovery plans; and discharge summaries.

3. Random reviews shall be conducted on a quarterly basis.

4. The agency shall maintain a record of files reviewed and include recommendations, corrective actions, and the status of previously identified problems.

5. Files shall reflect date of review and title and signature of person conducting the review.

(8) *Client Rights, Responsibilities and Grievances.* Requirements under 9 CSR 10-7.020 *Client Rights, Responsibilities and Grievances* are included by reference and are adapted for institutional corrections treatment programs as follows:

(A) Each individual shall be entitled to these rights, privi-

leges and procedures except where they conflict with rules or official policy governing the rights and privileges of individuals in the custody of the Department of Corrections;

(B) Any deviations from the rights, privileges and procedures defined in 9 CSR 10-7.020 which are necessary for all individuals shall be identified in the organization's policy and procedures manual, approved by its governing authority, and justified in its application for certification;

(C) The following rights enumerated under section 9 CSR 10-7.020(3) may be waived:

1. To receive services in the least restrictive environment;

2. To consult with a private, licensed practitioner at one's own expense;

3. To be paid for work unrelated to treatment, except that the individual may be expected to perform limited tasks and chores within the program that are designed to promote personal involvement and responsibility, skill building or peer support. Any tasks and chores beyond routine care and cleaning of activity or bedroom areas within the program must be directly related to recovery and treatment plan goals developed with the individual;

(D) The right to see one's own records applies only to treatment records;

(E) The following rights enumerated under section 9 CSR 10-7.020(4) may be waived:

1. To wear one's own clothes and keep and use one's own personal possessions;

2. To keep and be allowed to spend a reasonable amount of one's own funds;

3. To have reasonable access to a telephone to make and to receive confidential calls;

4. To be free from seclusion and restraint;

5. To receive visitors of one's own choosing at reasonable hours; and

6. To communicate by sealed mail with individuals outside the facility;

(F) The right to use the telephone and receive visitors is subject to the policies of the Department of Corrections; and

(G) The organization shall ensure that all individuals have the same legal rights and responsibilities as any other citizen, unless otherwise limited by law or Department of Corrections policy.

(9) *Behavior Management.* Requirements related to behavior management under 9 CSR 10-7.060 are not applicable to institutional corrections treatment programs.

(10) *Medications.* Requirements under 9 CSR 10-7.070 *Medications* are included by reference, except that medication requirements do not apply to an institutional dispensary or other medical unit of the facility where services are provided under contractual agreement.

(11) *Dietary Service.* Requirements under 9 CSR 10-7.070 *Dietary Service* are included by reference with the following modification for institutional corrections treatment programs.

(A) An institutional corrections treatment program shall include, as part of its application for certification, evidence that its dietary staff, services and facility comply with applicable requirements established by the Department of Corrections.

(B) If this documentation is provided, the institutional corrections treatment program shall be considered in compliance with 9 CSR 10-7.070 *Dietary Service*.

(12) *Personnel.* Requirements under 9 CSR 10-7.100

Personnel are included by reference with additional requirements as follows:

(A) The institutional corrections treatment programs shall have a written plan for professional growth that includes cross training in treatment and corrections, and multi-cultural diversity;

(B) Correctional staff that have direct client contact shall be cross trained in treatment issues and exhibit a philosophy that treatment works; and

(C) Treatment staff shall be cross trained in correction issues and understand that custody and protection of the public, staff and offenders are the first priority of security.

(13) *Physical Plant and Safety.* This section modifies the requirements under 9 CSR 10-7.110 Physical Plant and Safety for institutional corrections treatment programs. Physical plant and safety standards, which would otherwise be in conflict with Department of Corrections policies and procedures, shall be waived.

(A) The program shall comply with Department of Corrections requirements regarding safety including fire safety and emergency preparedness, security, cleanliness and comfort.

(B) The institutional corrections treatment program shall, upon application for certification, provide evidence that the program meets applicable Department of Corrections requirements in these areas. Where such evidence is provided, the agency shall be considered to be in compliance with environmental standards.

(C) The design and structure of the institutional setting shall be sufficient to accommodate staff, clients and functions of the program.]

(1) **Definitions.** The following definitions apply to terms used in this rule.

(A) **Behavior contract**—therapeutic intervention consisting of a written, time limited specific plan of behavior to be followed by the offender that is designed to assist him/her in modifying inappropriate behavior.

(B) **Cardinal Rules**—prohibitions that maintain the integrity of the treatment community or unit, protect against dangers to the community or unit, and ensure physical and psychological safety for all offenders and staff. Cardinal Rules include: all DOC major conduct rules 1-9 and minor assault; possession/use of an intoxicating substance; threats; sexual misconduct; theft; fighting; gambling; destroying property; and any written or verbal acts of discrimination to include race, creed, or gender.

(C) **Clinical Director**—staff member responsible for supervising the clinical services and/or programs of a DOC substance use disorders treatment center or ITC.

(D) **Counseling services**—address offender needs in an individual or group setting, provided by staff employed as treatment professionals who are supervised by experienced and/or credentialed supervisors. Counseling services involve processing of information in a collaborative fashion.

(E) **Group counseling**—face-to-face, goal-oriented therapeutic interaction between a treatment professional and no fewer than three (3), and no more than fifteen (15) offenders.

(F) **Individual counseling**—structured, goal-oriented therapeutic process in which the offender interacts on a face-to-face basis with a treatment professional to address problems identified on their individual treatment plan.

(G) **Individual treatment plan**—structured and individualized plan that directs an offender's treatment. The plan includes assessment information and the offender's needs, problem areas, and concerns to develop goals, objectives, and interventions to address the areas identified.

(H) **Lack of therapeutic gain**—an offender's consistent or seri-

ous failure to apply reasonable effort and attainment of therapeutic goals as documented by the substance use disorders treatment team. An offender must show a continued pattern of negative behavior in areas such as therapeutic programming engagement, program expectations, and/or institutional rule violations. All levels of therapeutic intervention are utilized prior to an unsuccessful exit for lack of therapeutic gain.

(I) **Offender Management Team (OMT)**—therapeutic in nature and utilized to address an offender's problematic actions in an attempt to re-direct the offender towards appropriate behavior so he/she can be successful in treatment. The team consists of at least two (2) staff members, one (1) of which is a treatment staff member, and one (1) from classification, probation and parole, or custody.

(J) **Program Review Committee (PRC)**—committee that evaluates an offender's progress in treatment and recommends continuation or exit from the program. The committee consists of at least three (3) staff members from the following areas: treatment, classification, custody, and/or probation and parole, as available. At least one (1) treatment staff member must be present. The chairperson is a substance use disorders unit supervisor, a functional unit manager, or a DOC (non-contracted) clinical director. A PRC is therapeutic in nature and addresses an offender's behavior and progress in the program. The PRC can be utilized to reengage an offender in the program, or to remove an offender via a no-fault or unsuccessful exit, if reengagement is determined not to be an option.

(K) **Progress notes**—entries by appropriate treatment staff documenting the offender's activities, progress toward achievement of the substance use disorders treatment plan goals, treatment contacts, significant events, services delivered, and future follow up.

(L) **Recovery-oriented therapeutic class**—didactic presentation of general information regarding substance use disorders, criminality and related topics, and the practical application of the information through group discussion, and as directed by the offender's treatment plan. The number of participants shall not exceed the comfort and safety level of the room utilized.

(M) **Recovery support groups**—voluntary associations of people who share a common desire to overcome a substance use disorder. Different groups use different methods, and the approaches range from completely secular to explicitly spiritual. In an ITC, abstinence from substance use is a requirement and expectation. Programs that provide spiritually-based groups such as Alcoholics Anonymous and Narcotics Anonymous must provide secular options as well.

(N) **Structured recreational activity**—scheduled and organized recreational activities that do not include a classroom/process component.

(O) **Substance use disorders education**—a therapeutic service designed to provide information on topics regarding substance use, addictions, and recovery. The information is provided to offenders through didactic and interactive educational methods and may be reinforced through homework assignments.

(P) **Substance use disorders treatment file**—the record of information established by assigned treatment staff pertaining to an offender's progress during participation in a substance use disorders treatment program.

(Q) **Substance use disorders treatment plan**—document recording each offender's individualized treatment goals and objectives, interventions to address the objectives, and his/her progress in the ITC.

(R) **Substance use disorders treatment team**—a group of professionals comprised of contracted treatment staff, DOC treatment staff, and other DOC staff who work collaboratively to guide the offender's progress on his/her substance use disorders treatment plan and within the ITC.

(S) **Therapeutic community**—residential substance use disorders

treatment model in which participants are designated as families and/or communities. Staff members are considered rational authorities and the community itself is considered the primary agent of change.

(T) Therapeutic family—the institutional therapeutic community participants.

(U) Therapeutic gain—achievement of therapeutic goals and objectives established by the treatment plan, and growth toward responsible behavior as indicated by active participation, following rules, and personal application of ITC principles and concepts.

(V) Therapeutic interventions—tools for bringing negative or positive behaviors and attitudes to the awareness of an offender's therapeutic family to assist him/her in achieving and/or reinforcing therapeutic goals and growth toward responsible behaviors.

(W) Therapeutic services—have defined therapeutic benefit, are led or facilitated primarily by treatment staff, and may be provided in collaboration with other DOC or contracted staff.

(X) Treatment plan review—documented discussion between a treatment professional and the offender regarding specific treatment plan goals and objectives and progress made toward the goals and objectives. Written changes to the treatment plan are considered treatment plan updates. This is a component of each one-on-one (individual) counseling contact.

(Y) Treatment plan update—occurs in the course of a treatment plan review with the offender when a change to the plan is appropriate, such as the addition of new goals or objectives and closing of completed goals and objectives.

(2) Program Certification and Applicable Regulations. Institutional Treatment Centers (ITCs) applying for program certification from the Department of Mental Health (department) shall comply with requirements set forth in 9 CSR 10-7.130. Other department regulations applicable to certified ITCs, in full or in part, are specified in this rule.

(A) ITCs shall comply with the following department regulations without modification:

1. 9 CSR 10-7.030; and
2. 9 CSR 10-7.140.

(B) ITCs shall comply with the following department regulations as specified:

1. 9 CSR 10-7.010, with the exception of subsection (6)(B);
2. 9 CSR 10-7.020, with the exception of paragraphs (3)(A)10., (3)(B)5., and (4)(C)1.;
3. 9 CSR 10-7.040, with the exception of subsection (2)(A);
4. 9 CSR 10-7.110, with the exception of subsection (2)(C), paragraph (2)(F)1., and section (4); and
5. 9 CSR 30-3.032, subject to the modifications specified in this rule.

(C) The following department regulations are waived for ITCs unless it is determined a specific requirement is applicable due to the unique circumstances and service delivery methods of a particular ITC:

1. 9 CSR 10-5.190;
2. 9 CSR 10-5.200;
3. 9 CSR 10-7.035;
4. 9 CSR 10-7.050;
5. 9 CSR 10-7.060;
6. 9 CSR 10-7.070;
7. 9 CSR 10-7.080, the application for program certification must include documentation verifying the ITC's dietary staff, services, and facility comply with applicable DOC dietary requirements;
8. 9 CSR 10-7.090;
9. 9 CSR 10-7.100;
10. 9 CSR 10-7.120, the application for program certification must include documentation verifying the ITC complies with DOC safety requirements including fire, emergency prepared-

ness, security, cleanliness, and comfort; and

11. 9 CSR 30-3.100.

(3) ITC Services. Services delivered within an ITC shall provide a structured array of therapeutic processes and interventions to affect cognitive and behavioral changes for individuals who are incarcerated. Services shall address the individual's substance use disorder(s) and/or addiction and criminality.

(A) A treatment week for each individual in the program consists of a minimum of twenty-five (25) hours of treatment services, regardless of program length, and includes, at a minimum:

1. Two (2) hours of group counseling provided to groups of offenders, in addition to the individual counseling contact specified in paragraph (3)(B)5. of this rule;
2. Eighteen (18) hours of therapeutic services; and
3. Five (5) hours of adjunctive services.

(B) Counseling services identify individual needs and group needs of offenders. Services are provided by staff employed as treatment professionals who are supervised by experienced and/or credentialed supervisors as specified in section (8) of this rule. Regardless of program length, counseling services for each offender shall include:

1. An initial individual counseling contact within seven (7) calendar days of program admission;
2. An assessment and assessment interview within ten (10) calendar days of program admission;
3. Treatment planning and treatment planning follow-up sessions. The initial treatment plan must be completed within ten (10) calendar days of program admission, and treatment plan reviews shall occur at forty-five (45) day intervals at a minimum;
4. A minimum of two (2) hours of group counseling per week, and the maximum group size is fifteen (15) individuals;
5. A minimum of one (1) contact hour of individual counseling per month; and
6. Mental health counseling and group counseling, as applicable.

(4) Therapeutic Services. Therapeutic services have defined therapeutic benefit and are led or facilitated primarily by treatment professionals. Services may be provided in collaboration with other DOC staff or contracted staff.

(A) Therapeutic services include—

1. Recovery-oriented therapeutic classes, a minimum of four (4) hours per week, to be counted toward the therapeutic activities allowance;
2. Education classes or classroom videos related to substance use disorders with clarifying discussions and/or assignments, with no more than eight (8) hours per week to be counted toward the therapeutic activities allowance;
3. Therapeutic community groups with treatment staff physically present;
4. Impact of Crime on Victims Classes (IC/VC) with interdisciplinary facilitation;
5. Anger management with interdisciplinary facilitation;
6. DOC-approved cognitive skills program with interdisciplinary facilitation;
7. Employment skills and/or life-skills classes;
8. Waysafe and/or other health-related HIV/hepatitis classes;
9. Recovery support groups facilitated by staff or an approved DOC volunteer;
10. Case management for release planning;
11. Reentry services and groups;
12. Work release hours, if accompanied by journaling and/or homework assignments;
13. Institutional jobs, if accompanied by journaling and/or homework assignments;
14. Therapeutic community job assignment at or above

coordinator level;

15. High School Equivalency (HSE), Adult Education Literacy (AEL), and/or vocational classes, if accompanied by journaling and/or homework assignments;

16. Structured recreational activities with staff supervision; and

17. Graduation/program completion ceremony.

(5) **Adjunctive Services.** Adjunctive services provide potential benefit for the individual, but have no treatment or case management staff supervision or involvement.

(A) Adjunctive services shall include:

1. Mentoring (receiving or providing);
2. Tutoring (receiving or providing);
3. Films with therapeutic benefit without follow-up discussion or assignment;
4. Recovery support groups facilitated exclusively by offenders;
5. Restorative justice activities;
6. Temporary work assignments; and
7. Study hall, with no more than one (1) hour per week to be counted toward the adjunctive activities allowance.

(6) **Admission and Exit Criteria.** This section provides guidance related to admission and exit criteria for ITC programs. Placement, admission, and program exit for offenders is determined by policy and standard protocol for Missouri correctional facilities and substance use disorder services. The Assistant Division Director, Division of Offender Rehabilitative Services, Substance Use and Recovery Services, has final approval and authority on all matters related to program admission, placement, and exit.

(A) Admission to an ITC program is based on:

1. A court order for institutional substance use disorders treatment;
2. A probation and parole referral for institutional substance use disorders treatment; or
3. The results of a professional substance use disorders assessment and classification instrument indicating the need for treatment.

(B) Exit from an ITC program may occur based on the following:

1. **Successful program exit**—indicated when an offender has met program expectations by remaining in the treatment program for the duration of the assigned treatment episode as defined by governing laws and policies, and has successfully completed the objectives on their individualized treatment plan. The quality of the completion is to be described in the offender's exit/discharge summary and in any report initiated by the treatment provider to probation and parole and/or to the court;

2. **No fault program exit/transfer**—indicated when an offender's continued participation in the program is no longer feasible due to factors out of his/her control. Examples of no fault program exit/transfer include protective custody needs, increases in classification scores, or a need for federally-mandated services such as medical, mental health, and special education that exceed the capability of institutional staff to provide; and

3. **Unsuccessful program exit**—indicated when an offender poses a true threat to other offenders and/or staff, endangers the security of the treatment unit, causes significant and repeated disruptions, and/or endangers the program success of other offenders. Due to the important role of treatment in recovery from substance use disorders and criminal behavior, unsuccessful program exits should be held to a minimum.

A. Due to the significant consequences that may follow an offender's unsuccessful exit from an ITC, the minimal efforts, guidelines, and protocols explained in section (14) of this rule shall be followed and documented.

B. When determined necessary, offenders enrolled in an ITC may receive an unsuccessful program exit in accordance with DOC policies and procedures.

(7) **Service Delivery and Documentation Requirements.** All services provided for offenders shall be delivered and documented as specified in this rule.

(A) An assessment must be completed within ten (10) calendar days of the offender's admission to the ITC. If an assessment was completed within the twelve (12) months prior to the individual's admittance to the ITC and it is obtained for the treatment file, a new assessment may not be necessary. Documentation of the assessment must be included in the treatment and classification file (record) of each offender and include verification that the assessment report was reviewed with the individual. Documentation remains the same regardless of when the assessment was completed or obtained. The assessment shall include, but is not limited to:

1. Demographic and identifying information for the offender;
2. Statement of needs, goals, and treatment expectations from the offender;
3. Presenting situation/problem and referral source;
4. History of previous psychiatric and/or substance use disorders treatment, including number and type of admissions;
5. Alcohol and drug use for the thirty (30) days prior to current incarceration, during incarceration, and substance use history including duration, patterns, and consequences of use;
6. Current psychiatric symptoms;
7. Family, social, legal, vocational/educational status, and functioning, including history, if appropriate;
8. Personal and social resources and strengths, including the availability and use of family, social, peer, and other natural supports;
9. Stage of motivation; and
10. Screening using a DOC-approved instrument.

(B) An individualized treatment plan shall be developed based on the results of the offender's assessment. The plan is developed in collaboration with the offender within ten (10) working days of his/her admission to treatment. The treatment plan must reflect the offender's unique needs and goals. Documentation of the treatment plan interview shall be made in each offender's treatment record and include his/her involvement in the treatment planning process. The treatment plan shall be signed by the staff person and the offender and shall include, but is not limited to:

1. Goals and measurable objectives;
2. Interventions to accomplish each objective—documentation includes specific supports, actions, and services, and identifies the staff member responsible for providing the services/supports and action steps of the offender and members of his/her support system (such as family, social, peer, and other natural supports);
3. Involvement of family, when possible;
4. Service needs beyond the scope of ITC staff that are provided or assisted by other disciplines within the institution or through referral to other community resources and organizations, as applicable;
5. Projected time frame for the completion of each objective; and
6. Estimated program completion/exit date.

(C) Review of the treatment plan, objectives, and program progress shall be conducted and documented in the offender's treatment file a minimum of every forty-five (45) days. Each offender shall actively participate in the review of his/her treatment plan. The plan and objectives shall be updated, as appropriate, to reflect individual needs, accomplishments, and progress.

(D) A discharge summary shall be completed and entered in

the treatment file within three (3) working days of an offender's transfer or exit from the ITC. The discharge summary shall include, but is not limited to:

1. ITC admission and exit dates;
2. Reason for admission and referral source;
3. Assessment summary;
4. Statement of the problem;
5. Description of treatment services provided and progress achieved;
6. Continuing care recommendations;
7. Reason and type of treatment program exit;
8. Known medical and/or mental health needs that may require ongoing support services, if available; and
9. Other service needs, if applicable.

(E) A relapse prevention/continuing care plan shall be completed with the offender and specific resources provided to him/her prior to exit from the ITC. The plan shall identify services, designated provider(s) of support services, and other planned activities designed to promote continuing recovery.

(F) Individual counseling contacts shall be documented in progress notes and include, at a minimum:

1. Description of the specific service provided;
2. The date and actual time (beginning and ending times) the contact was rendered;
3. Name and title of the treatment professional who rendered the service;
4. Reference to specific objectives addressed within the individualized treatment plan;
5. Description of the individual's response to services provided; and
6. Planned follow-up by the treatment professional and the offender.

(G) Individual treatment records shall be maintained by staff of the ITC and delivery of services must be recorded in a timely manner, as follows:

1. All entries are legible, clear, complete, and accurate;
2. All entries are dated and authenticated by the treatment professional providing the service, including name, title, and credential(s), as applicable;
3. Errors are indicated in the paper copy by the staff member marking through the error with a single line, initialing, and dating the correction;
4. Language is clear and concise, so it is readily understood by anyone reading the document, even if they are not familiar with the environment, profession, or discipline of substance use disorders or corrections; and
5. Acronyms, abbreviations, professional slang, or jargon is not used.

(H) All required documentation and forms shall be signed and dated by staff and the offender, as indicated. Documentation in the offender's record shall include, but is not limited to, the following:

1. Forms related to program orientation, with signed acknowledgement of receipt by the offender, including:
 - A. Consent to treatment;
 - B. Rights and responsibilities;
 - C. Institutional treatment contract;
 - D. Authorization for disclosure of medical/health information;
 - E. Grievance process;
 - F. Handbook;
 - G. Receipt of orientation; and
 - H. Verification of program options for self-help groups and information about the availability of self-help groups and related materials;
2. Assessment summary, with offender's signature;
3. Individualized treatment plan, with offender's signature;
4. Treatment plan reviews, with offender's signature;

5. Services delivered;

6. Treatment progress and any development, crisis, or significant incident occurring during the treatment episode;

7. Referrals, if made while the offender is in the ITC, including applicable release of information, as needed, and any known outcomes;

8. Missed appointments and efforts to reengage;

9. Behavior contract, effort, and outcomes;

10. Conduct violation reports and applied sanctions;

11. Offender Management Team (OMT), Program Review Committee (PRC), and all significant therapeutic staffing; and

12. Discharge summary, with plan for continuing recovery to address ongoing needs, as identified.

(I) A schedule of program services, groups, and other structured activities shall be maintained by the ITC and be readily available to offenders on site.

1. A program log shall be maintained to record any cancelled sessions, including the name, time, date, and reason for the cancellation.

2. A supervisor or program manager shall review the program log on a monthly basis, at a minimum.

3. A record of small process groups shall be maintained indicating beginning and ending times, individuals in attendance, and the name of the staff member providing the service. This record may be retained electronically.

(8) Staff Requirements. This section identifies the qualifications, ratios, and training requirements for staff employed as treatment professionals in an ITC.

(A) All staff who have direct contact with offenders must be at least eighteen (18) years of age and, at the time of their application for employment with DOC, verify and document they meet the qualifications of their respective profession and the specific requirements of DOC.

1. Interns and volunteers must be approved in accordance with DOC policies and procedures.

(B) At a minimum, staff must meet Missouri Office of Administration (OA) requirements for a position specified in subsection (C) of this section or as designated by contract. OA requirements are available online at: <http://oa.mo.gov/personnel/classification-specifications>.

(C) ITC staff positions are designated as follows:

1. Addiction Counselor I (AC I);

2. Addiction Counselor II (AC II);

3. Addiction Counselor III (AC III);

4. Treatment Unit Supervisor (TUS);

5. Corrections Manager Band I;

6. Corrections Manager Band II; and

7. Interns and volunteers, as defined in DOC policy.

(D) Organizations that are contracted by DOC to provide services in an ITC shall ensure staff are qualified in accordance with the positions identified in subsection (C) of this section.

(E) Group counseling shall be provided by treatment professionals trained in substance use disorders treatment. Newly employed treatment staff shall be observed by and receive instructive feedback from an experienced facilitator for no less than eight (8) hours prior to facilitating group sessions.

(F) Substance use disorders education and recovery-oriented therapeutic classes shall be provided by staff who possess the education, background, or experience to deliver the information, demonstrate competency and skill in educational techniques, are knowledgeable about the topic being presented, and are present with offenders throughout the education process.

(G) Staff providing direct clinical services for offenders shall have a staff-to-offender ratio not to exceed one (1) staff person per twenty-five (25) offenders, or as specified by contract. Interns and volunteers may be used to provide rehabilitation services, but cannot be included in the required staff-to-offender

ratio.

(H) All staff providing services in an ITC must receive training to ensure services are provided ethically and effectively in a competent, safe, and secure manner.

1. At a minimum, newly hired staff must receive a program orientation specific to the job function(s) for which he/she was hired. When possible, a staff mentor shall be provided to new staff for guidance and to answer job-related questions.

2. A clinical training plan shall be developed for each ITC staff position. The plan shall be maintained in the staff person's training file and be updated yearly to reflect completion of the ITC training requirements.

3. All staff having direct contact with offenders shall complete a minimum of twenty (20) hours of in-service training per year. At least ten (10) of those hours must relate to substance use disorders treatment services and skills. Required annual training shall include:

A. Ethics and professional boundaries; and

B. Documentation.

4. Training related to substance use disorders treatment or job-related skills may include, but is not limited to:

A. Non-adversarial confrontation;

B. Group counseling;

C. Individual counseling;

D. Motivational interviewing;

E. Co-occurring substance use and mental health disorders;

F. Avoiding job burnout, re-energizing, and self-wellness;

G. The four (4) domains—screening, assessment, and engagement; treatment planning, collaboration, and referral; counseling; and professional and ethical responsibility;

H. Therapeutic continuum of intervention; and

I. Medication.

(I) All staff must attend Basic Training at the DOC Training Academy as required by DOC policy. Staff must also attend any required introductory level counseling skills training within the first six (6) months of employment, or otherwise specified in contract, or as directed by training plans recommended by the Assistant Division Director, Division of Offender Rehabilitation Services, Substance Use and Recovery Services or his/her designee.

(J) A training record that is separate from the personnel file must be maintained for all staff who deliver substance use disorders treatment services in an ITC. The training record must contain a complete record of all training completed and the employee's credentials. At a minimum, the record shall include documentation of the employee's—

1. Education, current and valid credentials/licensure, as applicable;

2. Completion of DOC Basic Training;

3. Completion of facility and program orientation;

4. Training and development plan (non-certified or non-licensed counselors);

5. In-service and outside training;

6. Completion of cognitive skills facilitation training, as required by DOC;

7. Completion of Prison Rape Elimination Act training;

8. Completion of cyber-security training;

9. Completion of annual discrimination, harassment, and retaliation training; and

10. Completion of any other training required by DOC.

(9) Staff Supervision Requirements. This section includes the staff supervision requirements for ITCs.

(A) Treatment professionals providing any ITC service must receive continuous supervision from a trained treatment professional supervisor(s), preferably an individual who is a credentialed or licensed professional.

(B) All treatment professional functions shall be performed with the knowledge, oversight, guidance, and full professional responsibility of the supervisor(s). The treatment supervisor shall maintain a record of their supervision activities. Supervisors, or a credentialed designee, must countersign specified documentation in the offender treatment file when it is entered by a non-credentialed addiction counselor, including, but not limited to:

1. Assessments;

2. Treatment plans and treatment plan updates;

3. Discharge summaries;

4. Behavioral contracts; and

5. Case evaluations/short-term treatment center reviews.

(C) Treatment supervisors shall maintain the appropriate credential(s) and/or license(s) for their respective position. Supervisors shall conduct and document regularly scheduled supervision sessions and ongoing direct observation of treatment professionals delivering services in the ITC.

(D) Supervision of staff who are seeking credentials must follow the supervision guidelines established by the specific credentialing body. Supervision must be tailored to the knowledge base, skills, and experience of each staff member in order to promote professional development and proficiency in substance use disorders counseling competencies.

(E) Non-credentialed and unlicensed staff of the ITC shall have access to their supervisor as frequently as possible to address immediate, brief questions. The supervisor shall meet with non-credentialed and unlicensed staff on a weekly basis and provide assistance with setting clear goals. All supervisory sessions with staff shall be recorded, including the date and time, personal goals, and notation of progress being made toward goals.

(10) Quality Assurance and Program Evaluation. This section includes the quality assurance and program evaluation requirements for ITCs.

(A) Each ITC must submit a quality assurance plan to the DOC Office of Substance Use and Recovery Services in accordance with established timelines. Plans must include the intended process by which internal measurement and/or program auditing will occur to ensure compliance with the quality assurance plan. Plans must be updated as specified by DOC.

(B) Plans will be returned to the ITC by the designated DOC staff person in accordance with established timelines indicating: approved as submitted; approved with modifications needed; or not approved. Plans needing revisions must be resubmitted by the ITC to designated DOC staff in accordance with established timelines.

(C) ITCs shall implement the quality assurance plan in accordance with timelines established by DOC.

(D) Quality assurance measures shall be reviewed and updated on a quarterly basis by staff of the ITC and submitted in the form of a written report to the DOC designee.

(E) Each ITC shall establish specific compliance indicators consisting of process quality assurance measures and outcome quality assurance measures.

(F) Process quality assurance measures must include, but are not limited to:

1. Review of clinical records of offenders in the ITC; and

2. A monthly, in-depth review of a random sample of one (1) clinical record maintained by each primary treatment professional of the ITC using a pre-defined criteria checklist. The review shall be conducted by a designated treatment professional supervisor(s), the clinical director, program manager, or other clinical administrative staff of the ITC. Results of the review determine whether the program is meeting ninety percent (90%) or more of the criteria pertaining to satisfactory quality in-chart documentation.

(G) Each non-licensed or non-credentialed treatment professional's group performance shall be observed directly by a treatment professional supervisor at least one (1) time per month. Feedback shall be provided orally by the treatment professional supervisor to the non-licensed or non-credential treatment professional and documented in the performance log. If the ratio of direct treatment professional supervisors to treatment professionals does not allow monthly review by the direct treatment professional supervisor(s), another member of the clinical management team shall assist in this review. Credentialed and/or licensed treatment professionals shall be reviewed on a quarterly basis, at a minimum.

(H) Ongoing reviews of fidelity to the practices and curricula being utilized in the ITC shall be conducted and documented by ITC staff.

(I) Each ITC shall establish and monitor multidisciplinary indicators to measure maintenance of a therapeutic environment. The indicators will be reviewed quarterly by DOC custody, classification, and treatment supervisors. Reviews shall include, but are not limited to:

1. OMTs and PRCs;
2. Conduct violations;
3. Informal resolution requests;
4. Grievances;
5. Unsuccessful program exits;
6. Offender satisfaction surveys;
7. Number of in-service trainings;
8. Sentinel events;
9. Temporary administrative segregation confinement or disciplinary segregation;
10. Staff turnover;
11. Other program exits; and
12. ITC Exit Evaluations.

(11) Maintenance of Records. Each ITC shall maintain an organized record system as specified in this rule.

(A) All records shall be maintained in accordance with all state and federal laws and regulations related to the confidentiality of records and release of information.

(B) Electronic records must conform to federal and state regulations, and there must be a backup system to safeguard records in the event of operator or equipment failure and to ensure security from inadvertent or unauthorized access.

(C) Individual records shall be retained for at least six (6) years, or until all litigation, adverse audit findings, or both, are resolved.

(D) The ITC shall assure timely access to records by authorized staff and other authorized parties, including DOC staff.

(12) Interdisciplinary Services and Referrals. ITCs shall advocate for and pursue interdisciplinary collaboration and provide adequate services and/or make referrals to meet the diverse treatment needs of individuals served.

(A) ITCs shall actively seek to promote interdisciplinary involvement in assessment, treatment planning, service delivery, and evaluation of progress with all agencies represented at the program site, as appropriate, based on individual needs.

(B) ITCs shall refer or provide needed services for offenders, as appropriate under the scope of practice by contract or DOC guidelines, related to:

1. Psychological, mental health, or emotional needs, in cooperation with the designated mental health service provider of the institution;
2. Physical well-being or medical needs, in cooperation with the designated medical services provider of the institution;
3. Educational needs, in cooperation with the designated educational services provider of the institution;
4. Spiritual needs, in cooperation with the on-site chaplain;
5. Institutional adjustment and functioning, in cooperation

with the designated DOC classification staff at each location;

6. Behaviors, safety, and security of offenders, in cooperation with the appropriate DOC custody staff; and

7. Criminal cases, sentencing, and release, in cooperation with the designated institutional probation and parole staff.

(C) Documentation of referrals related to the needs of offenders and/or collaboration with other agencies shall be maintained in the individual's treatment record.

(D) ITCs shall hold regularly scheduled quality assurance meetings with collaborative service providers. Documentation of quality assurance meetings must be maintained in the form of minutes, identifying all individuals in attendance. Representation at these meetings shall include, but is not limited to, the following agencies and/or disciplines:

1. DOC custody;
2. DOC classification;
3. DOC administration;
4. Mental health;
5. Medical;
6. Education;
7. Probation and parole;
8. Chaplain;
9. Recreation officers; and
10. ITC staff.

