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SALUS POPULI SUPREMA LEX ESTO

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



JOHN R. ASHCROFT  
SECRETARY OF STATE

MISSOURI  
REGISTER

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

## HOW TO CITE RULES AND RSMO

### RULES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Title 5—DEPARTMENT OF ELEMENTARY AND  
SECONDARY EDUCATION  
Division 20—Division of Learning Services  
Chapter 400—Office of Educator Quality**

**EMERGENCY AMENDMENT**

**5 CSR 20-400.220 Application for Substitute Certificate of License to Teach.** The State Board of Education is amending section (1).

*PURPOSE:* This amendment adds language that allows department-approved training as an alternative route to gain a substitute certificate of license to teach. This will expedite a strategy for addressing shortages of substitute teachers.

*EMERGENCY STATEMENT:* This emergency amendment is necessary to allow individuals to complete department-approved training as an alternative route to gain a substitute certificate of license to teach. There is a need to expand the pool of available substitute teachers as a result of declining numbers of teachers, which has been exacerbated by the COVID-19 pandemic. From the start of the pandemic, the department has worked with school districts to find ways to address teacher shortages. These efforts include the introduction of a previous, different version of this rule, which became effective in September 2020 and which expired in February 2021. The department made the decision to withdraw the proposed amendment in November 2020 to allow further time to review the effectiveness of the online training. During the pendency of the emergency amendment, the state

board evaluated the effectiveness of these new practices for substitute teachers and districts, made changes to the process based on the department's review, and voted to promulgate a proposed amendment with updated provisions that will become effective in December 2021. Since the beginning of the new school year and the emergence of a more severe strain of the virus, the department has determined that school district substitute teacher shortages have continued to accelerate. The department has further determined that there is an emergency need that the emergency amendment, if effective now, would address. Because of the continuing pandemic and shortage of substitute teachers, and the department's determination that the processes outlined in this amendment successfully meet the needs of schools and prospective substitute teachers as revised based on the department's experience, the board finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, was published in the *Missouri Register* on June 1, 2021 (46 MoReg 926-927). The order of rulemaking was filed with the secretary of state on September 20, 2021. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the *Missouri* and *United States Constitutions*. The board believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed October 19, 2021, becomes effective November 2, 2021, and expires December 31, 2021.

(1) An applicant for a substitute Missouri certificate of license to teach who has successfully completed sixty (60) semester hours or more of college level credit from a regionally-accredited academic degree granting institution recognized by the Department of Elementary and Secondary Education (department) **or has a high school diploma, General Education Diploma (GED) or High School Equivalency Test (HiSET) and has successfully completed a minimum of twenty (20) clock hours of department-approved substitute teacher training that includes professionalism, honoring diversity, engaging students, foundational classroom management techniques, basic instructional strategies, supporting students with special needs, and working with at-risk youth** may be granted a substitute Missouri certificate of license to teach pursuant to the rules promulgated by the State Board of Education (board).

*AUTHORITY:* sections 161.092, 168.011, 168.071, and 168.081, RSMo 2016, and section 168.021, RSMo Supp. [2020] 2021. This rule previously filed as 5 CSR 80-800.290. Emergency rule filed July 30, 1999, effective Aug. 9, 1999, expired Jan. 26, 2000. Original rule filed July 30, 1999, effective Feb. 29, 2000. For intervening history, please consult the *Code of State Regulations*. Emergency amendment filed Oct. 19, 2021, effective Nov. 2, 2021, expires Dec. 31, 2021.

*PUBLIC COST:* This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.

*PRIVATE COST:* This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 20—Pharmacy Program**

**EMERGENCY AMENDMENT**

**13 CSR 70-20.031 List of Drugs for Which Prior Authorization Is Required and Drugs Excluded from Coverage Under the MO HealthNet Pharmacy Program.** The division is adding a new section

(1), amending sections (2) and (5), and renumbering as necessary.

*PURPOSE: This amendment updates language in section (1) to add exclusions and definition for abortifacient drugs or devices, and revises sections (2) and (5).*

*EMERGENCY STATEMENT: This emergency amendment updates language in section (1) to add exclusions and a definition for abortifacient drugs or devices to distinguish such drugs and devices from covered family planning services under section 208.152.1(12), RSMo, and also revises sections (2) and (5). This emergency amendment is necessary to provide needed clarification to implement section 208.152.1(12), RSMo, as passed during the first extraordinary session of 2021 of the 101st General Assembly, preserving a compelling governmental interest in prohibiting the expenditure of appropriated funds for abortions, or for abortifacient drugs or devices when used to induce an abortion, unless an exception otherwise exists under state or federal law. This emergency action is required for the department to comply with section 208.152.1(12), RSMo and with Missouri's legal requirements to protect the health, safety, and welfare of all Missourians at all stages of life pursuant to section 1.205, RSMo. A proposed amendment, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The department believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed October 21, 2021, becomes effective November 4, 2021, and expires May 2, 2022.*

**(1) Exclusions—As used in section 208.152.1(12), RSMo, any “abortifacient drug or device” includes: mifepristone when used to induce an abortion; misoprostol when used to induce an abortion; manual vacuum aspirator (MVA) when used to induce an abortion; or any drug or device approved by the federal Food and Drug Administration (FDA) that the FDA has found on or after the effective date of section 208.152.1(12), RSMo, that is intended to cause the destruction of an unborn child as defined in section 188.015, RSMo.**

*[(1)](2) Exclusions—As specified in the Social Security Act, Section 1927(d)(1)(B), states may exclude or otherwise restrict coverage of certain covered outpatient drugs. Section 1927(d)(2) of the Social Security Act provides a listing of the categories of drugs that [are permissible for exclusion] states may exclude. Drugs included on this list may be excluded from coverage entirely or restricted by diagnosis as determined by the state.*

*[(2)](3) As specified in Section 1927(d)(1) of the Social Security Act, states may subject to prior authorization any covered outpatient drug. Any such prior authorization program shall comply with the requirements of Section 1927(d)(5) of the Social Security Act.*

*[(3)](4) List of drugs or categories of drugs for which prior authorization is required for certain specified indications, and those which are excluded from reimbursement through the MO HealthNet Pharmacy Program shall be made available through—*

(A) MO HealthNet provider manuals, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <http://manuals.momed.com/manuals/>, September 27, 2018. This rule does not incorporate any subsequent amendments or additions;

(B) Provider Bulletins, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at

<https://dss.mo.gov/mhd/providers/pages/bulletins.htm>, September 27, 2018. This rule does not incorporate any subsequent amendments or additions; or

(C) Forms, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <http://manuals.momed.com/manuals/presentation/forms.jsp>, September 27, 2018. This rule does not incorporate any subsequent amendments or additions.

*[(4)](5) The division reserves the right to [a]ffect changes in the list of drugs for which prior authorization is required and for which reimbursement is not available by amending this rule.*

*AUTHORITY: sections 1.205, 208.153, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2021. Original rule filed Dec. 13, 1991, effective Aug. 6, 1992. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 21, 2021, effective Nov. 4, 2021, expires May 2, 2022.*

*PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective. These proposed changes will not require systems work or require additional personnel and can be implemented using current resources.*

*PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective. A review of MO HealthNet claims history indicates the agency has received no claims for payment in the past two (2) state fiscal years (claims information readily available) for mifepristone when used to induce an abortion, misoprostol when used to induce an abortion, manual vacuum aspirator (MVA) when used to induce an abortion, or any drug or device approved by the FDA on or after the effective date of section 208.152.1(12), RSMo, that is intended to cause the destruction of an unborn child as defined in section 188.015, RSMo.*

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

### EMERGENCY AMENDMENT

**22 CSR 10-2.053 Health Savings Account Plan Benefit Provisions and Covered Charges.** The Missouri Consolidated Health Care Plan is amending sections (3) and (10).

*PURPOSE: This amendment revises the out-of-pocket maximum for individual family members and the virtual visit benefit.*

*EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2022, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (employees, retirees, officers, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequence of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forego coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected*

and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to members as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers this same material, is published in this issue of the *Missouri Register*. This emergency amendment complies with the protections extended by the *Missouri and United States Constitutions* and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 29, 2021, becomes effective January 1, 2022, and expires June 29, 2022.

(3) Out-of-pocket maximum.

(A) The family out-of-pocket maximum applies when two (2) or more family members are covered. The family out-of-pocket maximum must be met before the plan begins to pay one hundred percent (100%) of all covered charges for any covered family member. Out-of-pocket maximums are per calendar year, as follows:

1. Network out-of-pocket maximum for individual—four thousand nine hundred fifty dollars (\$4,950);

2. Network out-of-pocket maximum for family—nine thousand nine hundred dollars (\$9,900). Any individual family member need only incur a maximum of [eight thousand five hundred fifty dollars (\$8,550)] **eight thousand seven hundred dollars (\$8,700)** before the plan begins paying one hundred percent (100%) of covered charges for that individual;

3. Non-network out-of-pocket maximum for individual—nine thousand nine hundred dollars (\$9,900); and

4. Non-network out-of-pocket maximum for family—nineteen thousand eight hundred dollars (\$19,800).

(10) Virtual visits offered through the vendor's telehealth tool are covered at one hundred percent (100%) **after deductible is met**.

*AUTHORITY: sections 103.059 and 103.080.3., RSMo 2016. Emergency rule filed Dec. 22, 2008, effective Jan. 1, 2009, expired June 29, 2009. Original rule filed Dec. 22, 2008, effective June 30, 2009. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

*PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.*

*PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.*

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

**EMERGENCY AMENDMENT**

**22 CSR 10-2.055 Medical Plan Benefit Provisions and Covered Charges.** The Missouri Consolidated Health Care Plan is amending Section (3).

*PURPOSE: This amendment revises preventive services covered by the plan.*

*EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2022, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (employees, retirees, officers, and their families) enrolled in the Missouri Consolidated Health Care Plane (MCHCP) from the unintended consequence of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forego coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to members as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers this same material, is published in this issue of the Missouri Register. This emergency amendment complies with the protections extended by the Missouri and United States Constitutions and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 29, 2021, becomes effective January 1, 2022, and expires June 29, 2022.*

(3) Covered Charges Applicable to the PPO 750 Plan, PPO 1250, and HSA Plan.

(D) Plan benefits for the PPO 750 Plan, PPO 1250, and HSA Plan are as follows:

1. Allergy Testing and Immunotherapy. Allergy testing and allergy immunotherapy are considered medically necessary for members with clinically significant allergic symptoms;

2. Ambulance service. The following ambulance transport services are covered:

A. By ground to the nearest appropriate facility when other means of transportation would be contraindicated;

B. By air to the nearest appropriate facility when the member's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate or contraindicated;

3. Applied Behavior Analysis (ABA) for Autism;

4. Bariatric surgery;

5. Blood storage. Storage of whole blood, blood plasma, and blood products is covered in conjunction with medical treatment that requires immediate blood transfusion support;

6. Bone Growth Stimulators. Implantable bone growth stimulators are covered as an outpatient surgery benefit;

7. Contraception and Sterilization. All Food and Drug Administration- (FDA-) approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity;

8. Cardiac rehabilitation;

9. Chelation therapy;

10. Chiropractic services—manipulation and adjunct therapeutic procedures/modalities;

11. Clinical trials. Routine member care costs incurred as the result of a Phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other

life-threatening disease or condition are covered when—

A. The study or investigation is conducted under an investigational new drug application reviewed by the FDA; or

B. Is a drug trial that is exempt from having such an investigational new drug application. Life-threatening condition means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted; and

C. Routine member care costs include all items and services consistent with the coverage provided in plan benefits that would otherwise be covered for a member not enrolled in a clinical trial. Routine patient care costs do not include the investigational item, device, or service itself; items and services that are provided solely to satisfy data collection and analysis needs and are not used in the direct clinical management of the member; or a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis;

D. The member must be eligible to participate in the clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and

E. The clinical trial must be approved or funded by one (1) of the following:

(I) National Institutes of Health (NIH);

(II) Centers for Disease Control and Prevention (CDC);

(III) Agency for Health Care Research and Quality;

(IV) Centers for Medicare & Medicaid Services (CMS);

(V) A cooperative group or center of any of the previously named agencies or the Department of Defense or the Department of Veterans Affairs;

(VI) A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants; or

(VII) A study or investigation that is conducted by the Department of Veterans Affairs, the Department of Defense, or the Department of Energy and has been reviewed and approved to be comparable to the system of peer review of studies and investigations used by the NIH and assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review;

12. Cochlear implant and auditory brainstem implant;

13. Dental care.

A. Dental care is covered for the following:

(I) Treatment to reduce trauma and restorative services limited to dental implants only when the result of accidental injury to sound natural teeth and tissue that are viable, functional, and free of disease. Treatment must be initiated within sixty (60) days of accident; and

(II) Restorative services limited to dental implants when needed as a result of tumors and cysts, cancer, and post-surgical sequelae.