(13) Exceptions Process. The primary treatment supervisor of the ITC may request the department to waive any of the requirements in these rules by submitting a request in accordance with 9 CSR 10-5.210, Exceptions Committee Procedures.

(14) Disciplinary Guidance. This section provides guidance to staff of the ITC for taking disciplinary or corrective action with offenders who fail to comply with program expectations or rules and directives.

(A) Offenders admitted to an ITC are referred as the result of self-defeating thinking patterns and problematic, anti-social behaviors that lead to commission of crimes. Program staff must focus on facilitating necessary changes in thinking and behavior over the course of treatment. Every offender is expected to diligently strive for change in their thinking and behavior, and be receptive to the guidance and redirection provided by ITC staff.

(B) Behaviors that represent a certain and severe threat to offenders, staff, or the good order of the correctional institution shall not be tolerated.

1. Such behaviors are identified under Cardinal Rules in DOC Policies. Violation of Cardinal Rules must result in referral for review by the PRC. The PRC determines the appropriate action to be taken.

2. Action may include unsuccessful exit from the ITC, if such action is deemed appropriate by the PRC.

A. Unsuccessful exit for a Cardinal Rule violation should never be the only option for consideration. Many program rules do not meet the criteria of Cardinal Rules, but may create a security risk.

(C) Offenders adapt over time to increasingly higher levels of behavioral compliance. It is reasonable to expect such adaptation to take longer for some offenders than for others. It is part of the mission of ITCs to continue to work with the offenders as they navigate the stages of change in relation to their self-defeating thinking patterns and non-compliant behaviors.

(D) Compliance with program rules and directives are important, but it is vital that offenders be allowed time to learn the skills required to move forward in their recovery, and for staff to resist the temptation to prematurely execute the unsuccessful program exit of an offender.

(E) DOC classification and DOC administrative staff are primarily responsible for responding to an offender's behavior that results in writing a conduct violation report. ITC treatment staff

may write conduct violation reports, but they shall not interfere with the due process involved in the hearing of such reports and in the adjudication of those reports.

(F) An offender's behavior that results in a conduct violation report, or otherwise has been documented as negative behavior or behavior that is inconsistent with the rules and regulations of the ITC, shall be addressed through the therapeutic intervention continuum.

1. Depending on the seriousness or consistency of the offender's non-compliant behavior, stages of the continuum may be superseded. Every effort shall be made to intervene at the least intensive level of intervention possible, and to proceed forward over time in intensified interventions. The continuum of therapeutic intervention shall include, but is not limited to:

- A. Non-adversarial confrontation;
- B. Non-adversarial confrontation with therapeutic assignments;
- C. Treatment plan modifications;
- D. Behavioral contracts;
- E. Referral to the OMT; and
- F. Referral to the PRC.

2. Depending on the offender's receptiveness to a given intervention, some interventions may be repeated. Interventions repeated for different types of behavior shall be considered distinct and separate.

3. Successful interventions shall be acknowledged as such, with documentation in the offender's record. A successful intervention is an indication of progress, even if the intervention may need to be repeated later in the offender's treatment.

(G) Consistent non-compliance with program rules by an offender, despite documented and intensified interventions, may result in referral to the PRC due to lack of therapeutic gain.

1. Such referral must indicate documented attempts to assist the offender in understanding the need to change their behavior and challenging thinking patterns that have resulted in the non-compliance. The integrity of the therapeutic process shall be emphasized. Substantial documentation of all interventions is required to substantiate a termination based on lack of therapeutic gain.

AUTHORITY: sections 313.842, 630.050, and 630.655, RSMo [2000] 2016. Original rule filed Feb. 28, 2001, effective Oct. 30, 2001. Amended: Filed March 20, 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 by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

Title 9—DEPARTMENT OF MENTAL HEALTH
Division 30—Certification Standards
Chapter 6—Certified Community Behavioral Health Clinics

PROPOSED RULE

9 CSR 30-6.010 Certified Community Behavioral Health Clinics

PURPOSE: This rule establishes the requirements for Certified Community Behavioral Health Clinics (CCBHCs) to provide a comprehensive range of mental health and substance use disorder services to people with serious mental illness, serious emotional disturbances, long-term chronic addiction, mild or moderate mental illness and substance use disorders, and complex health conditions. CCBHCs provide services regardless of an individual's ability to pay, including those who are underserved, have low incomes, are insured, uninsured, Medicaid-eligible, and active duty U.S. Armed Forces or veterans.

(1) Definitions. The following definitions apply to terms used in this rule:

(A) Certified Community Behavioral Health Clinic (CCBHC)—an entity certified by the department to provide CCBHC services within their designated service area(s);

(B) Department – the Department of Mental Health; and

(C) Designated Collaborating Organization (DCO)—an entity that is not under the direct supervision of a Certified Community Behavioral Health Clinic (CCBHC) but is engaged in a contractual arrangement with a CCBHC to provide CCBHC services under the same requirements as the CCBHC.

(2) Regulations. All CCBHCs shall comply with all regulations, requirements, and standards specified in 9 CSR 10-7 and 9 CSR 30-4.

(3) Designated Service Areas. Organizations must be certified by the department to provide CCBHC services in one (1) or more service areas as established by the department under 9 CSR 30-4.005. The required CCBHC services, as specified in this rule, must be provided in each designated service area.

(A) Each CCBHC shall develop and maintain services and supports designed to meet the needs of the populations of focus. Populations of focus shall include:

1. Adults with serious mental illness as defined in 9 CSR 30-4.005(6);

2. Children and adolescents with serious emotional disturbances as defined in 9 CSR 30-4.005(7);

3. Children, adolescents, and adults with moderate to severe substance use disorders;

4. Children with behavioral health disorders who are in state custody; and

5. Individuals involved with law enforcement, the courts, and hospital emergency rooms who have been identified as in need of community behavioral health services.

(B) Each CCBHC shall regularly assess the unique socio-demographic factors of their service area(s) and implement strategies to improve access, quality of care, and reduce health disparities experienced by relevant cultural and linguistic minorities.

(4) Availability and Accessibility of Services. Services shall not be denied or limited based on an individual's ability to pay, place of residence, homelessness, or lack of a permanent address.

(A) CCBHCs shall provide, at a minimum, crisis response, evaluation, and stabilization, as needed, for individuals who present for services but do not reside within the CCBHC's designated service area(s). Policies and procedures shall specify the CCBHC's process for managing the ongoing treatment needs of such individuals, such as linkage to a CCBHC in the service area where the individual currently lives.

(B) CCBHCs shall provide outpatient services at times and locations that ensure accessibility and meet the needs of individuals in the service area, including some evening hours, and when appropriate and practicable, weekend hours.

(C) CCBHCs shall ensure—

1. No individual in the populations of focus is denied services including, but not limited to, crisis management because of an inability to pay for such services; and

2. Any fees or payments required by the CCBHC for such services shall be reduced as provided by the sliding fee schedule described in section (13) of this rule in order to enable the CCBHC to fulfill the assurance described in paragraph (4)(C)1. of this rule.

(D) CCBHCs shall ensure individuals determined to need specialized behavioral health services beyond the scope of its program are referred to a qualified provider(s) for necessary services.

(5) Certification and National Accreditation. CCBHCs shall maintain national accreditation and/or department certification as specified below:

(A) Accreditation from CARF International (CARF) to provide Outpatient Mental Health and Outpatient Alcohol and other Drugs/Addictions, or Outpatient Alcohol and Other Drugs/Mental Health to serve children, youth, and adults; or

(B) Accreditation from The Joint Commission (TJC) to provide Comprehensive Behavioral Health services to children, youth, and adults.

1. Provisional certification from the department to provide outpatient mental health treatment and substance use disorder treatment for children, youth, and adults is acceptable until accreditation is obtained from CARF or TJC as specified;

(C) Accreditation from CARF or TJC as a Health Home for children, youth, and adults;

(D) Accreditation from CARF for Crisis and Information Call Center for the provision of a twenty-four (24) hour crisis line for children, youth, and adults with mental health and substance use disorders. If the CCBHC contracts with a DCO to provide this service, the DCO must be accredited by CARF as specified;

(E) Accreditation from CARF for Crisis Intervention Services for the provision of a twenty-four (24) hour mobile crisis team for children, youth, and adults with mental health and substance use disorders. If the CCBHC contracts with a DCO to provide this service, the DCO must be accredited by CARF as specified.

1. The twenty-four (24) hour crisis line and twenty-four (24) hour mobile response team shall also comply with 9 CSR 30-4.195, Access Crisis Intervention (ACI) program; and

(F) Certification/deemed certification from the department in accordance with 9 CSR 30-4 as a Community Psychiatric Rehabilitation (CPR) program serving children, adolescents, and adults.

(6) Required Services. CCBHCs shall provide a comprehensive array of services to create and enhance access, stabilize people in crisis, and provide the necessary treatment for individuals with the most serious, complex mental illnesses and substance use disorders.

(A) The following core CCBHC services must be directly provided by the CCBHC in each designated service area:

1. Crisis mental health services, including a twenty-four (24) hour crisis line and twenty-four (24) hour mobile crisis response team. Crisis mental health services must be available at the CCBHC during regular business hours and be provided by a Qualified Mental Health Professional (QMHP). The crisis line and mobile crisis response team services may be directly provided by the CCBHC or by contract with a department-approved DCO;

2. Screening, assessment, and diagnosis, including risk assessment;

3. Patient-centered treatment, including risk assessment and crisis prevention planning;

4. Outpatient mental health and substance use disorder treatment services, including medication services for the treatment of addictions;

5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk;

6. Targeted case management;

7. Psychiatric rehabilitation services;

8. Peer support, counseling, and family support services, including peer and family support services for individuals receiving CPR and/or Comprehensive Substance Treatment and Rehabilitation (CSTAR) services, consistent with the array of services and supports specified in the job descriptions of Family Support Providers and Certified Peer Specialists; and

9. Intensive, community-based mental health services for active members of the U.S. Armed Forces and veterans.

(B) In addition to the core services, CCBHCs shall directly provide, contract with a DCO, or have a referral agreement with an organization that is certified/deemed certified by the department to provide the following services:

1. General adult, adolescent, and women and children's CSTAR services;

2. Recovery support services, if services are available in the CCBHC's designated service area(s);

3. Outreach services to reduce unnecessary utilization of emergency rooms by the populations of focus, including case managers to respond to and engage individuals who present at collaborating emergency rooms, access necessary resources to meet the individual's basic needs on an emergency basis, and assist individuals in accessing CCBHC services on an emergency, urgent, and/or routine basis, as needed.

(7) Required Staff. CCBHCs must maintain adequate staffing to meet the needs of the populations of focus. Staff may be full- or part-time employees of the CCBHC or contracted by the CCBHC to provide services.

(A) Required staff shall include:

1. Medical Director who is a licensed psychiatrist;

2. Licensed mental health professionals with expertise and specialized training in the treatment of trauma-related disorders;

3. Community Mental Health Liaison (a cooperative agreement with a CCBHC that employs a Community Mental Health Liaison is acceptable);

4. Clinical staff to complete comprehensive behavioral health assessments, annual assessments, and treatment plans;

5. Licensed mental health professionals who have completed training on evidence-based, best, and promising practices as required by the department;

6. Physician(s) with a waiver in accordance with the Drug Addiction Treatment Act of 2000 (DATA 2000) to treat opioid use disorders with narcotic medications approved by the Food and Drug Administration (FDA), including buprenorphine;

7. Community Support Specialists who have completed department-approved wellness training;

8. Individuals who have completed department-approved smoking cessation training;

9. Family Support Providers who have completed department-approved training; and

10. Certified Peer Specialists who have completed department-approved training.

(8) Screening, Assessment, and Treatment Planning. Unless a specific tool is required by the department, CCBHC staff shall use standardized and validated screening and assessment tools, including age-appropriate functional assessments and screening tools, and when appropriate, brief motivational interviewing techniques.

(A) At first contact, individuals seeking CCBHC services shall receive a preliminary screening and risk assessment to determine acuity of need. Emergency, urgent, or routine service needs shall be identified and addressed as follows:

1. Individuals who present in crisis shall receive services immediately, including arrangements for any necessary outpatient follow-up services;

2. Individuals who present with an urgent need shall receive clinical services and an eligibility determination within one (1) business

day of the time the request was made; and

3. Individuals who present with routine needs shall receive clinical services and an eligibility determination within ten (10) days of first contact.

(B) Following the preliminary screening, qualified staff shall conduct an initial evaluation and further screening, and provide needed services as indicated by the initial evaluation. Additional screening shall include, but is not limited to:

1. Depression screening for all adolescents age thirteen (13) to eighteen (18) years of age;

2. Depression screening for all adults age nineteen (19) and older;

3. Suicide risk assessment for all adolescents and adults diagnosed with major depression;

4. Brief health screen, as specified by the department;

5. Alcohol use disorder screening; and

6. Substance use disorder screening.

(C) The initial comprehensive assessment must be completed within specific treatment program timelines, not to exceed sixty (60) days.

1. A functional assessment shall be completed utilizing an instrument approved by the department for all individuals enrolled in the CSTAR and/or CPR program, and must be updated at least every ninety (90) days.

2. For individuals not enrolled in CSTAR or CPR, a functional assessment shall be completed using a department-approved instrument, when an individual appears to be experiencing moderate or more serious impairment. If the functional assessment confirms an individual is experiencing moderate or more serious impairment, the functional assessment must be updated every ninety (90) days.

3. The comprehensive assessment must be updated in collaboration with the individual receiving services as warranted by changes in his or her health status, responses to treatment, and/or achievement of goals.

4. The comprehensive assessment must be updated at least every ninety (90) days for individuals with moderate or more serious impairment as determined by the functional assessment.

(D) Results of the comprehensive assessment shall be utilized to develop an initial treatment plan within sixty (60) days of the individual's first contact with the CCBHC, unless a shorter timeframe is required by a specific treatment program. The treatment plan shall be developed collaboratively with the individual served and/or parents/guardian, family members, and other natural supports, as appropriate.

1. CCBHCs shall promote collaborative treatment planning by providing the individual's Primary Care Provider (PCP) with relevant assessment, evaluation, and treatment plan information, seeking all relevant treatment and test results from the PCP, and inviting the PCP to participate in treatment planning.

(E) The following information shall be collected and be available for reporting to the department or other entities, upon request:

1. The number and percentage of new and established individuals served who were determined to need crisis, urgent, and routine care;

2. The number and percentage of new and established individuals with urgent needs who began receiving needed clinical services within one (1) business day;

3. The number and percentage of new and established individuals with routine needs who began receiving needed clinical services within ten (10) business days; and

4. The mean number of days from first contact to completion of the initial comprehensive assessment and initial treatment plan for individuals served.

(9) Services for Active Duty Members of the U.S. Armed Forces and Veterans. CCBHCs must determine whether all individuals seeking services are current or former members of the U.S. Armed Forces.

(A) CCBHCs shall refer Active Duty Members or activated Reserve Component Members to their Military Treatment Facility or TRICARE PRIME Remote Primary Care Manager for referral to

services.

(B) Members of the Selected Reserves, not on active duty, who are enrolled in TRICARE Reserve Select, shall be referred to a TRICARE Reserve Select provider.

(C) If an individual is a veteran not currently enrolled in the Veterans Health Administration (VHA), CCBHC staff must offer to assist him/her in enrolling in the VHA.

(10) Crisis Response. CCBHCs must ensure individuals have access to crisis response services twenty-four (24) hours per day, seven (7) days per week as follows:

(A) Each CCBHC shall directly provide American Society of Addiction Medicine (ASAM) Level 1-Withdrawal Management (WM) services;

(B) Each CCBHC shall directly provide or contract with a DCO to provide:

1. ASAM Level 2-WM services;

2. ASAM Level-3.2 Clinically Managed Residential Withdrawal Management, commonly referred to as social setting detoxification services; and

3. ASAM Level 3.7-Medically Monitored Inpatient Withdrawal Management, commonly referred to as modified medical detoxification services;

(C) If CCBHC staff determine that a face-to-face intervention is required based on the presentation of an individual, then that face-to-face intervention must occur within three (3) hours; and

(D) CCBHC staff shall monitor and have the capacity to report the length of time from each individual's initial crisis contact to the face-to-face intervention and take steps to improve performance, as necessary.

(11) Care Coordination. CCBHCs shall actively pursue and promote collaborative working relationships with the broad array of community organizations and practitioners that provide services and supports for individuals receiving services from the CCBHC.

(A) Consistent with requirements of privacy, confidentiality, and individual preference and need, CCBHC staff shall assist individuals and families of children and youth who are referred to external providers or resources in obtaining an appointment and confirming the appointment was kept.

(B) Nothing about a CCBHC's agreements for care coordination shall limit an individual's freedom of choice of provider(s) with the CCBHC or its DCOs.

(C) CCBHC policies and procedures shall promote and describe its care coordination roles and responsibilities, and whenever possible, the development of formal agreements with community organizations and practitioners that document mutual care coordination roles and responsibilities, with particular attention to emergency room, hospital, and residential treatment admissions and discharges. CCBHC policies and procedures shall ensure reasonable attempts are made and documented to:

1. Track admissions and discharges of non-Medicaid eligible individuals to and from a variety of settings, and to provide transitions to safe community settings; and

2. Follow up with individuals served within twenty-four (24) hours following hospital discharge.

(D) For all individuals in the populations of focus, CCBHC staff shall inquire whether they have a PCP, assist individuals who do not have a PCP to acquire one, and establish policies and procedures that promote and describe the coordination of care with each individual's PCP.

(E) For all individuals in the populations of focus, CCBHC staff shall document in the individual record the name of each individual's PCP, indicate they are assisting him or her in acquiring a PCP, or the individual refuses to provide the name of their PCP or accept assistance in acquiring a PCP.

(12) Evidence-Based Practices. CCBHCs shall incorporate evidence-based, best, and promising practices into its service array.

(A) CCBHCs shall have adopted, or be participating in a department-approved initiative, to promote trauma-informed care and suicide prevention.

(B) CCBHCs shall have adopted with fidelity, a model for providing integrated treatment for co-occurring disorders approved by the department.

(C) CCBHCs shall demonstrate a continued commitment to adopting new evidence-based, best, and promising practices, such as—

1. Assertive Community Treatment (ACT);
2. Supported employment;
3. Supported housing;
4. Parent-Child Interaction Therapy;
5. Dialectical Behavior Therapy;
6. Multi-systemic Therapy; and
7. First Episode Psychosis.

(13) Fee Schedule. CCBHCs shall publish a sliding fee discount schedule(s) that includes all available services. The fee schedule shall be included on the CCBHC website, posted in the waiting/reception area, and be readily accessible to individuals seeking services and their family members and other natural supports.

(A) The sliding fee discount schedule shall be communicated in languages/formats appropriate for individuals seeking services who have Limited English Proficiency (LEP) or disabilities.

(B) The fee schedule shall, to the extent relevant, conform to state statutory or administrative requirements or to federal statutory or administrative requirements that may be applicable to existing clinics. Absent applicable state or federal requirements, the schedule shall be based on locally prevailing rates or charges and include reasonable costs of operation.

(C) CCBHCs shall have written policies and procedures describing eligibility for services in accordance with the sliding fee discount schedule. These policies and procedures shall be applied equally to all individuals seeking services from the CCBHC.

(14) Information Systems. CCBHCs shall maintain a health information technology (HIT) system that includes, but is not limited to, electronic health records of all individuals served. Electronic health record systems must comply with state and federal regulations.

(A) The HIT system must have the capability to capture structured information in individual records, including demographic information, diagnoses, and medication lists, provide clinical decision support, and electronically transmit prescriptions to the pharmacy.

(15) DCO Contracts. If the CCBHC enters into a contractual agreement(s) with a DCO, the contract shall include the following provisions:

(A) DCO staff having contact with individuals served, and/or their families, are subject to the same training requirements as staff of the CCBHC;

(B) The CCBHC coordinates care and services provided by the DCO in accordance with the individual's current treatment plan;

(C) The CCBHC is ultimately clinically responsible for all care provided;

(D) The individual's freedom to choose service providers is maintained;

(E) All individuals have access to the CCBHC's grievance procedures; and

(F) Services provided by the DCO shall meet the same quality standards as those provided by the CCBHC.

(16) Governing Body Representation. CCBHCs shall ensure individuals served and their parents/guardians, family members, and other natural supports have meaningful participation in the development and ongoing review of the organization's policies and procedures, service delivery practices, and service array.

(A) Meaningful participation shall be demonstrated by one (1) of the following:

1. At least fifty-one percent (51%) of the governing body consists of individuals who are receiving or have received services for a

serious mental illness, serious emotional disturbance, or substance use disorder, or the parents/guardian, family members/natural supports of individuals served;

2. A substantial portion of the governing body consists of individuals who are receiving services or have received services for a serious mental illness, serious emotional disturbance, or substance use disorder, or the parents/guardian, family members/natural supports of individuals served; or

3. A transition plan is developed, with timelines appropriate to the size of the governing body and target population, to establish a governing body with at least fifty-one (51%) or a substantial portion of the governing body consisting of individuals who are receiving services or have received services for a serious mental illness, serious emotional disturbance, or substance use disorder, or the parents/guardian, family members and other natural supports of individuals served.

(B) If the CCBHC is a subsidiary or part of a larger corporate organization and cannot meet the requirements identified in paragraphs (16)(A)1.-3. of this rule, the CCBHC shall have or develop an advisory structure or other specifically described process to ensure individuals who are receiving services or have received services for a serious mental illness, serious emotional disturbance, or substance use disorder, or the parents/guardian, family members and other natural supports of individuals served, have meaningful input to the governing body related to its policies and procedures, service delivery practices, and service array.

(C) CCBHCs may develop and implement an alternative process, which must be approved by the department, to ensure the governing body is responsive to the needs of individuals served and their parents/guardians, family members, natural supports, and the communities it serves.

(D) CCBHCs must be able to document input from individuals served and their parents/guardian, family members, natural supports, and communities served, including the impact on its policies, processes, and services.

(E) To the extent practicable, each CCBHC's governing body and/or advisory board shall be representative of the populations served in terms of demographic factors such as, geographic area, race, ethnicity, sex, gender identity, disability, age, and sexual orientation.

(F) Each CCBHC's governing body members or advisory board members shall be selected for their expertise in health services, community affairs, local government, finance and banking, legal affairs, trade unions, faith communities, commercial and industrial concerns, and social services within the communities served.

(G) No more than fifty percent (50%) of the governing body members may derive more than ten percent (10%) of their annual income from the health care industry.

AUTHORITY: sections 630.050 and 630.655, RSMo 2016. Emergency rule filed March 20, 2019, effective July 1, 2019, expires Oct. 30, 2019. Original rule filed March 20, 2019.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions three hundred thirty-eight million dollars (\$338,000,000) 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 by writing to Gail Vasterling, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

- I. Department Title: 9 – Department of Mental Health**
- Division Title: 30 – Certification Standards**
- Chapter Title: 6--Certified Community Behavioral Health Clinics**

Rule Number and Name:	9 CSR 30-6.010 Certified Community Behavioral Health Clinics
Type of Rulemaking:	Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Mental Health	Annual Fiscal Year Cost – approximately \$338 million

III. WORKSHEET

The annual cost of the program is approximately \$338 million (\$116 million general revenue and \$222 million federal funds). This program is scheduled to begin July 1, 2019.

	State	Blended Federal	Blended Total
Estimated FY 20 Spend	\$ 116,379,566.30	\$ 221,810,237.70	\$ 338,189,804.00

IV. ASSUMPTIONS

CCBHCs have been operating under a demonstration for the last two fiscal years (FY 18 and FY 19). FY 2020 fiscal year cost is based on FY 18 CCBHC demonstration spend.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 5—Air Quality Standards and Air Pollution
Control Rules Specific to the St. Louis Metropolitan
Area

PROPOSED AMENDMENT

10 CSR 10-5.442 Control of Emissions From Lithographic and Letterpress Printing Operations. The commission proposes to amend the rule purpose, subsections (1)(A)–(1)(C), section (2), subsections (3)(A), (3)(B), (3)(D), (4)(A), (5)(A), (5)(C), and (5)(E). If the commission adopts this rule action, the department intends to submit this rule amendment to the U.S. Environmental Protection Agency to replace the current rule that is in the Missouri State Implementation Plan. The evidence supporting the need for this proposed rulemaking is available for viewing at the Missouri Department of Natural Resources' Air Pollution Control Program at the address listed in the Notice of Public Hearing at the end of this rule. More information concerning this rulemaking can be found at the Missouri Department of Natural Resources' Proposed Rules website www.dnr.mo.gov/proposed-rules.

PURPOSE: The purpose of this proposed rulemaking is to update incorporation by reference information, add definitions specific to this rule, remove the unnecessary use of restrictive words, and make administrative updates. The evidence supporting the need for this proposed rulemaking, per 536.016, RSMo, is 536.175 RSMo; and Executive Order 17-03 Red Tape Reduction Review and related comments.

PURPOSE: This rule restricts volatile organic compound emissions from lithographic and letterpress printing operations in the St. Louis 1997 eight (8)-hour ozone nonattainment area.

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

(1) Applicability.

(A) This rule *[shall apply]* applies to installations that operate offset lithographic *[or]* printing presses, letterpress printing presses, or both, including heatset web, non-heatset web (newspaper and non-newspaper), and non-heatset sheet-fed presses in *[the City of]* St. Louis City and Jefferson, St. Charles, Franklin, and St. Louis Counties existing on November 30, 2019.

(B) This rule *[shall apply]* applies only to installations described in subsection (1)(A) of this rule, with total actual emissions from lithographic and letterpress printing operations, including related cleaning activities, before consideration of controls, of more than three (3) tons per twelve (12)-month rolling period of volatile organic compounds (VOCs).

(C) This rule *[shall]* does not apply to printing on fabric, metal, or plastic.

(2) Definitions. *[Definitions of certain terms specified in this rule may be found in 10 CSR 10-6.020.]*

(A) Alcohol—Refers to isopropanol, isopropyl alcohol, normal propyl alcohol, or ethanol.

(B) Alcohol substitutes—Nonalcohol additives that contain volatile organic compounds and are used in fountain solution.

(C) Automatic blanket wash system—Equipment used to clean lithographic blankets which can include, but is not limited to, those utilizing a cloth and expandable bladder, brush, spray, or

impregnated cloth system.

(D) Cleaning solution—A liquid solvent used to remove printing ink and debris from the surfaces of the printing press and its parts. Cleaning solutions include, but are not limited to, blanket wash, roller wash, metering roller cleaner, plate cleaner, impression cylinder washes, and rubber rejuvenators.

(E) Fountain solution—The solution which is applied to the image plate to maintain the hydrophilic properties of the nonimage areas. It is primarily water containing an etchant, a gum arabic, and a dampening aid (commonly containing alcohol and alcohol substitutes).

(F) Fountain solution reservoir—The collection tank that accepts fountain solution recirculated from printing unit(s). In some cases, the tanks are equipped with cooling coils for refrigeration of the fountain solution.

(G) Heatset—A class of web-offset lithographic and letterpress printing in which the setting of the printing inks requires a heated dryer to evaporate the ink oils. The setting or curing of inks using only radiation (e.g., infrared, ultraviolet light, or electron beam) is not heatset and is classified as nonheatset.

(H) Letterpress printing—A printing process in which the image area is raised relative to the nonimage area, and the ink is transferred to the substrate directly from the image surface.

(I) Lithographic printing—A planographic printing process where the image and nonimage areas are chemically differentiated; the image area is oil receptive and the nonimage area is water receptive. This method differs from other printing methods, where the image is typically printed from a raised or recessed surface. Offset lithographic printing is the only common type of lithographic printing used for commercial printing.

(J) Offset lithographic printing—A printing process that transfers the ink film from the lithographic plate to an intermediary surface (rubber-covered blanket cylinder), which, in turn, transfers the ink film to the substrate.

(K) Press—A printing production assembly that can be made up of one (1) or many units to produce a finished product. This includes any associated coating, spray powder application, heatset web dryer, ultraviolet or electron beam curing units, or infrared heating units.

(L) Printing—Any operation that imparts color, images, or text onto a substrate using printing inks.

(M) Printing ink—Any fluid or viscous composition used in printing, impressing, or transferring an image onto a substrate. Varnishes and coatings applied with offset lithographic and letterpress printing presses are inks and are part of the applicable printing process, not a separate operation such as paper coating.

(N) Sheet-fed—A printing press where individual sheets of substrate are fed into the press sequentially.

(O) Web—A printing process where a continuous roll of substrate is fed into the press.

(P) Definitions of certain terms in this rule, other than those specified in this rule section, may be found in 10 CSR 10-6.020.

(3) General Provisions.

(A) Fountain Solutions. This subsection applies only to offset lithographic presses with a total fountain solution reservoir capacity of one (1) gallon or more.

1. No owner or operator shall use or permit the use of any applicable offset lithographic printing press unless—

A. For each heatset web press—

(I) The fountain solution, as applied, contains one and six-tenths percent (1.6%) or less by weight of alcohol; or

(II) The fountain solution, as applied, contains three percent (3.0%) or less by weight of alcohol and is refrigerated to a temperature of sixty degrees Fahrenheit (60 °F) or less; or

(III) The fountain solution, as applied, contains five percent (5.0%) or less by weight of alcohol substitutes; and

(IV) The fountain solution mixing tanks are covered for alcohol-based solutions;

B. For each sheet-fed press with a maximum sheet size greater than eleven inches by seventeen inches (11" × 17")—

(I) The fountain solution, as applied, contains five percent (5.0%) or less by weight of alcohol; or

(II) The fountain solution, as applied, contains eight and five-tenths percent (8.5%) or less by weight of alcohol and is refrigerated to a temperature of sixty degrees Fahrenheit (60 °F) or less; or

(III) The fountain solution, as applied, contains five percent (5.0%) or less by weight of alcohol substitutes or a combination of alcohol and alcohol substitutes; and

(IV) The fountain solution mixing tanks containing alcohol-based solutions are covered; and

C. For each non-heatset web press, the fountain solution, as applied, contains no alcohol and five percent (5.0%) or less by weight of alcohol substitutes.

2. Direct measurement of the alcohol content of the fountain solution, as applied, shall be performed and recorded with a hydrometer, equipped with temperature correction or with readings adjusted for temperature, at least once per day or once per batch, whichever is longer. A standard solution shall be used to calibrate the hydrometer once per month for the type of alcohol used in the fountain.

3. For fountain solutions, as applied, containing alcohol substitutes or nonalcohol additives and, as an alternative to paragraph (3)(A)2. of this rule, the VOC content shall be established with proper record keeping which may include, as necessary to determine compliance, the amount of concentrated substitute added per quantity of fountain water, date of preparation, calculated VOC content of the final solution, or by measurement using *[U.S. Environmental Protection Agency (EPA)] 40 CFR 60, Appendix A, Method 24, as specified in 10 CSR 10-6.030(22)* analysis as outlined in paragraph (5)(C)1. of this rule. For automatic mixing systems, verification and record keeping of the mixer settings shall be performed at least once each month.

4. The fountain solution temperature for each *[required]* refrigerated fountain reservoir containing alcohol-based solutions shall be measured at least once per day or once per batch, whichever is longer, by a thermometer or other temperature detection device capable of reading to one-half degree Fahrenheit (0.5 °F).

(B) Press Cleaning. No owner or operator shall use or permit the use of any applicable offset lithographic or letterpress printing press unless—

1. All cleaning solutions, excluding a quantity not to exceed one hundred ten (110) gallons per facility in any twelve (12) consecutive months, shall have a VOC content of seventy percent (70%) or less, by weight, or a composite partial vapor pressure less than or equal to ten (10) millimeters of mercury (Hg) at twenty degrees Celsius (20 °C);

2. The cleaning solutions are kept in tightly-covered containers at all times except when being dispensed as needed for cleaning operations;

3. The used cleaning cloths contaminated with cleaning solutions are placed in tightly-closed containers while awaiting off-site transportation. The cleaning cloths should be properly cleaned and disposed; and

4. The VOC content or composite partial vapor pressure of the cleaning solution, as applied, shall be established with proper record keeping which may include, as necessary to determine compliance, the amount of concentrated cleaning solution added per quantity of water, date of preparation, calculated VOC content, composite partial vapor pressure of the final solution, by measurement using *[EPA] 40 CFR 60, Appendix A, Method 24, as specified in 10 CSR 10-6.030(22)* analysis as outlined in paragraph (5)(C)2. of this rule, or the formula in paragraph (5)(C)3. of this rule. For automatic blanket wash systems, verification and record keeping of the mixer settings shall be performed at least once each month.

(D) Use of emission control equipment under subsection (3)(C) of this rule *[shall]* requires that continuous temperature monitors be

installed, calibrated, maintained, and operated at all times while a connected printing press is operating. Temperatures shall be measured with an accuracy of plus or minus seventy-five hundredths of one percent ($\pm 0.75\%$) measured in degrees Celsius, or two and one-half degrees Celsius (2.5 °C). The operating temperatures to be used as the parameters for demonstrating continuous compliance shall be determined per subsection (5)(A) of this rule. The monitors continuously shall measure—

1. For catalytic oxidizers, the gas temperature upstream of the catalyst bed;

2. For thermal and regenerative oxidizers, the oxidizer operating temperature; and

3. Any other parameters considered necessary by the director to verify compliance and proper operation of emission control equipment.

(4) Reporting and Record Keeping.

(A) All persons subject to this rule shall maintain records as required by this section sufficient to determine continuous compliance with this rule. These records shall be kept for at least five (5) years, or longer if enforcement action is pending. *These records shall be, and made* available immediately upon request for review by the Department of Natural Resources' personnel and other air pollution control agencies upon presentation of proper credentials.

(5) Test Methods. Certain test methods mentioned in this rule may be found in 10 CSR 10-6.030. Other *[EPA] U.S. Environmental Protection Agency* test methods specific to this rule may be found in 40 CFR 60, Appendix A as specified in 10 CSR 10-6.030(22).

(A) Control Efficiency Testing. To demonstrate compliance with the emission limits of subsection (3)(C) of this rule, an initial emission test shall be performed after any required control equipment is installed. The emission limits *[shall]* are not *[have been]* met until compliance has been verified through this testing. Testing *[shall]* is also *[be]* required within one hundred eighty (180) days after significant modifications to any control equipment required by this rule. Significant modifications include any repairs or changes that might substantially alter or affect the overall control efficiency. This subsection outlines the methods to be used for any such testing.

1. The emission unit shall be run at typical operating conditions and flow rates compatible with scheduled production during any emission testing.

2. Capture efficiency testing for heatset dryers is not required if it is demonstrated that pressure in the dryer is negative relative to the surrounding press room and the airflow is into the dryer. This test may be performed with a differential pressure gauge or an airflow direction indicator (e.g., smoke stick or aluminum ribbons).

3. EPA Method 1 or 1A, as specified in 10 CSR 10-6.030(22), as appropriate, shall be used to select the sampling sites.

4. EPA Method 2, 2A, 2C, or 2D, as specified in 10 CSR 10-6.030(22), as appropriate, shall be used to determine the velocity and volumetric flow rate of the exhaust stream.

5. EPA Method 3 or 3A, as specified in 10 CSR 10-6.030(22), as appropriate, shall be used to determine the concentration of oxygen (O₂) and carbon dioxide (CO₂).

6. EPA Method 4, as specified in 10 CSR 10-6.030(22), shall be used to determine moisture content.

7. EPA Method 25, 18, *[25,]* or 25A, as specified in 10 CSR 10-6.030(22), shall be used to determine the VOC concentration of the exhaust stream entering and exiting the control device, unless the alternate limit in paragraph (3)(C)2. of this rule is being used for compliance, in which case only the VOC concentration of the exit exhaust shall be determined. In cases where the anticipated outlet VOC concentration of the control device is less than fifty (50) ppmv as carbon, EPA Method 25A, as specified in 10 CSR 10-6.030(22), shall be used.

8. If EPA Method 25A, as specified in 10 CSR 10-6.030(22), is used—

A. The outlet readings from a thermal or catalytic oxidizer may be corrected by using EPA Method 18 or 25, as specified in 10 CSR 10-6.030(22), to determine non-VOC components (methane and ethane) and subtracting these from the Method 25A result; and

B. The director may require a retest by EPA Method 18 or 25, as specified in 10 CSR 10-6.030(22), if the average corrected outlet reading is greater than fifty (50) ppmv VOC as carbon.

9. A compliance test shall consist of up to three (3) separate runs, each lasting a minimum of sixty (60) minutes unless the director determines that the circumstances dictate shorter sampling times.

10. EPA Method 25, as specified in 10 CSR 10-6.030(22), specifies a minimum probe temperature of two hundred sixty-five degrees Fahrenheit (265 °F). To prevent condensation, the probe should be heated to at least the gas stream temperature, typically close to three hundred fifty degrees Fahrenheit (350 °F).

11. EPA Method 25A, as specified in 10 CSR 10-6.030(22), specifies a minimum temperature of two hundred twenty degrees Fahrenheit (220 °F) for the sampling components leading to the analyzer. To prevent condensation when testing heatset printing presses, the sampling components and flame ionization detector lock should be heated to at least the gas stream temperature, typically close to three hundred fifty degrees Fahrenheit (350 °F).

12. The oxidizer operating temperature or the temperature of the gas upstream of the catalyst bed may be used as the operating parameter for determining continuous compliance with the emission standard of subsection (3)(C) of this rule. This temperature shall be computed as the time-weighted average of the temperature values recorded during the test. The owner or operator must maintain the oxidizer at a three (3)-hour average temperature equal to or greater than a temperature fifty degrees Fahrenheit (50 °F) below the average temperature observed during the most recent stack test to demonstrate continuous compliance.

13. Use of an adaptation to any of the methods specified in this subsection may be approved by the director on a case-by-case basis. The owner or operator shall submit sufficient documentation for the director to find that the methods specified in this subsection will yield inaccurate results and that the proposed adaptation is appropriate.

(C) VOC Content Testing.

1. Fountain solutions. Compliance with the VOC content limits for fountain solutions established in subsection (3)(A) of this rule shall be determined by one (1) of the following:

A. If fountain solution is diluted prior to use, a calculation that combines EPA Method 24, as specified in 10 CSR 10-6.030(22), analytical data for the concentrated materials used to prepare the fountain solution and the proportions in which they are mixed to make the as-applied material. The analysis of the concentrated materials may be performed by the supplier of those materials. Owners or operators may use formulation information provided with the concentrated materials used to prepare the fountain solution, such as the container label, the product data sheet, or the MSDS sheet to document the VOC content of the concentrated material;

B. If fountain solution is not diluted prior to use, MSDS or manufacturer's formulation data sheet may be used; or

C. EPA Method 24, as specified in 10 CSR 10-6.030(22), of a sample of fountain solution, as applied.

2. Cleaning solutions. The VOC content or VOC composite partial vapor pressure of cleaning solutions shall be determined by one (1) of the following:

A. Analysis by EPA Method 24, as specified in 10 CSR 10-6.030(22), for VOC content or by an appropriate method for VOC composite partial vapor pressure of a sample of the cleaning solution. See formula in paragraph (5)(C)3. of this rule. The analysis may be performed by the supplier of those materials; or

B. Calculation for VOC content that combines EPA Method 24, as specified in 10 CSR 10-6.030(22), analytical data for the concentrated materials used to prepare the cleaning solution and the proportions in which they are mixed to make the cleaning solution as

applied. Owners or operators may use formulation information provided with the concentrated materials used to prepare the cleaning solution, such as the container label, the product data sheet, or the MSDS sheet to document the VOC content of the concentrated material;

C. If cleaning solution is not diluted prior to use, MSDS or manufacturer's formulation data sheet may be used.

3. Calculations. The VOC composite partial vapor pressure is the sum of the partial pressure of the compounds defined as VOCs. VOC composite partial vapor pressure is calculated as follows:

$$PP_c = \sum_{i=1}^n \frac{(W_i)(VP_i)/MW_i}{\frac{W_w}{MW_w} + \frac{W_c}{MW_c} + \sum_{i=1}^n \frac{W_i}{MW_i}}$$

Where:

- W_i = Weight of the ith VOC compound, in grams
- W_w = Weight of water, in grams
- W_c = Weight of exempt compound, in grams
- MW_i = Molecular weight of the ith VOC compound, in g/g-mole
- MW_w = Molecular weight of water, in g/g-mole
- MW_c = Molecular weight of exempt compound, in g/g-mole
- n = Number of VOC compounds
- PP_c = VOC composite partial vapor pressure at 20 °C (68 °F), in mmHg
- VP_i = Vapor pressure of the ith VOC compound at 20 °C (68 °F), in mmHg

(E) Material Use Guidance: Applicability Determination. Based on EPA's *Potential to Emit (PTE) Guidance for Specific Source Categories* (April 14, 1998), as published by EPA April 1998 and hereby incorporated by reference in this rule, and the equations of paragraph (5)(D)3. of this rule, the methods in this subsection may be used for determining if a facility or press meets the corresponding applicability thresholds. **Copies can be obtained from the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield VA 22161. This rule does not incorporate any subsequent amendments or additions.**

1. For determining if a facility meets the applicability limits of subsection (1)(B) of this rule, the material use thresholds are as follows:

Type of Printing Operation	12-Month Rolling Material Use Threshold
Sheet-fed	768 gallons of cleaning solvent and fountain solution additives
Non-heatset Web	768 gallons of cleaning solvent and fountain solution additives
Heatset Web	5,400 pounds of ink, cleaning solvent, and fountain solution additives

2. For determining if a web heatset press is subject to subsection (3)(C) of this rule, the material use thresholds are as follows:

Type of Printing Press	Annual Material Use Threshold
Heatset Web	55,800 pounds of ink

AUTHORITY: section 643.050, RSMo [2000] 2016. Original rule filed Oct. 7, 1994, effective May 28, 1995. Amended: Filed Nov. 30, 2010, effective Aug. 30, 2011. Amended: Filed March 20, 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: A public hearing on this proposed amendment will begin at 9:00 a.m., July 25, 2019. The public hearing will be held at the St. Louis Regional Office, 7545 South Lindbergh, Suite 220, DESE Conference Room, St. Louis, Missouri. Opportunity to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a statement of their views until 5:00 p.m., August 1, 2019. Send online comments via the proposed rules web page www.dnr.mo.gov/proposed-rules, email comments to apcprulespn@dnr.mo.gov, or written comments to Chief, Air Quality Planning Section, Missouri Department of Natural Resources' Air Pollution Control Program, PO Box 176, Jefferson City, MO 65102-0176.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 5—Air Quality Standards and Air Pollution
Control Rules Specific to the St. Louis Metropolitan
Area**

PROPOSED AMENDMENT

10 CSR 10-5.550 Control of Volatile Organic Compound Emissions From Reactor Processes and Distillation Operations Processes in the Synthetic Organic Chemical Manufacturing Industry. The commission proposes to amend the rule title, subsections (1)(A), (1)(C), (2)(I), (2)(M), (2)(N), (3)(A), and (3)(B). If the commission adopts this rule action, the department intends to submit this rule amendment to the U.S. Environmental Protection Agency to replace the current rule that is in the Missouri State Implementation Plan. The evidence supporting the need for this proposed rulemaking is available for viewing at the Missouri Department of Natural Resources' Air Pollution Control Program at the address listed in the Notice of Public Hearing at the end of this rule. More information concerning this rulemaking can be found at the Missouri Department of Natural Resources' Proposed Rules website www.dnr.mo.gov/proposed-rules.

PURPOSE: This amendment updates the incorporation by reference of material and removes the unnecessary use of restrictive words. The evidence supporting the need for this proposed rulemaking, per 536.016, RSMo, is Executive Order 17-03 Red Tape Reduction Review and related comments.

PURPOSE: This rule limits volatile organic compound emissions from reactor processes and distillation operations in the St. Louis 1997 eight (8)-hour ozone nonattainment area.

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

(1) Applicability.

(A) The provisions of this rule apply to any vent stream originating

from a process unit [in which] with a reactor process or distillation operation[s is] located in St. Louis City and Jefferson, St. Charles, Franklin and St. Louis Counties existing on November 30, 2019.

(C) In the event that other rules in Title 10 Division 10 of the Code of State Regulations are also applicable to reactor processes and distillation operation processes in the chemical manufacturing industry, the more stringent rule [shall apply] applies.

(2) Definitions.

(I) Halogenated vent stream—Any vent stream determined to have a total concentration of halogen atoms (by volume) contained in organic compounds of two hundred (200) parts per million by volume or greater determined by Method 18 of 40 CFR part 60, Appendix A, as specified in 10 CSR 10-6.030(22), or other test or data validated by Method 301 [or] of 40 CFR part 63, Appendix A, or by engineering assessment or process knowledge that no halogenated organic compounds are present. **40 CFR 63 promulgated as of July 1, 2018 is hereby incorporated by reference in this rule, as published by the Office of the Federal Register. Copies can be obtained from the U.S. Publishing Office Bookstore, 710 N. Capitol Street NW, Washington DC 20401. This rule does not incorporate any subsequent amendments or additions.** For example, one hundred fifty (150) parts per million by volume of ethylene dichloride would contain three hundred (300) parts per million by volume of total halogen atoms.

(M) Process unit—Equipment assembled and connected by pipes or ducts to produce, as intermediates or final products, one or more SOCOMI chemicals (see Appendix A of Control of Volatile Organic Compound Emissions from Reactor Processes and Distillation Operations Processes in the Synthetic Organic Chemical Manufacturing Industry, EPA-450/4-91-031, [incorporated by reference] as published by EPA August 1993 and hereby incorporated by reference in this rule. Copies can be obtained from the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield VA 22161. This rule does not incorporate any subsequent amendments or additions). A process unit can operate independently if supplied with sufficient feed or raw materials and sufficient product storage facilities.

(N) Product—Any compound or SOCOMI chemical (see Appendix A of Control of Volatile Organic Compound Emissions from Reactor Processes and Distillation Operations Processes in the Synthetic Organic Chemical Manufacturing Industry, EPA-450/4-91-031, as incorporated by reference in subsection (2)(M) of this rule) that is produced as that chemical for sales as a product, by-product, co-product, or intermediate or for use in the production of other chemicals or compounds.

(3) General Provisions.

(A) Control Requirements.

1. For individual vent streams within a process unit with a TRE index value less than or equal to one (1.0), the owner or operator shall—

A. Reduce emissions of TOC (less methane and ethane) by ninety-eight (98) weight-percent, or to twenty (20) parts per million by volume, on a dry basis corrected to three percent (3%) oxygen, whichever is less stringent. If a boiler or process heater is used to comply with this paragraph, then the vent stream shall be introduced into the flame zone of the boiler or process heater; or

B. Combust emissions in a flare. Flares used to comply with this paragraph shall comply with the requirements of 40 CFR 60.18 as specified in 10 CSR 10-6.070(1)(A). The flare operation requirement does not apply if a process, not subject to this rule, vents an emergency relief discharge into a common flare header and causes the flare servicing the process subject to this rule to be out of compliance with one or more of the provisions of the flare operation rule.

2. For each individual vent stream(s) within a process unit with a TRE index value greater than one (1.0), the owner or operator shall maintain vent stream parameters that result in a calculated total resource effectiveness greater than one (1.0) without the use of a volatile organic compound control device. The TRE index shall be

calculated at the outlet of the final recovery device.

(B) Total Resource Effectiveness Determination, Performance Testing, and Exemption Testing.

1. For the purpose of demonstrating compliance with the TRE index value in paragraph (3)(A)2. of this rule, engineering assessment may be used to determine process vent stream flow rate, net heating value, and TOC emission rate for the representative operating condition expected to yield the lowest TRE index value.

A. If the TRE value calculated using such engineering assessment and the TRE equation in subparagraph (3)(B)6.A. of this rule is greater than four (4.0), then it is not recommended that the owner or operator perform the measures specified in paragraph (3)(B)5. of this rule.

B. If the TRE value calculated using such engineering assessment and the TRE equation in subparagraph (3)(B)6.A. of this rule is less than or equal to four (4.0), then it is recommended that the owner or operator perform the measurements specified in paragraph (3)(B)5. of this rule.

C. Engineering assessment includes, but is not limited to, the following:

(I) Previous test results proved the test is representative of current operating practices at the process unit;

(II) Bench-scale or pilot-scale test data representative of the process under representative operating conditions;

(III) Maximum flow rate specified or implied within a permit limit applicable to the process vent;

(IV) Design analysis based on accepted chemical engineering principles, measurable process parameters, or physical or chemical laws or properties. Examples for analytical methods include, but are not limited to:

(a) Use of material balances based on process stoichiometry to estimate maximum VOC concentration;

(b) Estimation of maximum flow rate based on physical equipment design such as pump or blower capacities;

(c) Estimation of TOC concentrations based on saturation conditions; and

(d) Estimation of maximum expected net heating value based on the stream concentration of each organic compound, or, alternatively, as if all TOC in the stream were the compound with the highest heating value; and

(V) All data, assumptions, and procedures used in the engineering assessment shall be documented.

2. For the purpose of demonstrating compliance with the control requirements of this rule, the process unit shall be run at representative operating conditions and flow rates during any performance test.

3. The following methods in 40 CFR part 60, Appendix A, as specified in 10 CSR 10-6.030(22), shall be used to demonstrate compliance with the emission limit or percent reduction efficiency requirement listed in subparagraph (3)(A)1.A. of this rule:

A. Method 1 or 1A, as appropriate, for selection of the sampling sites. The control device inlet sampling site for determination of vent stream molar composition or TOC (less methane and ethane) reduction efficiency shall be located after the last recovery device but prior to the inlet of the control device, prior to any dilution of the process vent stream, and prior to release to the atmosphere;

B. Method 2, 2A, 2C, or 2D, as appropriate, for determination of gas stream volumetric flow rate;

C. The emission rate correction factor, integrated sampling, and analysis procedure of Method 3 to determine the oxygen concentration (%O_{2d}) for the purpose of determining compliance with the twenty (20) parts per million by volume limit. The sampling site shall be the same as that of the TOC samples, and samples shall be taken during the same time that the TOC samples are taken. The TOC concentration corrected to three percent (3%) oxygen (C_c) shall be computed using the following equation:

$$C_c = C_{TOC} \times \left(\frac{17.9}{20.9 - \%O_{2d}} \right)$$

where:

C_c = Concentration of TOC (minus methane and ethane) corrected to three percent (3%) O₂, dry basis, parts per million by volume;

C_{TOC} = Concentration of TOC (minus methane and ethane), dry basis, parts per million by volume; and

%O_{2d} = Concentration of oxygen, dry basis, percent by volume;

D. Method 18 to determine the concentration of TOC (less methane and ethane) at the outlet of the control device when determining compliance with the twenty (20) parts per million by volume limit, or at both the control device inlet and outlet when the reduction efficiency of the control device is to be determined.

(I) The minimum sampling time for each run shall be one (1) hour in which either an integrated sample or four (4) grab samples shall be taken. If grab sampling is used then the samples shall be taken at fifteen (15)-minute intervals.

(II) The emission reduction (R) of TOC (less methane and ethane) shall be determined using the following equation:

$$R = \frac{E_i - E_o}{E_i} \times 100$$

where:

R = Emission reduction, percent by weight.

E_i = Mass rate of TOC (minus methane and ethane) entering the control device, kilogram TOC per hour.

E_o = Mass rate of TOC (minus methane and ethane) discharged to the atmosphere, kilogram TOC per hour.

(III) The mass rates of TOC (E_i, E_o) shall be computed using the following equations:

$$E_i = K_2 \left(\sum_{j=1}^n C_{ij} M_{ij} \right) Q_i$$

; and

$$E_o = K_2 \left(\sum_{j=1}^n C_{oj} M_{oj} \right) Q_o$$

where:

C_{ij}, C_{oj} = Concentration of sample component "j" of the gas stream at the inlet and outlet of the control device, respectively, dry basis, parts per million by volume;

M_{ij}, M_{oj} = Molecular weight of sample component "j" of the gas stream at the inlet and outlet of the control device, respectively, grams per gram-mole;

Q_i, Q_o = Flow rate of gas stream at the inlet and outlet of the control device, respectively, dry standard cubic meters per minute;

K₂ = 2.494 × 10⁻⁶ (liters per minute) (gram-mole per standard cubic meter)(kilogram per gram)(minute per hour), where standard temperature for (gram-mole per standard cubic meter) is twenty degrees Celsius (20°C); and

n = Number of components in the sample.

(IV) The TOC concentration (C_{TOC}) is the sum of the individual components and shall be computed for each run using the following equation:

$$C_{TOC} = \sum_{j=1}^n C_j$$

where:

C_{TOC} = Concentration of TOC (minus methane and ethane), dry

basis, parts per million by volume;

C_j = Concentration of sample component "j", dry basis, parts per million by volume; and

N = Number of components in the sample; and

E. When a boiler or process heater with a design heat input capacity of forty-four (44) megawatts or greater, or a boiler or process heater into which the process vent stream is introduced with the primary fuel, is used to comply with the control requirements, an initial performance test is not required.

4. When a flare is used to comply with the control requirements of this rule, the flare shall comply with the requirements of 40 CFR part 60.18.

5. The following test methods shall be used to determine compliance with the TRE index value:

A. Method 1 or 1A, as appropriate, for selection of the sampling site.

(I) The sampling site for the vent stream molar composition determination and flow rate prescribed in subparagraph (3)(B)5.B. and subparagraph (3)(B)5.C. of this rule shall be, except for the situations outlined in part (3)(B)5.A.(II) of this rule, after the final recovery device, if a recovery system is present, prior to the inlet of any control device, and prior to any post-reactor or post-distillation unit introduction of halogenated compounds into the process vent stream. No traverse site selection method is needed for vents smaller than ten (10) centimeters in diameter.

(II) If any gas stream other than the reactor or distillation vent stream is normally conducted through the final recovery device—

(a) The sampling site for vent stream flow rate and molar composition shall be prior to the final recovery device and prior to the point at which any nonreactor or nondistillation stream or stream from a nonaffected reactor or distillation unit is introduced. Method 18 shall be used to measure organic compound concentrations at this site;

(b) The efficiency of the final recovery device shall be determined by measuring the organic compound concentrations using Method 18 at the inlet to the final recovery device after the introduction of all vent streams and at the outlet of the final recovery device; and

(c) The efficiency of the final recovery device determined according to subpart (3)(B)5.A.(II)(b) of this rule shall be applied to the organic compound concentrations measured according to subpart (3)(B)5.A.(II)(a) of this rule to determine the concentrations of organic compounds from the final recovery device attributable to the reactor or distillation vent stream. The resulting organic compound concentrations are then used to perform the calculations outlined in subparagraph (3)(B)5.D. of this rule;

B. The molar composition of the vent stream shall be determined as follows:

(I) Method 18 to measure the concentration of organic compounds including those containing halogens; and

(II) ASTM [D1946-77] D1946-90(2015)e1, as specified in 10 CSR 10-6.040(16), to measure the concentration of carbon monoxide and hydrogen;

C. The volumetric flow rate shall be determined using Method 2, 2A, 2C, or 2D, as appropriate;

D. The emission rate of TOC (minus methane and ethane), (E_{TOC}), in the vent stream shall be calculated using the following equation:

$$E_{\text{TOC}} = K_2 \sum_{j=1}^n C_j M_j Q_s$$

where:

E_{TOC} = Emission rate of TOC (minus methane and ethane) in the sample, kilograms per hour;

K_2 = Constant, 2.494×10^{-6} (liters per parts per million)(gram-moles per standard cubic meter)(kilogram per gram)(minute per hour), where standard temperature for (gram-mole per standard cubic meter)(g-mole/scm) is twenty degrees Celsius (20°C);

C_j = Concentration of compound "j", on a dry basis, in parts per million as measured by Method 18, as indicated in subparagraph (3)(B)3.C. of this rule;

M_j = Molecular weight of sample "j", grams per gram-mole;

Q_s = Vent stream flow rate (standard cubic meters per minute) at a temperature of twenty degrees Celsius (20°C); and

n = Number of components in the sample;

E. The total process vent stream concentration (by volume) of compounds containing halogens (parts per million by volume, by compound) shall be summed from the individual concentrations of compounds containing halogens which were measured by Method 18; and

F. The net heating value of the vent stream shall be calculated using the equation:

$$H_T = K_1 \sum_{j=1}^n C_j H_j (1 - B_{ws})$$

where:

H_T = Net heating value of the sample (megajoule per standard cubic meter), where the net enthalpy per mole of vent stream is based on combustion at twenty-five degrees Celsius (25°C) and seven hundred sixty (760) millimeters of mercury, but the standard temperature for determining the volume corresponding to one mole is twenty degrees Celsius (20°C), as in the definition of Q_s (vent stream flow rate);

K_1 = Constant, 1.740×10^{-7} (parts per million)-1 (gram-mole per standard cubic meter), (megajoule per kilocalorie), where standard temperature for (gram-mole per standard cubic meter) is twenty degrees Celsius (20°C);

B_{ws} = Water vapor content of the vent stream, proportion by volume: except that if the vent stream passes through a final stream jet and is not condensed, it shall be assumed that $B_{ws} = 0.023$ in order to correct to 2.3 percent moisture;

C_j = Concentration on a dry basis of compound "j" in parts per million, as measured for all organic compounds by Method 18 and measured for hydrogen and carbon monoxide by the American Society for Testing and Materials [D1946-77] D1946-90(2015)e1, as specified in 10 CSR 10-6.040(16);

H_j = Net heat of combustion of compound "j", kilocalorie per gram-mole, based on combustion at twenty-five degrees Celsius (25°C) and seven hundred sixty (760) millimeters of mercury. The heat of combustion of vent stream components shall be determined using ASTM [D2382-76] D4809-13, as specified in 10 CSR 10-6.040(25), if published values are not available or cannot be calculated; and

n = Number of components in the sample.

6. The Total Resource Effectiveness (TRE) index.

A. The TRE index value of the vent shall be calculated using the following equation:

$$\text{TRE} = \frac{1}{E_{\text{TOC}}} [a + b (Q_s) + c (H_i) + d (E_{\text{TOC}})]$$

where:

TRE = TRE index value;

E_{TOC} = Hourly emission rate of TOC (minus methane and ethane), (kilograms per hour) as calculated in subparagraph (3)(B)5.D. of this rule;

Q_s = Vent stream flow rate standard cubic meters per minute

at a standard temperature of twenty degrees Celsius (20°C);
 H_T = Vent stream net heating value (megajoules per standard cubic meter), as calculated in subparagraph (3)(B)5.F. of this rule; and
 a,b,c,d = Coefficients presented in Table 1.

Table 1
Coefficients for Total Resource Effectiveness for Nonhalogenated and Halogenated Vent Streams

Values of Coefficients		Values of Coefficients			
		a	b	c	d
Type of Stream	Control Device Basis				
Values of Coefficients					
Nonhalogenated	Flare	2.129	0.183	-0.005	0.359
	Thermal incinerator 0 percent heat recovery	3.075	0.021	-0.037	0.018
	Thermal incinerator 70 Percent heat recovery	3.803	0.032	-0.042	0.007
Halogenated	Thermal incinerator and scrubber	5.470	0.181	-0.040	0.004

Values of Coefficients

B. The owner or operator of a vent stream shall use the applicable coefficients in Table 1 to calculate the TRE index value based on a flare, a thermal incinerator with zero percent (0%) heat recovery, and a thermal incinerator with seventy percent (70%) heat recovery, and [shall] select the lowest TRE index value.

C. The owner or operator of a unit with a halogenated vent stream, determined as any stream with a total concentration of halogen atoms contained in organic compounds of two hundred (200) parts per million by volume or greater, shall use the applicable coefficients in Table 1 to calculate the total resource effectiveness index value based on a thermal incinerator and scrubber.

7. Each owner or operator of an affected facility seeking to comply with paragraph (3)(A)2. of this rule shall recalculate the flow rate and TOC concentration for that affected facility whenever process changes are made. Examples of process changes include changes in production capacity, feedstock type, or catalyst type, or whenever there is replacement, removal, or addition of recovery equipment. The flow rate and VOC concentration shall be recalculated based on test data, or on best engineering estimates of the effects of the change to the recovery system.

8. Where the recalculated values yield a TRE index ≤ 1.0 , the owner or operator shall notify the state Air Pollution Control Program within one (1) week of the recalculation and [shall] conduct a performance test according to the methods and procedures required by subsection (3)(B) of this rule.

9. For the purpose of demonstrating that a process vent stream has a VOC concentration below five hundred (500) parts per million by volume, the following procedures shall be followed:

A. The sampling site shall be selected as specified in subparagraph (3)(B)3.A. of this rule;

B. Method 18 or Method 25A of 40 CFR part 60, Appendix A, as specified in 10 CSR 10-6.030(22), shall be used to measure concentration; alternatively, any other method or data that has been validated according to the protocol in Method 301 of 40 CFR part 63, Appendix A may be used.

(I) Where Method 18 is used, the following procedures shall be used to calculate parts per million by volume concentration:

(a) The minimum sampling time for each run shall be

one (1) hour in which either an integrated sample or four (4) grab samples shall be taken. If grab sampling is used, then the samples shall be taken at approximately equal intervals in time, such as fifteen (15)-minute intervals during the run; and

(b) The concentration of TOC (minus methane and ethane) shall be calculated using Method 18 according to subparagraph (3)(B)3.D. of this rule.

(II) Where Method 25A is used, the following procedures shall be used to calculate parts per million by volume TOC concentration:

(a) Method 25A shall be used only if a single VOC is greater than fifty percent (50%) of total VOC, by volume, in the process vent stream;

(b) The process vent stream composition may be determined by either process knowledge, test data collected using an appropriate EPA method or a method of data collection validated according to the protocol in Method 301 of 40 CFR part 63, Appendix A. Examples of information that could constitute process knowledge include calculations based on material balances, process stoichiometry, or previous test results provided the results are still relevant to the current process vent stream conditions;

(c) The VOC used as the calibration gas for Method 25A shall be the single VOC present at greater than fifty percent (50%) of the total VOC by volume;

(d) The span value for Method 25A shall be fifty (50) parts per million by volume;

(e) Use of Method 25A is acceptable if the response from the high-level calibration gas is at least twenty (20) times the standard deviation of the response from the zero calibration gas when the instrument is zeroed on the most sensitive scale; and

(f) The concentration of TOC shall be corrected to three percent (3%) oxygen using the procedures and equation in subparagraph (3)(B)3.C. of this rule; and

C. The owner or operator shall demonstrate that the concentration of TOC including methane and ethane measured by Method 25A is below two hundred fifty (250) parts per million by volume with VOC concentration below five hundred (500) parts per million by volume to qualify for the low concentration exclusion.

AUTHORITY: section 643.050, RSMo [Supp. 1998] 2016. Original rule filed July 15, 1999, effective Feb. 29, 2000. Amended: Filed March 20, 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: A public hearing on this proposed amendment will begin at 9:00 a.m., July 25, 2019. The public hearing will be held at the St. Louis Regional Office, 7545 South Lindbergh, Suite 220, DESE Conference Room, St. Louis, Missouri. Opportunity to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a statement of their views until 5:00 p.m., August 1, 2019. Send online comments via the proposed rules web page www.dnr.mo.gov/proposed-rules, email comments to apcprulespn@dnr.mo.gov, or written comments to Chief, Air Quality Planning Section, Missouri Department of Natural Resources' Air Pollution Control Program, PO Box 176, Jefferson City, MO 65102-0176.

**Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 1—Organization**

PROPOSED RESCISSION

15 CSR 30-1.010 General Organization. This rule discussed the general organization of the office.

PURPOSE: This rule is being rescinded because it did not carry out any purpose of the statute cited for the authority to create this rule.

AUTHORITY: section 536.023.3, RSMo 2000. Original rule filed Dec. 5, 1975, effective Dec 31, 1975. Amended: Filed July 15, 1985, effective Dec. 26, 1985. Amended: Filed Nov. 15, 1989, effective March 11, 1990. Amended: Filed Feb. 16, 1995, effective Sept. 30, 1995. Rescinded and readopted: Filed Oct. 28, 2003, effective May 30, 2004. Rescinded: Filed March 20, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivision 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 the Secretary of State, PO Box 1767, 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 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 14—Election Contributions**

PROPOSED RULE

15 CSR 30-14.010 Campaign Contribution Limits

PURPOSE: This rule sets the limits of contributions that a political party may accept from any person or committee.

(1) Notwithstanding Article III, Section 2(c), the campaign contribution limits set forth in Article VIII, Section 23.3, as adjusted pursuant to Article VIII, Section 23.3(18) are as follows:

(A) By any person, other than the candidate, to a candidate running for governor, lieutenant governor, secretary of state, state treasurer, state auditor, attorney general, office of state senator, office of state representative, or any other state of judicial office under Article VIII, Section 23.3(1), two thousand six hundred fifty dollars (\$2,650);

(B) By any person to a political party for any state, county, municipal, district, ward, or township level election under Article VIII, Section 23.3(2)(a), twenty-five thousand five hundred fifty dollars (\$25,550);

(C) By any committee to a political party for any state, county, municipal, district, ward, or township level election under Article VIII, Section 23.3(2)(b), twenty-five thousand five hundred fifty dollars (\$25,550).