B. The administration of general anesthesia, monitored anesthesia care, and hospital charges for dental care are covered for children younger than five (5) years, the severely disabled, or a person with a medical or behavioral condition that requires hospitalization when provided in a network or non-network hospital or surgical center;

14. Diabetes Self-Management Education;

15. Dialysis is covered when received through a network provider;

16. Durable medical equipment (DME) is covered when ordered by a provider to treat an injury or illness. DME includes, but is not limited to, the following:

A. Insulin pumps;

B. Oxygen;

C. Augmentative communication devices;

D. Manual and powered mobility devices;

E. Disposable supplies that do not withstand prolonged use and are periodically replaced, including, but not limited to, the following:

(I) Colostomy and ureterostomy bags;

(II) Prescription compression stockings limited to two (2) pairs or four (4) individual stockings per plan year;

F. Blood pressure cuffs/monitors with a diagnosis of diabetes;

G. Repair and replacement of DME is covered when any of the following criteria are met:

(I) Repairs, including the replacement of essential accessories, which are necessary to make the item or device serviceable;

(II) Routine wear and tear of the equipment renders it non-functional and the member still requires the equipment; or

(III) The provider has documented that the condition of the member changes or if growth-related;

17. Emergency room services. Coverage is for emergency medical conditions. If a member is admitted to the hospital, s/he may be required to transfer to network facility for maximum benefit;

18. Eye glasses and contact lenses. Coverage limited to charges incurred in connection with the fitting of eye glasses or contact lenses for initial placement within one (1) year following cataract surgery;

19. Foot care (trimming of nails, corns, or calluses). Foot care services are covered when administered by a provider and—

A. When associated with systemic conditions that are significant enough to result in severe circulatory insufficiency or areas of desensitization in the lower extremities including, but not limited to, any of the following:

(I) Diabetes mellitus;

(II) Peripheral vascular disease; or

(III) Peripheral neuropathy.

(IV) Evaluation/debridement of mycotic nails, in the absence of a systemic condition, when both of the following conditions are met:

(a) Pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate; and

(b) If the member is ambulatory, pain markedly limits ambulation;

20. Genetic counseling. Pre-test and post-test genetic counseling with a provider or a licensed or certified genetic counselor are covered when a member is recommended for covered heritable genetic testing;

21. Genetic testing.

A. Genetic testing is covered to establish a molecular diagnosis of an inheritable disease when all of the following criteria are met:

(I) The member displays clinical features or is at direct risk of inheriting the mutation in question (pre-symptomatic);

(II) The result of the test will directly impact the treatment being delivered to the member;

(III) The testing method is considered scientifically valid for identification of a genetically-linked heritable disease; and

(IV) After history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.

B. Genetic testing for the breast cancer susceptibility gene (BRCA) when family history is present;

22. Hair analysis. Chemical hair analysis is covered for the diagnosis of suspected chronic arsenic poisoning. Other purposes are considered experimental and investigational;

23. Hair prostheses. Prostheses and expenses for scalp hair prostheses worn for hair loss are covered for alopecia areata or alopecia totalis for children eighteen (18) years of age or younger. The annual maximum is two hundred dollars (\$200), and the lifetime maximum is three thousand two hundred dollars (\$3,200);

24. Hearing aids (per ear). Hearing aids covered once every two (2) years for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss, and mixed hearing loss. If the cost of one (1) hearing aid exceeds the amount listed below, member is also responsible for charges over that amount.

A. Conventional: one thousand dollars (\$1,000).

B. Programmable: two thousand dollars (\$2,000).



C. Digital: two thousand five hundred dollars (\$2,500).

D. Bone Anchoring Hearing Aid (BAHA): three thousand five hundred dollars (\$3,500);

25. Hearing testing. One (1) hearing test per year. Additional hearing tests are covered if recommended by provider;

26. Home health care. Skilled home health nursing care is covered for members who are homebound because of injury or illness (i.e., the member leaves home only with considerable and taxing effort, and absences from home are infrequent or of short duration, or to receive medical care). Services must be performed by a registered nurse or licensed practical nurse, licensed therapist, or a registered dietitian. Covered services include:

A. Home visits instead of visits to the provider's office that do not exceed the usual and customary charge to perform the same service in a provider's office;

B. Intermittent nurse services. Benefits are paid for only one (1) nurse at any one (1) time, not to exceed four (4) hours per twenty-four- (24-) hour period;

C. Nutrition counseling provided by or under the supervision of a registered dietitian;

D. Physical, occupational, respiratory, and speech therapy provided by or under the supervision of a licensed therapist;

E. Medical supplies, drugs, or medication prescribed by provider, and laboratory services to the extent that the plan would have covered them under this plan if the covered person had been in a hospital;

F. A home health care visit is defined as—

(I) A visit by a nurse providing intermittent nurse services (each visit includes up to a four- (4-) hour consecutive visit in a twenty-four- (24-) hour period if clinical eligibility for coverage is met) or a single visit by a therapist or a registered dietitian; and

G. Benefits cannot be provided for any of the following:

(I) Homemaker or housekeeping services;

(II) Supportive environment materials such as handrails, ramps, air conditioners, and telephones;

(III) Services performed by family members or volunteer workers;

(IV) "Meals on Wheels" or similar food service;

(V) Separate charges for records, reports, or transportation;

(VI) Expenses for the normal necessities of living such as food, clothing, and household supplies; and

(VII) Legal and financial counseling services, unless otherwise covered under this plan;

27. Hospice care and palliative services (inpatient or outpatient). Includes bereavement and respite care. Hospice care services, including pre-hospice evaluation or consultation, are covered when the individual is terminally ill;

28. Hospital (includes inpatient, outpatient, and surgical centers).

A. The following benefits are covered:

(I) Semi-private room and board. For network charges, this rate is based on network repricing. For non-network charges, any charge over a semi-private room charge will be a covered expense only when clinical eligibility for coverage is met. If the hospital has no semi-private rooms, the plan will allow the private room rate subject to usual, customary, and reasonable charges or the network rate, whichever is applicable;

(II) Intensive care unit room and board;

(III) Surgery, therapies, and ancillary services including, but not limited to:

(a) Cornea transplant;

(b) Coverage for breast reconstruction surgery or prostheses following mastectomy and lumpectomy is available to both females and males. A diagnosis of breast cancer is not required for breast reconstruction services to be covered, and the timing of reconstructive services is not a factor in coverage;

(c) Sterilization for the purpose of birth control is cov-

ered;

(d) Cosmetic/reconstructive surgery is covered to repair a functional disorder caused by disease or injury;

(e) Cosmetic/reconstructive surgery is covered to repair a congenital defect or abnormality for a member younger than nineteen (19) years; and

(f) Blood, blood plasma, and plasma expanders are covered, when not available without charge;

(IV) Inpatient mental health services; and

(V) Outpatient mental health services;

29. Infusions are covered when received through a network provider. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

30. Injections. See preventive services for coverage of vaccinations. See contraception and sterilization for coverage of birth control injections. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

31. Lab, X-ray, and other diagnostic procedures. Outpatient diagnostic services are covered when tests or procedures are performed for a specific symptom and to detect or monitor a condition. Professional charges for automated lab services performed by an out-of-network provider are not covered;

32. Maternity coverage. Prenatal and postnatal care is covered. Routine prenatal office visits and screenings recommended by the Health Resources and Services Administration are covered at one hundred percent (100%). Other care is subject to applicable copayments, deductible, and coinsurance. Newborns and their mothers are allowed hospital stays of at least forty-eight (48) hours after vaginal birth and ninety-six (96) hours after cesarean section birth. If discharge occurs earlier than specific time periods, the plan shall provide coverage for post discharge care that shall consist of a two- (2-) visit minimum, at least one (1) in the home;

33. Nutritional counseling. Individualized nutritional evaluation and counseling for the management of any medical condition for which appropriate diet and eating habits are essential to the overall treatment program is covered when ordered by a physician or physician extender and provided by a licensed health-care professional (e.g., a registered dietitian);

34. Nutrition therapy;

35. Office visit. Member encounter with a provider for health care, mental health, or substance use disorder in an office, clinic, or ambulatory care facility is covered based on the service, procedure, or related treatment plan;

36. Oral surgery is covered for injury, tumors, or cysts. Oral surgery includes, but is not limited to, reduction of fractures and dislocation of the jaws; external incision and drainage of cellulites; incision of accessory sinuses, salivary glands, or ducts; excision of exostosis of jaws and hard palate; and frenectomy. Treatment must be initiated within sixty (60) days of accident. No coverage for dental care, including oral surgery, as a result of poor dental hygiene. Extractions of bony or partial bony impactions are excluded;

37. Orthognathic or Jaw Surgery. Orthognathic or jaw surgery is covered when one (1) of the following conditions is documented and diagnosed:

A. Acute traumatic injury, and post-surgical sequela;

B. Tumors and cysts, cancer, and post-surgical sequela;

C. Cleft lip/palate (for cleft lip/palate related jaw surgery); or

D. Physical abnormality;

38. Orthotics.

A. Ankle-Foot Orthosis (AFO) and Knee-Ankle-Foot Orthosis (KAFO).

(I) Basic coverage criteria for AFO and KAFO used during ambulation are as follows:

(a) AFO is covered when used in ambulation for members with weakness or deformity of the foot and ankle, which require stabilization for medical reasons, and have the potential to benefit functionally;

(b) KAFO is covered when used in ambulation for members when the following criteria are met:

- I. Member is covered for AFO; and
- II. Additional knee stability is required; and

(c) AFO and KAFO that are molded-to-patient-model, or custom-fabricated, are covered when used in ambulation, only when the basic coverage criteria and one (1) of the following criteria are met:

- I. The member could not be fitted with a prefabricated AFO;
- II. AFO or KAFO is expected to be permanent or for more than six (6) months duration;
- III. Knee, ankle, or foot must be controlled in more than one (1) plane;
- IV. There is documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or
- V. The member has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

(II) AFO and KAFO Not Used During Ambulation.

(a) AFO and KAFO not used in ambulation are covered if the following criteria are met:

- I. Passive range of motion test was measured with goniometer and documented in the medical record;
- II. Documentation of an appropriate stretching program administered under the care of provider or caregiver;
- III. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least ten degrees (10°) (i.e., a non-fixed contracture);
- IV. Reasonable expectation of the ability to correct the contracture;
- V. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and
- VI. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; or
- VII. Member has plantar fasciitis.

(b) Replacement interface for AFO or KAFO is covered only if member continues to meet coverage criteria and is limited to a maximum of one (1) per six (6) months.

B. Cast Boot, Post-Operative Sandal or Shoe, or Healing Shoe. A cast boot, post-operative sandal or shoe, or healing shoe is covered for one (1) of the following indications:

- (I) To protect a cast from damage during weight-bearing activities following injury or surgery;
- (II) To provide appropriate support and/or weight-bearing surface to a foot following surgery;
- (III) To promote good wound care and/or healing via appropriate weight distribution and foot protection; or
- (IV) When the patient is currently receiving treatment for lymphedema and the foot cannot be fitted into conventional footwear.

C. Cranial Orthoses. Cranial orthosis is covered for Synostotic and Non-Synostotic Plagiocephaly. Plagiocephaly is an asymmetrically shaped head. Synostotic Plagiocephaly is due to premature closure of cranial sutures. Non-Synostotic Plagiocephaly is from positioning or deformation of the head. Cranial orthosis is the use of a special helmet or band on the head which aids in molding the shape of the cranium to normal. Initial reimbursement shall cover any subsequent revisions.

D. Elastic Supports. Elastic supports are covered when prescribed for one (1) of the following indications:

- (I) Severe or incapacitating vascular problems, such as acute thrombophlebitis, massive venous stasis, or pulmonary embolism;
- (II) Venous insufficiency;

- (III) Varicose veins;
- (IV) Edema of lower extremities;
- (V) Edema during pregnancy; or
- (VI) Lymphedema.

E. Footwear Incorporated Into a Brace for Members with Skeletally Mature Feet. Footwear incorporated into a brace must be billed by the same supplier billing for the brace. The following types of footwear incorporated into a brace are covered:

- (I) Orthopedic footwear;
- (II) Other footwear such as high top, depth inlay, or custom;
- (III) Heel replacements, sole replacements, and shoe transfers involving shoes on a brace;
- (IV) Inserts for a shoe that is an integral part of a brace and are required for the proper functioning of the brace; or
- (V) Other shoe modifications if they are on a shoe that is an integral part of a brace and are required for the proper functioning of the brace.

F. Foot Orthoses. Custom, removable foot orthoses are covered.

G. Helmets. Helmets are covered when cranial protection is required due to a documented medical condition that makes the member susceptible to injury during activities of daily living.

H. Hip Orthosis. Hip orthosis is covered for one (1) of the following indications:

- (I) To reduce pain by restricting mobility of the hip;
- (II) To facilitate healing following an injury to the hip or related soft tissues;
- (III) To facilitate healing following a surgical procedure of the hip or related soft tissue; or
- (IV) To otherwise support weak hip muscles or a hip deformity.

I. Knee Orthosis. Knee orthosis is covered for one (1) of the following indications:

- (I) To reduce pain by restricting mobility of the knee;
- (II) To facilitate healing following an injury to the knee or related soft tissues;
- (III) To facilitate healing following a surgical procedure on the knee or related soft tissue; or
- (IV) To otherwise support weak knee muscles or a knee deformity.

J. Orthopedic Footwear for Diabetic Members.

(I) Orthopedic footwear, therapeutic shoes, inserts, or modifications to therapeutic shoes are covered for diabetic members if any following criteria are met:

- (a) Previous amputation of the other foot or part of either foot;
- (b) History of previous foot ulceration of either foot;
- (c) History of pre-ulcerative calluses of either foot;
- (d) Peripheral neuropathy with evidence of callus formation of either foot;
- (e) Foot deformity of either foot; or
- (f) Poor circulation in either foot.