(2) That the secretary of state shall calculate adjustments to campaign contribution limits every four (4) years using the past four (4) years Consumer Price Index (CPI) issued by the United States Bureau of Labor Statistics for Kansas City and St. Louis.

(3) That these limits shall remain in effect until the secretary of state recalculates the campaign contribution limits in four (4) years and publishes them as an amended rule.

AUTHORITY: Article VIII, Section 23(18). Emergency rule filed March 20, 2019, effective March 30, 2019, expires Jan. 8, 2020.

Original rule filed March 20, 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 Office of the Secretary of State, PO Box 1767, 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 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 45—Records Management**

PROPOSED RESCISSION

15 CSR 30-45.010 State Records. This rule discussed the general organization of state records management.

PURPOSE: This rule is being rescinded because it did not carry out any purpose of the statute cited for the authority to create this rule.

AUTHORITY: section 109.230, RSMo 1972. Original rule filed Aug. 25, 1989, effective Feb. 11, 1990. Rescinded: Filed March 20, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivision 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 the Secretary of State, PO Box 1767, 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 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 45—Records Management**

PROPOSED RESCISSION

15 CSR 30-45.020 Local Records. This rule discussed the general organization of local records management.

PURPOSE: This rule is being rescinded because it did not carry out any purpose of the statute cited for the authority to create this rule.

AUTHORITY: section 109.241 and 109.255, RSMo 1986. Original rule filed Aug. 25, 1989, effective Feb. 11, 1990. Rescinded: Filed March 20, 2019.

PUBLIC COST: This proposed rescission will not cost state agencies or political subdivision 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 the Secretary of State, PO Box 1767, 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 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.001 Anesthesiologist Assistants in Hospitals. This rule allowed the use of anesthesiologist assistants in hospitals.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. Original rule filed Jan. 16, 2007, effective Aug. 30, 2007. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.011 Definitions Relating to Hospitals. The department is deleting sections (1)–(9), (12)–(14), (16)–(18), (21), (23), (26)–(34), (38)–(40), and (43), and renumbering thereafter; amending new sections (3)–(4), (6)–(8), (11)–(12), (16), (18), (20), (23), and (26)–(28); and adding new sections (1)–(2), (5), (9)–(10), (13)–(15), (17), (19), (21)–(22), (24)–(25), and (29).

PURPOSE: This rule deletes definitions that will no longer be used, updates definitions for terminology used throughout this chapter, and adds new definitions for other terminology used throughout this chapter.

[(1) *ACLS—The American Heart Association’s advanced cardiac life support program.*

(2) *Anesthetizing location—An area or room in which it is intended to administer any flammable or nonflammable inhalation anesthetic agents in the course of examination or*

treatment.

(3) *APLS—The American College of Emergency Physician’s advanced pediatric life support program. APLS may be used interchangeably with PALS where required.*

(4) *ATLS—The American College of Surgeon’s advanced trauma life support program.*

(5) *Authenticate—To prove authorship, for example, by written signature, identifiable initials, or computer key. The use of rubber stamp signatures is acceptable only under the following conditions:*

(A) *The individual whose signature the rubber stamp represents is the only one who has possession of the stamp and is the only one who uses it; and*

(B) *The individual places in the administrative office of the hospital, with a copy to the medical records director, a signed statement to the effect that s/he is the only one who has the stamp and is the only one who will use it.*

(6) *Biological safety cabinet—A containment unit suitable for the preparation of low to moderate risk agents where there is a need for protection of the product, personnel and environment, according to National Safety Foundation, Standard 49.*

(7) *Board-admissible—That a physician has applied to a specialty board and has received a ruling that s/he has fulfilled the requirements to take the certification examinations. Board certification must be obtained within five (5) years after completion of the residency.*

(8) *Board-certified—That a physician has fulfilled all requirements, has satisfactorily completed all written and oral examinations and has been awarded a board diploma in a specialty field.*

(9) *Certified registered nurse anesthetist—A registered nurse who has graduated from a school of nurse anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia or its predecessor and has been certified or is eligible for certification as a nurse anesthetist by the Council on Certification of Nurse Anesthetists.]*

(1) *Automated Dispensing System—An automated system that is used to dispense medication to patients pursuant to a patient-specific prescription or patient-specific medication order using an electronic verification system. An automated dispensing system does not include an automated system used for compounding medication or an automated filling system governed by 20 CSR 2220-2.950.*

(2) *Chemical Restraint—A drug or medication when it is used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition.*

[(10)](3) *Chief executive officer—The individual appointed by the governing body to act in its behalf in the overall management of the hospital. [Job titles may include administrator, superintendent, director, executive director, president, vice president and executive vice president.]*

[(11)](4) *Chief operating officer—The individual appointed by the chief executive officer on behalf of the governing body or the individual who is responsible for the management of one (1) hospital in*

a multi-hospital organization under the direction of the chief executive officer of the organization.

[(12) Class II biological safety cabinet—A ventilated cabinet for personnel, product and environmental protection having an open front with inward airflow for personnel protection, high-efficiency-particulate-air (HEPA) filtered laminar airflow for product protection and HEPA-filtered exhausted air for environmental protection.

(13) Class 100 environment—An atmospheric environment which contains less than one hundred (100) particles five-tenths (0.5) microns or larger in diameter per cubic foot of air, according to federal standard 209E.]

(5) Compounding—The preparation, incorporation, mixing and packaging or labeling of a drug or device as the result of a prescriber's prescription or prescription drug order based on the prescriber/patient/pharmacist relationship in the course of professional practice. Compounding may also be defined as the preparation, incorporation, mixing and packaging or labeling of a drug or device, for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale or dispensing purposes.

[(A)](6) Defined service area—The geographic area served by a defined group of hospitals and emergency services. [In areas where there is a community-based emergency medical services diversion plan, the service area(s) defined as the catchment area by the plan will be the defined service area(s). In areas where there is not a community-based emergency medical services diversion plan, the defined service area will be a twenty (20)-mile radius from a hospital.]

[(14) Dentist—An individual who has received a Doctor of Dental Surgery or Doctor of Dental Medicine degree and is currently licensed to practice dentistry in Missouri.]

[(15)](7) Department—Missouri Department of Health and Senior Services.

[(16) Hospital emergency transfer policy—A document that represents the usual and customary practices of a hospital with respect to the transfer of patients. The department uses objective indicators of patient status in relation to hospital capabilities to identify general classifications of patients who should be considered for transfer to a hospital with the necessary capabilities, and indicates the general classifications of patients the hospital has the capabilities to receive through emergency transfer from another hospital. The hospital emergency transfer policy does not supersede the authority of a physician to determine whether patients should be transferred on a case-by-case basis, but serves as an institutional baseline to assist physician staff in providing consistent care decisions and is utilized for quality assurance review.

(17) Independent licensed practitioner—An individual who is a graduate of a professional school and is licensed to practice as a health care provider in Missouri.

(18) Infection control officer—An individual who is a licensed physician, licensed registered nurse, has a bachelor's degree in laboratory science or has similar qualifications and has additional training or education preparation in infection control, infectious diseases, epidemiology and principles of quality improvement.]

(8) Diversion—Temporary closure of a hospital emergency department to ambulance traffic.

(A) Defined service area—The geographic area served by a defined group of hospitals and emergency services. In areas where there is a community-based emergency medical services

diversion plan, the service area(s) defined as the catchment area by the plan will be the defined service area(s). In areas where there is not a community-based emergency medical services diversion plan, the defined service area will be a twenty (20)-mile radius from a hospital.

(9) Electronic Supervision—The oversight provided by a pharmacist licensed in Missouri and supervising, by means of real-time communication equipment, a pharmacy technician who is working in a Missouri hospital's pharmacy.

(10) Hospital—

(A) A facility that provides inpatient care for medical or surgical patients, or both, and may include pediatric, obstetrical and newborn, psychiatric or rehabilitation patients; and

(B) A facility that is devoted primarily for the diagnosis, treatment, or care for not less than twenty-four (24) consecutive hours in any week of three (3) or more nonrelated individuals suffering from illness, disease, injury, deformity, or other abnormal physical conditions, or devoted primarily to provide for not less than twenty-four (24) consecutive hours in any week medical or nursing care for three (3) or more nonrelated individuals and includes;

(C) Building(s)—

1. Constructed to hospital standards as outlined in 19 CSR 30-20.030; and

2. Identified on the hospital's license application as part of the facility; and

(D) The term "hospital" does not include convalescent, nursing, shelter or boarding homes as defined in Chapter 198, RSMo.

[(19)](11) Infectious waste—Waste capable of producing an infectious disease. [For a waste to be infectious, it must contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease.] Infectious waste shall include the following categories:

(A) Blood and blood products—All human blood and blood products including serum, plasma, and other components known or suspected to be contaminated with a transmissible [infectious] agent;

[(B) Contaminated surgical, dialysis and laboratory wastes—Wastes generated by surgery, dialysis and laboratory departments in the process of caring for hospital patients who have communicable diseases capable of being transmitted to others via those wastes;]

[(C)](B) Microbiologic cultures and stocks of infectious agents and associated biological[s] agents [—Cultures and stocks of infectious agents shall be designated as infectious waste because of the high concentrations of pathogenic organisms typically present in these materials. Included in this category are all cultures and stocks of infectious organisms as well as culture dishes and devices used to transfer, inoculate and mix cultures. Also included are animal carcasses, body parts and, bedding from animals contaminated with infectious agents];

[(D)](C) Isolation wastes—Discarded [W]waste[s generated by hospitalized] contaminated with excretions, exudates, and secretions from patients [who have] with highly communicable diseases [capable of being transmitted to others via those wastes] treated in isolation;

[(E)](D) Pathology wastes[—Autopsy wastes which consist of] include human tissues [organs,] and body parts [and body fluids] that are removed during surgery and autopsy[. All these wastes shall be considered infectious waste]; and

[(F)](E) Contaminated sharps—All discarded sharps including [hypodermic] needles, syringes [and] scalpels [blades] broken glass or other sharp items that have come in contact with potentially infectious material [defined as infectious are included.]; and

(F) Animal waste—Discarded material originating from animals inoculated with infectious agents during research, production of biological or pharmaceutical testing.

[(20)](12) Inpatient—A person admitted into a hospital by a member of the medical staff for diagnosis, treatment, or care.

(13) Intern Pharmacist—An individual seeking to earn pharmacy practice experience in Missouri.

(14) Licensed practitioner—Any individual who is licensed in Missouri or in another state and is qualified to practice a health care profession.

(15) Long-term care unit—A unit attached to or contained within a hospital that is operated as a skilled nursing unit.

[(21) Medical services—Those preventive, diagnostic and therapeutic measures performed by, or at the request of, members of the medical staff or a independent licensed practitioner in outpatient services.]

[(22)](16) Operator—[Shall mean any person as defined by section 197.020, RSMo who is licensed or required to be licensed under the provisions of sections 197.020–197.120, RSMo to establish, conduct or maintain a hospital. The term person shall mean any person determined by the department to have the following:] **A person with—**

(A) Ultimate responsibility for making and implementing decisions regarding the operation of the hospital; and

(B) Ultimate financial control of the operation of the hospital, **including any management consultant or contracted entity who exercises control over the operation of the facility on a day-to-day basis.**

[(23) PALS—The American Heart Association’s pediatric advanced life support program. PALS may be used interchangeably with APLS where required.]

(17) Patient—A person who presents to the hospital seeking diagnosis, treatment, or care.

[(24)](18) Pharmacist—An individual who is [a graduate of a school or college of pharmacy and is] currently licensed **under Chapter 338, RSMo**, to practice pharmacy in the state of Missouri.

(19) Pharmacy technician—An individual who is currently registered under Chapter 338, RSMo, as a pharmacy technician in the state of Missouri.

[(25)](20) Physician—An individual who [has received a Doctor of Medicine or Doctor of Osteopathy degree and] is currently licensed **under Chapter 334, RSMo**, to practice medicine in Missouri.

[(26) Podiatrist—An individual who has received a Doctor of Podiatric Medicine degree and is currently licensed to practice podiatry in Missouri.]

(21) Premises—The licensed premises of a hospital shall include all parts, services, functions, support functions, and activities which contribute directly or indirectly to patient care of any kind whatsoever in one (1) or more buildings owned or leased by a hospital that—

(A) Are on contiguous property or property which is adjacent but for a common street, single intersection, or highway;

(B) Meet the construction standards for hospitals as provided in 19 CSR 30-20.030; and

(C) Where three (3) or more patients are provided care for twenty-four (24) hours or more. If three (3) or more patients are provided care for less than twenty-four (24) hours care in a building owned or leased by a hospital that is on contiguous property

or property which is adjacent but for a common street, single intersection, or highway, the building may be included as a part of the licensed premises if the building meets the construction standards for a hospital contained in 19 CSR 30-20.030.

[(27) Psychologist—An individual who is currently licensed to practice psychology by the State Committee of Psychologists under the provisions of Chapter 337, RSMo.

(28) Qualified Dietitian—An individual who is registered by the Commission on Dietetic Registration of the American Dietetic Association or who has the documented equivalent in education, training and experience, with evidence of relevant continuing education.

(29) Qualified medical record administrator—A registered record administrator who has successfully passed an appropriate examination conducted by the American Medical Record Association or who has the document equivalent in education and training.

(30) Qualified medical record technician—An accredited record technician who has successfully passed the appropriate accreditation examination conducted by the American Medical Record Association or who has the documented equivalent in education and training.

(31) Qualified Occupational therapist—An individual who is approved by the Board of Occupational Therapy graduate of an occupational therapy program approved by a nationally recognized accrediting body, or who currently holds certification by the American Occupational Therapy Association as an occupational therapist or who has the documented equivalent in training or experience and is currently competent in the field.

(32) Qualified Physical therapist—An individual who is licensed to practice professional physical therapy in Missouri.

(33) Qualified Radiologic technologist—An individual who is a graduate of a program in radiologic technology approved by the Council on Medical Education of the American Medical Association or who has the documented equivalent in education, and training.

(34) Qualified Social worker—An licensed clinical social worker or a person who has a bachelor’s degree in social work or a master’s degree in social work.]

(22) Real-time—When used to describe the transmission of information through data, video, and audio links, shall mean that the transmission is sufficiently rapid that the information is available simultaneously to the electronically supervising pharmacist and the pharmacy technician being electronically supervised in the hospital’s pharmacy.

[(35)](23) Registered professional nurse—An individual who is [a graduate of an approved school of nursing and who is] licensed under Chapter 335, RSMo, to practice as a registered professional nurse in the state of Missouri.

(24) Repackage—To remove any drug from the original manufacturer’s container and place the drug in a dispensing container for other than immediate dispensing to a patient.

(25) Resident—A person who by reason of aging, illness, disease, or physical or mental infirmity requires care and services furnished

by a long-term care unit and who resides within the unit for care and treatment.

[(36)](26) *[Registered or certified r]Respiratory [therapist] Care Practitioner—An individual who [has been registered or certified by the National Board for Respiratory Therapy, Inc. after successfully completing all education, experience and examination requirements or an individual who has been registered or certified prior to November 11, 1982, by an organization acceptable to the Department of Health and Senior Services.] is licensed under Chapter 334, RSMo, to practice respiratory care in the state of Missouri.*

[(37)](27) *Root cause analysis—A process for identifying the basic or causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event.*

[(38)] *Sentinel event—An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.*

(39) *Special care unit—An appropriately equipped area of the hospital where there is a concentration of physicians, nurses and others who have special skills and experience to provide optimal medical care for critically-ill patients.*

(40) *Transfer agreement—A document which sets forth the rights and responsibilities of two (2) hospitals regarding the inter-hospital transfer of patients.]*

[(41)](28) *Unit—A functional division or facility of the hospital.*

[(42)] *Diversion—A plan to temporarily close a hospital emergency department to ambulance traffic. This may be due to the emergency department being overwhelmed with significantly critically ill or injured patients, or an overwhelming number of minor emergency patients, to the extent that the hospital is unable to provide quality care or protect the health or welfare of the patients it serves. A diversion also may be implemented if the hospital has resource limitations, such as, no available beds in specialty care units or general acute care, no surgical suites or shortages of equipment or personnel.*

(A) *Defined service area—The geographic area served by a defined group of hospitals and emergency services. In areas where there is a community-based emergency medical services diversion plan, the service area(s) defined as the catchment area by the plan will be the defined service area(s). In areas where there is not a community-based emergency medical services diversion plan, the defined service area will be a twenty (20)-mile radius from a hospital.*

(43) *Immediate and serious threat—Having caused, or is likely to cause, serious injury, harm, impairment, or death to a patient.]*

(29) **Unlicensed Assistive Personnel (UAP)—unlicensed health care personnel who provide direct patient care twenty-five percent (25%) or more of the time, under the delegation and supervision of a registered professional nurse. Individuals who provide a specific job function such as, but not limited to, phlebotomist, radiology technician, or patient transporter are not included in this definition.**

AUTHORITY: sections 192.006 and 197.154, RSMo 2016, and sections 197.080[, RSMo 2000] and [197.154 and] 197.293, RSMo Supp. [2005] 2018. This rule was previously filed as 13 CSR 50-20.011. Original rule filed June 2, 1982, effective Nov. 11, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed March 20, 2019.

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

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 Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Regulation and Licensure Chapter 20—Hospitals

PROPOSED AMENDMENT

19 CSR 30-20.015 Administration of the Hospital Licensing Program. The department is deleting sections (5), (7), (9), and (14), and renumbering thereafter; amending new sections (1)–(2), (4)–(6), and (8)–(12); adding new sections (3), (7), and (13)–(21); and amending the hospital license application.

PURPOSE: This amendment describes the license application, survey and reporting process for a hospital, as well as the process for disciplining a hospital license.

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

(1) Persons intending to operate a hospital shall submit information to the Department of Health and Senior Services, as set out in the application form (MO 580-0007(8-/01/18)) **which is included here-in.** Within thirty (30) days after receipt of the application, the applicant will be notified of any omitted information or documents. After sixty (60) days any incomplete application is null. **The department may deny a license application in any case which it finds that there has been a substantial failure to comply with the requirements for hospitals in Chapter 197, RSMo, and the regulations promulgated thereunder.** Each application for license to operate a hospital shall be accompanied by the appropriate licensing fee, **except applications from governmental units,** required by section 197.050, RSMo. *[Each license shall be issued for the premises and persons named in the application.]*

(2) Each license shall be issued only for the premises **identified on the application for hospital license** and *[person]* entity named in the application. **All locations included in the hospital application for hospital license shall meet the definition of “premises” as stated in 19 CSR 30-20.011. No license shall be issued unless the applicant is in substantial compliance with Chapter 197, RSMo and the regulations promulgated thereunder.** A license, unless sooner revoked, shall be issued for a period of up to a year. If during the period in which a license is in effect, a licensed operator which is a partnership, limited partnership, or corporation undergoes any of the following changes, whether by one (1) or by more than one (1) action, the operator shall within fifteen (15) working days of such change apply for a new license:

(A) With respect to a partnership, a change in the majority interest of general partners;

(B) With respect to a limited partnership, a change in the general partner or in the majority interest of limited partners;

(C) With respect to a corporation, a change in the persons who own, hold, or have the power to vote the majority of any class of securities issued by the corporation. If the corporation does not have stock, a change of owner occurs when the emerging entity has a **new [one (1)]** federal tax number; or

(D) The board of directors with management control is an entity other than the licensed operator.

(3) The operator of a licensed hospital shall notify the department in writing within fifteen (15) days of—

(A) A change of ownership of the hospital; or

(B) Any extensive modification, modification or reconstruction of the licensed premises, as identified in the life safety code standards in 42 CFR Part 482 (2018) and 42 CFR Part 485 (2018), which are incorporated by reference in this rule. The Code of Federal Regulations is published by the U.S. Government and is available by calling toll-free (866) 512-1800 or going to <https://bookstore.gpo.gov/>. The address is: U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402-0001. This rule incorporates later amendments and additions to 42 CFR Part 482 (2018) and 42 CFR Part 485 (2018).

[(3)](4) An operator of two (2) or more licensed hospitals may submit an application to the Department of Health and Senior Services to operate the hospitals as a single licensed hospital. The two (2) or more licensed hospitals may be separated by a distance which can be traveled in no more than one (1) hour by customary ground transportation in normal weather conditions. The operator shall designate a permanent hospital base from which the one- (1)-[/-] hour travel distance is determined. If the application is approved, the hospitals may be named on the licensure application and a single license issued. [Also, an operator of a licensed hospital may submit a proposal to provide, at a minimum, all of the required patient care services at a geographical location which at the time of the proposal is not a part of the licensed hospital. The location shall be within a one (1) -hour travel distance by customary ground transportation in normal weather conditions.] Before the Department of Health and Senior Services approves the application, the applicant shall submit an operational proposal to the director of the Department of Health and Senior Services for approval. At a minimum the proposal shall include:

[(A) A description of the patient care services that will be provided at each geographical location and how they will be integrated with patient care services at other geographical locations which will be operated under the single license. The description shall include justification to support the applicant's allegation that the combined patient care hospital services will exceed the current benefits that are derived by the community(ies) where each individual currently licensed hospital is located. Or, if the operator currently is not providing the service within the geographical location contained in the proposal, there shall be evidence the service is needed in that location;

[(B) A description of the organizational structure of the proposed single licensed hospital;

[(C) Documentation of evidence that the hospital's facilities in each geographical location named in the proposal will be owned or leased by the same operator and that the services are operated under common management;

[(D) Assurance that the hospital's operation in each geographical location will be held out to the public under a common name;

[(E) Assurance the hospital's services in each geographical

location will be subject to the bylaws and operating decisions of the same governing body;

[(F) Assurance that members of the medical staff in each geographical location will be directed by a common medical director and will be subject to the same bylaws and operating decisions of a common medical staff;

[(G) Assurance the hospital's operations in each geographical location will be administered by a common chief executive officer through appropriate delegation of duties;

[(H) Assurance the licensed hospital's services in each geographical location will be integrated and, when services are provided at multiple locations, that they will be supervised by a common director who is provided with adequate assistance in supervision of the services;

[(I) Assurance that the single licensed hospital's medical records department is integrated and the records are easily accessible to patient care staff;

[(J) Assurance the applicant's proposal is not in violation of other federal, state and local regulations;

[(K) Assurance that the applicant, either separately at each geographical location or in combination, will provide all required patient care services, including emergency services in accordance with Chapter 197, RSMo and 19 CSR 30-20.021(3) and in accordance with acceptable standards of practice;

[(L) Assurance that services and beds at one (1) geographical location will not be reallocated to another geographical location prior to the operator requesting and obtaining approval from the Certificate of Need program, whenever appropriate, and the Department of Health;]

[(M)](A) Approval from the Certificate of Need program if [the operator's proposal includes a request to provide a patient care service in a geographical location of the hospital which is not currently a part of the hospital's license when the proposal is subject to the Missouri Certificate of Need law,] a Certificate of Need is required under sections 197.300–197.367, RSMo;

[(N) Assurance that skilled nursing unit, intermediate care unit and residential care unit services provided within the licensed hospital are physically located at a geographical location of the hospital where all of the required patient care services are provided on-site in accordance with Chapter 197, RSMo and 19 CSR 30-20.021(3);]

[(O) Assurance that the applicant's proposal will not jeopardize the health and safety of individuals who reside within the geographical locations which will be served by the single licensed hospital. The applicant shall demonstrate that the proposal contains provision for services which exceed or are comparable to the services currently being provided to the community, or will provide adequate justification to convince the Department of Health the service is no longer needed within the geographical location where the service is currently provided; and]

[(P)](B) Assurance that the applicant presented the initial proposal at a public hearing within the community where the currently licensed hospital(s) is located. The proposal shall provide evidence that the entire community was adequately notified at least two (2) weeks in advance, of the public hearings. The written record of the hearings, including the community response to the proposal, shall be submitted to the Department of Health and Senior Services as a part of the applicant's proposal. The Department of Health and Senior Services shall be given two (2) weeks advance notice of the public hearings. The Department of Health and Senior Services may consider the information presented as part of the determination process[.]; and

(C) Assurance that the initial applicant is in compliance with Chapter 197, RSMo, and the regulations promulgated thereunder.

[(4)](5) The license shall state the maximum licensed bed capacity, [the person(s) to whom granted and] the **hospital name, issue date [and],** expiration date and additional information, such as a specialty hospital designation, that the department may require. At least forty-five (45) days prior to the expiration date of an existing license, the department shall notify the operator that the license application is due for renewal. [A re-licensure] **An annual** application shall be submitted no more than ninety (90) days and not less than thirty (30) days prior to the expiration date of the existing license. Each application for license, except application from governmental units, shall be accompanied by a licensing fee in accordance with section [197.210] **197.050**, RSMo.

[(5) Appointed representatives of the Department of Health shall be allowed to inspect a hospital as required in section 197.100, RSMo. The chief executive officer or designee shall grant access to information requested by the department for the purpose of evaluating compliance with hospital licensing requirements. Requested records may include, but are not limited to, incident reports, quality of care reports, peer review reports, committee minutes, policies and procedures, training records, medical records or any other documents which are necessary to complete the inspection. All information and reports obtained by the Department of Health shall be kept confidential as required in section 197.477, RSMo.]

(6) Appointed representatives of the Department of Health and Senior Services, Bureau of Hospital [Licensing and Certification] **Standards** shall be allowed to review patient medical records and hospital employee personnel records in the course of conducting an investigation of allegations against an employee or previous employees of a hospital or allegations of substandard care regarding a patient [transferred to the hospital from another licensed facility. The representatives shall first provide written assurance that information obtained from the patient's medical record or from the employee's personnel record will be maintained confidential].

[(7) The operator shall have a written policy pertaining to employees reporting mismanagement of violations of applicable laws and rules. At a minimum the policy shall include the following provisions:

(A) No supervisor or individual with hiring or firing authority in a licensed hospital shall prohibit any of its employees from discussing the operations of the hospital, either specifically or generally, with any representatives of the department; and

(B) No supervisor or individual with authority to hire and fire in a licensed hospital shall prohibit his/her employees from disclosing information which the employee reasonably believes evidences a violation of any applicable state or federal law or regulation. This subsection shall not be construed as—

1. Permitting an employee to leave his/her assigned work areas during normal work hours without following applicable rules and policies pertaining to leaves, unless the employee is requested by the Department of Health to officially appear before department representatives;

2. Authorizing an employee to represent the employee's personal opinions as the opinions of his/her employer; or

3. Precluding the operator from taking appropriate disciplinary actions against any employee.]

(7) The nursing service administrator shall be a full-time employee and shall have the authority and be accountable for assuring the provision of quality nursing care for those patient areas delineated in the organizational structure.

(8) Survey Process [Inspection].

(A) The department shall conduct licensure compliance [inspections] surveys of hospitals as required by section 197.100, RSMo. [Inspections will normally] **Initial surveys shall be announced [to the facility at least seventy-two (72) hours in advance].** Complaint investigations [may] **shall** be unannounced.

(B) **Interviews with staff, patients, and visitors shall be conducted in private, unless otherwise requested by the person being interviewed. Staff serving as a witness to an interview or an observation shall only observe and not participate.**

(C) **Survey findings shall be provided to the hospital in accordance with procedures and time lines designated by Chapter 197, RSMo.**

(D) **In addition to the powers to deny, suspend, or revoke a license in the case of a substantial failure to comply provided in section 197.070, RSMo, the department shall use the standards for enforcing hospital licensure regulations in section 197.293, RSMo.**

[(9) Inspection Findings.

(A) Whenever an authorized representative of the department finds, during an inspection, that a hospital is not in compliance with the provisions of the Hospital Licensing Law, sections 197.010–197.120, RSMo, the chief executive officer or designee shall be informed of the general nature of findings in an exit conference conducted prior to the representative's departure from the premises. Within ten (10) working days after each licensing inspection, a written report shall be prepared by the department detailing the specifics of each deficiency. A copy of the report and a written correction order shall be sent to the hospital's chief executive officer or designee. The report shall state each deficiency separately and shall reference the specific statute or administrative rule violated. If the facility believes that deficiencies are not applicable or are not based upon laws or rules, a request for review may be submitted to the office of the director of the department.

(B) Should the findings of the inspection constitute an immediate and serious threat to the safety or health of the patients, public or hospital staff, a condition of substantial noncompliance shall be considered to exist. The department representative shall verbally convey any determination of substantial noncompliance to the chief executive officer or designee at the exit conference. Findings of substantial noncompliance shall be documented in the normal reporting method described in subsection (9)(A) of this rule.

(C) The following guidelines, applicable to the inspection, shall be used by the licensing representative to determine if a finding during an inspection constitutes an immediate and serious threat to the health and safety of one (1) or more patients. The guidelines used to determine immediate and serious threat serve only as guides for authorized department representatives to use when making the determination.

1. Failure to protect from abuse—

A. Serious injuries such as head trauma or fractures;

B. Non-consensual sexual interactions; e.g., sexual harassment, sexual coercion or sexual assault;

C. Unexplained serious injuries that have not been investigated;

D. Staff striking or roughly handling an individual;

E. Staff yelling, swearing, gesturing or calling an individual derogatory names;

F. Bruises around the breast or genital area; or

G. Suspicious injuries; e.g., black eyes, rope marks, cigarette burns, unexplained bruising.

2. Failure to prevent neglect—

A. Lack of timely assessment of individuals after injury;

B. Lack of supervision for individual with known special needs;

C. Failure to carry out doctor's orders;

D. Repeated occurrences such as falls which place the individual at risk of harm without intervention;

E. Access to chemical and physical hazards by individuals who are at risk;

F. Access to hot water of sufficient temperature to cause tissue injury;

G. Non-functioning call system without compensatory measures;

H. Unsupervised smoking by an individual with a known safety risk;

I. Lack of supervision of cognitively impaired individuals with known elopement risk;

J. Failure to adequately monitor individuals with known severe self-injurious behavior;

K. Failure to adequately monitor and intervene for serious medical/surgical conditions;

L. Use of chemical/physical restraints without adequate monitoring;

M. Lack of security to prevent abduction of infants;

N. Improper feeding/positioning of individual with known aspiration risk;

O. Inadequate supervision to prevent physical altercations; or

P. Lack of appropriate use, care planning or monitoring of patients when any type of restraint, including but not limited to physical or chemical restraint, is utilized.

3. Failure to protect from psychological harm—

A. Application of chemical/physical restraints without clinical indications;

B. Presence of behaviors by staff such as threatening or demeaning, resulting in displays of fear, unwillingness to communicate, and recent or sudden changes in behavior by individuals; or

C. Lack of intervention to prevent individuals from creating an environment of fear.

4. Failure to protect from undue adverse medication consequences and/or failure to provide medications as prescribed—

A. Administration of medication to an individual with a known history of allergic reaction to that medication;

B. Lack of monitoring and identification of potential serious drug interaction, side effects, and adverse reactions;

C. Administration of contraindicated medications;

D. Pattern of repeated medication errors without intervention;

E. Lack of diabetic monitoring resulting or likely to result in serious hypoglycemic or hyperglycemic reaction; or

F. Lack of timely and appropriate monitoring required for drug titration.

5. Failure to provide adequate nutrition and hydration to support and maintain health—

A. Food supply inadequate to meet the nutritional needs of the individual;

B. Failure to provide adequate nutrition and hydration resulting in malnutrition; e.g., severe weight loss, abnormal laboratory values;

C. Withholding nutrition and hydration without advance directive; or

D. Lack of potable water supply.

6. Failure to protect from widespread nosocomial infections; e.g. failure to practice standard precautions, failure to maintain sterile techniques during invasive procedures and/or failure to identify and treat nosocomial infections—

A. Pervasive improper handling of body fluids or substances from an individual with an infectious disease;

B. High number of infections or contagious diseases without appropriate reporting, intervention and care;

C. Pattern of ineffective infection control precautions;

or

D. High number of nosocomial infections caused by cross contamination from staff and/or equipment/supplies.

7. Failure to correctly identify individuals—

A. Blood products given to wrong individual;

B. Surgical procedure/treatment performed on wrong individual or wrong body part;

C. Administration of medication or treatments to wrong individual; or

D. Discharge of an infant to the wrong individual.

8. Failure to safely administer blood products and safely monitor organ transplantation—

A. Wrong blood type transfused;

B. Improper storage of blood products;

C. High number of serious blood reactions;

D. Incorrect cross match and utilization of blood products or transplantation organs; or

E. Lack of monitoring for reactions during transfusions.

9. Failure to provide safety from fire, smoke and environment hazards and/or failure to educate staff in handling emergency situations—

A. Nonfunctioning or lack of emergency equipment and/or power source;

B. Smoking in high risk areas;

C. Incidents such as electrical shock, fires;

D. Ungrounded/unsafe electrical equipment;

E. Widespread lack of knowledge of emergency procedures by staff;

F. Widespread infestation by insects/rodents;

G. Lack of functioning ventilation, heating or cooling system placing individuals at risk;

H. Use of non-approved space heaters, such as kerosene, electrical, in resident or patient areas;

I. Improper handling/disposal of hazardous materials, chemicals and waste;

J. Locking exit doors in a manner that does not comply with NFPA 101;

K. Obstructed hallways and exits preventing egress;

L. Lack of maintenance of fire or life safety systems;

or

M. Unsafe dietary practices resulting in high potential for food-borne illnesses.

10. Failure to provide initial medical screening, stabilization of emergency medical conditions and safe transfer for individuals and women in active labor seeking emergency treatment—

A. Individuals turned away from emergency room (ER) without medical screening exam;

B. Women with contractions not medically screened for status of labor;

C. Absence of ER or obstetrical (OB) medical screening records;

D. Failure to stabilize emergency medical condition; or

E. Failure to appropriately transfer an individual with an unstabilized emergency medical condition.]

[(10)](9) [Settlement Agreement] Plan of Correction.

(A) [Ten (10) working days following receipt of the written inspection report, the chief executive officer or designee shall provide the department with a written plan for correcting the cited deficiencies or a request for reconsideration of the deficiency. The plan of correction shall specify the means the hospital will employ for correcting the cited deficiencies and the date that each corrective measure will be

completed.] If the facility believes that deficiencies are not applicable or are not based upon laws or rules, a request for review may be submitted to the office of the director of the department. If a request for reconsideration is submitted, the request shall contain a rationale or documentation to provide evidence that the deficiency should not have been cited. Failure of the facility to submit a plan of correction or a request for reconsideration of the deficiency acceptable to the director of the department or designee—within the time frame specified—shall be grounds for the department to [suspend] take disciplinary action against the facility's license if there remains a substantial failure to comply with the requirements for hospitals established under [sections 197.010–197.120] Chapter 197, RSMo and [19 CSR 30-20.011–19 CSR 30-20.070] regulations promulgated thereunder. The operator has the right to appeal the department's decision in accordance with section 197.071, RSMo.

(B) Upon receipt of the required plan of correction for achieving licensure compliance, the department shall review the plan to determine the appropriateness of the corrective action. If the plan is acceptable, the department shall notify the chief executive officer or designee, in writing, and indicate that implementation of the plan should proceed. If the plan is not acceptable, the department shall notify the chief executive officer or designee, in writing, and indicate the reasons why the plan is not acceptable. Within ten (10) [working] calendar days from the receipt of the notice, a revised, acceptable plan of correction shall be provided to the department.

[(11)](10) Follow-up [Inspection] Surveys.

(A) Upon expiration of the target dates for correction of deficiencies specified in the approved plan of correction, the department may make a follow-up [inspection] survey to determine whether the required corrective measures have been acceptably accomplished. If the follow-up [inspection] survey, conducted in accordance with 197.080, RSMo, if applicable, finds the facility fails to comply with the [provisions of the Hospital Licensing Law, sections 197.010–197.120, RSMo and 19 CSR 30-20.011–19 CSR 30-20.070] the requirements for hospitals in Chapter 197, RSMo, and regulations promulgated thereunder, the department may [take action to suspend or to revoke the operator's license to operate the hospital] deny, suspend or revoke a license in the case of a substantial failure to comply. The operator has the right to appeal the department's decision in accordance with section 197.071, RSMo.

(B) **The powers to deny, suspend, or revoke a license in the case of a substantial failure to comply in section 197.070, RSMo, are in addition to the standards the department shall use for enforcing hospital licensure regulations in section 197.293, RSMo.**

[(12)](11) If, for a period in excess of fourteen (14) days, a facility ceases to provide patient care or to otherwise operate as a hospital within the definition of section 197.020.2, RSMo, except in the case of a strike, an act of God, manmade disaster or written approval of the department, the facility shall surrender its license to the department. The facility shall not operate again as a hospital until an application for a hospital license is submitted with assurance that the facility complies with the requirements [in 19 CSR 30-20.030] for hospitals in Chapter 197, RSMo, and regulations promulgated thereunder and the Department of Health and Senior Services issues a license.

[(13)](12) Requested Suspension of License. If any hospital wishes to cease operation for a period of time but retain its current hospital license, the Department of Health and Senior Services, upon written request from the licensed operator, may grant approval for suspension of the hospital's license for a specified time.

(A) Not less than fourteen (14) days prior to cessation of patient services at the hospital, the licensed operator shall submit to the department a written request for continuance.

(B) The written request for the suspension of the license shall include the reasons for cessation of patient services, the anticipated length of cessation of patient services, what safeguards the hospital will institute to provide security to the institution, the preventive maintenance measures used to assure that all equipment will be kept in good working order and evidence that the hospital is financially solvent to meet the conditions of the request and will remain so throughout the period of cessation of patient services.

(C) Approval may be granted only for the suspension of a hospital's current license if the cessation of patient services is for one (1) of the following reasons:

1. The renovation of the hospital's facility to upgrade to current licensure standards and to correct licensure or federal certification physical plant deficiencies;

2. The transfer of the operation of the hospital to a new operator to allow sufficient time for the new operator to obtain a new license; or

3. Other reasons which will not result in a deterioration of the hospital physical plant or its programs and which will be in the best interest of the citizens it serves.

(D) The suspension of a hospital's current license shall not exceed ninety (90) days beyond the date of cessation of patient services for ownership transfer. The suspension of a hospital's current license shall not exceed one hundred eighty (180) days beyond the date of cessation of patient services for renovation construction. The department may not grant more than one (1) suspension to a hospital's licensed operator within any twelve- (12-)/- month period and shall grant no suspension for a period of more than one hundred eighty (180) days from the date of cessation of inpatient services.

(E) No inpatients shall be housed within the hospital from the initial date of cessation of inpatient services until operation of the hospital is restored with Department of Health and Senior Services approval.

(F) No inpatient services shall be provided in the hospital during the period of time that inpatient services are discontinued.

(G) When suspension of the license is requested for a renovation or construction proposal, the licensed operator shall submit plans for the renovation to the department for review and shall have received the department's approval of those plans prior to the date of cessation of inpatient services at the hospital.

(H) The licensed operator shall notify the department no less than fourteen (14) days prior to the resumption of inpatient services that the hospital is ready for review/inspection for approval to reoccupy the hospital with inpatients.

(I) Within ten (10) working days of notification, the department shall respond in writing to the licensed operator with the findings of its review/inspection for the resumption of licensed hospital services at the hospital.

[(14) Involuntary Suspension or Revocation of the License.

(A) *Whenever the department determines that substantial noncompliance exists in a hospital, the department may immediately suspend or revoke the license of the facility or order cessation of use of any portion of the noncompliant services or buildings.*

(B) *The department shall document its action in writing in addition to the report detailing the findings of the inspection. A copy shall be submitted to the hospital's chief executive officer or designee.*

(C) *The hospital shall expedite corrections required to relieve the involuntary suspension or revocation.*

(D) *The operator may elect to seek appeal or relief from the Administrative Hearing Commission in accordance with section 197.071, RSMo, or the operator may elect to first request a review of the action by the office of the director of the department.]*

(13) **A certificate of live birth shall be prepared for each child**

born alive and shall be forwarded to the local registrar, or as otherwise directed by the state registrar within five (5) days after the date of delivery. If the physician or other person in attendance does not certify to the facts of birth within five (5) days after the birth, the person in charge of the institution shall complete and sign the certificate.

(14) When a dead fetus is delivered in an institution, the person in charge of the institution or his/her designated representative shall prepare and, within seven (7) days after delivery, file a report of fetal death with the local registrar or as otherwise directed by the state registrar.

(15) Medical records of deceased patients shall contain the date and time of death, autopsy permit, if granted, disposition of the body, by whom received and when.

(16) The State Anatomical Board shall be notified of an unclaimed dead body. A record of this notification shall be maintained.

(17) The patient's medical records shall be maintained to safeguard against loss, defacement, unauthorized access, and tampering and to prevent damage from fire and water. Medical records shall be preserved in a permanent file in the original, on microfilm, or other electronic media. Patients' medical records shall be retained for a minimum of ten (10) years, except that a minor shall have his/her record retained until his/her twentieth birthday, whichever occurs later. Preservation of medical records may be extended by the hospital for clinical, educational, statistical, or administrative purposes.

(18) Requests for variance from the requirements of 19 CSR 30-20 shall be in writing to the Department of Health and Senior Services. Department determinations in response to variance requests shall be in writing and both requests and determinations shall be made a part of the Department of Health and Senior Services permanent records for the facility.

(A) Requests shall contain at a minimum—

1. The section number and text of the rule in question;
2. Specific reasons why compliance with the rule would impose an undue hardship on the operator, including an estimate of any additional cost which might be involved;
3. An explanation of the extenuating factors which may be relevant;
4. A complete description of the individual characteristics of the facility or patients or any other factors which would fulfill the intent of the rule in question to safeguard the health, safety, and the welfare of the patient, staff, or public if the variance from the requirement is granted; and
5. A length of time the variance is being requested.

(19) The department's written determination shall identify a variance expiration date, if approved. The facility may re-apply for a variance up to ninety (90) days prior to the expiration of a department-approved variance.

(20) Any facility granted a variance by the department shall inform the department in writing if the conditions warranting the variance change. This written notification to the department shall be made within thirty (30) days of the change affecting the variance. The department may revoke the granted variance if the changes in conditions detrimentally impact the health, safety, and the welfare of the patient, staff, or public, as determined by the department.

(21) All previously approved variances shall be submitted at the time of annual licensure renewal.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF HOSPITAL STANDARDS
APPLICATION FOR HOSPITAL LICENSE

In accordance with the requirements of the Missouri Hospital Licensing Law, application is hereby made for a license to conduct and maintain a hospital.		DO NOT WRITE IN THIS SPACE	
		LICENSE NO.	
		LICENSE DATE	
		CERTIFICATE NO.	
		ISSUE DATE	
NAME OF HOSPITAL (NAME TO APPEAR ON LICENSE)		TELEPHONE NUMBER	
LEGAL NAME OF HOSPITAL			
STREET ADDRESS		CITY AND ZIP CODE	COUNTY
CHIEF EXECUTIVE OFFICER (FULL NAME)		TITLE	EMAIL
NEXT IN CHARGE (FULL NAME)		TITLE	EMAIL
The hospital fiscal year starts on (MONTH/DAY) _____ and ends on (MONTH/DAY) _____.			
OWNERSHIP AND MANAGEMENT (CHECK ONLY ONE)			
A. Governmental <input type="checkbox"/> District <input type="checkbox"/> County <input type="checkbox"/> City-County <input type="checkbox"/> City <input type="checkbox"/> Other (specify) _____		B. Non-Governmental Non-Profit Proprietary <input type="checkbox"/> Church Operated <input type="checkbox"/> Individual <input type="checkbox"/> Church Affiliated <input type="checkbox"/> Partnership <input type="checkbox"/> Other Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____	
LEGAL NAME OF OPERATING ENTITY			
IF OPERATED BY MANAGEMENT CONSULTANT, NAME OF FIRM			
C. Attach an organizational chart which details all executive boards and/or supervisory boards for any entity that maintains management authority over the hospital or an ownership interest in this hospital of more than 50% to include the directors of each required service.			
THE HOSPITAL HAS COMPLETED AND RETURNED THE MOST RECENT ANNUAL SURVEY OF MISSOURI HOSPITALS <input type="checkbox"/> YES <input type="checkbox"/> NO			
ACCREDITATION			
ACCREDITED <input type="checkbox"/> YES <input type="checkbox"/> NO		ACCREDITED BY	DEFMED <input type="checkbox"/> YES <input type="checkbox"/> NO
BED DESIGNATION BY SERVICES (indicate total beds in each category). If any of the beds have been converted to non-patient use please do not include those beds on the list.			
MEDICAL SURGICAL	PSYCHIATRIC	OBSTETRICAL	NEONATAL ICU
NURSERY BASSINETS (NOT INCLUDED IN BED COUNT)	REHABILITATION	ICU CCU	LONG TERM CARE
PEDIATRIC	ALCOHOL/DRUG ABUSE	OTHER (SPECIFY SERVICE)	TOTAL BEDS
CHANGING FROM PREVIOUS TOTAL?	FRI BAYS/BEDS (NOT INCLUDED IN BED COUNT)	OH SUITES (NOT INCLUDED IN BED COUNT)	SWING BEDS (NOT INCLUDED IN BED COUNT)

NOTE: ATTACH AN EXPLANATION FOR ANY CHANGES IN TOTAL BED COMPLEMENT SINCE LAST APPLICATION

OTHER

Construction/Renovation

1. New hospitals - attach Certificate of Need approvals if applicable.
2. Renovations or construction projects during this licensure period should be submitted in accordance with 19 CSR 30-20.030.
3. Provide a copy of all DHSS current, approved variances.
 - a. If new variance(s) is requested, please submit in accordance with 19 CSR 30-20.015.

Premises

For all locations that will be identified as premises, as defined by 19 CSR 30-20.011, please provide a map or drawing of the premises to illustrate the location of each building. Attach a listing of all building with each listed by name, address and type of patient service offered.

Co-location status

Is there another provider or licensed entity, or a satellite location of another provider or licensed entity, that occupies space in a building used by the hospital, or in one or more entire buildings located on the same campus as buildings used by the hospital?

YES NO

If answer is yes, then list the name and Medicare identification (i.e. 26xxxx) number of the co-located provider or licensed entity.

NAME OF CO-LOCATION PROVIDER, LICENSED ENTITY OR SATELLITE LOCATION	MEDICARE IDENTIFICATION NUMBER

CERTIFICATION

We the undersigned hereby certify that we have read the foregoing application and that the statements contained therein are true and correct to the best of our knowledge, and further assure the ability and intention of the _____ (NAME OF ENTITY) to comply with Missouri statutes and regulations pertaining to hospital licensure.

CHAIR OF THE GOVERNING BODY SIGNATURE	PRINT NAME	DATE
CHIEF EXECUTIVE OFFICER SIGNATURE	PRINT NAME	DATE

AUTHORITY: sections 192.006, 197.065, and 197.297, RSMo 2016, and section 197.080, [and 197.293,] RSMo [2000] Supp. 2018. This rule was previously filed as 13 CSR 50-20.015. Original rule filed April 9, 1985, effective July 11, 1985. For intervening history, please consult the *Code of State Regulations*. Amended: Filed March 20, 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 Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.030 Construction Standards for New Hospitals. This rule established up-to-date construction standards for new hospitals to help ensure accessible, functional, fire-safe, and sanitary facilities.

PURPOSE: The Department of Health and Senior Services is rescinding this rule and replacing it with more up-to-date construction standards for hospitals that reflect current construction practices.

AUTHORITY: sections 192.005.2 and 197.080, RSMo 1986. This rule was previously filed as 13 CSR 50-20.031 and 19 CSR 10-20.031. Original rule filed June 2, 1982, effective Nov. 11, 1982. Amended: Filed June 14, 1988, effective Oct. 13, 1988. Rescinded: Filed March 20, 2019.

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

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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RULE

19 CSR 30-20.030 Construction Standards for New Hospitals

PURPOSE: This rule establishes up-to-date construction standards for new hospitals to help ensure accessible, functional, fire-safe, and sanitary facilities.

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

(1) New Hospital General Requirements.

(A) A new hospital is one for which plans are submitted to the Department of Health and Senior Services for review and approval after January 1, 2018, for the construction of a new facility, expansion or renovation of an existing hospital or the conversion of an existing facility not previously and continuously licensed as a hospital under Chapter 197, RSMo. A new hospital shall be designed to provide all of the facilities required by this rule and arranged to accommodate all of the functions required by this rule and to provide comfortable, sanitary, fire-safe, secure and durable facilities for the patients. In major alteration projects and additions to an existing licensed hospital, only that part of the total hospital affected by the project is subject to this rule.

(B) These minimum requirements are not intended in any way to restrict innovations and improvements in design, construction or operating techniques. Plans and specifications and operational procedures which contain deviations from these requirements may be approved if it is determined that the purposes of the minimum requirements have been fulfilled. Some facilities may be subject to the requirements of more than one (1) regulatory agency. While every effort has been made to ensure coordination, facilities making requests for changes in services and request for new construction or renovations are cautioned to verify requirements of other agencies involved.

(C) Requests for deviations from the requirements of this rule shall be in writing to the Department of Health and Senior Services. Approvals for deviations shall be in writing and both requests and approvals shall become a part of the permanent Department of Health and Senior Services records for the facility.

(D) Alterations or additions to existing hospitals shall be programmed so construction will minimize disruptions of existing functions. Access to exits and fire protections shall be maintained so the safety of the occupants will not be jeopardized during construction.

(E) The owner of each new facility or the owner of an existing facility being added to or undergoing major alterations shall provide a program scope of services which describes space requirements, staffing patterns, departmental relationships and other basic information relating to the objectives of the facility. The program may be general but it shall include a description of each function to be performed, approximate space needed for these functions and the inter-relationship of various functions and spaces. The program also shall describe how essential services can be expanded in the future as the demand increases. Appropriate modifications or deletions in space requirements may be made when services are shared or purchased, provided the program indicates where the services are available and how they are to be provided.

(2) Planning and Construction Procedure.

(A) Plans and specifications shall be prepared for the construction of all new hospitals and additions to and modifications or reconstruction of existing hospitals. The plans and specifications shall be prepared by an architect or a professional engineer licensed to practice in Missouri.

(B) Construction shall be in conformance with plans and specifications approved by the Engineering Consulting Unit of the Department of Health and Senior Services. The Department of Health and Senior Services shall be notified within five (5) days after construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and specifications, the plans and specifications shall be resubmitted to the Department of Health and Senior Services for its approval and shall be amended, if necessary, to comply with the then current rules before construction work commences.

(3) Design and Construction Requirements.

(A) New hospitals or portions of hospitals constructed or remodeled after the effective date of this amendment shall be maintained so that the building and its various operating systems comply with the life safety code standards in 42 CFR Part 482 (2017) and 42 CFR Part 485 (2017), which are incorporated by reference in this rule. The *Code of Federal Regulations* is published by the U.S. Government and is available by calling toll-free (866) 512-1800 or going to <http://bookstore.gpo.gov/>. The address is: U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402-0001. This rule incorporates later amendments and additions to 42 CFR Part 482 (2017) and 42 CFR Part 485 (2017). This rule does not incorporate the following chapters of National Fire Protection Association (NFPA) 99, 2012 edition: chapter 7 - Information Technology and Communications Systems for Health Care Facilities; chapter 8 - Plumbing; chapter 12 - Emergency Management and chapter 13 - Security Management. Existing hospital facilities constructed prior to the effective date of this amendment shall maintain and operate the building in compliance with the design and safety regulations in effect at the time of their construction.

(B) New hospitals or portions of hospitals constructed or remodeled after the effective date of this amendment must be constructed so that the building and its various operating systems comply with the standards contained in The Facility Guidelines Institute (FGI) Guidelines for the Design and Construction of Health Care Facilities (2010 edition) or the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities (2014 edition), which are incorporated by reference in this rule and are published by the FGI at 350 N. Saint Paul Street, Ste. 100, Dallas TX 75201, or so that the building and its various operating systems comply with other standards and guidelines that provide equivalent design criteria. Prior to the department granting approval of the construction plans and specifications required in this rule, the architect or professional engineer submitting the plans shall identify the equivalent design criteria used. This rule does not incorporate any subsequent amendments or additions. This rule does not incorporate the following chapter of FGI, 2010 edition: 1.2-8 - Commissioning. This rule does not incorporate the following chapter of FGI, 2014 edition: 1.2-7 - Commissioning. Existing hospital facilities constructed prior to the effective date of this amendment shall maintain and operate the building in compliance with the design and construction regulations in effect at the time of their construction.

(4) Additional Requirements

(A) The facility shall have at least two (2) pressure sterilizers located in the Central Sterile Processing designed to maintain two hundred fifty degrees Fahrenheit (250 °F) or one hundred twenty-one degrees Celsius (121 °C) at fifteen pounds (15 lbs.) pressure.

(B) If a facility is located outside of a service area or range of a public fire department, arrangements shall be made to have the nearest fire department respond in the case of fire. A copy of the agreement shall be kept on file in the facility and a copy shall be forwarded to the Department of Health and Senior Services. If the agreement is changed, a copy shall be forwarded to the Department of Health and Senior Services.

(C) Manual fire alarm initiating devices shall be installed at each nurses' station or other patient care control station and at the tele-

phone switchboard.

AUTHORITY: sections 192.006 and 197.065, RSMo 2016, and sections 197.080 and 197.100, RSMo Supp. 2017. This rule was previously filed as 13 CSR 50-20.031 and 19 CSR 10-20.031. Original rule filed June 2, 1982, effective Nov. 11, 1982. Amended: Filed June 14, 1988, effective Oct. 13, 1988. Rescinded and readopted: Filed March 20, 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 Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.040 Definitions Relating to Long-Term Care Units in Hospitals. This rule defined terminology used throughout 19 CSR 30-20.050 and 19 CSR 30-20.060.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.005.2 and 197.080, RSMo 1986. This rule was previously filed as 13 CSR 50-20.040 and 19 CSR 10-20.040. Original rule filed Nov. 29, 1982, effective March 11, 1983. Amended: Filed May 31, 1989, effective Aug. 24, 1989. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED AMENDMENT

19 CSR 30-20.050 Standards for the Operation of Long-Term

Care Units [in Hospitals]. The department is amending the title of the rule, deleting sections (1), (5), (6), (11), (12), and renumbering thereafter; and amending new sections (1), (2), (3), (6), (7), (8), and (9).

PURPOSE: This amendment updates language throughout and eliminates the language regarding nurse assistant orientation and training. This amendment also updates referenced rule numbers throughout and places additional requirements on the frequency of physician visits to residents.

[(1)] Requests for deviations from the requirements of this rule shall be in writing to the Department of Health. Approvals for deviations shall be in writing and both requests and approvals shall be made a part of the permanent Department of Health records for a facility.]

[(2)](1) Swing beds located in the [acute part of a] hospital which may be used intermittently for long-term care are exempt from the requirements of this rule.

[(3)](2) Administration.

(A) A long-term care unit shall be licensed as part of the hospital in which it is located or attached. The hospital governing body shall be the legal authority for the long-term care unit and shall be responsible for the overall planning, directing, control, and management of the activities and functions of the long-term care unit.

(B) The administration of the long-term care unit shall be the responsibility of the chief executive officer of the hospital. This authority may be delegated to a qualified assistant in accordance with the governing body bylaws of the hospital.

(C) Visiting Hours.

1. Regular daily visiting hours shall be established [and posted].

2. Relatives or guardians and clergy, if requested by the resident or family, shall be allowed to see critically-ill residents at any time in keeping with the orders of the physician.

(D) Medical records shall comply with [19 CSR 30-20.021(3)(D)] **19 CSR 30-20.015**. All medical orders shall be renewed at least monthly.

[(E) If the minimum staffing as required in sections (5)–(7) of this rule does not meet the needs of the residents, the Department of Health shall inform the administrator, in writing, how many additional personnel are needed and of what type and shall give the basis for this determination.]

[(F)](E) All residents shall have a comprehensive, accurate, standardized assessment completed within fourteen (14) days of admission. The assessment is to be completed utilizing the resident assessment instrument developed by the [Health Care Financing Administration] Centers for Medicare and Medicaid Services (CMS) for use in long-term care facilities. [The instrument includes a uniform minimum data set (MDS) of care screening and assessment elements, common definitions for these elements and utilization guidelines.] The assessment shall be documented [on the MDS and shall include applicable resident assessment protocols. An assessment shall] and become the basis for the care and treatment to be provided.

[(4) Nursing Assistant Orientation.]

[(A)](3) The [chief executive officer of the] hospital shall assure that individuals who are [newly] employed as nursing assistants in the long-term care unit [receive an in-service orientation. At a minimum, the orientation shall include an explanation of: the organizational structure of the long-term care unit, the unit's policies and procedures, the unit's philosophy of care, a description of the resident population, job responsibilities

and employee rules, information on communicable diseases, infection control procedures, resident rights and emergency protocols. The hours of orientation may be applied to the nursing assistant training course if conducted in accordance with 13 CSR 15-13.010(6)(B)] are trained and tested, including successful completion of a final examination, pursuant to the provisions of **19 CSR 30-84.010**.

[(B) New employees of long-term care units who are nursing assistant trainees shall be allowed to provide direct nursing care to residents only if they have received training and have demonstrated competency with regard to the specific care being provided. A licensed nurse shall be responsible for verifying the competency and for documenting this in the trainee's personnel file. The in-service orientation program shall be supervised by a licensed nurse who is on duty in the unit at the time the orientation is provided.

(C) Nursing assistant trainees shall be clearly identified so that residents, family members, visitors and staff are aware that they are in training.

(5) Competency Evaluation of Nursing Assistants. The chief executive officer of the hospital shall be responsible for assuring that all nursing assistants who were employed and trained as nursing assistants before July 1, 1989 complete a competency evaluation program before January 1, 1990.

(6) Training and Competency Evaluation Program.

(A) The chief executive officer of the hospital shall be responsible for assuring that all nursing assistants employed in the long-term care unit after July 1, 1989 shall have completed or will complete the training and competency evaluation program.

(B) Individuals may be employed as nursing assistant trainees in a long-term care unit in order to complete the nursing assistant training and competency evaluation program. This period of training cannot exceed four (4) months from the date of employment.]

[(7)](4) Orientation In-Service Training and Continuing Education.

(A) The chief executive officer of the hospital shall assure the development of an in-service orientation and continuing education program offered by qualified instructors for the development of all personnel in the long-term care unit that is appropriate to their job functions. Orientation for all new personnel shall begin the first day of employment in the long-term care unit and shall cover, at a minimum, prevention and control of infection and hospital policies and procedures, including emergency protocol, job responsibilities, lines of authority, confidentiality of patient information, resident's rights, and preservation of patient dignity.

(B) The continuing education program for nursing assistants shall focus on basic nursing skills, personal care skills, mental health and social service needs, and basic restorative services.

[(8)](5) Training Record. Written records of the employee's training and testing shall be maintained in the employee's personnel file.

[(9)](6) Medical Care.

(A) Medical care in long-term care units shall be under the direction of a physician member of the medical staff and appointed by the governing body.

(B) Each resident shall have the privilege of selecting his/her own physician consistent with hospital medical staff bylaws.

(C) Each resident shall be visited by the attending physician as often as medically necessary but no less than every thirty (30) days for the first ninety (90) days and every sixty (60) days thereafter.

(D) There shall be a [mechanism] process for the review and evaluation on a regular basis of the quality and appropriateness of medical care in the long-term care unit.

[(10)](7) [Skilled Nursing] Long-Term Care Unit.

(A) A *[skilled nursing] long-term care unit* as defined in *[19 CSR 30-20.040(10)] 19 CSR 30-20.011* shall have a registered professional nurse on duty eight (8) hours a day and seven (7) days a week.

(B) The nursing service administrator shall be responsible for the quality of nursing care supervision of personnel providing nursing care and for a program of in-service education for nursing personnel.

(C) Skilled nursing units shall employ nursing personnel in sufficient numbers and sufficiently qualified to meet the needs of the residents. Exclusive of supervisory staff, the minimum ratio of nursing staff engaged in direct patient care and treatment to residents shall be as follows:

Time	Ratio of Staff to Residents*
7 a.m. to 3 p.m. (day)	1 staff person for each 10 residents plus 1 additional staff person for any remainder of 6 or more residents
3 p.m. to 11 p.m. (evening)	1 staff person for each 15 residents plus 1 additional staff person for any remainder of 8 or more residents
11 p.m. to 7 a.m. (night)	1 staff person for each 20 residents plus 1 additional staff person for any remainder of 11 or more residents.

*The number of residents is based on occupied beds.

(D) On *[the day] every* shift there shall be a registered professional nurse *[on duty; on both evening and night shifts there shall be]* or a licensed practical nurse *[for a registered nurse]* on duty.

(E) A registered professional nurse shall be available in the hospital to assist during the time a licensed practical nurse is in charge.

(F) In a multi-story *[facility] long-term care unit*, at least one (1) direct-care staff person shall be on duty at all times for each occupied floor.

(G) All *[skilled nursing units] medications* shall *[comply with subsections (11)(G)–(I) of this rule]* be administered in accordance with state law and the provisions of 42 CFR 482.23 (2017), *Condition of Participation for Nursing Services*. The *Code of Federal Regulations* is published by the U.S. Government and is available by calling toll-free (866) 512-1800 or going to <https://bookstore.gpo.gov/>. The address is: U.S. Government Publishing Office, U.S. Superintendent of Documents, Washington, DC 20402-0001. This rule incorporates later amendments and additions to 42 CFR Part 482.23 (2017).

(H) A physical examination by a licensed physician shall be completed and recorded on the clinical record of each resident, preferably before admission, but not later than seven (7) days after admission, unless the resident is accompanied on admission from a hospital or long-term care unit by a record of a physical examination completed within the past six (6) months. Physical examinations shall be performed at least annually.

(I) The unit shall not knowingly admit or continue to care for residents whose needs cannot be met by the unit directly or in cooperation with community resources or other providers of care with which it is affiliated or has contracts.

(J) Provision shall be made for the care of residents with a communicable disease either in the hospital or in a suitable room in the unit. Infection control policies and procedures shall be followed.

[(11) Intermediate Care Unit.

(A) An intermediate care unit as defined in 19 CSR 30-20.040(2) shall have either a registered nurse or a licensed practical nurse in charge of the unit.

(B) When the person in charge is a licensed practical nurse, a registered nurse shall be available in the hospital for the supervision of patient care.

(C) A licensed nurse shall be available in the hospital for assistance to the unit twenty-four (24) hours a day, seven (7) days a week.

(D) The minimum ratios of staff engaged in direct patient care, exclusive of supervisory staff, shall be the minimum ratios required in subsection (5)(C) of this rule.

(E) One (1) of the nursing personnel on the day shift shall be a licensed nurse.

(F) In a multi-story facility, at least one (1) direct-care staff shall be on duty at all times on each occupied floor.

(G) All medications shall be administered by a licensed nurse or physician.

(H) A physical examination by a physician shall be completed and recorded on the clinical record of each resident, preferably before admission, but not later than seven (7) days after admission, unless the resident is accompanied on admission from a hospital or other long-term care unit by a record of a physical examination completed within the past six (6) months. Physical examinations shall be performed at least annually.

(I) The unit shall not knowingly admit or continue to care for residents whose needs cannot be met by the unit directly or in cooperation with community resources or other providers of care with which it is affiliated or has contracts. Seriously disturbed mentally ill residents shall not be admitted or retained unless the unit can provide the care the resident needs. Provision shall be made for the care of residents with a communicable disease either in the hospital or in a suitable room in the unit. Infection control policies and procedures shall be followed.

(12) Residential Care Units.

(A) Policies and procedures shall be written to include at least medications, medical treatment and outside privileges.

(B) Nursing personnel shall have access to the legal name of each resident and the name and telephone number of each resident's physician and next of kin or responsible party in the event of emergency.

(C) At least one (1) staff person at least eighteen (18) years of age shall be on duty at all times.

(D) There shall be one (1) licensed nurse on duty at least (8) hours per week for every thirty (30) residents plus one (1) additional licensed nurse on duty at least eight (8) hours per week for any remainder of sixteen (16) or more residents.

(E) Only ambulatory residents shall be admitted to the residential care unit.

(F) Those residents who require the use of a walker or wheelchair shall be housed on a floor which has direct exit at grade or which has a ramp with a slope not greater than one to twelve (1:12) leading to grade or which has no more than two (2) steps to grade. The steps shall have a handrail. Those residents who use a wheelchair shall be able to reach the equipment unassisted and demonstrate the ability to transfer to and from a wheelchair without assistance.]

[(13)](8) Resident's Rights and Grievance Procedures for Long-Term Care Units.