(II) Coverage is limited to one (1) of the following within one (1) year:

(a) One (1) pair of custom molded shoes (which includes inserts provided with these shoes) and two (2) additional pairs of inserts;

(b) One (1) pair of depth shoes and three (3) pairs of inserts (not including the non-customized removable inserts provided with such shoes); or

(c) Up to three (3) pairs of inserts not dispensed with diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed.

K. Orthotic-Related Supplies. Orthotic-related supplies are covered when necessary for the function of the covered orthotic device.

L. Spinal Orthoses. A thoracic-lumbar-sacral orthosis, lumbar orthosis, lumbar-sacral orthosis, and cervical orthosis are covered for the following indications:

- (I) To reduce pain by restricting mobility of the trunk;
- (II) To facilitate healing following an injury to the spine or related soft tissues;
- (III) To facilitate healing following a surgical procedure of the spine or related soft tissue; or
- (IV) To otherwise support weak spinal muscles or a deformed spine.

M. Trusses. Trusses are covered when a hernia is reducible with the application of a truss.

N. Upper Limb Orthosis. Upper limb orthosis is covered for the following indications:

- (I) To reduce pain by restricting mobility of the joint(s);
- (II) To facilitate healing following an injury to the joint(s) or related soft tissues; or
- (III) To facilitate healing following a surgical procedure of the joint(s) or related soft tissue.

O. Orthotic Device Replacement. When repairing an item that is no longer cost-effective and is out of warranty, the plan will consider replacing the item subject to review of medical necessity and life expectancy of the device;

39. Preventive services.

A. Services recommended by the U.S. Preventive Services Task Force (categories A and B).

B. Vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

C. Preventive care and screenings for infants, children, and adolescents supported by the Health Resources and Services Administration.

D. Preventive care and screenings for women supported by the Health Resources and Services Administration.

E. Preventive exams and other preventive services ordered as part of the exam. For benefits to be covered as preventive, they must be coded by the provider as routine, without indication of an injury or illness.

F. Cancer screenings. One (1) per calendar year. Additional screenings beyond one (1) per calendar year covered as diagnostic unless otherwise specified—

- (I) Mammograms—no age limit. Standard two-dimensional (2D) breast mammography and breast tomosynthesis (three-dimensional (3D) mammography);
- (II) Pap smears—no age limit;
- (III) Prostate—no age limit; and
- (IV) Colorectal screening—no age limit.

G. Online weight management program offered through the plan's exclusive provider arrangement[;].

**H. The following services permitted by the Internal Revenue Service (IRS) in Notice 2019-45 and selected by the plan:**

- (I) Blood pressure monitors for individuals diagnosed with hypertension;**
- (II) Retinopathy screenings for individuals diagnosed with diabetes;**
- (III) Hemoglobin A1c (HbA1c) testing for individuals diagnosed with diabetes;**
- (IV) Peak flow meters for individuals diagnosed with asthma; and**
- (V) International Normalized Ratio (INR) testing for individuals diagnosed with liver disease and/or bleeding disorders.**

40. Prostheses (prosthetic devices). Basic equipment that meets medical needs. Repair and replacement is covered due to normal wear and tear, if there is a change in medical condition, or if growth-related;

41. Pulmonary rehabilitation. Comprehensive, individualized,

goal-directed outpatient pulmonary rehabilitation covered for pre- and post-operative intervention for lung transplantation and lung volume reduction surgery (LVRS) or when all of the following apply:

A. Member has a reduction of exercise tolerance that restricts the ability to perform activities of daily living (ADL) or work;

B. Member has chronic pulmonary disease (including asthma, emphysema, chronic bronchitis, chronic airflow obstruction, cystic fibrosis, alpha-1 antitrypsin deficiency, pneumoconiosis, asbestosis, radiation pneumonitis, pulmonary fibrosis, pulmonary alveolar proteinosis, pulmonary hemosiderosis, fibrosing alveolitis), or other conditions that affect pulmonary function such as ankylosing spondylitis, scoliosis, myasthenia gravis, muscular dystrophy, Guillain-Barré syndrome, or other infective polyneuritis, sarcoidosis, paralysis of diaphragm, or bronchopulmonary dysplasia; and

C. Member has a moderate to moderately severe functional pulmonary disability, as evidenced by either of the following, and does not have any concomitant medical condition that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g., symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last six (6) months, dysrhythmia, active joint disease, claudication, malignancy):

(I) A maximal pulmonary exercise stress test under optimal bronchodilatory treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake (VO<sub>2</sub>max) equal to or less than twenty milliliters per kilogram per minute (20 mL/kg/min), or about five (5) metabolic equivalents (METs); or

(II) Pulmonary function tests showing that either the Forced Expiratory Volume in One Second (FEV<sub>1</sub>), Forced Vital Capacity (FVC), FEV<sub>1</sub>/FVC, or Diffusing Capacity of the Lung for Carbon Monoxide (DLCO) is less than sixty percent (60%) of that predicted;

42. Skilled Nursing Facility. Skilled nursing facility services are covered up to one hundred twenty (120) days per calendar year;

43. Telehealth Services. Telehealth services are covered for the diagnosis, consultation, or treatment of a member on the same basis that the service would be covered when it is delivered in person;

44. Therapy. Physical, occupational, and speech therapy are covered when prescribed by a provider and subject to the provisions below:

A. Physical therapy.

(I) Physical therapy must meet the following criteria:

(a) The program is designed to improve lost or impaired physical function or reduce pain resulting from illness, injury, congenital defect, or surgery;

(b) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(c) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

B. Occupational therapy must meet the following criteria:

(I) The program is designed to improve or compensate for lost or impaired physical functions, particularly those affecting activities of daily living, resulting from illness, injury, congenital defect, or surgery;

(II) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(III) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

C. Speech therapy.

(I) All of the following criteria must be met for coverage of speech therapy:

(a) The therapy requires one-to-one intervention and supervision of a speech-language pathologist;

(b) The therapy plan includes specific tests and measures that will be used to document significant progress every two (2) weeks;

(c) Meaningful improvement is expected;

(d) The therapy includes a transition from one-to-one

supervision to a self- or caregiver- provided maintenance program upon discharge; and

(e) One (1) of the following:

I. Member has severe impairment of speech-language; and an evaluation has been completed by a certified speech-language pathologist that includes age-appropriate standardized tests to measure the extent of the impairment, performance deviation, and language and pragmatic skill assessment levels; or

II. Member has a significant voice disorder that is the result of anatomic abnormality, neurological condition, or injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, post-operative vocal cord surgery);

45. Transplants. Stem cell, kidney, liver, heart, lung, pancreas, small bowel, or any combination are covered. Includes services related to organ procurement and donor expenses if not covered under another plan. Member must contact medical plan for arrangements.

A. Network includes travel and lodging allowance for the transplant recipient and an immediate family travel companion when the transplant facility is more than fifty (50) miles from the recipient's residence. If the recipient is younger than age nineteen (19) years, travel and lodging is covered for both parents. The transplant recipient must be with the travel companion or parent(s) for the travel companion's or parent(s)' travel expense to be reimbursable. Combined travel and lodging expenses are limited to a ten thousand dollar (\$10,000) maximum per transplant.

(I) Lodging—maximum lodging expenses shall not exceed the per diem rates as established annually by U.S. General Services Administration (GSA) for a specific city or county. Go to [www.gsa.gov](http://www.gsa.gov) for per diem rates.

(II) Travel—IRS standard medical mileage rates (same as flexible spending account (FSA) reimbursement).

(III) Meals—not covered.

B. Non-network. Charges above the maximum for services rendered at a non-network facility are the member's responsibility and do not apply to the member's deductible or out-of-pocket maximum. Travel, lodging, and meals are not covered;

46. Urgent care. Member encounter with a provider for urgent care is covered based on the service, procedure, or related treatment plan; and

47. Vision. One (1) routine exam and refraction is covered per calendar year.

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 12, 2000, effective Jan. 1, 2001, expired June 29, 2001. Original rule filed Dec. 12, 2000, effective June 30, 2001. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

*PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.*

*PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.*

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

**EMERGENCY AMENDMENT**

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

*PURPOSE: This amendment revises Medicare Part D coverage stage and copayment amounts.*

*EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2022, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (employees, retirees, officers, and their families) enrolled in the Missouri Consolidated Health Care Plane (MCHCP) from the unintended consequence of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forego coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to members as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers this same material, is published in this issue of the Missouri Register. This emergency amendment complies with the protections extended by the Missouri and United States Constitutions and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 29, 2021, becomes effective January 1, 2022, and expires June 29, 2022.*

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

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

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

2. Initial Coverage Stage. Until a member's total yearly Part D prescription drug costs reach [four thousand one hundred thirty dollars (\$4,130)] **four thousand four hundred thirty dollars (\$4,430)**, the member will pay the following copayments:

A. Preferred Formulary Generic Drugs: thirty-one- (31-) day supply has a ten dollar (\$10) copayment; sixty- (60-) day supply has a twenty dollar (\$20) copayment; ninety- (90-) day supply at retail has a thirty dollar (\$30) copayment; and a ninety- (90-) day supply through home delivery has a twenty-five dollar (\$25) copayment;

B. Preferred Formulary Brand Drugs: thirty-one- (31-) day supply has a forty dollar (\$40) copayment; sixty- (60-) day supply has an eighty (\$80) dollar copayment; ninety- (90-) day supply at retail has a one hundred twenty (\$120) dollar copayment; and a ninety- (90-) day supply through home delivery has a one hundred (\$100) dollar copayment; and

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

delivery has a two hundred fifty dollar (\$250) copayment;

3. Coverage Gap Stage. After a member's total yearly Part D prescription drug costs exceed [four thousand one hundred thirty dollars (\$4,130)] **four thousand four hundred thirty dollars (\$4,430)** and remain below [six thousand five hundred fifty dollars (\$6,550)] **seven thousand fifty dollars (\$7,050)**, the member will continue to pay the same cost-sharing amount as in the Initial Coverage stage until the yearly out-of-pocket Part D prescription drug costs reach [six thousand five hundred fifty dollars (\$6,550)] **seven thousand fifty dollars (\$7,050)**;

4. Catastrophic Coverage Stage. After a member's total yearly out-of-pocket Part D prescription drug costs reach [six thousand five hundred fifty dollars (\$6,550)] **seven thousand fifty dollars (\$7,050)**, the member will pay the greater of—

A. Five percent (5%) coinsurance or a [three dollar and seventy cent (\$3.70)] **three dollar and ninety-five cent (\$3.95)** copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage; or

B. Five percent (5%) coinsurance or a [nine dollar and twenty cent (\$9.20)] **nine dollar and eighty-five cent (\$9.85)** copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage; and

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

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Oct. 30, 2013, effective Jan. 1, 2014, expired June 29, 2014. Original rule filed Oct. 30, 2013, effective June 30, 2014. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

*PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.*

*PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.*

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

**22 CSR 10-2.090 Pharmacy Benefit Summary.** The Missouri Consolidated Health Care Plan is amending section (1) and renumbering as necessary.

*PURPOSE: This amendment revises where maintenance prescriptions may be filled and drugs not subject to the deductible under the Health Savings Account Plan.*

*EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2022, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (employees, retirees, officers, and their families) enrolled in the Missouri Consolidated Health Care Plane (MCHCP) from the unintended consequence of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they*

*may forego coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that in appropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to members as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers this same material, is published in this issue of the Missouri Register. This emergency amendment complies with the protections extended by the Missouri and United States Constitutions and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 29, 2021, becomes effective January 1, 2022, and expires June 29, 2022.*

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

(A) PPO 750 Plan and PPO 1250 Plan.

1. Network:

A. Preferred formulary generic drug copayment: Ten Dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and thirty dollars (\$30) for up to a ninety- (90-) day supply for a generic drug on the formulary;

B. Preferred formulary brand drug copayment: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred twenty dollars (\$120) for up to a ninety- (90-) day supply for a brand drug on the formulary;

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

D. Specialty drug copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply for a specialty drug on the formulary;

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

**F. Ninety- (90-) day supply of prescriptions may be filled through the pharmacy benefit manager's (PBM's) home delivery program or at select retail pharmacies, as designated by the PBM.**

[F./]G. Home delivery programs.

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

(a) If the member chooses to fill his/her maintenance prescription at a retail pharmacy and the member does not notify the PBM of his/her decision, the first two (2) maintenance prescription orders may be filled by the retail pharmacy. After the first two (2) orders are filled at the retail pharmacy, the member must notify the PBM of his/her decision to continue to fill the maintenance prescription at the retail pharmacy. If a member does not make a decision after

*the first two (2) orders are filled at the retail pharmacy, s/he will be charged the full discounted cost of the drug until the PBM has been notified of the decision and the amount charged will not apply to the out-of-pocket maximum.*

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

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

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

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

(a) Preferred formulary generic drug copayments: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply for a generic drug on the formulary;

(b) Preferred formulary brand drug copayments: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred dollars (\$100) for up to a ninety- (90-) day supply for a brand drug on the formulary;

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

(d) Specialty drug copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply; one hundred fifty (\$150) for up to sixty (60-) day supply; and two hundred twenty-five (\$225) for up to ninety- (90-) day supply for a specialty drug on the formulary;

**/G./H.** Diabetic drug (as designated as such by the PBM) copayment: fifty percent (50%) of the applicable network copayment;

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

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

**/J./K.** If the copayment amount is more than the cost of the drug, the member is only responsible for the cost of the drug;

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

**/L./M.** Preferred select brand drugs, as determined by the PBM: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply; and

**/M./N.** Prescription drugs and prescribed over-the-counter drugs as recommended by the U.S. Preventive Services Task Force (categories A and B) and, for women, by the Health Resources and

Services Administration are covered at one hundred percent (100%) when filled at a network pharmacy. The following are also covered at one hundred percent (100%) when filled at a network pharmacy:

(I) Vaccine recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

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

(III) One (1) preferred glucometer.

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

3. Out-of-pocket maximum.

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

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

C. Network individual—four thousand one hundred fifty dollars (\$4,150).

D. Network family—eight thousand three hundred dollars (\$8,300).

E. Non-network—no maximum.

(B) Health Savings Account (HSA) Plan Prescription Drug Coverage. Medical and pharmacy expenses are combined to apply toward the appropriate network or non-network deductible and out-of-pocket maximum specified in 22 CSR 10-2.053.

1. Network:

A. Preferred formulary generic drug: Ten percent (10%) coinsurance up to fifty dollars (\$50) per thirty-one- (31-) day supply after deductible has been met for a generic drug on the formulary;

B. Preferred formulary brand drug: Twenty percent (20%) coinsurance up to one hundred dollars (\$100) per thirty-one- (31-) day supply after deductible has been met for a brand drug on the formulary;

C. Non-preferred formulary drug and approved excluded drug: Forty percent (40%) coinsurance after deductible has been met;

D. Diabetic drug (as designated as such by the PBM) coinsurance: fifty percent (50%) of the applicable network coinsurance *[after deductible has been met]*, not to exceed:

(I) Twenty-five dollars (\$25) per thirty-one- (31-) day supply for generic drugs;

(II) Fifty dollars (\$50) per thirty-one- (31-) day supply for preferred formulary brand drug; and

(III) One hundred dollars (\$100) per thirty-one- (31-) day supply for non-preferred formulary drug;

**E. Ninety- (90-) day supply of prescriptions may be filled through the pharmacy benefit manager's (PBM's) home delivery program or at select retail pharmacies, as designated by the PBM.**

**/E./F.** Home delivery programs.

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

*(a) If the member chooses to fill his/her maintenance prescription at a retail pharmacy and the member does not notify the PBM of his/her decision, the first two (2) maintenance prescription orders may be filled by the retail pharmacy. After the first two (2) orders are filled at the retail*

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

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

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

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

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

*/G./H.* Vaccines and administration as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention are covered at one hundred percent (100%) when filled at a network pharmacy;

*/H./I.* The following are covered at one hundred percent (100%) [after deductible is met and] when filled at a network pharmacy:

- (I) Prescribed preferred diabetic test strips and lancets; and
- (II) One (1) preferred glucometer; [and]

*/I./J.* If any ingredient in a compound drug is excluded by the plan, the compound will be denied.

**K. Drugs permitted by the Internal Revenue Service (IRS) in Notice 2019-45 and selected by the plan are not subject to the deductible when filled at a network pharmacy. Applicable coinsurance will apply.**

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

A. Preferred formulary generic drug: Forty percent (40%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a generic drug on the formulary.

B. Preferred formulary brand drug: Forty percent (40%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a brand drug on the formulary.

C. Non-preferred formulary drug and approved excluded drug: Fifty percent (50%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a drug not on the formulary.

D. Diabetic drug (as designated as such by the PBM) coinsurance: fifty percent (50%) of the applicable non-network coinsurance after deductible has been met.

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expired June 29, 2006. Original rule filed Dec. 22, 2005, effective June 30, 2006. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022,*

*expires June 29, 2022. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

*PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.*

*PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.*

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

### EMERGENCY AMENDMENT

**22 CSR 10-2.140 Strive for Wellness<sup>®</sup> Health Center Provisions, Charges, and Services.** The Missouri Consolidated Health Care Plan is amending sections (1), (3), and (4).

*PURPOSE: This amendment revises members who are eligible for services at the health center.*

*EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2022, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (employees, retirees, officers, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequence of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forego coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to members as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers this same material, is published in this issue of the Missouri Register. This emergency amendment complies with the protections extended by the Missouri and United States Constitutions and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 29, 2021, becomes effective January 1, 2022, and expires June 29, 2022.*

(1) Eligibility. [Active employees] **Non-Medicare primary members over eighteen (18) years old** enrolled in an MCHCP medical plan shall be eligible for and able to access the services available at the health center as described in this rule.

(3) Limitations and Exclusions.

(A) The following employees are not eligible for the health center:

1. Active employees who are not enrolled in an MCHCP medical plan; **and**



2. *[Dependents of active employees; and] Medicare pri-  
mary retirees and their Medicare primary dependents.  
[3. Retirees and their dependents.]*

(4) Charges for the following services apply:

(A) Office visit—

1. For *[active employees]* members enrolled in the MCHCP PPO 750 or PPO 1250 Plan, fifteen dollars (\$15) payable at the time of service;

2. For *[active employees]* members enrolled in the Health Savings Account (HSA) Plan forty-five dollars (\$45) payable at the time of service; and

3. The office visit includes the evaluation and management of the patient and any associated laboratory services performed by the health center;

(B) Preventive services—

1. For *[active employees]* members enrolled in the MCHCP PPO 750 Plan, PPO 1250 Plan, or HSA Plan, preventive services are covered at one hundred percent (100%); and

2. Preventive services shall have the same meaning as in 22 CSR 10-2.055; and

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Oct. 30, 2013, effective Jan. 1, 2014, expired June 29, 2014. Original rule filed Oct. 30, 2013, effective June 30, 2014. Amended: Filed Oct. 29, 2014, effective May 30, 2015. Amended: Filed Oct. 28, 2015, effective May 30, 2016. Emergency amendment filed Oct. 31, 2018, effective Jan. 1, 2019, expired June 29, 2019. Amended: Filed Oct. 31, 2018, effective May 30, 2019. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

*PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.*

*PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.*

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

**EMERGENCY AMENDMENT**

**22 CSR 10-3.055 Health Savings Account Plan Benefit Provisions and Covered Charges.** The Missouri Consolidated Health Care Plan is amending sections (3) and (10).

*PURPOSE: This amendment revises the out-of-pocket maximum for individual family members and the virtual visit benefit.*

*EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2022, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (public entity employee members, retirees, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forgo coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help*

*protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to public entity employee members, retirees, and their families as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers the same material, is published in this issue of the Missouri Register. This emergency amendment complies with the protections extended by the Missouri and United States Constitutions and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 29, 2021, becomes effective January 1, 2022, and expires June 29, 2022.*

(3) Out-of-pocket maximum.

(A) The family out-of-pocket maximum applies when two (2) or more family members are covered. The family out-of-pocket maximum must be met before the plan begins to pay one hundred percent (100%) of all covered charges for any covered family member. Out-of-pocket maximums are per calendar year, as follows:

1. Network out-of-pocket maximum for individual—four thousand nine hundred fifty dollars (\$4,950);

2. Network out-of-pocket maximum for family—nine thousand nine hundred dollars (\$9,900). Any individual family member need only incur a maximum of *[eight thousand five hundred fifty dollars (\$8,550)] eight thousand seven hundred dollars (\$8,700)* before the plan begins paying one hundred percent (100%) of covered charges for that individual;

3. Non-network out-of-pocket maximum for individual—nine thousand nine hundred dollars (\$9,900); and

4. Non-network out-of-pocket maximum for family—nineteen thousand eight hundred dollars (\$19,800).

(10) Virtual visits offered through the vendor's telehealth tool are covered at one hundred percent (100%) **after the deductible is met.**

*AUTHORITY: sections 103.059 and 103.080.3., RSMo 2016. Emergency rule filed Dec. 22, 2009, effective Jan. 1, 2010, expired June 29, 2010. Original rule filed Jan. 4, 2010, effective June 30, 2010. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

*PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.*

*PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.*

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

**EMERGENCY AMENDMENT**

**22 CSR 10-3.057 Medical Plan Benefit Provisions and Covered Charges.** The Missouri Consolidated Health Care Plan is amending



Section (3).

*PURPOSE: This amendment revises preventive services covered by the plan.*

*EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2022, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (public entity employee members, retirees, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forgo coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to public entity employee members, retirees, and their families as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers the same material, is published in this issue of the Missouri Register. This emergency amendment complies with the protections extended by the Missouri and United States Constitutions and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 29, 2021, becomes effective January 1, 2022, and expires June 29, 2022.*

(3) Covered Charges Applicable to the PPO 750 Plan, PPO 1250, and HSA Plan.

(D) Plan benefits for the PPO 750 Plan, PPO 1250, and HSA Plan are as follows:

1. Allergy Testing and Immunotherapy. Allergy testing and allergy immunotherapy are considered medically necessary for members with clinically significant allergic symptoms;

2. Ambulance service. The following ambulance transport services are covered:

A. By ground to the nearest appropriate facility when other means of transportation would be contraindicated;

B. By air to the nearest appropriate facility when the member's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate or contraindicated;

3. Applied Behavior Analysis (ABA) for Autism;

4. Bariatric surgery;

5. Blood storage. Storage of whole blood, blood plasma, and blood products is covered in conjunction with medical treatment that requires immediate blood transfusion support;

6. Bone Growth Stimulators. Implantable bone growth stimulators are covered as an outpatient surgery benefit;

7. Contraception and Sterilization. All Food and Drug Administration- (FDA-) approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity;

8. Cardiac rehabilitation;

9. Chelation therapy;

10. Chiropractic services—manipulation and adjunct therapeutic procedures/modalities;

11. Clinical trials. Routine member care costs incurred as the result of a Phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition are covered when—

A. The study or investigation is conducted under an investigational new drug application reviewed by the FDA; or

B. Is a drug trial that is exempt from having such an investigational new drug application. Life-threatening condition means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted; and

C. Routine member care costs include all items and services consistent with the coverage provided in plan benefits that would otherwise be covered for a member not enrolled in a clinical trial. Routine patient care costs do not include the investigational item, device, or service itself; items and services that are provided solely to satisfy data collection and analysis needs and are not used in the direct clinical management of the member; or a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis;

D. The member must be eligible to participate in the clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and

E. The clinical trial must be approved or funded by one (1) of the following:

(I) National Institutes of Health (NIH);

(II) Centers for Disease Control and Prevention (CDC);

(III) Agency for Health Care Research and Quality;

(IV) Centers for Medicare & Medicaid Services (CMS);

(V) A cooperative group or center of any of the previously named agencies or the Department of Defense or the Department of Veterans Affairs;

(VI) A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants; or

(VII) A study or investigation that is conducted by the Department of Veterans Affairs, the Department of Defense, or the Department of Energy and has been reviewed and approved to be comparable to the system of peer review of studies and investigations used by the NIH and assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review;

12. Cochlear implant and auditory brainstem implant;

13. Dental care.

A. Dental care is covered for the following:

(I) Treatment to reduce trauma and restorative services limited to dental implants only when the result of accidental injury to sound natural teeth and tissue that are viable, functional, and free of disease. Treatment must be initiated within sixty (60) days of accident; and

(II) Restorative services limited to dental implants when needed as a result of tumors and cysts, cancer, and post-surgical sequelae.

B. The administration of general anesthesia, monitored anesthesia care, and hospital charges for dental care are covered for children younger than five (5) years, the severely disabled, or a person with a medical or behavioral condition that requires hospitalization when provided in a network or non-network hospital or surgical center;

14. Diabetes Self-Management Education;

15. Dialysis is covered when received through a network provider;

16. Durable medical equipment (DME) is covered when ordered by a provider to treat an injury or illness. DME includes, but is not limited to, the following:

A. Insulin pumps;

B. Oxygen;

C. Augmentative communication devices;

D. Manual and powered mobility devices;

E. Disposable supplies that do not withstand prolonged use and are periodically replaced, including, but not limited to, the following:

- (I) Colostomy and ureterostomy bags;
- (II) Prescription compression stockings limited to two (2) pairs or four (4) individual stockings per plan year;
- F. Blood pressure cuffs/monitors with a diagnosis of diabetes;
- G. Repair and replacement of DME is covered when any of the following criteria are met:

- (I) Repairs, including the replacement of essential accessories, which are necessary to make the item or device serviceable;
- (II) Routine wear and tear of the equipment renders it non-functional and the member still requires the equipment; or
- (III) The provider has documented that the condition of the member changes or if growth-related;

17. Emergency room services. Coverage is for emergency medical conditions. If a member is admitted to the hospital, s/he may be required to transfer to network facility for maximum benefit;

18. Eye glasses and contact lenses. Coverage limited to charges incurred in connection with the fitting of eye glasses or contact lenses for initial placement within one (1) year following cataract surgery;

19. Foot care (trimming of nails, corns, or calluses). Foot care services are covered when administered by a provider and—

A. When associated with systemic conditions that are significant enough to result in severe circulatory insufficiency or areas of desensitization in the lower extremities including, but not limited to, any of the following:

- (I) Diabetes mellitus;
- (II) Peripheral vascular disease; or
- (III) Peripheral neuropathy.
- (IV) Evaluation/debridement of mycotic nails, in the absence of a systemic condition, when both of the following conditions are met:

(a) Pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate; and

(b) If the member is ambulatory, pain markedly limits ambulation;

20. Genetic counseling. Pre-test and post-test genetic counseling with a provider or a licensed or certified genetic counselor are covered when a member is recommended for covered heritable genetic testing;

21. Genetic testing.

A. Genetic testing is covered to establish a molecular diagnosis of an inheritable disease when all of the following criteria are met:

- (I) The member displays clinical features or is at direct risk of inheriting the mutation in question (pre-symptomatic);
- (II) The result of the test will directly impact the treatment being delivered to the member;
- (III) The testing method is considered scientifically valid for identification of a genetically-linked heritable disease; and
- (IV) After history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.