(A) A complete copy of each official notification from the Department of Health and Senior Services of violations, deficiencies, licensure approvals, disapprovals, and responses shall be retained and made available at the unit for inspection when requested

by staff, residents, families or legal representatives of the residents, and the public.

(B) Each resident shall be informed of his/her rights and responsibilities as a resident and of all rules governing resident conduct and responsibilities. A copy of all the information shall be posted in a conspicuous location in the facility and copies shall be available to anyone requesting the information. Prior to or at the time of admission, a copy of the information shall be provided to each resident or his/her designee, next of kin, or legal guardian.

(C) Each resident shall be informed in writing, prior to or at the time of admission and during his/her stay, of services available in the unit and of related charges, including any charges for services not covered under the federal or state programs or not covered by the facility's per-diem rate.

(D) Each resident shall be informed by a physician of his/her health and medical condition unless medically contraindicated (as documented by a physician in the resident's record); shall be given the opportunity to participate in the planning of his/her total care and medical treatment and to refuse treatment; and shall participate in experimental research only upon his/her informed written consent.

(E) Each resident shall be transferred or discharged only for medical reasons, for his/her welfare or that of other residents, or for non-payment for his/her stay.

(F) Each resident shall be encouraged and assisted, throughout his/her period of stay, to exercise his/her rights as a resident and as a citizen and to this end may voice grievances and recommend changes in policies and services to facility staff or to outside representatives of his/her choice and shall be free from restraint, interference, coercion, discrimination, or reprisal.

(G) Each resident may manage his/her personal financial affairs and, to the extent that the facility assists in the management, may have his/her personal financial affairs managed in accordance with section (9) of this rule.

(H) No resident shall be mentally or physically abused. Each resident shall be free from chemical and physical restraints except when the restraints are authorized in writing by a physician for a specific period of time or when the restraints are necessary in an emergency to protect the resident from injury to him/herself or others. In an emergency, physical restraints may be authorized by a registered professional nurse. This action shall be reported *[promptly]* immediately to a physician, always within twenty-four hours to obtain an order.

(I) Each resident shall be assured confidential treatment of all information contained in his/her records, including information contained in an automatic data bank; his/her written consent shall be required for the release of information to persons not otherwise authorized under law to receive it.

(J) Each resident shall be treated with consideration, respect, and full recognition of his/her dignity and individuality, including privacy in treatment and in care for his/her personal needs.

(K) No resident shall be required to perform services for the unit that are not included for therapeutic purposes in the plan of care.

(L) Each resident may communicate, associate, and meet privately with persons of his/her choice, unless to do so would infringe upon the rights of other residents. Each resident may send and receive his/her personal mail unopened.

(M) Each resident may participate in activities of social, religious and community groups at his/her discretion, unless contraindicated for reasons documented by a physician in the resident's medical record.

(N) Each resident may retain and use his/her personal clothing and possessions as space permits.

(O) If married, a resident shall be insured privacy for visits by his/her other spouse; if both are residents in the facility, they shall be permitted to share a room unless medically contraindicated.

(P) Each resident shall be allowed to purchase or rent any goods or services not included in the per-diem or monthly rate as long as the quality and delivery of those goods or services conform with

policies and procedures of the hospital.

[(14)](9) Personal Funds and Property of Residents.

(A) No hospital shall be required to hold any personal funds or money in trust unless some other governmental agency placing residents in the facility *[makes]* imposes this requirement.

(B) Authorizations by the resident, his/her designee, or legal guardian for the hospital to use the personal funds of the resident shall be in writing and kept with the resident's record or with the personal funds account.

(C) When a resident is admitted, s/he and his/her next of kin or legal guardian shall be provided with a statement explaining the resident's rights regarding personal funds.

(D) Resident's personal funds that are held in trust shall be kept separate from the hospital funds.

(E) There shall be a written account for each resident showing receipts to and disbursements from the personal funds of each resident.

(F) A written statement of all receipts and disbursements showing the current balance shall be given on a quarterly basis to the resident, his/her designee, or legal guardian.

(G) When personal funds and possessions held in trust by the hospital are returned to the resident or his/her designee or guardian before or after the resident's discharge, the resident or his/her designee or guardian shall give the hospital a receipt for the funds and possessions returned.

(H) There is no duty on the part of the hospital to invest a resident's funds held in trust or to increase the principal.

(I) Any owner, manager, employee, or affiliate of an owner who receives any personal property or anything else with a value of ten dollars (\$10) or more from a resident shall give the resident a written statement giving the date it was received, from whom it was received, and its estimated value.

(J) No owner, manager, employee, or affiliate of an owner, in one (1) calendar year, shall receive any personal property or anything else with a total value exceeding one hundred dollars (\$100) from a resident of any facility. This does not apply to bequests.

(K) The recordkeeping and other requirements of section *[(14)](9)* of this rule apply only to those personal possessions and funds which the facility accepts to hold in trust for the resident and does not apply to other possessions residents have in their rooms or bring into the facility.

AUTHORITY: sections [192.005.2] 192.006 and 197.297, RSMo 2016, and section 197.080, RSMo [1986] Supp. 2017. This rule was previously filed as 13 CSR 50-20.050 and 19 CSR 10-20.050. Original rule filed Nov. 29, 1982, effective March 11, 1983. Amended: Filed May 31, 1989, effective Aug. 24, 1989. Amended: Filed July 12, 1991, effective Feb. 6, 1992. Amended: Filed March 20, 2019.

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

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 Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.060 Construction Standards for New Long-Term Care Units in Hospitals. This rule established up-to-date construction standards for new long-term care units in hospitals to help ensure accessible, functional, fire-safe and sanitary facilities.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.005.2 and 197.080, RSMo 1986. This rule was previously filed as 13 CSR 50-20.060 and 19 CSR 10-20.060. Original rule filed Nov. 29, 1982, effective March 11, 1983. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.080 Governing Body of Hospitals. This rule defined governing body and establishes standards for the governing body of hospitals.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. This rule previously filed as 19 CSR 30-20.021(2)(A). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.082 Chief Executive Officer in Hospitals. This rule specified the duties of the chief executive officer of a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. This rule previously filed as 19 CSR 30-20.021(2)(B). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.084 Patients' Rights in Hospitals. This rule established the minimum requirements necessary to assure patients' rights were protected.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000. This rule previously filed as 19 CSR 30-20.021(2)(B)17. Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.086 Medical Staff in Hospitals. This rule specified the requirements for the organization of the medical staff in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2007. This rule previously filed as 19 CSR 30-20.021(2)(C). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.088 Central Services. This rule specified the manner in which central services should be organized and integrated in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(3)(A). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.090 Food and Nutrition Services. This rule specified the manner in which food and nutrition services should be organized and integrated in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(3)(B). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED AMENDMENT

19 CSR 30-20.092 Diversion [Emergency Services in Hospitals]. The department is amending the title of the rule and section (12). The department is removing sections (1) through (11).

PURPOSE: This amendment adds clarifying language related to the concept of diversion.

[(1) Each hospital providing general services to the community shall provide an easily accessible emergency area which shall be equipped and staffed to ensure that ill or injured persons can be promptly assessed and treated or transferred to a facility capable of providing needed specialized services. In multiple-hospital communities where written agreements have been developed among the hospitals in accordance with an established community-based hospital emergency plan, individual hospitals may not be required by the Department of Health to provide a fully equipped emergency service.

(2) A hospital shall have a written hospital emergency transfer policy and written transfer agreements with one (1) or more hospitals within its service area which provide services not available at the transferring hospital. Transfer agreements shall be established which reflect the usual and customary referral practice of the transferring hospital, but are

not intended to cover all contingencies.

(3) Hospital emergency services shall be under the medical direction of a qualified staff physician who is board-certified or board-admissible in emergency medicine and maintains a knowledge of current ACLS and ATLS standards or a physician who is experienced in the care of critically ill and injured patients and maintains current verification in ACLS and ATLS. In pediatric hospitals, PALS shall be substituted for ACLS. With the explicit advanced approval of the Department of Health, a hospital may contract with a qualified consultant physician to meet this requirement.

(A) That physician shall be responsible for implementing rules of the medical staff relating to patient safety and privileges and to the quality and scope of emergency services.

(B) A qualified registered nurse shall supervise and evaluate the nursing and patient care provided in the emergency area by nursing and ancillary personnel. Supervision may be by direct observation of staff or, at a minimum, the nurse shall be immediately available in the institution.

(C) Any person assigned to the emergency services department administering medications shall be a licensed physician, registered nurse, EMT-paramedic or appropriately licensed or certified allied health practitioner and shall administer medications only within his/her scope of practice except for students who are participating in a training program to become physicians, nurses, emergency medical technician-paramedics who may be allowed to administer medication under the supervision of their instructors as a part of their training. Trained individuals from the respiratory therapy department may be allowed to administer aerosol medications when a certified respiratory therapy assistant is not available.

(4) Any hospital which provides emergency services and does not maintain a physician in-house twenty-four (24) hours a day for emergency care shall have a call roster which lists the name of the physician who is on call and available for emergency care and the dates and times of coverage. A physician who is on call and available for emergency care shall respond in a manner which is reasonable and appropriate to the patient's condition after being summoned by the hospital.

(5) Any hospital with surgical services that also provide emergency surgical services shall have a general surgical call roster which lists the name of the general surgeon who is on call for emergency surgical cases, and the dates and times of coverage. The surgeon who is on call for emergency surgical cases shall arrive at the hospital within thirty (30) minutes of being summoned. Patients arriving at a hospital that does not provide emergency surgical services and are found upon examination to require emergency surgery shall be immediately transferred to a hospital with the necessary services.

(6) All patients admitted to the emergency service shall be assessed prior to discharge by a physician or registered professional nurse.

(7) If discharged from the emergency department, other than to the inpatient setting, the patient or responsible person shall be given written instructions for care and an oral explanation of those instructions. Documentation of these instructions shall be entered on the emergency service medical record.

(8) There shall be a quality improvement program for the

emergency service which includes, but is not limited to, the collection and analysis of data to assist in identification of health service problems, and a mechanism for implementation and monitoring appropriate actions. The quality improvement program shall include the periodic evaluation of at least the following: length of time each patient is in the emergency room, appropriateness of transfers, physician response time, provision for written instructions, timeliness of diagnostic studies, appropriateness of treatment rendered, and mortality.

(9) Written policies shall be adopted to assure that notification procedures are implemented concerning the significant exposure of prehospital emergency personnel to communicable diseases as required in 19 CSR 30-40.047.

(10) The emergency service medical record shall contain patient identification, time and method of arrival, history, physical findings, treatment and disposition and shall be authenticated by the physician. These records, including an ambulance report when applicable, shall be filed under supervision of the medical records department.

(11) There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of emergency services.]

[[12]](1) A hospital shall have a written plan that details the hospital's criteria and process for diversion. **Diversion may be due to the emergency department being overwhelmed with significantly critically ill or injured patients, or an overwhelming number of minor emergency patients, to the extent that the hospital is unable to provide quality care or protect the health or welfare of the patients it serves. A diversion also may be implemented if the hospital has resource limitations, such as, no available beds in specialty care units or general acute care, no surgical suites or shortages of equipment or personnel.** The plan must be reviewed and approved by the Missouri Department of Health and Senior Services prior to being implemented by the hospital. A hospital may continue to operate under a plan in existence prior to the effective date of this section while awaiting approval of its plan by the department.

(A) The diversion plan shall:

1. Identify the individuals by title who are authorized by the hospital to implement the diversion plan;

2. Define the process by which the decision to divert will be made;

3. Specify that the hospital will not implement the diversion plan until the authorized individual has reviewed and documented the hospital's ability to obtain additional staff, open existing beds that may have been closed, or take any other actions that might prevent a diversion from occurring;

4. Include that all ambulance services within a defined service area will be notified of the intent to implement the diversion plan upon the actual implementation. Ambulances that have made contact with the hospital before the hospital has declared itself to be on diversion shall not be redirected to other hospitals. In areas served by a real time, electronic reporting system, notification through such system shall meet the requirements of this provision so long as such system is available to all EMS agencies and hospitals in the defined service area;

5. Include procedures for assessment, stabilization, and transportation of patients in the event that services, including but not limited to, ICU beds or surgical suites become unavailable or overburdened. These procedures must also include the evaluation of services and resources of the facility that can still be provided to patients even with the implementation of the diversion plan;

6. Include procedures for implementation of a resource diversion

in the event that specialized services are overburdened or temporarily unavailable; and

7. Include that all other acute care hospitals within a defined service area will be notified upon the actual implementation of the diversion plan. For defined service areas with more than two (2) hospitals, if more than one-half (1/2) of the hospitals implement their diversion plans, no hospital will be considered on diversion. For a defined service area with two (2) hospitals, if both hospitals implement their diversion plans, neither will be considered on diversion. Participation in a real time, electronic reporting system shall meet the notification requirements of this section. If a hospital participates in an approved community-wide plan, the community-wide plan may set the requirement for the number of hospitals to remain open.

(B) Each incident of diversion plan implementation must be reviewed by the hospital's existing quality assurance committee. Minutes of these review meetings must be made available to the Missouri Department of Health and Senior Services upon request.

(C) The hospital shall assure compliance with screening, treatment, and transfer requirements as required by the Emergency Medical Treatment and Active Labor Act (EMTALA).

(D) A hospital or its designee shall report to the department, by phone or electronically, upon actual implementation of the diversion plan. This implementation report shall contain the time the plan will be implemented. The hospital or its designee shall report to the department, by phone or electronically, within eight (8) hours of the termination of the diversion. This termination report shall contain the time the diversion plan was implemented, the reason for the diversion, the name of the individual who made the determination to implement the diversion plan, the time the diversion status was terminated, and the name of the individual who made the determination to terminate the diversion. In areas served by real time, electronic reporting system, reporting through such system shall meet the requirements of this provision so long as such system generates reports as required by the department.

(E) Each hospital shall implement a triage system within its emergency department. The triage methodology shall continue to apply during periods when the hospital diversion plan is implemented.

(F) Any hospital that has a written approved policy, which states that the hospital will not go on diversion or resource diversion, except as defined in the hospital's disaster plan in the event of a disaster, is exempt from the requirements of [19 CSR 30-20.021(3)(C)12] **this section**.

(G) If a hospital chooses to participate in a community-wide plan, the requirement/s) of the number of hospitals to remain open, defined service areas, as well as community notification may be addressed within the community plan. Community plans must be approved by the department. Community plans must include that each hospital has a policy addressing diversion and the criteria used by each hospital to determine the necessity of implementing a diversion plan. Participation in a community plan does not exempt a hospital of the requirement to notify the department of a diversion plan implementation.

AUTHORITY: sections 192.006 and 197.154, RSMo 2016, and section 197.080, [RSMo 2000 and 197.154,] RSMo Supp. [2007] 2018. This rule previously filed as 19 CSR 30-20.021(3)(C). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed March 20, 2019.

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

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 Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Regulation and Licensure Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.094 Medical Records. This rule established minimum requirements for medical records kept in hospitals.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(3)(D). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Regulation and Licensure Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.096 Nursing Services. This rule established the requirements for nursing services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(3)(E). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Oct. 22, 2008, effective June 30, 2009. Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.097 Safe Patient Handling and Movement in Hospitals. This rule specified the requirements for safe patient handling and movement practices in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 197.080, RSMo 2000. Original rule filed April 29, 2011, effective Nov. 30, 2011. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.098 Pathology and Medical Laboratory Services. This rule established the requirements for pathology and medical laboratory services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(3)(F). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed June 6, 2013, effective Jan. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.100 Pharmacy Services and Medication Management. This rule established the requirements for pharmacy services and medication management in a hospital to ensure optimal selection, safe use, and security of medications.

PURPOSE: The Department of Health and Senior Services is rescinding this rule and replacing it with more up-to-date standards that include additional requirements.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2007. This rule previously filed as 19 CSR 30-20.021(3)(G). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RULE

19 CSR 30-20.100 Pharmacy Services and Medication Management

PURPOSE: This rule establishes the requirements for pharmacy services and medication management in a hospital to ensure optimal selection, safe use, and security of medications.

(1) There shall be evidence of the education, training, experience, and demonstrated competency for all duties assigned in the pharmacy technicians' personnel records.

(2) In addition to other authorized duties, a pharmacy technician may perform the following duties:

(A) Verify the final product prepared by another pharmacy technician when a pharmacist is present for purposes of distributing medication within the hospital for subsequent administration by hospital

staff authorized to administer medication, provided the final product is verified by authorized hospital staff prior to administration.

1. The pharmacy technician shall have a current certificate issued by the Pharmacy Technician Certification Board or the Institute for the Certification of Pharmacy Technicians or their successor organizations.

2. The pharmacy technician shall have completed training and documented competency in final product verification as attested by the director of pharmacy.

3. A pharmacy technician shall not be authorized to verify the final product of compounded medications or the repackaging activities of another pharmacy technician;

(B) Perform assigned duties under visual and auditory supervision of a pharmacist at a different site, including, technology-assisted final product verification. Documentation of electronic final product verification shall be maintained at the dispensing site.

1. The pharmacy technician shall have a current certificate issued by the Pharmacy Technician Certification Board or the Institute for the Certification of Pharmacy Technicians or their successor organizations.

2. The pharmacy technician shall have completed training and documented competency in the assigned responsibilities being performed remotely as attested by the director of pharmacy.

3. The director of pharmacy is responsible for developing and implementing standards to ensure adequate supervision of electronically supervised technicians.

(3) An intern pharmacist licensed by the Board of Pharmacy may also perform any activity authorized for pharmacy technicians pursuant to this rule.

(4) Persons involved in compounding, repackaging, dispensing, administration and controlled substance disposal shall be identified and the records shall be retrievable. Retention time for records of bulk compounding, repackaging, administration and all controlled substance transactions shall be a minimum of two (2) years. Retention time for records of dispensing and extemporaneous compounding, including sterile medications, shall be a minimum of six (6) months.

(5) All variances, discrepancies, inconsistencies, or non-compliance involving controlled substances—including inventory, audits, security, recordkeeping, administration, and disposal—shall be reported to the director of pharmacy services for review and investigation.

(6) Patient medications may be received from an authorized provider. The medications shall—

(A) Be delivered directly to the pharmacy and not to a patient care area unless the pharmacist is not available;

(B) When a pharmacist is present, be identified, determined suitable for use, and documented by the pharmacist. When a pharmacist is not present, be identified and documented by an authorized practitioner. Unused doses of medication shall be identified by the pharmacist when the pharmacist is present; and

(C) The pharmacy may compound, repackage, or relabel medications received from an outside provider, including prescriptions dispensed by a pharmacy, as necessary for proper distribution and administration. Records of compounding, repackaging, or relabeling of prescriptions dispensed by a pharmacy shall allow identification of the original prescription.

(7) Sample medications, if allowed, shall be received and distributed only by the pharmacy.

(8) Medications may be provided to patients for use outside the hospital, by persons other than the pharmacist.

(A) When the patient is a registered patient of the emergency department or is being discharged from the hospital—

1. Medications shall be provided according to the hospital's policies and procedures, including:

- A. Circumstances when medications may be provided;
- B. Practitioners authorized to order;
- C. Specific medications;
- D. Limited quantities;
- E. Prepackaging and labeling by the pharmacist;
- F. Final labeling to facilitate correct administration;
- G. Delivery;
- H. Counseling; and
- I. A transaction record;

2. Medications shall be labeled with the date, patient's name, prescriber's name, name and address of the hospital, exact medication name and strength, instructions for use, and other pertinent information;

3. Medications may be provided only when prescription services from a pharmacy are not reasonably available. Reasonably available includes a pharmacist on duty in the hospital or a community pharmacy that is reasonably accessible to the patient;

4. The medication provided shall be limited to urgently needed treatment;

5. The quantity of medication provided shall be limited to the amount necessary until pharmacy services are available;

6. The provisions of paragraph (A)3. and paragraph (A)5. of this subsection shall not apply when the patient is being treated for an acute condition and it is believed that the immediate health and welfare of the patient and/or the community are in jeopardy. The quantity limit may be extended to provide single-course therapy; and

7. Final labeling, delivery and counseling shall be performed by a pharmacist, the prescriber or a registered nurse, except that final labeling and delivery may be performed by an automated dispensing system.

(B) Automated dispensing systems may be used in accordance with all requirements of this section—

1. When the automated dispensing system is controlled by the prescriber it may be used only during times when no pharmacy services are reasonably available, except as allowed in paragraph (A)6. of this section; and

2. When the automated dispensing system is controlled by a pharmacy according to regulations of the Missouri Board of Pharmacy, including, but not limited to, 20 CSR 2220-2.900.

(C) Medications in multi-dose containers that were administered to or used for the patient during the patient's hospital stay may be sent with the patient at discharge when so ordered by an authorized practitioner.

1. Examples of multi-dose medication containers include, but are not limited to, inhalers, ointments, creams, medications requiring the original container for dispensing, insulin pens, eye drops, ear drops, and infusions that are currently connected to the patient's infusion device.

2. Written instructions for use shall be provided by a pharmacist, prescriber, or registered nurse at the time of discharge.

3. Controlled substances shall not be sent with the patient, except that controlled substance infusions or continuous delivery systems currently connected to the patient may be sent as follows:

A. The medication is necessary for administration during transport of the patient; and

B. The quantity of controlled substance sent is documented in the patient's medical record by the person sending the medication.

(9) The director of pharmacy services or his/her pharmacist designee shall be an active member of the pharmacy and therapeutics committee or its equivalent, which shall advise the medical staff on all medication matters.

(10) Medications shall be ordered only by practitioners who have independent statutory authority to prescribe or who are authorized to order medications by their professional licensing agency as provided

by state law. Authority to order medications may be granted to a non-physician licensed practitioner in accordance with state law

(11) Medications in the possession of the patient at time of admission shall be given to the patient's representative unless there is an identified need to retain them.

(A) Medications that are not given to the patient's representative and that are not to be administered shall be documented, sealed, and stored in a locked area accessible only to individuals authorized to access medications.

(B) Controlled substances shall be security sealed and stored in a locked area accessible only to individuals authorized to administer controlled substances or to authorized pharmacy personnel.

AUTHORITY: section 192.006, RSMo 2016, and section 197.080, RSMo Supp. 2017. This rule previously filed as 19 CSR 30-20.021(3)(G). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded and readopted: Filed March 20, 2019.

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

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 Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.102 Radiology Services in Hospitals. This rule established the requirements for radiology services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2007. This rule previously filed as 19 CSR 30-20.021(3)(H). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.104 Social Services. This rule established the requirements for social work services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and section 197.080, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(3)(I). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals

PROPOSED RESCISSION

19 CSR 30-20.106 Inpatient Care Units in Hospitals. This rule established classifications for hospitals.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2007. This rule previously filed as 19 CSR 30-20.021(3)(J)1. Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals****PROPOSED RESCISSION**

19 CSR 30-20.108 Fire Safety, General Safety and Operating Features. This rule specified the requirements for fire safety, general safety and operating features in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and section 197.080, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(3)(K). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals****PROPOSED RESCISSION**

19 CSR 30-20.110 Orientation and Continuing Education. This rule specified the requirements for orientation and continuing education programs in hospitals.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and section 197.080, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(3)(L). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed June 6, 2013, effective Jan. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, com-

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

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals****PROPOSED RESCISSION**

19 CSR 30-20.112 Quality Assessment and Performance Improvement Program. This rule specified the requirements for quality improvement programs in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(3)(M). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed June 6, 2013, effective Jan. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals****PROPOSED RESCISSION**

19 CSR 30-20.116 Infection Prevention and Control. This rule specified the requirements for infection prevention and control practices in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080, 197.150, and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(5)(B). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.118 Outpatient Services in Hospitals. This rule specified the requirements for outpatient services provided by a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(4)(A). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed June 6, 2013, effective Jan. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.120 Anesthesia Services in Hospitals. This rule specified the requirements for anesthesia services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2007. This rule previously filed as 19 CSR 30-20.021(4)(B). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.124 Medical Services. This rule specified the requirements for medical services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(4)(D). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed June 6, 2013, effective Jan. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.126 Obstetrical and Newborn Services in Hospitals. This rule specified the requirements for obstetrical and newborn services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2007. This rule previously filed as 19 CSR 30-20.021(4)(E). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.128 Pediatric Services in Hospitals. This rule specified the requirements for pediatric services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2007. This rule previously filed as 19 CSR 30-20.021(4)(F). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.130 Post-Anesthesia Recovery Services in Hospitals. This rule specified the requirements for post-anesthesia recovery services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2007. This rule was previously filed as 19 CSR 30-20.021(4)(G). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.132 Psychiatric Services in Hospitals. This rule specified the requirements for psychiatric services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2007. This rule previously filed as 19 CSR 30-20.021(4)(H). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.134 Rehabilitation Services in Hospitals. This rule specified the requirements for rehabilitation services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2007. This rule previously filed as 19 CSR 30-20.021(4)(I). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.136 Respiratory Care Services. This rule specified the requirements for respiratory care services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(4)(J). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.138 Specialized Inpatient Care Services. This rule specified the requirements for special patient care services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(4)(K). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.140 Surgical Services. This rule specified the requirements for surgical services in a hospital.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(4)(L). Original rule filed June 27, 2007, effective Feb. 29, 2008. Amended: Filed Dec. 31, 2013, effective Aug. 30, 2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Division 30—Division of Regulation and Licensure
Chapter 20—Hospitals**

PROPOSED RESCISSION

19 CSR 30-20.142 Variance Requests. This rule specified the manner through which hospitals may request a variance from 19 CSR 30-20.001 through 19 CSR 30-20.140.

PURPOSE: This rule is being rescinded based on the provisions of Senate Bill 50 2017 section 197.005, RSMo.

AUTHORITY: section 192.006, RSMo 2000, and sections 197.080 and 197.154, RSMo Supp. 2013. This rule previously filed as 19 CSR 30-20.021(1) and (1)(A). Original rule filed on June 27, 2007, effective Feb. 29, 2008. Amended: Filed June 6, 2013, effective Jan. 30,

2014. Rescinded: Filed March 20, 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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Regulation and Licensure Chapter 24—Psychiatric Hospitals

PROPOSED RECISSION

19 CSR 30-24.010 General Design and Construction Standards for Psychiatric Hospitals. The Department of Health, Division of Health Resources had the authority to establish construction standards for psychiatric hospitals. This rule provided standards for facilities to ensure functional, sanitary and fire-safe facilities.

PURPOSE: The Department of Health and Senior Services is rescinding this rule as psychiatric hospitals are incorporated into the construction standards for hospitals at 19 CSR 30-20.030.

AUTHORITY: section 197.080, RSMo Supp. 1993. This rule previously filed as 13 CSR 50-24.010 and also 19 CSR 10-24.010. Original rule filed Jan. 31, 1974, effective March 1, 1974. Rescinded: Filed March 20, 2019.

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

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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Regulation and Licensure Chapter 24—Psychiatric Hospitals

PROPOSED RECISSION

19 CSR 30-24.020 Administration Standards for Psychiatric Hospitals. The Department of Health had the authority to establish standards for the operation of psychiatric hospitals to meet the needs

of mentally ill patients.

PURPOSE: The Department of Health and Senior Services is rescinding this rule as psychiatric hospitals are incorporated into the standards for hospitals at 19 CSR 30-20.013 and 19 CSR 30-20.015.

AUTHORITY: section 197.080, RSMo Supp. 1999. This rule was previously filed as 13 CSR 50-24.020 and also 19 CSR 10-24.020. Original rule filed Jan. 31, 1974, effective March 1, 1974. Amended: Filed June, 14, 1988, effective Oct. 13, 1988. Amended: Filed June 14, 2000, effective Jan. 30, 2001. Rescinded: Filed March 20, 2019.

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

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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Regulation and Licensure Chapter 24—Psychiatric Hospitals

PROPOSED RECISSION

19 CSR 30-24.030 Preparation of Plans and Specifications for Psychiatric Hospitals. The Department of Health had the authority to establish construction standards for psychiatric hospitals. This rule provided procedures to follow in the submission of plans and specifications for new construction.

PURPOSE: The Department of Health and Senior Services is rescinding this rule as psychiatric hospitals are incorporated into the construction standards for hospitals at 19 CSR 30-20.030.

AUTHORITY: section 197.080, RSMo Supp. 1993. This rule previously filed as 13 CSR 50-24.030 and also 19 CSR 10-24.030. Original rule filed Jan. 31, 1974, effective March 1, 1974. Rescinded: Filed March 20, 2019.

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

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 Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Dean Linneman, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

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

**Division 2070—State Board of Chiropractic Examiners
Chapter 1—Organization and Description of Board**

PROPOSED RESCISSION

20 CSR 2070-1.010 Organization and Office Policies of Board. This rule described the board's operation and procedures for a name change.

PURPOSE: The rule is being rescinded to consolidate with 20 CSR 2070-2.060(1) and remove unnecessary language.

AUTHORITY: sections 331.100.2 and 536.023.3, RSMo 2000. This rule originally filed as 4 CSR 70-1.010. Original rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the Code of State Regulations. Rescinded: Filed March 20, 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 Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at 573-751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RESCISSION

20 CSR 2070-2.020 Diagnostic Procedures and Instruments. This rule outlined the diagnostic procedures and instruments that might have been used by a doctor of chiropractic in discharging his/her duty to his/her patients.

PURPOSE: The rule is being rescinded to consolidate into 20 CSR 2070-2.030.

AUTHORITY: section 331.010, RSMo 2000. This rule originally filed as 4 CSR 70-2.020. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. Amended: Filed July 5, 1978, effective Oct. 13, 1978. Rescinded and readopted: Filed July 9, 1982, effective Nov. 11, 1982. Amended: Filed April 18, 1989, effective July 13, 1989. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Moved to 20 CSR 2070-2.020, effective Aug. 28, 2006. Rescinded: Filed March 29, 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 Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at (573) 751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RESCISSION

20 CSR 2070-2.025 Use of X-rays. This rule advised chiropractic physicians concerning the use of X-rays and overutilization.

PURPOSE: The rule is being rescinded to consolidate into 20 CSR 2070-2.030.

AUTHORITY: section 331.100.2, RSMo 1986. This rule originally filed as 4 CSR 70-2.025. Original rule filed April 16, 1990, effective June 30, 1990. Amended: Filed Feb. 4, 1991, effective July 8, 1991. Moved to 20 CSR 2070-2.025, effective Aug. 28, 2006. Rescinded: Filed March 29, 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 Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at (573) 751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.030 Diagnostic and Adjunctive Procedures. The board is amending the title and purpose, adding new sections, and renumbering as necessary.

PURPOSE: This amendment provides information regarding the diagnostic and adjunctive procedures used by chiropractic physicians when treating patients.

PURPOSE: This rule outlines diagnostic and adjunctive procedures that may be used by [doctors of] chiropractic physicians.

(1) The board approves the use of those diagnostic procedures and instruments which are commonly taught by approved chiropractic colleges.

(2) Diagnostic procedures approved by the board include, but are not limited to, the following—

(A) Physical Examination:

1. Inspection, including the use of instrumentation such as an ophthalmoscope, otoscope, tongue-depressor, tape measure, thermometer, percussion hammer, pinwheel, sphygmomanometer, proctoscope, nervoscope, neurocalometer, neurodermagraph, electromyograph, heartometer, phonocardiograph, electrocardiograph, spirometer, vitalor, visual acuity charts, weight measurement scales, dermathermagraph, vasculizer, and routine orthopedic and neurologic procedures;

2. Palpation; or

3. Auscultation, including the use of a stethoscope, tuning forks, audiograph, and phonocardiograph.

(B) Diagnostic imaging:

1. Motionless diagnostic X-ray study;

2. Fluoroscopy;

3. Cineradiography;

4. Magnetic Resonance Imaging (MRI);

5. Computerized Axial Tomography (CT SCAN);

6. Ultrasound; or

7. Magnetic Resonance Angiogram (MRA).

(C) Clinical laboratory tests:

1. Blood specimen;

2. Urine specimen;

3. Fecal specimen;

4. Sputum specimen;

5. Hair specimen; or

6. Mucosal specimen.

(D) Muscle testing with strength and endurance curves during isometric or isokinetic exercise.

[[1]](3) Those adjunctive chiropractic procedures presently approved by the board include, but are not limited to:

(A) Heat and heat-producing devices;

(B) Ice and cooling packs;

(C) Extension therapy; or

(D) Therapeutic exercise, muscle therapy, reflex techniques, and postural and structural supports.