B. Genetic testing for the breast cancer susceptibility gene (BRCA) when family history is present;

22. Hair analysis. Chemical hair analysis is covered for the diagnosis of suspected chronic arsenic poisoning. Other purposes are considered experimental and investigational;

23. Hair prostheses. Prostheses and expenses for scalp hair prostheses worn for hair loss are covered for alopecia areata or alopecia totalis for children eighteen (18) years of age or younger. The annual maximum is two hundred dollars (\$200), and the lifetime maximum is three thousand two hundred dollars (\$3,200);

24. Hearing aids (per ear). Hearing aids covered once every two (2) years for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss, and mixed hearing loss. If the cost of one (1) hearing aid exceeds the amount listed

below, member is also responsible for charges over that amount.

- A. Conventional: one thousand dollars (\$1,000).
- B. Programmable: two thousand dollars (\$2,000).
- C. Digital: two thousand five hundred dollars (\$2,500).
- D. Bone Anchoring Hearing Aid (BAHA): three thousand five hundred dollars (\$3,500);

25. Hearing testing. One (1) hearing test per year. Additional hearing tests are covered if recommended by provider;

26. Home health care. Skilled home health nursing care is covered for members who are homebound because of injury or illness (i.e., the member leaves home only with considerable and taxing effort, and absences from home are infrequent or of short duration, or to receive medical care). Services must be performed by a registered nurse or licensed practical nurse, licensed therapist, or a registered dietitian. Covered services include:

A. Home visits instead of visits to the provider's office that do not exceed the usual and customary charge to perform the same service in a provider's office;

B. Intermittent nurse services. Benefits are paid for only one (1) nurse at any one (1) time, not to exceed four (4) hours per twenty-four- (24-) hour period;

C. Nutrition counseling provided by or under the supervision of a registered dietitian;

D. Physical, occupational, respiratory, and speech therapy provided by or under the supervision of a licensed therapist;

E. Medical supplies, drugs, or medication prescribed by provider, and laboratory services to the extent that the plan would have covered them under this plan if the covered person had been in a hospital;

F. A home health care visit is defined as—  
(I) A visit by a nurse providing intermittent nurse services (each visit includes up to a four- (4-) hour consecutive visit in a twenty-four- (24-) hour period if clinical eligibility for coverage is met) or a single visit by a therapist or a registered dietitian; and

G. Benefits cannot be provided for any of the following:  
(I) Homemaker or housekeeping services;  
(II) Supportive environment materials such as handrails, ramps, air conditioners, and telephones;  
(III) Services performed by family members or volunteer workers;

(IV) "Meals on Wheels" or similar food service;  
(V) Separate charges for records, reports, or transportation;

(VI) Expenses for the normal necessities of living such as food, clothing, and household supplies; and

(VII) Legal and financial counseling services, unless otherwise covered under this plan;

27. Hospice care and palliative services (inpatient or outpatient). Includes bereavement and respite care. Hospice care services, including pre-hospice evaluation or consultation, are covered when the individual is terminally ill;

28. Hospital (includes inpatient, outpatient, and surgical centers).

A. The following benefits are covered:  
(I) Semi-private room and board. For network charges, this rate is based on network repricing. For non-network charges, any charge over a semi-private room charge will be a covered expense only when clinical eligibility for coverage is met. If the hospital has no semi-private rooms, the plan will allow the private room rate subject to usual, customary, and reasonable charges or the network rate, whichever is applicable;

(II) Intensive care unit room and board;  
(III) Surgery, therapies, and ancillary services including, but not limited to:

(a) Cornea transplant;  
(b) Coverage for breast reconstruction surgery or prostheses following mastectomy and lumpectomy is available to both females and males. A diagnosis of breast cancer is not required for

breast reconstruction services to be covered, and the timing of reconstructive services is not a factor in coverage;

(c) Sterilization for the purpose of birth control is covered;

(d) Cosmetic/reconstructive surgery is covered to repair a functional disorder caused by disease or injury;

(e) Cosmetic/reconstructive surgery is covered to repair a congenital defect or abnormality for a member younger than nineteen (19) years; and

(f) Blood, blood plasma, and plasma expanders are covered, when not available without charge;

(IV) Inpatient mental health services; and

(V) Outpatient mental health services;

29. Infusions are covered when received through a network provider. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

30. Injections. See preventive services for coverage of vaccinations. See contraception and sterilization for coverage of birth control injections. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

31. Lab, X-ray, and other diagnostic procedures. Outpatient diagnostic services are covered when tests or procedures are performed for a specific symptom and to detect or monitor a condition. Professional charges for automated lab services performed by an out-of-network provider are not covered;

32. Maternity coverage. Prenatal and postnatal care is covered. Routine prenatal office visits and screenings recommended by the Health Resources and Services Administration are covered at one hundred percent (100%). Other care is subject to applicable copayments, deductible, and coinsurance. Newborns and their mothers are allowed hospital stays of at least forty-eight (48) hours after vaginal birth and ninety-six (96) hours after cesarean section birth. If discharge occurs earlier than specific time periods, the plan shall provide coverage for post discharge care that shall consist of a two- (2-) visit minimum, at least one (1) in the home;

33. Nutritional counseling. Individualized nutritional evaluation and counseling for the management of any medical condition for which appropriate diet and eating habits are essential to the overall treatment program is covered when ordered by a physician or physician extender and provided by a licensed health-care professional (e.g., a registered dietitian);

34. Nutrition therapy;

35. Office visit. Member encounter with a provider for health care, mental health, or substance use disorder in an office, clinic, or ambulatory care facility is covered based on the service, procedure, or related treatment plan;

36. Oral surgery is covered for injury, tumors, or cysts. Oral surgery includes, but is not limited to, reduction of fractures and dislocation of the jaws; external incision and drainage of cellulites; incision of accessory sinuses, salivary glands, or ducts; excision of exostosis of jaws and hard palate; and frenectomy. Treatment must be initiated within sixty (60) days of accident. No coverage for dental care, including oral surgery, as a result of poor dental hygiene. Extractions of bony or partial bony impactions are excluded;

37. Orthognathic or Jaw Surgery. Orthognathic or jaw surgery is covered when one (1) of the following conditions is documented and diagnosed:

A. Acute traumatic injury, and post-surgical sequela;

B. Tumors and cysts, cancer, and post-surgical sequela;

C. Cleft lip/palate (for cleft lip/palate related jaw surgery); or

D. Physical abnormality;

38. Orthotics.

A. Ankle-Foot Orthosis (AFO) and Knee-Ankle-Foot Orthosis (KAFO).

(I) Basic coverage criteria for AFO and KAFO used during ambulation are as follows:

(a) AFO is covered when used in ambulation for members with weakness or deformity of the foot and ankle, which require stabilization for medical reasons, and have the potential to benefit functionally;

(b) KAFO is covered when used in ambulation for members when the following criteria are met:

I. Member is covered for AFO; and

II. Additional knee stability is required; and

(c) AFO and KAFO that are molded-to-patient-model, or custom-fabricated, are covered when used in ambulation, only when the basic coverage criteria and one (1) of the following criteria are met:

I. The member could not be fitted with a prefabricated AFO;

II. AFO or KAFO is expected to be permanent or for more than six (6) months duration;

III. Knee, ankle, or foot must be controlled in more than one (1) plane;

IV. There is documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or

V. The member has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

(II) AFO and KAFO Not Used During Ambulation.

(a) AFO and KAFO not used in ambulation are covered if the following criteria are met:

I. Passive range of motion test was measured with goniometer and documented in the medical record;

II. Documentation of an appropriate stretching program administered under the care of provider or caregiver;

III. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least ten degrees (10°) (i.e., a non-fixed contracture);

IV. Reasonable expectation of the ability to correct the contracture;

V. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and

VI. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; or

VII. Member has plantar fasciitis.

(b) Replacement interface for AFO or KAFO is covered only if member continues to meet coverage criteria and is limited to a maximum of one (1) per six (6) months.

B. Cast Boot, Post-Operative Sandal or Shoe, or Healing Shoe. A cast boot, post-operative sandal or shoe, or healing shoe is covered for one (1) of the following indications:

(I) To protect a cast from damage during weight-bearing activities following injury or surgery;

(II) To provide appropriate support and/or weight-bearing surface to a foot following surgery;

(III) To promote good wound care and/or healing via appropriate weight distribution and foot protection; or

(IV) When the patient is currently receiving treatment for lymphedema and the foot cannot be fitted into conventional footwear.

C. Cranial Orthoses. Cranial orthosis is covered for Synostotic and Non-Synostotic Plagiocephaly. Plagiocephaly is an asymmetrically shaped head. Synostotic Plagiocephaly is due to premature closure of cranial sutures. Non-Synostotic Plagiocephaly is from positioning or deformation of the head. Cranial orthosis is the use of a special helmet or band on the head which aids in molding the shape of the cranium to normal. Initial reimbursement shall cover any subsequent revisions.

D. Elastic Supports. Elastic supports are covered when prescribed for one (1) of the following indications:

(I) Severe or incapacitating vascular problems, such as acute thrombophlebitis, massive venous stasis, or pulmonary

embolism;

- (II) Venous insufficiency;
- (III) Varicose veins;
- (IV) Edema of lower extremities;
- (V) Edema during pregnancy; or
- (VI) Lymphedema.

E. Footwear Incorporated Into a Brace for Members with Skeletally Mature Feet. Footwear incorporated into a brace must be billed by the same supplier billing for the brace. The following types of footwear incorporated into a brace are covered:

- (I) Orthopedic footwear;
- (II) Other footwear such as high top, depth inlay, or custom;

(III) Heel replacements, sole replacements, and shoe transfers involving shoes on a brace;

(IV) Inserts for a shoe that is an integral part of a brace and are required for the proper functioning of the brace; or

(V) Other shoe modifications if they are on a shoe that is an integral part of a brace and are required for the proper functioning of the brace.

F. Foot Orthoses. Custom, removable foot orthoses are covered.

G. Helmets. Helmets are covered when cranial protection is required due to a documented medical condition that makes the member susceptible to injury during activities of daily living.

H. Hip Orthosis. Hip orthosis is covered for one (1) of the following indications:

- (I) To reduce pain by restricting mobility of the hip;
- (II) To facilitate healing following an injury to the hip or related soft tissues;
- (III) To facilitate healing following a surgical procedure of the hip or related soft tissue; or
- (IV) To otherwise support weak hip muscles or a hip deformity.

I. Knee Orthosis. Knee orthosis is covered for one (1) of the following indications:

- (I) To reduce pain by restricting mobility of the knee;
- (II) To facilitate healing following an injury to the knee or related soft tissues;
- (III) To facilitate healing following a surgical procedure on the knee or related soft tissue; or
- (IV) To otherwise support weak knee muscles or a knee deformity.

J. Orthopedic Footwear for Diabetic Members.

(I) Orthopedic footwear, therapeutic shoes, inserts, or modifications to therapeutic shoes are covered for diabetic members if any following criteria are met:

- (a) Previous amputation of the other foot or part of either foot;
- (b) History of previous foot ulceration of either foot;
- (c) History of pre-ulcerative calluses of either foot;
- (d) Peripheral neuropathy with evidence of callus formation of either foot;
- (e) Foot deformity of either foot; or
- (f) Poor circulation in either foot.

(II) Coverage is limited to one (1) of the following within one (1) year:

(a) One (1) pair of custom molded shoes (which includes inserts provided with these shoes) and two (2) additional pairs of inserts;

(b) One (1) pair of depth shoes and three (3) pairs of inserts (not including the non-customized removable inserts provided with such shoes); or

(c) Up to three (3) pairs of inserts not dispensed with diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed.

K. Orthotic-Related Supplies. Orthotic-related supplies are covered when necessary for the function of the covered orthotic

device.

L. Spinal Orthoses. A thoracic-lumbar-sacral orthosis, lumbar orthosis, lumbar-sacral orthosis, and cervical orthosis are covered for the following indications:

- (I) To reduce pain by restricting mobility of the trunk;
- (II) To facilitate healing following an injury to the spine or related soft tissues;
- (III) To facilitate healing following a surgical procedure of the spine or related soft tissue; or
- (IV) To otherwise support weak spinal muscles or a deformed spine.

M. Trusses. Trusses are covered when a hernia is reducible with the application of a truss.

N. Upper Limb Orthosis. Upper limb orthosis is covered for the following indications:

- (I) To reduce pain by restricting mobility of the joint(s);
- (II) To facilitate healing following an injury to the joint(s) or related soft tissues; or
- (III) To facilitate healing following a surgical procedure of the joint(s) or related soft tissue.

O. Orthotic Device Replacement. When repairing an item that is no longer cost-effective and is out of warranty, the plan will consider replacing the item subject to review of medical necessity and life expectancy of the device;

39. Preventive services.

A. Services recommended by the U.S. Preventive Services Task Force (categories A and B).

B. Vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

C. Preventive care and screenings for infants, children, and adolescents supported by the Health Resources and Services Administration.

D. Preventive care and screenings for women supported by the Health Resources and Services Administration.

E. Preventive exams and other **preventive** services ordered as part of the exam. For benefits to be covered as preventive, they must be coded by the provider as routine, without indication of an injury or illness.

F. Cancer screenings. One (1) per calendar year. Additional screenings beyond one (1) per calendar year covered as diagnostic unless otherwise specified—

- (I) Mammograms—no age limit. Standard two-dimensional (2D) breast mammography and breast tomosynthesis (three-dimensional (3D) mammography);
- (II) Pap smears—no age limit;
- (III) Prostate—no age limit; and
- (IV) Colorectal screening—no age limit.

G. Online weight management program offered through the plan's exclusive provider arrangement[;].

**H. The following services permitted by the Internal Revenue Service (IRS) in Notice 2019-45 and selected by the plan:**

- (I) Blood pressure monitors for individuals diagnosed with hypertension;**
- (II) Retinopathy screenings for individuals diagnosed with diabetes;**
- (III) Hemoglobin A1c (HbA1c) testing for individuals diagnosed with diabetes;**
- (IV) Peak flow meters for individuals diagnosed with asthma; and**
- (V) International Normalized Ratio (INR) testing for individuals diagnosed with liver disease and/or bleeding disorders.**

40. Prostheses (prosthetic devices). Basic equipment that meets medical needs. Repair and replacement is covered due to normal wear and tear, if there is a change in medical condition, or if growth-related;

41. Pulmonary rehabilitation. Comprehensive, individualized,

goal-directed outpatient pulmonary rehabilitation covered for pre- and post-operative intervention for lung transplantation and lung volume reduction surgery (LVRS) or when all of the following apply:

A. Member has a reduction of exercise tolerance that restricts the ability to perform activities of daily living (ADL) or work;

B. Member has chronic pulmonary disease (including asthma, emphysema, chronic bronchitis, chronic airflow obstruction, cystic fibrosis, alpha-1 antitrypsin deficiency, pneumoconiosis, asbestosis, radiation pneumonitis, pulmonary fibrosis, pulmonary alveolar proteinosis, pulmonary hemosiderosis, fibrosing alveolitis), or other conditions that affect pulmonary function such as ankylosing spondylitis, scoliosis, myasthenia gravis, muscular dystrophy, Guillain-Barré syndrome, or other infective polyneuritis, sarcoidosis, paralysis of diaphragm, or bronchopulmonary dysplasia; and

C. Member has a moderate to moderately severe functional pulmonary disability, as evidenced by either of the following, and does not have any concomitant medical condition that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g., symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last six (6) months, dysrhythmia, active joint disease, claudication, malignancy):

(I) A maximal pulmonary exercise stress test under optimal bronchodilatory treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake ( $VO_2$ max) equal to or less than twenty milliliters per kilogram per minute (20 mL/kg/min), or about five (5) metabolic equivalents (METs); or

(II) Pulmonary function tests showing that either the Forced Expiratory Volume in One Second (FEV1), Forced Vital Capacity (FVC), FEV1/FVC, or Diffusing Capacity of the Lung for Carbon Monoxide (DLCO) is less than sixty percent (60%) of that predicted;

42. Skilled Nursing Facility. Skilled nursing facility services are covered up to one hundred twenty (120) days per calendar year;

43. Telehealth Services. Telehealth services are covered for the diagnosis, consultation, or treatment of a member on the same basis that the service would be covered when it is delivered in person;

44. Therapy. Physical, occupational, and speech therapy are covered when prescribed by a provider and subject to the provisions below:

A. Physical therapy.

(I) Physical therapy must meet the following criteria:

(a) The program is designed to improve lost or impaired physical function or reduce pain resulting from illness, injury, congenital defect, or surgery;

(b) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(c) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

B. Occupational therapy must meet the following criteria:

(I) The program is designed to improve or compensate for lost or impaired physical functions, particularly those affecting activities of daily living, resulting from illness, injury, congenital defect, or surgery;

(II) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(III) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

C. Speech therapy.

(I) All of the following criteria must be met for coverage of speech therapy:

(a) The therapy requires one-to-one intervention and supervision of a speech-language pathologist;

(b) The therapy plan includes specific tests and measures that will be used to document significant progress every two (2) weeks;

(c) Meaningful improvement is expected;

(d) The therapy includes a transition from one-to-one

supervision to a self- or caregiver- provided maintenance program upon discharge; and

(e) One (1) of the following:

I. Member has severe impairment of speech-language; and an evaluation has been completed by a certified speech-language pathologist that includes age-appropriate standardized tests to measure the extent of the impairment, performance deviation, and language and pragmatic skill assessment levels; or

II. Member has a significant voice disorder that is the result of anatomic abnormality, neurological condition, or injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, post-operative vocal cord surgery);

45. Transplants. Stem cell, kidney, liver, heart, lung, pancreas, small bowel, or any combination are covered. Includes services related to organ procurement and donor expenses if not covered under another plan. Member must contact medical plan for arrangements.

A. Network includes travel and lodging allowance for the transplant recipient and an immediate family travel companion when the transplant facility is more than fifty (50) miles from the recipient's residence. If the recipient is younger than age nineteen (19) years, travel and lodging is covered for both parents. The transplant recipient must be with the travel companion or parent(s) for the travel companion's or parent(s)' travel expense to be reimbursable. Combined travel and lodging expenses are limited to a ten thousand dollar (\$10,000) maximum per transplant.

(I) Lodging—maximum lodging expenses shall not exceed the per diem rates as established annually by U.S. General Services Administration (GSA) for a specific city or county. Go to [www.gsa.gov](http://www.gsa.gov) for per diem rates.

(II) Travel—IRS standard medical mileage rates (same as flexible spending account (FSA) reimbursement).

(III) Meals—not covered.

B. Non-network. Charges above the maximum for services rendered at a non-network facility are the member's responsibility and do not apply to the member's deductible or out-of-pocket maximum. Travel, lodging, and meals are not covered;

46. Urgent care. Member encounter with a provider for urgent care is covered based on the service, procedure, or related treatment plan; and

47. Vision. One (1) routine exam and refraction is covered per calendar year.

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 22, 2010, effective Jan. 1, 2011, expired June 29, 2011. Original rule filed Dec. 22, 2010, effective June 30, 2011. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. A proposed amendment covering this same material is published in this issue of the Missouri Register.*

*PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.*

*PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.*

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

**EMERGENCY AMENDMENT**

**22 CSR 10-3.090 Pharmacy Benefit Summary.** The Missouri Consolidated Health Care Plan is amending section (1) and renumbering as necessary.

**PURPOSE:** This amendment revises where maintenance prescriptions may be filled and drugs not subject to the deductible under the Health Savings Account Plan.

**EMERGENCY STATEMENT:** This emergency amendment must be in place by January 1, 2022, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (public entity employee members, retirees, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forgo coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to public entity employee members, retirees, and their families as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers the same material, is published in this issue of the *Missouri Register*. This emergency amendment complies with the protections extended by the *Missouri and United States Constitutions* and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed October 29, 2021, becomes effective January 1, 2022, and expires June 29, 2022.

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

(A) PPO 750 Plan and PPO 1250 Plan Prescription Drug Coverage.

1. Network.

A. Preferred formulary generic drug copayment: Ten Dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and thirty dollars (\$30) for up to a ninety- (90-) day supply for a generic drug on the formulary; formulary generic birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

B. Preferred formulary brand drug copayment: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred twenty dollars (\$120) for up to a ninety- (90-) day supply for a brand drug on the formulary; formulary brand birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

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

D. Specialty drug (as designated as such by the PBM) copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply for a specialty drug on the formulary;

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

**F. Ninety- (90-) day supply of prescriptions may be filled through the pharmacy benefit manager's (PBM's) home delivery program or at select retail pharmacies, as designated by the**

**PBM.**

[F./G. Home delivery programs.

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

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

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

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

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

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

(a) Preferred formulary generic drug copayments: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply for a generic drug on the formulary;

(b) Preferred formulary brand drug copayments: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred dollars (\$100) for up to a ninety- (90-) day supply for a brand drug on the formulary;

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

(d) Specialty drug (as designated as such by the PBM) copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply for a specialty drug on the formulary;

[G./H. Diabetic drug (as designated as such by the PBM) copayment: Fifty percent (50%) of the applicable network copayment.

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

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

*[J./K.* If the copayment amount is more than the cost of the drug, the member is only responsible for the cost of the drug.

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

*[L./M.* Preferred select brand drugs, as determined by the PBM: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply;

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

(I) Vaccine recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

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

(III) One (1) preferred glucometer.

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

3. Out-of-pocket maximum.

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

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

C. Network individual—four thousand one hundred fifty dollars (\$4,150).

D. Network family—eight thousand three hundred dollars (\$8,300).

E. Non-network—no maximum.

(B) Health Savings Account (HSA) Plan Prescription Drug Coverage. Medical and pharmacy expenses are combined to apply toward the appropriate network or non-network deductible and out-of-pocket maximum specified in 22 CSR 10-3.055.

1. Network.

A. Preferred formulary generic drug: Ten percent (10%) coinsurance up to fifty dollars (\$50) per thirty-one- (31-) day supply after deductible has been met for a generic drug on the formulary;

B. Preferred formulary brand drug: Twenty percent (20%) coinsurance up to one hundred dollars (\$100) per thirty-one- (31-) day supply after deductible has been met for a brand drug on the formulary;

C. Non-preferred formulary drug and approved excluded drug: Forty percent (40%) coinsurance after deductible has been met;

D. Diabetic drug (as designated as such by the PBM) coinsurance: fifty percent (50%) of the applicable network coinsurance *[after deductible has been met]*, not to exceed:

(I) Twenty-five dollars (\$25) per thirty-one- (31-) day supply for generic drugs;

(II) Fifty dollars (\$50) per thirty-one- (31-) day supply for preferred formulary brand drug; and

(III) One hundred dollars (\$100) per thirty-one- (31-) day supply for non-preferred formulary drug;

E. **Ninety- (90-) day supply of prescriptions may be filled**

**through the pharmacy benefit manager's (PBM's) home delivery program or at select retail pharmacies, as designated by the PBM.**

*[E./F.* Home delivery program.

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

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

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

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

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

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

*[G./H.* Vaccines and administration as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention are covered at one hundred percent (100%) when filled at a network pharmacy; and

*[H./I.* The following are covered at one hundred percent (100%) *[after deductible is met and]* when filled at a network pharmacy:

(I) Prescribed preferred diabetic test strips and lancets; *[and]*

(II) One (1) preferred glucometer;

*[I./J.* If any ingredient in a compound drug is excluded by the plan, the compound will be denied.

**K. Drugs permitted by the Internal Revenue Service (IRS) in Notice 2019-45 and selected by the plan are not subject to the deductible when filled at a network pharmacy. Applicable coinsurance will apply.**

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

A. Preferred formulary generic drug: Forty percent (40%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a generic drug on the formulary.

B. Preferred formulary brand drug: Forty percent (40%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a brand drug on the formulary.

C. Non-preferred formulary drug and approved excluded drug: Fifty percent (50%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a drug not on the formulary.

D. Diabetic drug (as designated by the PBM) coinsurance: Fifty percent (50%) of the applicable non-network coinsurance after deductible has been met.

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 22, 2009, effective Jan. 1, 2010, expired June 29, 2010. Original rule filed Jan. 4, 2010, effective June 30, 2010. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

*PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the time the emergency is effective.*

*PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.*



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

## EXECUTIVE ORDER EO 21-10

**WHEREAS**, on August 27, 2021, I terminated the general state of emergency related to the COVID-19 public health threat; and

**WHEREAS**, on August 27<sup>th</sup>, 2021, I declared a state of emergency related to staff shortages in the State's healthcare system and for the State's recovery efforts from the COVID-19; and

**WHEREAS**, the United States Food and Drug Administration (FDA) has given full approval to several COVID-19 vaccines for individuals 16 years of age and older, and are considering full approval for children 5 years and older; and

**WHEREAS**, the State of Missouri began administering COVID-19 vaccinations in late December 2020 and has administered more than 6,450,000 doses of the COVID-19 vaccine as of the date of this Order; and

**WHEREAS**, more than 50% of the population of the State of Missouri has initiated the COVID-19 vaccination process and vaccinations are available to all Missourians at no cost; and

**WHEREAS**, the conditions that placed Missourians at risk of serious infection, death, and hospitalization are overwhelmingly mitigated by the efficacy of the COVID-19 vaccine; and

**WHEREAS**, the federal government has proclaimed an intent to unilaterally mandate vaccinations from the Executive branch, without supporting Congressional legislation; and

**WHEREAS**, these federal vaccine mandates will apply to various individuals, privately owned businesses, federal employees, and those who contract with the federal government; and

**WHEREAS**, these federal vaccine mandates will be litigated by the Attorney General of the State of Missouri and other attorneys general across the United States challenging the authority of the federal mandates; and

**WHEREAS**, the people of the State of Missouri have individual civil rights as protected by the United States Constitution, the Constitution of the State of Missouri, and various federal and state statutes; and

**WHEREAS**, it is the stated policy of this administration to encourage voluntary vaccination against COVID-19 while recognizing that federal vaccine mandates represent intrusion into the private right of individuals to make healthcare decisions when federal COVID-19 vaccine mandates are not supported by legislation representing the will of the people; and

**WHEREAS**, these federal vaccine mandates pose a significant risk to our state economy and workforce, and jeopardize public health by increasing vaccine hesitancy.