(4) In order to avoid overutilization of ionizing radiation, a chiropractic physician shall observe the following guidelines:

(A) Routine radiography of any patient shall not be performed without due regard for clinical need; and

(B) Repeat radiographic evaluation of the patient shall not be undertaken without significant observable clinical indication, as determined by the treating chiropractic physician. The significant observable indication required by this subsection shall not apply to reevaluations of the spinal subluxation complex. The spinal subluxation complex is determined to be a significant observable indication.

(5) The licensee shall comply with all applicable state and federal requirements concerning any registration or maintenance of X-ray equipment.

AUTHORITY: section 331.010, RSMo [2000] 2016. This rule originally filed as 4 CSR 70-2.030. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed March 29, 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 Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at 573-751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RESCISSION

20 CSR 2070-2.031 Meridian Therapy/Acupressure/Acupuncture.

This rule set out the acceptable qualifications, procedures, and continuing education requirements for the use of meridian therapy/acupressure/acupuncture (in this rule Meridian Therapy) by Missouri licensed chiropractors.

PURPOSE: The rule is being rescinded and readopted to update and reorganize the rule.

AUTHORITY: sections 331.010, 331.030.5 and .8, 331.050.1, and 331.100.2, RSMo Supp. 2008. This rule originally filed as 4 CSR 70-2.031. Original rule filed Jan. 5, 1987, effective April 11, 1987. For intervening history, please consult the Code of State Regulations. Rescinded: Filed March 29, 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 Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at (573) 751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RULE

20 CSR 2070-2.031 Meridian Therapy/Acupressure/Acupuncture

PURPOSE: This rule sets out the acceptable qualifications, procedures, and continuing education requirements for the use of meridian therapy/acupressure/acupuncture (in this rule Meridian Therapy) by Missouri licensed chiropractors.

(1) For the purpose of the rules meridian therapy includes meridian therapy, acupressure, and acupuncture as set forth in section 331.030.8, RSMo.

(2) An applicant for certification in meridian therapy shall submit the

following to the board:

(A) An application for certification accompanied by the required fee, pursuant to 20 CSR 2070-2.090(1);

(B) An official transcript or certificate of completion documenting a minimum of one hundred (100) hours of credit of undergraduate or postgraduate study or a combination of each in the use and administration of meridian therapy. The hours of education in meridian therapy shall be approved by the board or from a chiropractic college accredited by the Commission on Accreditation of the Council of Chiropractic Education; and

(C) Official examination results documenting passing one of the following examinations:

1. National Board of Chiropractic Examiners (NBCE);
2. American Board of Chiropractic Acupuncture (ABCA); or
3. National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

(3) The board adopts the passing score established by NBCE, ACBA, or NCCAOM as the passing score for Missouri applicants.

(4) An applicant for certification in meridian therapy shall comply with the examination provider's rules for test administration related to applicant conduct and shall authorize the examination provider to submit the results to the board, along with any information relating to any adverse incident(s) involving the applicant during the course of the examination. Any cost associated with reporting examination results to the board shall be the applicant's responsibility.

(5) Any licensee certified in meridian therapy shall follow universal precautions as defined by the United States Department of Labor's Occupational Safety and Health Administration ("OSHA") (Bloodborne Pathogens Standard 29 CFR 1910. 1.030(B) relating to infection control with respect to certain human body fluids as if they were known to be infections for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), or other blood borne pathogens, and the most current version of the Clean Needle Technique (CNT) manual as published by the Council of Colleges of Acupuncture and Oriental Medicine®.

(6) A licensee certified in meridian therapy shall use only disposable acupuncture needles and shall dispose of such needles in compliance with established standards for biohazardous waste.

(7) The meridian therapy certification shall be renewed at the time of licensure renewal. The licensee shall obtain twelve (12) hours of board approved continuing education in meridian therapy prior to the expiration date of the license. The twelve (12) hours of continuing education in meridian therapy shall apply to the twenty-four (24) hours of formal continuing education required to maintain the chiropractic license.

(8) An expired certification in meridian therapy can be reinstated up to five (5) years from the expiration date by submitting an application and required fee pursuant to 20 CSR 2070-2.090(1) along with proof of completing twelve (12) hours of board approved continuing education in meridian therapy which shall be completed prior to submitting the reinstatement application.

(9) A certification in meridian therapy expired for more than five (5) years from the expiration date of the certification can be reinstated by submitting an application for certification, required fee pursuant to 20 CSR 2070-2.090(1), and documenting completion of a minimum of one hundred (100) hours of credit of postgraduate study in the use and administration of meridian therapy. The hours of education in meridian therapy shall be either hours which are approved by the board or hours which are obtained from a chiropractic college accredited by the Commission on Accreditation of the Council of Chiropractic Education. Hours for reinstatement of the certification

in meridian therapy cannot be the same one hundred (100) hours used for original certification.

AUTHORITY: sections 331.010, 331.050.1, and 331.100.2, RSMo 2016, and sections 331.030.5 and .8, RSMo Supp. 2018. This rule originally filed as 4 CSR 70-2.031. Original rule filed Jan. 5, 1987, effective April 11, 1987. For intervening history, please consult the Code of State Regulations. Rescinded and readopted: Filed March 29, 2019.

PUBLIC COST: This proposed rule will increase revenue for state agencies one thousand two hundred fifty dollars (\$1,250) 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 rule will cost private entities approximately ten thousand five hundred fifty-five dollars (\$10,555) 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 rule with the State Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at 573-751-0735, or via email at chiropractic@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 2070 - State Board of Chiropractic Examiners****Chapter 2- General Rules****Proposed Rule - 20 CSR 2070-2.031 Meridian Therapy/Acupressure/Acupuncture****II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Revenue	
Missouri State Board of Chiropractic Examiners	\$1,250	
	Estimated Annual Increase in Revenue for the Life of the Rule	\$1,250

III. WORKSHEET

See Private Fiscal Note.

IV. ASSUMPTION

1. The figures reported above are based on committee projections.
2. It is anticipated that the total annual increase 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 ENTITY FISCAL NOTE

I. RULE NUMBER

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

Division 2070 - State Board of Chiropractic Examiners

Chapter 2- General Rules

Proposed Rule - 20 CSR 2070-2.031 Meridian Therapy/Acupressure/Acupuncture

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 of compliance with the rule by affected entities:
10	Application Fee Fee @ \$100	\$1,000
10	Application Fee Transcript @ \$10	\$100
10	Examination NBCE Fee @ 750	\$7,500
1	Examination ABCA Fee @ 895	\$895
1	Examination NCCAOM Fee @ 810	\$810
5	Reinstatement Up to 5 Years Fee @ \$25	\$125
5	Reinstatement After More than 5 Years Fee @ \$25	\$125
	Estimated Annual Cost of Compliance for the Life of the Rule	\$10,555

III. WORKSHEET

1. Recently a national examination for chiropractors in the area of meridian therapy/acupressure/acupuncture (MTAA) was developed by the National Board of Chiropractic Examiners (NBCE). Certification for MTTA is a specialty area of practice and will not result in additional chiropractic examiners being licensed by the board. However, the board will recognize MTTA certification. In order for a licensee to be certified by the board in MTTA, the licensee is required to pass the national examination. Applicants for MTTA certification must submit the examination application and fee directly to NBCE in addition to submitting an certification application and fee to the board.
2. The above figures are based on actual requests the board received in 2017.
3. MTAA applicants currently incur the above expenses. This fiscal note is to meet the requirements of section 536.205, RSMo, which requires the publication of a fiscal note for proposed rulemaking.

IV. ASSUMPTION

1. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee

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

**Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.032 Specialty Certification. The board is amending sections (2)–(4) and (6).

PURPOSE: This amendment revises the language for submitting an application for a specialty to be recognized by the state board.

(2) An application for recognition of a specialty area shall be submitted on a form provided by the board [and shall be] accompanied by the required fee as defined in 20 CSR 2070-2.090[. Within the application the following information and documentation shall be submitted] with the following documentation:

(3) The board [shall] will review an application for recognition of a specialty area and required documentation to determine compliance with the following factors:

(4) The applicant shall be responsible for providing [all documents requested by the board and the applicant shall] documentation and have the burden of demonstrating that the specialty area should be recognized by the board. A final determination of whether an area will be recognized as a specialty is within the sole discretion of the board.

(6) Licensees receiving board-approved specialty certification [shall be] are entitled to use the terms “specialty” or “specializing in” on advertisements, letterhead, and signage[. Any such specialty designation] shall be preceded by the licensee’s name[,/] and by one of the following:

AUTHORITY: section 331.030.9, RSMo Supp. [2006] 2018. This rule originally filed as 4 CSR 70-2.032. Original rule filed April 1, 2005, effective Oct. 30, 2005. Moved to 20 CSR 2070-2.032, effective Aug. 28, 2006. Amended: Filed June 27, 2007, effective Jan. 30, 2008. Amended: Filed March 29, 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 Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at 573-751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.033 Manipulation Under Anesthesia. The board is

deleting section (3) and renumbering as necessary.

PURPOSE: This amendment updates the language regarding entities responsible for the licensing/certification of hospital.

[(3) A chiropractic physician who violates this rule is guilty of unprofessional conduct in the practice of chiropractic.]

[(4)](3) Nothing in this rule shall be construed as to require a facility licensed by the Missouri Department of Health[—Bureau of Hospital Licensing and Certification] and Senior Services—Health Services Regulation or approved by the JCAHO, AOA, or AAAHC to grant allied hospital privileges to a chiropractic physician.

AUTHORITY: section 331.100.2, RSMo [1986] 2016. This rule originally filed as 4 CSR 70-2.033. Original rule filed March 4, 1994, effective Oct. 30, 1994. Moved to 20 CSR 2070-2.033, effective Aug. 28, 2006. Amended: Filed March 29, 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 Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at (573) 751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RESCISSION

20 CSR 2070-2.040 Application for Licensure. This rule stated where to secure an application and how to complete the application and documentation required to accompany the application form provided by the executive director.

PURPOSE: This rule is being rescinded and readopted to reorganize the rule.

AUTHORITY: sections 43.543 and 331.030, RSMo Supp. 2006 and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.040. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the *Code of State Regulations*. Rescinded: Filed March 29, 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 Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO

65102-0672, by facsimile at (573) 751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RULE

20 CSR 2070-2.040 Application for Licensure

PURPOSE: This rule states where to secure an application and how to complete the application and documentation required to accompany the application form provided by the executive director.

(1) An application for licensure or temporary licensure shall be made on a form provided by the state board, accompanied by the required fee. Forms are available at pr.mo.gov/chiropractors, upon written request to the state board at PO Box 672, Jefferson City, MO 65102-0672, by calling the state board office at (573) 751-2104, or via e-mail at chiropractic@pr.mo.gov.

(2) The application for licensure shall be printed in black ink, signed, and notarized. The following is required for licensure:

(A) Official educational transcript(s) documenting all undergraduate course work. The transcript must be forwarded to the state board office by the college or university or submitted with the application in an envelope sealed by the registrar's office of the college or university;

(B) Official transcript documenting completion of a chiropractic degree. The transcript must be forwarded to the state board office by the chiropractic college or university or submitted with the application in an envelope sealed by the registrar's office of the chiropractic college or university. Transcripts from foreign countries which are not in English shall have a certified English translation attached;

(C) Official scores from the National Board of Chiropractic Examiners (NBCE) for parts I, II, III, IV, and physiotherapy;

1. The board adopts the cut score or passing score established by the NBCE for parts I, II, III, IV, and physiotherapy.

2. An examination candidate shall comply with the examination provider's rules for test administration related to the administration of parts I, II, III, IV and the physiotherapy examination and authorize the examination provider to submit the results to the board, along with any information relating to any adverse incident(s) involving the applicant during the course of the examination. Any costs associated with reporting examination results to the board shall be the applicant's responsibility.

(D) A composite score of seventy-five percent (75%) on the jurisprudence examination regarding Missouri statutes and regulations;

(E) A completed background check from the Missouri State Highway Patrol's approved vendor(s) for both a Missouri State Highway Patrol and Federal Bureau of Investigation criminal history background check. Any fees associated with the background check are the applicant's responsibility.

(F) When licensed in another state, verification of licensure from that state.

(G) When applying for licensure in this state based upon current licensure in another state and the board determines the requirements for securing a chiropractic license in that state are not substantially equivalent to Missouri's requirements, the board may, in its discretion, require the applicant to successfully complete the Special Purposes Examiner for Chiropractic (SPEC) administered by the

NBCE. Any costs incurred are at the applicant's expense.

(H) When applying for licensure in this state based upon current licensure in another state, official transcripts and examination scores are not required, unless requested by the board.

(3) An application for temporary licensure submitted pursuant to section 331.032, RSMo, shall be written or printed in black ink, signed, and notarized. The following is required for temporary licensure:

(A) Composite score of seventy-five percent (75%) on the jurisprudence examination regarding Missouri statutes and regulations;

(B) Completing a criminal history background check from the Missouri State Highway Patrol's approved vendor(s) for both a Missouri State Highway Patrol and Federal Bureau of Investigation criminal history. Any fees for the background check are the applicant's responsibility.

(C) Verification of licensure from each state the applicant is licensed.

(4) A temporary license may be renewed for an additional ninety (90) days upon application to the board and payment of the required fee.

AUTHORITY: sections 43.543 and 331.030, RSMo Supp. 2018, and section 331.100.2, RSMo 2016. This rule originally filed as 4 CSR 70-2.040. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the *Code of State Regulations*. Rescinded and readopted: Filed March 29, 2019.

PUBLIC COST: This proposed rule will increase revenue for state agencies seven thousand four hundred seventy-one dollars (\$7,471) 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 rule will cost private entities approximately five hundred thirty-nine thousand four hundred twenty-one dollars (\$539,421) to five hundred thirty-nine thousand four hundred seventy-one dollars (\$539,471) 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 rule with the State Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at 573-751-0735, or via email at chiropractic@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 2070 - State Board of Chiropractic Examiners

Chapter 2- General Rules

Proposed Rule - 20 CSR 2070-2.040 Application for Licensure

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Revenue	
Missouri State Board of Chiropractic Examiners	\$1,125	
	Estimated Annual Increase in Revenue for the Life of the Rule	\$1,125

Affected Agency or Political Subdivision	Estimated Revenue	
Missouri State Highway Patrol	\$6,346	
	Estimated Annual Increase in Revenue for the Life of the Rule	\$6,346

III. WORKSHEET

See Private Fiscal Note.

IV. ASSUMPTION

1. The figures reported above are based on committee projections.
2. It is anticipated that the total annual increase 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 ENTITY FISCAL NOTE

I. RULE NUMBER

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

Division 2070 - State Board of Chiropractic Examiners

Chapter 2- General Rules

Proposed Rule - 20 CSR 2070-2.040 Application for Licensure

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 of compliance with the rule by affected entities:
142	Application Fee Fee @ \$200	\$28,400
10	Temporary License Fee Fee @ \$100	\$1,000
152	Transcript Transcript Cost @ \$10	\$1,520
2	Application Fee Transcript Translation @ \$225 to \$250	\$450 to \$500
132	Examination Fee Parts I-IV and Physiotherapy @ \$4,015	\$529,980
152	Background Check Fee @ \$41.75	\$6,346
5	Renewal of Temporary License Fee @ \$25	\$125
	Estimated Annual Cost of Compliance for the Life of the Rule	\$539,421 to \$539,471

III. WORKSHEET

1. The costs for licensure include the application fee and associated expenditures for submitting the required documentation to the board. Additionally, the total cost of taking that national examination, Parts I – IV and physiotherapy are listed in the Examination Fee above. The cost breakdown is Parts I – III are \$685 per part and Part IV national examination fee is \$1,535. The physiotherapy examination fee is \$425. Examination fees are paid directly to the National Board of Chiropractic Examiners.
2. The above figures are based on actual requests the board received in 2018.
3. Applicants currently incur the above expenses. This fiscal note is to meet the requirements of section 536.205, RSMo, which requires the publication of a fiscal note for proposed rulemaking.

IV. ASSUMPTION

1. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee

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

**Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RESCISSION

20 CSR 2070-2.045 Board-Approved Chiropractic Colleges. This rule defined the term board-approved chiropractic college and listed the approved chiropractic colleges.

PURPOSE: This rule is being rescinded because chiropractic colleges are accredited by the Council on Chiropractic Education which is recognized by the U.S. Department of Education, making the rule unnecessary.

AUTHORITY: sections 331.030 and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.045. Original rule filed April 8, 1983, effective July 11, 1983. Amended: Filed April 10, 1986, effective July 11, 1986. Rescinded and readopted: Filed April 18, 1989, effective July 13, 1989. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Moved to 20 CSR 2070-2.045, effective Aug. 28, 2006. Rescinded: Filed March 29, 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 Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at (573) 751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RESCISSION

20 CSR 2070-2.050 Examination. This rule explained examinations given by the State Board of Chiropractic Examiners, documentation required, deadlines, examination results, challenges, and transcript language.

PURPOSE: This rule is being rescinded to consolidate section (4) with 20 CSR 2070-2.040 and to delete language regarding the practical exam no longer administered by the board.

AUTHORITY: sections 331.030, and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.050. Original rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the *Code of State Regulations*. Rescinded: Filed March 29, 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 enti-

ties 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 Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at 573-751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.065 Public Complaint Handling and Disposition.

The board is amending sections (1), (2), (4) and (5), deleting sections (3), (6)–(8), and renumbering as necessary.

PURPOSE: This amendment revises the language regarding the process for submitting a complaint making the rule easier to understand.

(1) The State Board of Chiropractic Examiners shall receive and process each complaint made against any licensee or unlicensed individual or entity, which complaint alleges certain acts or practices which may constitute one (1) or more violations of the provisions of Chapter 331, RSMo or administrative rules promulgated thereunder. Any member of the public, the profession, or any federal, state or local official may make and file a complaint with the board. Complaints may be received from sources outside Missouri and will be processed in the same manner as those originating within Missouri. No member of the State Board of Chiropractic Examiners shall file a complaint with this board while that member holds that office, unless that member excuses him/herself from further board deliberations or activity concerning the matters alleged within that complaint. The executive director or any staff member of the board may file a complaint pursuant to this rule in the same manner as any member of the public.

(2) Complaints, [should] whether submitted in writing or using the board's complaint form, shall clearly identify the complainant by name and address, and be mailed or delivered to the following address: Missouri State Board of Chiropractic Examiners, 3605 Missouri Blvd., PO Box 672, Jefferson City, MO 65102-0672 or sent via email to chiropractic@pr.mo.gov. [Complaints may be made based upon personal knowledge or upon information and belief, reciting information received from other sources.]

[(3) All complaints shall be made by affidavit sworn before a notary public or other authorized officer and fully shall identify the affiant by name and address. Complaints may be made on forms provided by the board and available upon request. Oral, telephone or written information that is not notarized will not be considered or processed as complaints, but the person communicating with the board will be provided with a complaint form and requested to complete it and return it to the board in affidavit form. Any member of the administrative staff of the board may make and file a complaint based upon information and belief, in reliance upon oral, telephone or written communications received by the board, unless those communications are believed by that staff member to be false.]

[(4)](3) [Each complaint received under this rule shall be logged and maintained by the board for that purpose. The complaint information shall contain a record of each complainant's name and address; the name and address of the subject(s) of the complaint; the date each complaint is received by the board; a brief statement of the acts complained of, including the name of any person injured or victimized by the alleged acts or practices; a notation whether the complaint resulted in its dismissal by the board or informal charges being filed with the Administrative Hearing Commission; and the ultimate disposition of the complaint. This complaint information and shall be a closed record of the board.] **The board shall maintain a record of the complaint that includes the complainant's name, address, respondent's name and address, date the complaint is received, and the allegation(s) or reason(s) for filing the complaint.**

[(5)](4) [Each complaint recorded under this rule shall be acknowledged in writing. The acknowledgement shall state that the complaint is being referred to the board for consideration at its next regularly scheduled meeting.] The complainant shall be informed in writing as to whether the complaint is being investigated, **progress of the investigation** and [later, as to whether the complaint is being dismissed by the board or is being referred to legal counsel for filing with the Administrative Hearing Commission. **The complainant shall be notified of the ultimate] final disposition of the complaint, [excluding judicial appeals, and shall be provided with copies of the decisions (if any) of the Administrative Hearing Commission and the board. The provisions of this section shall not apply to complaints filed by staff members of the board based on information and belief, acting in reliance on third-party information received by the board.]**

[(6) Both the complaint and any information obtained as a result of the investigation shall be considered a closed record and shall not be available for inspection by the general public. However, a copy of the complaint and any attachments to it shall be provided to any licensee who is the subject of that complaint, or his/her legal counsel, upon written request to the board, by the licensee.

(7) This rule shall not be deemed to limit the board's authority to file a complaint with the Administrative Hearing Commission charging a licensee with any actionable conduct or violation, whether or not that complaint exceeds the scope of the acts charged in a preliminary public complaint filed with the board and whether or not any public complaint has been filed with the board.

(8) The board interprets this rule, which is required by law, to exist for the benefit of those members of the public who submit complaints to the board and for those persons or entities within the legislative and executive branches of government having supervisory or other responsibilities or control over the professional licensing boards. This rule is not deemed to protect, or inure to the benefit of, those licensees or other persons against whom the board has instituted or may institute administrative or judicial proceedings concerning possible violations of the provisions of Chapter 331, RSMo.]

AUTHORITY: section[s 620.010.15(6), RSMo Supp. 2003 and] 331.100.2, RSMo [2000] 2016. This rule originally filed as 4 CSR 70-2.065. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. For intervening history, please consult the *Code of State Regulations*. Amended: Filed March 29, 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 Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at 573-751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RESCISSION

20 CSR 2070-2.066 Post-Board Order Activity. This rule outlined activities subsequent to disciplinary action against license holders by the State Board of Chiropractic Examiners.

PURPOSE: This rule is being rescinded as chapters 331 and 610 define the requirement for a disciplinary action and disclosure of information relating to the discipline of the license, making the rule unnecessary.

AUTHORITY: section 331.100.2, RSMo 1986. This rule originally filed as 4 CSR 70-2.066. Original rule filed June 11, 1985, effective Oct. 26, 1985. Amended: Filed April 10, 1986, effective July 11, 1986. Moved to 20 CSR 2070-2.066, effective Aug. 28, 2006. Rescinded: Filed March 29, 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 Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at (573) 751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RESCISSION

20 CSR 2070-2.070 Reciprocity. This rule stated the requirements and procedures for obtaining a license by reciprocity.

PURPOSE: This rule is being rescinded to consolidate into 20 CSR 2070-2.040 regarding application for licensure.

AUTHORITY: sections 331.030, RSMo Supp. 2006 and 331.100.2, RSMo 2000. This rule originally filed as 4 CSR 70-2.070. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the Code of State Regulations. Rescinded: Filed March 29, 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 Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at (573) 751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.080 Biennial License Renewal. The board is amending all sections of the rule, deleting sections (8), (10), (12), (15)–(23), and adding new sections (14)–(18).

PURPOSE: This rule is being amended to clarify the requirements for continuing education and licensure renewal.

(1) A license shall be renewed biennially contingent upon the licensee completing the required hours of continuing education as defined in [20 CSR 2070-2.080(2):] **section (2)—**

(B) A chiropractic physician issued a license within one (1) year of graduation from an approved chiropractic college shall be exempt from the continuing education requirements [for the calendar year that the license was issued] **until the end of the first biennial licensure cycle following initial license issuance;** and

(C) A chiropractic physician at least sixty-five (65) years old and licensed in this state for at least thirty-five (35) years shall complete at least twenty-four (24) hours of formal continuing education biennially as defined in [20 CSR 2070-2.080(4)] **section (4) of this rule.** The remaining biennial hours of continuing education shall be waived.

(2) Every two (2) years (hereinafter referred to as biennially) and prior to the expiration date of a license, a licensee shall complete forty-eight (48) hours of continuing education as defined in [20 CSR 2070-2.080(3) and (5)] **sections (3) and (5) of this rule.** If a licensee is unable to complete the required biennial continuing education, **prior to the expiration date of the license,** the licensee may submit a written request to the board for an extension in order to comply with the continuing education requirement and shall pay the required late continuing education fee.

(3) At least twenty-four (24) hours of the required forty-eight (48) hours of continuing education shall be earned by attending formal continuing education programs, seminars, and/or workshops that have been approved by the board.

(A) A licensee shall obtain the required formal continuing education hours from no less than [three (3)] **two (2)** of the following for-

mal categories:

1. Diagnostic imaging (X ray);
2. Differential or physical diagnosis or both;
3. Ethical practices. Continuing education courses acceptable for this area include topics such as professionalism, doctor-patient relationship, legal issues and responsibilities, confidentiality, and advertising;
4. Emergency procedures. Cardiopulmonary resuscitation (CPR) and/or first aid offered by the American Red Cross or other board-approved sponsoring organization shall be acceptable as meeting the continuing education requirements for this category;
5. Human immunodeficiency (HIV), infection diseases, and/or universal precautions;
6. Cerebrovascular accident (CVA) and/or transient ischemic attack (TIA);
7. Disc injury;
8. Aggravated spinal conditions and/or injury;]
- [9.]3. Record keeping and/or Subjective Objective Assessment Plan (SOAP) notes;
- [10. Soft tissue injury;
11. Nutrition;]
- [12.]4. Chiropractic principles and/or technique(s); or
- [13. Health promotion and wellness;
14. Case studies in chiropractic that consist of presentations relating to articles published in scholarly journals, treatises, or textbooks used by board-approved Council of Chiropractic Education (CCE) colleges and/or universities and evidence-based and/or value-based studies;
15. Insurance consulting; or]
- [16.]5. Meridian Therapy/acupressure/acupuncture.

(4) Continuing education hours in compliance with 20 CSR 2070-2.080(3) may be obtained via the Internet pursuant to 20 CSR 2070-2.081(2)[(A)](B) and board approval.

[15] The remaining continuing education hours may consist of general studies as follows:

(A) Meetings. Registered attendance at relevant professional meetings which include, but are not limited to, national, regional, state, and local professional association meetings and open meetings of the State Board of Chiropractic Examiners. To earn continuing education credits in this category, roll call must be taken and recorded in the official minutes of the meeting. A maximum of six (6) continuing education credit hours are allowable in this category during each continuing education reporting period but no more than two (2) continuing education credits shall be earned per meeting. If the meeting is less than two (2) hours in duration, continuing education credits will be granted for actual attendance time but in increments of not less than one (1) hour. If the meeting has a duration of ninety (90) minutes, continuing education credits may be granted for one and one-half (1.5) hours;

(B) Publications. Books and/or articles published by licensee in professional books, national or international journals, or periodicals. A maximum of six (6) continuing education credits are allowable in this category during each continuing education reporting period. Publications must be relevant to chiropractic to qualify for continuing education credits under this rule;

(C) Presentations. Chiropractic physicians teaching an approved postgraduate course may receive continuing education credits for teaching the course providing the instructor's name was submitted with the course content when requesting approval of the course;

(D) Home Study. Self-study of professional material including relevant books, journals, periodicals, videos, tapes,

and other materials and preparation of relevant lectures and talks to public groups. Continuing education credits will be granted at the rate of one (1) hour for reading a national or international journal or periodical and four (4) hours for reading a book. To qualify for continuing education credits under this category, the journal, periodical or book must be related to the clinical practice of chiropractic; and

(E) Individual Study. Relevant chiropractic courses subscribed via the Internet or by other electronic means.]

(5) The remaining required continuing education hours, which shall be deemed "general" continuing education hours, may be obtained from one (1) or more of the following areas:

(A) Continuing education programs, seminars, and/or workshops approved by the board pursuant to 20 CSR 2070-2.080(3);

(B) Continuing education programs, seminars, and/or workshops related to the practice of chiropractic and not approved by the board for formal continuing education hours;

(C) Attending relevant professional meetings. Such meetings can be international, national, regional, state, or local and must be related to the practice of chiropractic;

(D) Reading scholarly material relating to the practice of chiropractic to include books, journals, periodicals, and articles whether printed, provided via the Internet, or other electronic means;

(E) Writing articles for scholarly publications such as books, national or international journals, and periodicals. Articles must be relevant to the practice of chiropractic; and

(F) Chiropractic physicians teaching an approved postgraduate course may receive continuing education credits for teaching the course providing the instructor's name was submitted with the course content when requesting approval of the course.

(6) Chiropractic physicians who are faculty members at a CCE-accredited college may receive up to a maximum of forty-eight (48) hours biennially of continuing education credit for teaching or attending course(s) at a CCE-accredited chiropractic college:

(B) For the purpose of this [regulation] rule, the faculty member must either teach or attend a course at a CCE-approved chiropractic college for a minimum of four (4) clock hours as defined in 20 CSR 2070-2.080(3);

(C) [The twenty-four (24) biennial hours of general] **Any remaining** continuing education study **required for licensure renewal** may be obtained by teaching or attending course(s) relevant to chiropractic provided by a CCE-approved chiropractic college; and

(7) Chiropractic physicians who teach continuing education approved by the board may receive up to a maximum of four (4) hours per year of continuing education credit for teaching [in diagnostic imaging, differential or physical diagnosis or both, and risk management] **board-approved courses** as defined in 20 CSR 2070-2.080(3)[(C)](A).

[(8) Chiropractic physicians who teach continuing education approved by the board may receive up to a maximum of twenty-four (24) hours of continuing education credit for teaching courses in general subjects biennially.]

[(9)](8) Chiropractic physicians certified by the board in Meridian Therapy/acupressure/acupuncture (MTAA) or insurance consulting who teach continuing education approved by the board may receive up to [twenty-four (24) hours] **twelve (12) hours** biennially of continuing education for teaching courses pursuant to 20 CSR 2070-2.031[(3)] MTAA or 20 CSR 2070-4.[030(2)]010 insurance consulting.

[(10) For the purpose of this regulation the teacher or

instructor must teach a minimum of four (4) clock hours as defined in 20 CSR 2070-2.080(4)(A).]

(9) A licensee acting as an associate examiner for Part IV of the national examination administered by the National Board for Chiropractic Examiners (NBCE) is eligible to receive a maximum of ten (10) hours of continuing education as follows:

(A) Four (4) hours of formal continuing education;

(B) Six (6) hours of general continuing education; and

(C) To obtain the continuing education, the associate examiner must attend the orientation and administer the Part IV examination for the day(s) scheduled.

[(11)](10) [A renewal license will not be issued until all renewal requirements have been met.] If the licensee pays the continuing education penalty fee for continuing education credits earned late, those hours shall be applied to the requirements to renew the license and not be applied to the next [reporting] renewal cycle. A licensee who has failed to obtain [and verify, in a timely fashion,] and document the requisite number of continuing education credits shall [not engage in the practice of chiropractic unless an extension is obtained pursuant to section (13) of this rule] be subject to disciplinary action by the board at the board's discretion, pursuant to the authority granted in section 331.060, RSMo.

[(12) For the license renewal the licensee shall verify the number of continuing education credits earned during the last two (2) immediately preceding continuing education reporting periods. Effective March 1, 2009, the licensee shall verify the number of continuing education credits earned during the current biennial cycle on the renewal form provided by the board. The renewal form shall be mailed directly to the board office on or before the expiration date of the license. The licensee shall not submit the actual record of continuing education attendance to the board except in the case of a board audit.]

[(13)](11) [Each licensee shall maintain full and complete records of all continuing education credits earned for [the two (2) previous reporting periods in addition to the current reporting period. Formal continuing education credit hours shall be documented by the sponsor of the approved continuing education program and provided to the licensee within thirty (30) days from the date of the program. The licensee is responsible for maintaining that record of attendance as set forth in 20 CSR 2070-2.081(2)(A)7. Continuing education credits earned through other continuing education experiences shall be documented by the licensee and such documentation shall contain, at a minimum, the number of hours earned, and these hours shall be separated in the various categories defined in 20 CSR-2070-2.080(3)(A). The board may conduct an audit of a licensee's formal continuing education hours as defined in 20 CSR 2070-2.080(3)(A) to verify compliance with the continuing education requirement. Licensees shall assist the board in its audit by providing timely and complete responses to the board's inquiries. A response is considered timely if received in the board office within thirty (30) days of a written request by the board for such information.] A licensee shall be responsible for maintaining all documentation of continuing education compliance for the previous and current biennial licensure cycles. In the event the licensee is selected for a compliance audit, the licensee shall provide the required documentation of compliance within sixty (60) days of the written request from the board. Failure to comply with a board audit or other request for such documentation shall be a basis for disciplinary action against the licensee, pursuant to section 331.060, RSMo.

[[14]](12) [A licensee who cannot complete the requisite number of continuing education credits because of personal illness, military service, or other circumstances beyond the licensee's control which the board deems to be sufficient to impose an insurmountable hardship may apply for an extension of time to complete the continuing education requirements. Any extension of time to complete the continuing education requirements will be granted solely in the discretion of the board. The licensee must make a written application for extension of time prior to the deadline for completion of the continuing education requirement. The licensee shall provide full and complete written documentation of the grounds supporting the reasons for which an extension is sought. A licensee who requests an extension of time to complete the requisite hours of continuing education shall not engage in the active practice of chiropractic until the board grants the licensee's request for extension and the licensee receives express written authorization to do so.] **If a licensee requires a waiver or an extension of time to complete the continuing education requirements, a written request, explaining the reason for the request for an extension, must be submitted to the board in advance of the license expiration date. Any extension of time to complete the continuing education requirements or waiver of the continuing education requirements shall be granted solely at the discretion of the board and based upon terms and conditions deemed appropriate by the board.**

[[15] The board shall not grant continuing education credit to any licensee for attending a continuing education course if the licensee attended a subsequent course on the same subject matter during the same continuing education reporting period.]

[[16]](13) [Chiropractic physicians holding a Missouri license, but not practicing in Missouri,] **A Missouri licensed chiropractor that practices in another state and is not practicing in Missouri may use the approved continuing education hours required of the state in which they practice for [license] biennial renewal of the Missouri license, without prior approval, provided that the continuing education requirement is met and provided that the continuing education falls within the definition set forth in 20 CSR 2070-2.081 by the board.** If the state in which the chiropractic physician is practicing does not have continuing education requirements for renewal or licensure reinstatement, the out-of-state chiropractic physician must earn the requisite number of continuing education hours required in Missouri [and the hours shall be approved by the Missouri board or offered by a college of chiropractic accredited by the CCE] **as defined in sections (2), (3), and (5) of this rule.**

[[17] In order for the board to consider waiving the continuing education requirement for license renewal, all requests for waivers due to illness must be accompanied by a written statement from a practitioner of the healing arts stating the diagnosis, prognosis and length of time the chiropractic physician will be unable to practice or attend an educational program. Waivers due to illness may be granted only to a licensee who has suffered a personal illness or personal disability of a nature as to prevent him/her from engaging in the active practice of chiropractic for at least the majority of the continuing education reporting period.

(18) Reinstatement of License:

(A) A chiropractor that has been licensed in Missouri may apply for reinstatement of an expired or inactive license upon submission of the following:

1. Application for reinstatement;
2. Reinstatement fee;

3. Proof that the applicant has been licensed and eligible to practice in another state for at least one (1) year preceding the application for reinstatement;

4. Two (2) sets of fingerprints for the purpose of conducting a criminal background check by the Missouri State Highway Patrol and Federal Bureau of Investigation (FBI). The applicant shall provide proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor(s) for both a Missouri State Highway Patrol and FBI criminal background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background check shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor(s). For the purpose of application for licensure, the results of the criminal background check shall be received in the board office prior to the issuance of a license and shall be valid for no more than one (1) year from the date the results of the criminal background check were received in the board office;

5. Completion of the required biennial continuing education hours for Missouri licensure renewal as defined in 20 CSR 2070-2.080(3) and (5); or

6. Completion of the continuing education hours required by the state in which the applicant is licensed.

(B) When a chiropractic physician applies to reinstate a license that has been expired or inactive for at least five (5) years, and he/she has not been licensed and eligible to practice in another state for the five (5) years preceding the application for reinstatement, the chiropractic physician must return to a CCE-accredited chiropractic college for a course of study. A course of study for reinstatement of a license shall consist of passing a minimum of twelve (12) semester hours as follows:

1. Four (4) semester hours in chiropractic clinical reasoning;

2. Three (3) semester hours clinical diagnosis; and

3. Five (5) semester hours diagnostic imaging.

(C) The applicant for reinstatement shall document completion of the required course of study with an official transcript from the chiropractic college.

(D) A chiropractor with an expired or inactive Missouri license for less than five (5) years from the expiration date and not licensed and eligible to practice in another state may apply for reinstatement of such license upon submission of the following:

1. Application for reinstatement;

2. Reinstatement fee;

3. Two (2) sets of fingerprints for the purpose of conducting a criminal background check by the Missouri State Highway Patrol and Federal Bureau of Investigation (FBI). The applicant shall provide proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor(s) for both a Missouri State Highway Patrol and FBI criminal background check. Proof shall consist of any documentation acceptable to the board. Any fees due for fingerprint background check shall be paid by the applicant directly to the Missouri State Highway Patrol or its approved vendor(s). For the purpose of application for licensure, the results of the criminal background check shall be received in the board office prior to the issuance of a license and shall be valid for no more than one (1) year from the date the results of the criminal background check were received in the board office; and

4. Completion of the required biennial continuing education hours for Missouri licensure renewal as defined in 20 CSR 2070-2.080(3) and (5).

(19) Applications for renewal shall be postmarked by the expiration date of the license.

(20) Chiropractic physicians acting as associate examiners for either the state board practical examination or the regional/national practical examination (Part IV) administered by the National Board of Chiropractic Examiners (N.B.C.E.) may receive up to a maximum of twenty-four (24) hours per year of continuing education credit for the administration of the examination:

(A) For the first full day of service provided to the N.B.C.E. in administering the Part IV examination, associate examiners will be credited with four (4) hours of continuing education in differential or physical diagnosis and four (4) hours of credit in general chiropractic continuing education;

(B) For the second full day of service provided to the N.B.C.E. in administering the Part IV examination, associate examiners will be credited with eight (8) hours of general chiropractic continuing education;

(C) If a chiropractic physician should provide less than four (4) hours of service to the N.B.C.E. in any one administration of the Part IV examination, continuing education credit will not be available to that licensee. Continuing education credits earned from administering the Part IV examination shall be in the formal continuing education category;

(D) If the associate examiner attends the examiner orientation as part of the N.B.C.E. examination administration the associate examiner is eligible for two (2) hours of continuing education in boundary training for each full day the associate examiner participates in the N.B.C.E. administration;

(E) If the associate examiner proctors the X-ray portion of the N.B.C.E. the associate examiner is eligible for one (1) hour of continuing education in X-ray for each examination session. The associate examiner shall be eligible for up to four (4) hours of continuing education credit in X-ray for proctoring the X-ray portion of the examination the entire day; and

(F) Chiropractic physicians participating in the development of Parts I–IV, physiotherapy, or acupuncture examinations administered by the N.B.C.E. may submit proof of attendance to the board for continuing education approval.

(21) A licensee may submit an application to the board to be classified as inactive. An inactive licensee shall be defined as a chiropractic physician formally licensed by the board that has been approved for inactive status and is not engaged in the practice of chiropractic as defined in section 331.010, RSMo.

(22) If a bad check is received by the board to renew a license and if the replacement fee is not received prior to the expiration date of the license, the license will not be current and the licensee shall not practice until the reinstatement form and fee have been submitted to the board.

(23) Violation of any provision of this rule shall be deemed by the board to constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of a chiropractic physician depending on the licensee's conduct. In addition, a licensee who has failed to complete and report in a timely fashion the requisite hours of continuing education and engages in the active practice of chiropractic without the express written authority of the board shall be deemed to have engaged in the unauthorized practice of chiropractic.]

(14) Within two (2) years of the expiration date, a license may be reinstated upon submission of the following:

- (A) A completed reinstatement form available from the board;
- (B) Renewal and reinstatement fees as defined in 20 CSR 2070-

2.090(1)(B) and (D); and

(C) Proof of compliance with continuing education requirements pursuant to sections (2), (3), and (5) of this rule. If licensed in another state and not practicing in Missouri, the continuing education required to maintain the license in that state may be used in lieu of meeting the requirements of 20 CSR 2.070-2.080 (2), (3), and (5).

(15) A license that is expired or inactive for more than two (2) years and less than five (5) years from the expiration or inactive date may be reinstated upon submission of the following:

- (A) A completed reinstatement form available from the board;
- (B) Reinstatement fee as defined in 20 CSR 2070-2.090(1)(D);
- (C) A criminal history background check from the Missouri State Highway Patrol's approved vendor(s) for both the Missouri State Highway Patrol and Federal Bureau of Investigation. Any fees for the background check are the applicant's responsibility; and

(D) Proof of compliance with 20 CSR 2.070-2.080 (2), (3), and (5). If licensed in another state and not practicing in Missouri, the continuing education required to maintain the license in that state may be used in lieu of meeting the requirements of sections (2), (3), and (5) of this rule.

(16) A license that is expired or inactive for more than five (5) years and the applicant is not licensed in another state, the following shall be submitted:

- (A) A completed reinstatement form available from the board;
- (B) Reinstatement fee as defined in 20 CSR 2070-2.090(1)(D);
- (C) A criminal history background check from the Missouri State Highway Patrol's approved vendor(s) for both the Missouri State Highway Patrol and Federal Bureau of Investigation. Any fees for the background check are the applicant's responsibility;
- (D) An official transcript from a Council on Chiropractic Education accredited chiropractic college documenting completion of the following:

1. Four (4) semester hours in chiropractic clinical reasoning;
2. Four (4) semester hours clinical diagnosis;
3. Four (4) semester hours of diagnostic imaging; and

(E) Completion of the jurisprudence examination regarding Missouri statutes and regulations; with a minimum composite score of seventy-five percent (75%) on the jurisprudence examination.

(17) Prior to the expiration date of the license, an application for renewal of the license shall be postmarked and sent via regular or overnight mail to the state board office, or electronically renewed by the licensee. The licensee shall verify the number of continuing education hours completed during the renewal cycle on the renewal form mailed to the board office or submitted online.

(18) A license may be placed on inactive status upon submission of a written request and payment of the required fee pursuant to 20 CSR 2070-2.090(1)(C).

AUTHORITY: sections 331.050 and 331.100.2, RSMo [Supp. 2008] 2016. This rule originally filed as 4 CSR 70-2.080. This version of rule filed Dec. 17, 1975, effective Dec. 27, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed March 29, 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 Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at 573-751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.081 [Postgraduate Education] Application for Continuing Education. The board is amending the title, purpose statement, sections (1)–(6) and (8).

PURPOSE: This amendment clarifies the requirements for submitting an application for board approval of formal continuing education hours.

PURPOSE: This rule defines [postgraduate] continuing education, sets out the requirements for sponsoring organizations [and explains procedures for inactive chiropractic physicians to obtain a semester of review prior to reactivation of a license].

(1) [Postgraduate study as used in this rule and as used in section 331.050, RSMo, is defined as a course of study designed to instruct individuals licensed as chiropractic physicians in Missouri.] The term postgraduate study may be used interchangeably with the terms continuing education [and postgraduate education] or CE.

(2) For board approval of [postgraduate] formal continuing education courses or seminars [programs, sponsoring organizations] a sponsor or provider shall forward to the board one (1) copy of the completed application [, syllabus, or outline of material covered in the course and vitae on the speaker(s)] and applicable fee pursuant to 20 CSR 2070-2.090(1). This material must be received in the board office at least thirty (30) days prior to the seminar to receive board approval. [A request for approval of a seminar will not be considered by the board if the request is made after the seminar has occurred.]

(A) The board may consider a request for formal continuing education after the seminar has occurred by submitting an application and fee, along with a written explanation regarding why the application was not submitted at least thirty (30) days prior to the seminar.

[(A)](B) [Any sponsoring organization wishing to provide] For continuing education obtained via the Internet, the sponsor or provider shall submit along with the application and fee, a detailed explanation of the following:

1. Delivery format explaining how the continuing education material is presented to include applicable security safeguarding the licensee's identity;
2. Process used for gathering information for the continuing education course, to include if course material is updated, how often, and who determines when such update is required;
3. Method used for monitoring attendance;
4. Time a licensee is allowed to complete the online continuing education course. The explanation must specify if a licensee has unlimited time and unlimited number of attempts to complete the continuing education course and if multiple attempts to complete the

course are monitored;

5. Whether a [posttest] test is required and, if so, how the results are reported to the licensee;

6. How a licensee communicates with the sponsoring organization in the event there are questions or problems;

7. Documentation provided to the licensee when a course is completed;

8. Amount of time a sponsoring organization maintains records of a licensee completing a course of study; and

9. Names and credentials of individuals responsible for the content of the continuing education course.

[(B)](C) A [sponsoring organization] sponsor or provider wishing to provide continuing education via the Internet shall provide the board access to the online course for the purpose of reviewing areas such as content and delivery method.

(3) All postgraduate education programs shall be subject to the following criteria:

(B) The sponsor or provider shall properly monitor the attendance of the chiropractic physician at the program; and

(D) The sponsor shall provide a certificate of completion to the licensee no later than thirty (30) days after completion of the continuing education.

(4) [If any program submitted for board approval does not meet the requirements of section (3) of this rule, such program(s) will not be approved. If an application for continuing education is not approved by the board or is incomplete, the application will be returned to the sponsoring organization with a written explanation regarding why the application was not approved or was incomplete. Upon correcting any deficiencies on the application, the sponsoring organization may resubmit the application and shall pay the applicable fee as required in 20 CSR 2070-2.090 (1)(O).] An application for formal continuing education that is not approved by the board or is incomplete, will be returned to the continuing education sponsor with a written explanation regarding why the application was not approved or was incomplete. Upon correcting any deficiencies or omissions on the application or documentation, the sponsor may resubmit the application and shall pay the applicable per session fee pursuant to 20 CSR 2070-2.090(1).

(5) Continuing education [programs in] addressing diagnostic imaging in the areas of anatomy and physiology, diagnosis, or condition and pathology shall be taught by a Diplomate, American Board of Chiropractic Radiology (DACBR) or a medical radiologist.

(6) A continuing education program addressing a topic, or combination of topics, pursuant to 20 CSR 2070-2.080[(3)] shall be taught by an instructor with a doctor of chiropractic degree and expertise in the subject matter to be presented.

(A) Instructors for continuing education programs addressing a topic, or combination of topics, pursuant to 20 CSR 2070-2.080[(3)] that do not have a doctor of chiropractic degree shall document training and expertise in the subject matter to be presented. Such documentation shall include:

1. Undergraduate or graduate course work verified with a transcript; and/or
2. Work experience, seminars, workshops, or training verified with a resume or vitae.

(B) Continuing education sponsored totally or in part by a product distributor, product line, or company or demonstrating, promoting, or endorsing a product or service must utilize instructors in compliance with 20 CSR 2070-2.080[(6)]. The subject matter of the continuing education must address the diagnosis and treatment of conditions as authorized by section 331.010.1, RSMo. Product information shall not be the primary focus relating to diagnosis and/or treatment and shall be presented only as an adjunct to the course material.

(8) All postgraduate education sponsors shall provide each licensee with a certificate verifying his/her attendance at an approved postgraduate education seminar. The certificate shall be provided to the licensee by the sponsor within thirty (30) days from the date of the licensee's attendance at the seminar and [it shall] contain, at a minimum, the following information:

AUTHORITY: sections 331.050 and 331.100.2, RSMo [Supp. 2008] 2016. This rule originally filed as 4 CSR 70-2.081. Original rule filed April 16, 1990, effective June 30, 1990. For intervening history, please consult the Code of State Regulations. Amended: Filed March 29, 2019.

PUBLIC COST: This proposed amendment will increase revenue for state agencies two hundred fifty dollars (\$250) to five hundred dollar (\$500) 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 cost private entities approximately two hundred fifty dollars (\$250) to five hundred dollars (\$500) 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 Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at 573-751-0735, or via email at chiropractic@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 2070 - State Board of Chiropractic Examiners

Chapter 2- General Rules

Proposed Amendment - 20 CSR 2070-2.081 Application for Continuing Education

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Revenue	
Missouri State Board of Chiropractic Examiners		\$250 to \$500
	Estimated Annual Increase in Revenue for the Life of the Rule	\$250 to \$500

III. WORKSHEET

See Private Fiscal Note.

IV. ASSUMPTION

1. The figures reported above are based on committee projections.
- 2 It is anticipated that the total annual increase 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 ENTITY FISCAL NOTE

I. RULE NUMBER

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

Division 2070 - State Board of Chiropractic Examiners

Chapter 2- General Rules

Proposed Amendment - 20 CSR 2070-2.081 Application for Continuing Education

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 of compliance with the rule by affected entities:
10	Application Resubmission Continuing Education Sponsor Fee (For 5 to 10 sessions @ \$5 per session)	\$250 to \$500
	Estimated Annual Cost of Compliance for the Life of the Rule	\$250 to \$500

III. WORKSHEET

- The board estimates it will return ten (10) applications to sponsors/providers due to incomplete information/documentation
- Applicants may incur minimal postage photocopy expenses to submit documents to the office. Postage and photocopy expenses are not being calculated in this fiscal note.

IV. ASSUMPTION

- It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee

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

**Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.090 Fees. The board is amending section (1).

PURPOSE: This amendment is rescinding fees and clarifies continuing education application fees.

(1) The following fees hereby are established by the State Board of Chiropractic Examiners:

<i>[(A)] Examination Fee</i>	\$ 300*]
<i>[(B)] Reexamination Fee (per section) with maximum fee of</i>	\$ 35 \$ 105]
<i>[(C)](A) Application Fee</i>	\$200
<i>[(D)](B) Renewal Fee</i>	\$125
<i>[(E)](C) Inactive Status Fee</i>	\$100
<i>[(F)](D) License Reinstatement Fee</i>	\$100
<i>[(G)] Certificate of Corporations Fee</i>	\$ 15
<i>[(H)] Certification of Licensure Fee</i>	\$ 10
<i>[(I)] Section Regrade Fee (Written Practical)</i>	\$ 25
<i>[(J)] Reevaluation Fee (Oral Practical)</i>	\$ 50]
<i>[(K)](E) Meridian Therapy/Acupressure/ Acupuncture Certification Application Fee</i>	\$100
<i>[(L)] Preceptorship Program Application Fee</i>	\$ 35]
<i>[(M)](F) Insurance Consultant Certification Application Fee</i>	\$100
<i>[(N)](G) Fingerprinting Fee</i> (amount determined by the Missouri State Highway Patrol)	
<i>[(O)](H) Continuing Education Sponsor Fee (per session)</i>	\$ 5
<i>[(P)](I) Biennial Continuing Education Sponsor Fee</i>	\$500**
<i>[(Q)](J) Continuing Education Late Fee</i>	\$150
<i>[(R)](K) [Bad] Returned Check Fee</i>	\$ 25
<i>[(S)](L) Temporary License Fee</i>	\$100
<i>[(T)](M) Renewal Temporary License</i>	\$ 25
<i>[(U)](N) Specialty Certification Review Fee</i>	\$150
<i>[(V)](O) Specialist Certification Application Fee</i>	\$100
<i>[(W)](P) Specialty Certification Reinstatement Fee</i>	\$ 25

*[*If the candidate has not taken the board examination within four (4) consecutive examinations for which the candidate would be eligible, the candidate must pay new examination fee. Candidates taking the National Board of Chiropractic Examiners (N.B.C.E.) regional/national practical examination (Part IV) will pay an examination fee directly to the N.B.C.E. This fee will be determined by the N.B.C.E.]*

****This fee provides continuing education sponsors with the option of paying one (1) biennial fee in lieu of paying the five dollar (\$5) fee required with each session on an application for continuing education course approval. The fee is applicable to the application(s) filed by the continuing education sponsor for programs offered in any one (1) biennial cycle and will not carry over into another biennial cycle. No additional fee will be assessed on subsequent applications for continuing education course approval filed for programs offered throughout one (1) biennial cycle, regardless of the number of initial applications filed by the continuing education sponsor. [If a provider has paid a fee for each session, prior to submitting the five hundred dollars (\$500) biennial fee, the per session fee will not be refunded.] If an application for formal continuing education is not approved by the board, or is incomplete, the sponsor may resubmit the application and shall pay the applicable per session fee.**

AUTHORITY: sections [43.543] 331.070 and 331.100.2, RSMo [Supp. 2014] 2016, and section [331.070] 43.543, RSMo [2000] Supp. 2018. This rule originally filed as 4 CSR 70-2.090. Emergency rule filed June 30, 1981, effective July 9, 1981, expired Nov. 11, 1981. Original rule filed June 30, 1981, effective Oct. 12, 1981. For intervening history, please consult the Code of State Regulations. Amended: Filed March 29, 2019.

PUBLIC COST: This proposed amendment will cost state agencies four hundred thirty dollars (\$430) to five hundred dollars (\$500) 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 four hundred thirty dollars (\$430) to five hundred dollars (\$500) 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 Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at 573-751-0735, or via email at chiropractic@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 2070 - State Board of Chiropractic Examiners
Chapter 2- General Rules
Proposed Amendment - 20 CSR 2070-2.090 Fees**

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
Missouri State Board of Chiropractic Examiners		(\$430)
		to (\$500)
	Total Loss of Revenue Annually for the Life of the Rule	(\$430) to (\$500)

III. WORKSHEET

See Private Fiscal Note.

IV. ASSUMPTION

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.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

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

Division 2070 - State Board of Chiropractic Examiners

Chapter 2- General Rules

Proposed Amendment - 20 CSR 2070-2.090 Fees

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 savings for the life of the rule by affected entities:
1	Examination Fee Deleted Fee @ \$300	(\$300)
1	Reexamination Fee Deleted Fee @ \$35 to \$105	(\$35) to (\$105)
5	Certificate of Corporations Deleted Fee @ \$15	(\$75)
1	Certification of Licensure Deleted Fee @ \$10	(\$10)
1	Section Regrade Fee Deleted Fee @ \$25	(\$25)
1	Reevaluation Fee Deleted Fee @ \$50	(\$50)
1	Preceptorship Program Application Deleted Fee @ \$35	(\$35)
20	Continuing Education Sponsor Resubmission Per Session Fee @ \$5	\$100
	Estimated Annual Savings for the Life of the Rule	(\$430) to (\$500)

III. WORKSHEET

1. The above figures are based on FY18 actuals.
2. The board no longer collects the examination, reexamination, section regrade or the reevaluation fee since the board adopted a national examination.
3. The board received very few applicants for a certificate of corporation and has elected to issue the certificates without a fee.
4. The board is proposing to rescind 20 CSR 2070-3.010 since the board has not collected the preceptorship fee in years.
5. This fiscal note is to meet the requirements of section 536.205, RSMo, which requires the publication of a fiscal note for proposed rulemaking.

IV. ASSUMPTION

1. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2070-2.100 Professional Corporations. The board is amending section (1).

PURPOSE: This amendment removes language that is not required for the administration of the rule.

(1) Professional Corporations—Organization.

(F) A chiropractor licensed pursuant to Chapter 331, RSMo shall not:

1. [s/Select or use any name for a professional corporation which is false, deceptive, or misleading to the general public concerning the nature of professional services offered or provided by the professional corporation/,; and

2. [shall not b/Be a member of any professional corporation having a name in violation of this subsection. The name of any professional corporation formed pursuant to this rule shall comply with section 356.071, RSMo. [Any violation of this subsection (F) shall be deemed the use of an advertisement which is false, deceptive, or misleading to the general public, in violation of section 331.060.2(14), RSMo.]

[H) Failure on the part of a licensee of the State Board of Chiropractic Examiners to comply with the provisions of Chapter 356, RSMo or this rule is deemed to be conduct which is unprofessional or improper in the practice of chiropractic, in violation of section 331.060.2(18), RSMo.]

AUTHORITY: sections 331.060, 331.070, 331.100.2, 356.041.4, 356.111 and 356.191, RSMo [2000] 2016. This rule originally filed as 4 CSR 70-2.100. Original rule filed April 8, 1983, effective July 11, 1983. For intervening history, please consult the Code of State Regulations. Amended: Filed March 29, 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 Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at (573) 751-0735, or via email at chiropractic@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 2070—State Board of Chiropractic Examiners
Chapter 2—General Rules**

PROPOSED RULE

20 CSR 2070-2.110 Nonresident Military Spouse Licensure

PURPOSE: This rule states the requirements and procedures for a nonresident spouse of an active duty member of the military who is

transferred to this state in the course of the member's military duty to obtain a temporary courtesy license to practice chiropractic for one hundred eighty (180) days, subject to possible extension as provided by law.

(1) The board shall grant a temporary courtesy license to practice chiropractic without examination to a "nonresident military spouse" as defined in section 324.008.1, RSMo, who provides the board the following:

(A) A completed application form;

(B) A non-refundable application fee, as established by 20 CSR 2070-2.090, made payable to the board;

(C) Verification sent directly to the board office from a state, district, or territory verifying that the applicant holds a current and active license in that state, district, or territory;

(D) Proof that the applicant has been engaged in the practice of chiropractic in a state, district, or territory of the United States in which the applicant is currently licensed for at least two (2) years of the five (5) years immediately preceding the application for temporary licensure;

(E) Verification sent directly to the board office from each state, district, or territory of the United States in which the applicant has ever been licensed verifying:

1. The status of the applicant's license and, when licensed in that jurisdiction, if there were any complaints and/or disciplinary action on the license;

2. The applicant has not committed an act in any jurisdiction where the applicant holds or held a license that would have constituted grounds for the refusal, suspension, or revocation of a license or certificate to practice at the time the act was committed; and

3. The applicant has not been disciplined under the laws of a licensing or credentialing entity in another jurisdiction and is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding under the laws of a licensing or credentialing entity in any other jurisdiction.

(F) Submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigation (FBI) fingerprint criminal history background check. Any fees due for fingerprint background checks shall be paid by the applicant directly to the fingerprint vendor or as otherwise set out in the board's rules;

(G) If the board is unable initially to determine if the licensing requirements of the state, district, or territory in which the applicant is currently licensed are equivalent to Missouri's licensing requirements, the applicant shall, upon request, submit documentation as necessary to assist the board in determining whether such other jurisdiction's licensing requirements are equivalent to the licensing requirements of this state;

(H) Proof of satisfactory completion of the jurisprudence examination regarding the laws and rules of the State of Missouri related to the applicant's profession;

(I) Such additional information as the board may request to determine eligibility for a temporary courtesy license pursuant to the provisions of 20 CSR 2070-2.040(3).

AUTHORITY: sections 324.008 and 331.100, RSMo 2016. Original rule filed March 29, 2019.

PUBLIC COST: This proposed rule will increase revenue for state agencies one hundred forty-one dollars and seventy-five cents (\$141.75) 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 rule will cost private entities approximately one hundred fifty-one dollars and seventy-five cents (\$151.75) 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 rule with the State Board of Chiropractic Examiners, PO Box 672, Jefferson City, MO 65102-0672, by facsimile at 573-751-0735, or via email at chiropractic@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 2070 - State Board of Chiropractic Examiners

Chapter 2- General Rules

Proposed Rule - 20 CSR 2070-2.110 Nonresident Military Spouse Licensure

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Revenue	
Missouri State Board of Chiropractic Examiners	\$100.00	
	Estimated Annual Increase in Revenue for the Life of the Rule	\$100.00

Affected Agency or Political Subdivision	Estimated Revenue	
Missouri State Highway Patrol	\$41.75	
	Estimated Annual Increase in Revenue for the Life of the Rule	\$41.75

III. WORKSHEET

See Private Fiscal Note.

IV. ASSUMPTION

1. The figures reported above are based on committee projections.
- 2 It is anticipated that the total annual increase 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 ENTITY FISCAL NOTE

I. RULE NUMBER

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

Division 2070 - State Board of Chiropractic Examiners

Chapter 2- General Rules

Proposed Rule - 20 CSR 2070-2.110 Nonresident Military Spouse Licensure

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 of compliance with the rule by affected entities:
1	Temporary License Fee Fee @ \$100	\$100.00
1	Verification Verification @ \$10	\$10.00
1	Background Check Fee @ \$41.75	\$41.75
	Estimated Biennial Cost of Compliance for the Life of the Rule	\$151.75

III. WORKSHEET

1. The board anticipates one applicant biennially to apply for a temporary courtesy license. A \$10 verification is included in the event another start charges such a fee to verify an applicant's license in that state.

IV. ASSUMPTION

1. It is anticipated that the total cost will recur biennially for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2220—State Board of Pharmacy
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2220-2.400 Compounding Standards of Practice. The board is adding a new section (13), renumbering as necessary, and amending sections (7), (12), and (14) of the rule.

PURPOSE: This amendment changes sections (7), (12), and (14) of this rule and adds section (13) to delineate requirements for compounding medication for office use/administration by a Missouri licensed veterinarian for animal patients.

(7) Appropriate quality control measures shall be maintained by the pharmacy and its staff over compounding methods.

(C) Pharmacists may compound drugs in limited quantities prior to receiving a valid prescription based on a history of receiving valid prescriptions that have been generated solely with an established pharmacist/patient/prescriber relationship.

1. The compounding of drug products in anticipation of receiving prescriptions without an appropriate history of such prescriptions on file or a documented need, shall be considered manufacturing instead of compounding of the drug(s) involved. Limited quantities, for purposes of this rule, are further defined as an amount of batched product that represents a three- (3-)/[-] month supply.

2. Creams, ointments, lotions, liniments, or other compounded products intended for external use may be batched in the same manner as provided for in paragraph [(5)/(7)(C)1. of this rule that represents a one- (1-)/[-] year supply.

(12) **Except as provided by law, [P/]pharmacists shall not offer or provide compounded [drug products] preparations to other pharmacies, practitioners, or [commercial] entities for subsequent dispensing, distribution, resale, or administration, except in the course of professional practice for a prescriber to administer to an individual patient by a prescription dispensed by the pharmacy.** A pharmacist or pharmacy may advertise or otherwise provide information concerning the provision of compounding services; however, no pharmacist or pharmacy shall attempt to solicit business by making specific claims about compounded [products] preparations.

(13) **Pharmacies may provide non-patient specific compounded preparations for veterinary use to a Missouri-licensed veterinarian to administer and dispense to the veterinarians's animal patients, provided the following:**

(A) **The preparation container is labeled with:**

1. Pharmacy name, address, and telephone number;
2. Date of distribution;
3. Veterinarian's name;
4. Preparation name, strength, dosage form, and quantity;
5. Name of each active or therapeutic ingredient included in the preparation;
6. Preparation lot/batch number;
7. Preparation beyond-use date; and
8. Statement: "Office Stock Compounded Preparation";

(B) **The pharmacy maintains a record of the distribution to the veterinarian;**

(C) **The pharmacy can retrieve distribution records by specific veterinarian, if requested;**

(D) **In lieu of (7)(A)7., the veterinarian's name may be recorded on the compounding log; and**

(E) **The pharmacy complies with all applicable controlled substance laws and regulations.**

[(13)](14) In addition to the requirements outlined in this rule, all standards and requirements as outlined in [4 CSR 220-2.020] **20 CSR 2220-2.200 Sterile [Pharmaceuticals] Compounding** must be adhered to whenever compounding involves the need for aseptic procedures or requires the use of or results in an intended steril pharmaceutical product.

AUTHORITY: section[s] 338.010, RSMo Supp. 2018, and sections 338.140, 338.240, and 338.280, RSMo [2000] 2016. This rule originally filed as 4 CSR 220-2.400. Original rule filed Aug. 25, 1995, effective April 30, 1996. Amended: Filed Dec. 3, 2002, effective July 30, 2003. Moved to 20 CSR 2220-2.400, effective Aug. 28, 2006. Emergency amendment filed March 20, 2019, effective March 30, 2019, expires Jan. 8, 2020. Amended: Filed March 20, 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 Board of Pharmacy, PO Box 625, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 526-3464, or via email at pharmacy@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this rule in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2270—Missouri Veterinary Medical Board
Chapter 4—Minimum Standards**

PROPOSED AMENDMENT

20 CSR 2270-4.031 Minimum Standards for Practice Techniques. The board is adding new subsection (3)(H).

PURPOSE: This board is amending section (3) of this rule by adding subsection (H) to delineate requirements for compounding medication for office use/administration by a Missouri licensed veterinarian for animal patients.

(3) Dispensed Drug Labeling.

(H) **A veterinarian may dispense no more than a seven- (7-) day supply per patient from an office stock compounded preparation provided by a licensed pharmacy. A patient-specific prescription must be issued to continue treatment beyond seven (7) days and comply with all other requirements under this rule.**

AUTHORITY: sections 340.200 and 340.210, RSMo 2016. This rule originally filed as 4 CSR 270-4.031. Original rule filed Nov. 4, 1992, effective July 8, 1993. For intervening history, please consult the Code of State Regulations. Emergency amendment filed March 20, 2019, effective March 30, 2019, expires Jan. 8, 2020. Amended: Filed March 20, 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 Veterinary Medical Board, PO Box 633, Jefferson City, MO 65102, via facsimile at (573) 526-3856, or via email at vets@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.*