**NOW, THEREFORE, I, MICHAEL L. PARSON, GOVERNOR OF THE STATE OF MISSOURI**, by virtue of the authority vested in me by the Constitution and the laws of the State of Missouri, I hereby order and direct all of the following actions intended to oppose the Biden Administration's overreaching federal COVID-19 vaccine mandates and to ensure that the State of Missouri protects the individual right of each citizen to make their own healthcare decisions free from federal intrusion:

1. All agencies, boards, commissions, and other entities within the executive branch of state government are directed to cooperate fully and timely with the Attorney General of the State of Missouri in furtherance of any litigation filed by the Attorney General on behalf of the State of Missouri against any federally imposed COVID-19 vaccine mandate or requirement.
2. No agency, board, commission, or other entity within the executive branch of state government shall compel any individual to receive the COVID-19 vaccine pursuant to federal vaccine mandate where such individual objects by reason of sincerely held religious belief or for medical reasons.
3. No agency, board, commission, or other entity within the executive branch of state government shall, under color of state law, impose a penalty on any individual or business for non-compliance with any federally imposed COVID-19 vaccine mandate or requirement where non-compliance is the result of an individual's sincerely held religious belief or for medical reasons.

Nothing in this Executive Order shall be construed to supersede Executive Order 21-09 or to limit the Governor's direct emergency powers as set forth in Chapter 44.

This order shall remain in effect until modified, amended, or rescinded by subsequent Executive Order.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 28<sup>th</sup> day of October, 2021.

MICHAEL L. PARSON  
GOVERNOR

ATTEST:

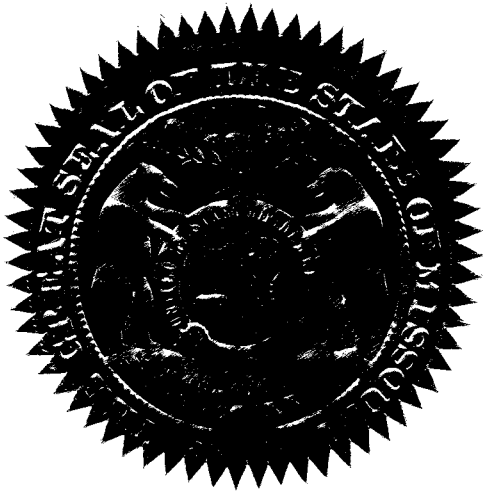
JOHN R. ASHCROFT  
SECRETARY OF STATE

EXECUTIVE ORDER  
21-11

TO ALL DEPARTMENTS AND AGENCIES:

This is to advise that state offices of the executive branch under the purview of the Governor will be closed on Friday, November 26, 2021.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 2nd day of November, 2021.



MICHAEL L. PARSON  
GOVERNOR

ATTEST:

JOHN R. ASHCROFT  
SECRETARY OF STATE

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

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

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

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

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

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

*[elementary and secondary school districts]* **Local Educational Agencies** which shall be due as of a date and in a form established by *[DESE] the department*. Anyone interested in receiving a copy of the *[General Administrative Procedures for Gifted Programs (August 2006)]* **Gifted Education Program Guidelines (October 2021)**, which is incorporated by reference and made a part of this rule, as published by *[DESE] the department*, may contact the Gifted Education Section, 205 Jefferson Street, PO Box 480, Jefferson City, MO 65102-0480, *[or by downloading a copy from the Internet]* and at its website at <https://dese.mo.gov/quality-schools/gifted-education> and at <https://dese.mo.gov/governmental-affairs/dese-administrative-rules/incorporated-reference-materials>. This rule does not incorporate any subsequent amendments or additions.

(3) Approved applications must demonstrate that the applicant has:—

(A) Established a systematic process for identification and selection of gifted students. This process shall use multiple criteria for identification and selection such as, but not limited to, **equitable and objective measures and competent professional evaluation**; and

(4) For approved programs, districts shall maintain on file in the district:—

(A) The *[project]* **program goals and learner *[objectives which] outcomes that*** should be achieved by gifted students participating in the program;

(B) The program activities *[of the project which]* **that** shall be beyond the level normally provided in regular school programs and *[which]* **that** contribute particularly to meeting the identified unmet needs of gifted students; and

(6) Instructional positions and assignments in the state-approved program shall be reported in a manner and format approved by *[DESE] the department* on the annual core data reports.

**AUTHORITY:** *[section 162.720, RSMo 2000,] sections 161.092, 162.675, and 162.720, RSMo [Supp. 2014, and section 162.675, RSMo Supp. 2013] 2016. This rule was previously filed as 5 CSR 70-742.120 and 5 CSR 50-200.010. Original rule filed May 20, 1974, effective May 30, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed Oct. 26, 2021.*

**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 ATTN: Christine Nobbe, Educational Support Services, Missouri Department of Elementary and Secondary Education, Office of Quality Schools, PO Box 480, Jefferson City, MO 65102, or by email to GiftedEducation@dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

Proposed Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

**Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
Division 20—Division of Learning Services  
Chapter 100—Office of Quality Schools**

**PROPOSED AMENDMENT**

**5 CSR 20-100.110 Programs for Gifted Children.** The State Board of Education is amending sections (1)–(4) and (6).

**PURPOSE:** *The purpose of the amendment is to update the terminology used in the rule and to update the department Gifted Education Program Guidelines, which are incorporated by reference.*

(1) For the purposes of special programs for gifted students the programs shall be designed *[in the academic area]* **for academic areas**, the fine arts, or both.

(2) Annually, the *[Department of Elementary and Secondary Education (DESE)]* **department** solicits applications from eligible

**Title 5—DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
Division 20—Division of Learning Services  
Chapter 400—Office of Educator Quality**

**PROPOSED AMENDMENT**

**5 CSR 20-400.230 Discipline [and Denial] of Certificates of License to Teach.** The State Board of Education (board) is removing

all the language in this rule and amending it with new language. The board is also amending the title and purpose.

*PURPOSE: The board is amending this rule to update the procedures for hearings regarding the discipline of certificates of license to teach.*

*PURPOSE: The State Board of Education (board) is authorized to grant certificates of license to teach in any of the public schools of the state, establish requirements and qualifications for those certificates, and cause those certificates to be [revoked, suspended, invalidated or deleted] disciplined in a manner provided in state law. This rule establishes procedures for action by the [State Board of Education] board.*

*[(1) The State Board of Education (the board) may discipline, refuse to issue, or renew a certificate of license to teach for any one (1) or combination of the following:*

*(A) An individual has pled guilty or been found guilty of a felony or crime involving moral turpitude whether or not sentence is imposed;*

*(B) Certification was obtained through the use of fraud, deception, misrepresentation or bribery;*

*(C) Evidence of the certificate holder's incompetence, immorality, or neglect of duty;*

*(D) The certificate holder has been subject to disciplinary action relating to certification in another state upon grounds for which discipline is authorized in Missouri; and/or*

*(E) A certificate holder annulled a written contract with the local board of education for reasons other than election to the general assembly, without the consent of the majority of the local board members.*

*(2) School districts may file charges pursuant to section (1).*

*(A) Charges must be in writing and signed by the chief administrative officer of the district or by the president of the board when so authorized by a majority of the board in those instances where the charges are filed by or on behalf of the school district's local board of education.*

*(B) Charges filed by or on behalf of the school district's local board of education must be sworn by the party(ies) making the accusation, and filed with the Department of Elementary and Secondary Education (DESE).*

*(C) Charges may be filed by the attorney general's office on behalf of the school district for any one or combination of the causes in section (1) except annulment of a written contract.*

*(3) DESE may file charges for any one or combination of the causes in section (1), other than annulment of a written contract.*

*(A) Charges must be in writing and signed by legal counsel.*

*(4) Upon receipt of charges made pursuant to section 168.071, RSMo and filed with DESE, DESE shall provide at least thirty (30) days notice to the parties and may conduct a hearing.*

*(5) Except as provided in sections (6) and (7), the commissioner of education, or his/her designee(s) (hearing officer), shall conduct all hearings on charges filed to discipline a certificate(s) of license to teach as provided in section 168.071, RSMo. A transcript of the hearing along with findings of fact and conclusions of law will be forwarded to the members of the board. The board, at a regular meeting, will render a decision based upon the transcript of the hearing, exhibits and any other information presented at the meeting.*

*(A) Where the underlying conduct or action of the certificate holder is the basis of charges filed and such conduct or action is subject to pending criminal charges, the certificate holder may request in writing a delayed hearing on advice of his/her legal representation under the fifth amendment of the Constitution of the United States.*

*1. The request shall be submitted to the hearing officer, by the certificate holder or by legal counsel.*

*2. The request shall provide documentation of the pending criminal charge and contain a statement specifying what underlying conduct or actions are subject to the pending criminal charge.*

*(B) The hearing officer shall, based upon the request, suspend the hearing process until a trial is completed on the criminal charges.*

*(C) The hearing officer may accept into the hearing record sworn testimony of a minor child relating to misconduct received in any court or administrative hearing.*

*(6) Upon documentation from a court of a plea of guilty or conviction of the following crime(s) whether or not sentence is imposed, an individual's certificate of license to teach shall be revoked, or in the case of an applicant, not issued:*

*(A) Murder 1st Degree;*

*(B) Murder 2nd Degree;*

*(C) Arson 1st Degree;*

*(D) Assault 1st Degree;*

*(E) Forcible Rape;*

*(F) Forcible Sodomy;*

*(G) Kidnapping;*

*(H) Robbery 1st Degree;*

*(I) Rape;*

*(J) Statutory Rape 1st Degree;*

*(K) Statutory Rape 2nd Degree;*

*(L) Sexual Assault;*

*(M) Statutory Sodomy 1st Degree;*

*(N) Statutory Sodomy 2nd Degree;*

*(O) Child Molestation 1st Degree;*

*(P) Child Molestation 2nd Degree;*

*(Q) Deviate Sexual Assault;*

*(R) Sexual Misconduct Involving a Child;*

*(S) Sexual Misconduct 1st Degree;*

*(T) Sexual Abuse;*

*(U) Enticement of a Child;*

*(V) Attempting to Entice a Child;*

*(W) Incest;*

*(X) Abandonment of Child 1st Degree;*

*(Y) Abandonment of Child 2nd Degree;*

*(Z) Endangering the Welfare of a Child 1st Degree;*

*(AA) Abuse of Child;*

*(BB) Child Used in a Sexual Performance;*

*(CC) Promoting Sexual Performance by a Child;*

*(DD) Trafficking in Children; and*

*(EE) Offenses Involving Child Pornography and Related Offenses:*

*1. Promoting obscenity 1st degree;*

*2. Promoting obscenity 2nd degree if penalty is enhanced to Class D Felony;*

*3. Promoting child pornography 1st degree;*

*4. Promoting child pornography 2nd degree;*

*5. Possession of child pornography 1st degree;*

*6. Possession of child pornography 2nd degree;*

*7. Furnishing child pornography to a minor;*

*8. Furnishing pornographic materials to minors;*

*9. Coercing acceptance of obscene material.*

*(7) An individual who has had their certificate(s) of license to teach revoked pursuant to section (6) may appeal, in writing,*

said revocation to the commissioner of education within ninety (90) days of notice of the revocation. Upon receiving the intent to appeal, a hearing will be held before a hearing officer. The individual will be given not less than thirty (30) days notice of the hearing, the opportunity to be heard, and the opportunity for witnesses. A transcript of the hearing along with findings of fact and conclusions of law will be forwarded to the members of the board. The board, at a regular meeting, will render a decision based upon the transcript of the hearing, exhibits and any other information presented at the meeting. The board's decision may be appealed to the circuit court as provided in section (9).

(8) The board may suspend or revoke for a specified time, or indefinitely, a certificate of license to teach pursuant to the rules promulgated by the board. The board may also accept a voluntary surrender or informally settle a case through a consent agreement or agreed settlement.

(9) Within thirty (30) days of the board's final decision, an individual may file a petition for judicial review pursuant to sections 536.100 to 536.140, RSMo.

(10) When a local board of education learns that a certificate holder has pled guilty or is found guilty of any felony or misdemeanor involving moral turpitude; whether or not sentence is imposed under the laws of this state, or any other state, of the United States or any other country, the local board of education shall immediately provide written notice to DESE and the Office of the Attorney General.

(A) Written notice shall contain the following information, if known:

1. Certificate holder's name;
2. Social Security number;
3. Date of birth;
4. Last known address; and/or
5. Information regarding the criminal record.]

(1) The board may discipline a certificate for license to teach for any one (1) or combination of the causes set forth in section 168.071.1, RSMo.

(2) Upon receipt of documentation from a court of a finding of guilt, whether or not a sentence is imposed, or a conviction for the offenses outlined in section 168.071, RSMo, regardless of expungement, an individual's certificate(s) of license to teach may be disciplined.

### (3) Complaints and Appeals.

(A) A local board of education or the Department of Elementary and Secondary Education (department) may file a complaint with the board against a certificate holder pursuant to section 168.071.2 and .3, RSMo.

(B) Certificate holders whose certificates have been revoked pursuant to section 168.071.6, RSMo, may appeal their revocation by filing a notice of appeal with the commissioner of the department within ninety (90) days of the notice of revocation.

(C) All complaints and appeals must—

1. Be in writing;
2. Include:
  - A. The full name, address, email address, and telephone number of the person or agency bringing the action (petitioner), and any attorney representing the petitioner;
  - B. The full name, address(es), email address(es), and telephone number(s) of the certificate holder (if known);
  - C. Suitable space in the caption for the board to affix a case number;
  - D. A written description of the specific conduct for which

discipline is sought and a citation to the law and rules allegedly violated, or in the case of an appeal, the specific grounds for the appeal; and

E. As far as practical, facts in numbered paragraphs stating the relief sought and the reason for granting it; however, the failure to include facts in numbered paragraphs shall not be reason for involuntary dismissal of a complaint or appeal;

3. Petitioner or petitioner's legal counsel shall sign the complaint or appeal; and

4. The complaints and appeals may be mailed to DESE Counsel, Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0680 or emailed to Counsel@dese.mo.gov.

(4) When a local board of education learns of a criminal finding of guilt of a certificate holder and provides the written notice required in section 168.071.7, RSMo, that notice to the Missouri Attorney General and the board shall contain the following information, if known:

- (A) The certificate holder's name;
- (B) Educator identification number;
- (C) Social Security number;
- (D) Date of birth;
- (E) Information known regarding the criminal record; and
- (F) All known contact information, including address(es), email address(es), and telephone number(s).

### (5) Hearing Officers.

(A) A hearing officer appointed by the Commissioner of Education shall hear cases regarding charges filed to discipline a certificate(s) of license to teach and on appeals of certificates revoked pursuant to section 168.071.6, RSMo. The hearing officer shall conduct all hearings in accordance with section 168.071, RSMo, and Chapter 536, RSMo. The hearing officer will cause the full record, including all evidence along with proposed findings of fact and conclusions of law, and recommended decision to be provided to members of the board. The board shall render a decision in accordance with section 536.080.2, RSMo. The board's decision will be considered final for the purposes of judicial review under 536.100-536.140, RSMo.

### (6) Hearings.

#### (A) Notice.

1. The board shall serve upon all parties the initial notice of the place, date, and time upon which it will hold the hearing on a complaint or on a certificate holder's appeal. The board will send the notice by certified mail, by personal delivery, or by email.

2. The board shall provide at least thirty (30) days notice to the parties that it will hold a hearing on the matters raised in the complaint or appeal.

3. The notice shall advise the parties to file all pleadings, motions, and other documents by mailing them to DESE Counsel, Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480 or to Counsel@dese.mo.gov.

#### (B) Amended Complaints.

1. Petitioner may amend the complaint without the hearing officer's leave five (5) business days before the hearing. Within five (5) business days of the hearing, petitioner shall amend the complaint only if leave is requested and granted by the hearing officer. A copy of the amended complaint shall be attached to the motion for leave.

#### (C) Motions.

1. Either party may file a motion to request a delay of the hearing, if the party shows good cause, which may include pending criminal charge(s) as referenced in section 168.071.4, RSMo. The hearing officer has discretion to continue the hearing date

upon notice to the parties.

2. Either party may file a motion for a protective order to close records or the hearing. The motion shall include a description of what information the party will be presenting that the party believes should be closed. The motion shall cite to the legal authority under which the board may close the record or hearing or provide a showing that the closure is in the best interest of a child. A party should file this motion at least twenty-four (24) hours before the start of the hearing; however, a party may make an oral motion at the hearing.

3. Either party may file a motion to hold a hearing by video-conference. A party should file this motion at least ten (10) business days before the start of the hearing.

4. Either party may file a motion for a witness to appear by telephone or video conference. A party should file this motion at least three (3) business days before the start of the hearing.

5. The hearing officer will entertain other motions as necessary.

**(D) Videoconference Hearings.**

1. The hearing officer may hold hearings via a videoconference platform. The hearing officer will contact the parties if the hearing is to be held in this manner.

**(E) Burden of Proof.**

1. The party bringing the action shall have the burden of proof and will present evidence first.

**(F) Exhibits.**

1. The parties are required to send exhibits to the hearing officer and the opposing parties at least five (5) business days in advance of the hearing. If the hearing is to be held via videoconference, each party is responsible for providing all exhibits to all parties of record and the hearing officer electronically.

**(G) Certificate Holder.**

1. The certificate holder shall—

A. Have a reasonable opportunity to defend him or herself at the hearing and have the right to testify in his or her own behalf; and

B. Have the right to a public hearing, unless one (1) party files a motion for protective order as outlined in paragraph (6)(C)2., above.

**(7) Settlements and Surrenders.**

**(A) Settlements.**

1. The board may informally dispose of a case through an agreed settlement.

**(B) Voluntary Surrenders.**

1. The board may accept a certificate holder's voluntary surrender if the certificate holder is found guilty of a crime involving moral turpitude or a felony or in any other circumstances approved by the board.

*AUTHORITY: sections [168.011, RSMo 2000 and] 161.092, [168.021] 168.011, 168.071, and 168.081, RSMo [Supp. 2003] 2016, and section 168.021, RSMo Supp. 2021. This rule previously filed as 5 CSR 80-800.300. Emergency rule filed March 22, 1999, effective April 1, 1999, expired Sept. 27, 1999. Original rule filed March 22, 1999, effective Sept. 30, 1999. Amended: Filed Aug. 13, 2002, effective March 30, 2003. Amended: Filed Sept. 12, 2003, effective April 30, 2004. Moved to 5 CSR 20-400.230, effective Aug. 16, 2011. Amended: Filed Oct. 27, 2021.*

*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 Elementary and Secondary Education, Attention: Dr. Paul Katnik, Assistant Commissioner, Office of Educator Quality, PO Box 480, Jefferson City, MO 65102-0480 or by email to educatorquality@dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 5—DEPARTMENT OF ELEMENTARY AND  
SECONDARY EDUCATION  
Division 20—Division of Learning Services  
Chapter 400—Office of Educator Quality**

**PROPOSED RESCISSION**

**5 CSR 20-400.410 Robert C. Byrd Honors Scholarship Program.** This rule set forth the general administrative procedures for the department's implementation of the federally funded Robert C. Byrd Honors Scholarship Program.

*PURPOSE: This rule is being rescinded because it is no longer a funded program.*

*AUTHORITY: sections 161.092, RSMo Supp. 2005 and 178.430, RSMo 2000. This rule previously filed as 5 CSR 80-860.010. Original rule filed Oct. 15, 1990, effective March 14, 1991. Amended: Filed Aug. 15, 2005, effective March 30, 2006. Moved to 5 CSR 20-400.410, effective Aug. 16, 2011. Rescinded: Filed Oct. 27, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Department of Elementary and Secondary Education, ATTN: Dr. Paul Katnik, Assistant Commissioner, Office of Educator Quality, PO Box 480, Jefferson City, MO 65102-0480 or by email to educatorquality@dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 5—DEPARTMENT OF ELEMENTARY AND  
SECONDARY EDUCATION  
Division 20—Division of Learning Services  
Chapter 400—Office of Educator Quality**

**PROPOSED AMENDMENT**

**5 CSR 20-400.660 Certification Requirements for Career Education (Secondary) 7-12 Certificates.** The State Board of Education (board) is amending parts (1)(C)5.A.(IX) and (XXIV), adding a new part (1)(C)5.A.(XIII), renumbering as necessary, and amending section (3).

*PURPOSE: This proposed amendment will update the skilled technical science certificate titles to add the area of Crisis/Emergency/Disaster Management and rename the areas of Geographic Information Science and Criminal Justice Technology.*

(1) An applicant for a Career Education (Secondary) Certificate who possesses good moral character may be granted a Career Education (Secondary) Certificate subject to the certification requirements

found in 5 CSR 20-400.500 and the following additional certification requirements specific to Career Education (Secondary) Certificates:

(C) Certificate Titles and Specific Requirements for Each Specific Area of Career Education Certification—

1. Family, Consumer Sciences, and Human Services—

- A. Apparel and Textiles;
- B. Cosmetologist (requires professional licensing);
- C. Culinary Arts—

(I) For a Culinary Arts Certificate, candidates must satisfy the requirements of at least one (1) of the following:

- (a) Satisfaction of the General Requirements and Professional Requirements in subsections (1)(A)-(B) of this rule; or
- (b) Satisfaction of the requirements below:

I. Bachelor of Science Degree in Home Economics Education, Family and Consumer Sciences Education, or Vocational Family Consumer Sciences; or possession of a valid Missouri professional teaching certificate in the area of Family and Consumer Sciences;

II. Possession of a current Secondary Food Service Education Certificate from the National Restaurant Association Education Foundation, and a Serve Safe Certificate; and

III. Two thousand (2000) hours of department-approved, related occupational experience from the most recent ten (10) years; or

(c) Satisfaction of the requirements below:

I. Bachelor of Science Degree in Home Economics Education, Family and Consumer Sciences Education, or Vocational Family Consumer Sciences; or possession of a valid Missouri professional teaching certificate in the area of Family and Consumer Sciences;

II. Possession of a current Secondary Culinary Education Certificate from the American Culinary Federation; and

III. Two thousand (2000) hours of department-approved, related occupational experience from the most recent ten (10) years; or

D. Family and Consumer Sciences Related Careers Cooperative Education;

- E. Food and Beverage/Restaurant Operations Manager;
- F. Food Production, Management, and Related Services;
- G. Hospitality Administration/Management, General;
- H. Housing and Home Environments;

I. Human Development/Adult Development and Aging—

(I) A Human Development/Adult Development and Aging certificate requires a minimum of an associate's degree;

J. Human Development/Child Care—

(I) A Human Development/Child Care certificate requires a minimum of an associate's degree;

2. Applicants for a Family and Consumer Sciences Career Education Certificate of license to teach in the specific area of Human Development/Child Care and Human Development/Adult Development and Aging must have a minimum of an associate's or higher degree in an area appropriate for the subject area being taught and comply with subsections (1)(A)-(B) general and professional requirements. Applicants in the areas of Apparel and Textiles; Cosmetologist; Culinary Arts; Family and Consumer Sciences Related Careers Cooperative Education; Food and Beverage/Restaurant Operations Manager; Food Production, Management and Related Services; Hospitality, Administration/Management, General; and Housing and Home Environments must comply with subsections (1)(A)-(B) general and professional requirements;

3. Health Sciences—

- A. Dental Assistant (requires professional licensing);
- B. Dental Laboratory Technician;
- C. Emergency Medical Technology/Technician (requires professional licensing);
- D. Health Aide or Health Services Assistant (requires professional licensing);

E. Medical Assistant (requires professional licensing);

F. Medical Laboratory Technician;

G. Medical Transcriptionist (requires professional licensing);

H. Pharmacy Technician/Assistant (requires professional licensing); and

I. Sign Language Interpreter (requires professional licensing);

4. The applicant for a Health Sciences Career Education Certificate of license to teach must comply with the general and professional requirements from paragraph (1)(C)3. and the following:

A. Applicant must provide a valid authorization from the applicable accrediting agency certifying that applicant meets requirements to teach in the subject area and student level of the instructional program; and

B. Applicant must provide documentation of a valid, unencumbered, undisciplined professional license (if applicable for instructional area to be taught);

5. Skilled Technical Sciences—

A. Certificate Titles—

(I) Aircraft Mechanic/Technician, Powerplant (requires professional licensing);

(II) Airframe Mechanic/Technician, Airframe (requires professional licensing);

(III) Auto/Automotive Body Repairer;

(IV) Auto/Automotive Mechanic/ Technician;

(V) Aviation Management;

(VI) Building/Property Maintenance and Manager;

(VII) Cabinet Maker and Mill-worker;

(VIII) Carpenter;

(IX) **Geographic Information Science and Cartography**;

(X) Commercial Photography;

(XI) Computer Maintenance Technology/Technician;

(XII) Construction/Building Technology/Technician;

**(XIII) Crisis/Emergency/Disaster Management**;

~~[(XIII)]~~(XIV) Diesel Engine Mechanic and Repairer;

~~[(XIV)]~~(XV) Drafting, General;

~~[(XV)]~~(XVI) Electrical and Electronics Equipment

Installer and Repairer, General;

~~[(XVI)]~~(XVII) Electrician;

~~[(XVII)]~~(XVIII) Fire Science/Firefighting;

~~[(XVIII)]~~(XIX) Graphic and Printing Equipment Operator,

General;

~~[(XIX)]~~(XX) Graphic Design, Commercial Art, and

Illustration;

~~[(XX)]~~(XXI) Heating, Air Conditioning, and Refrigeration

Mechanic and Repairer;

~~[(XXI)]~~(XXII) Heavy Equipment Maintenance and

Repairer;

~~[(XXII)]~~(XXIII) Industrial Technology/Technician;

~~[(XXIII)]~~(XXIV) Laser and Optical Technology/Technician;

~~[(XXIV)]~~(XXV) *[Law Enforcement/Police Science]*

**Criminal Justice Technology**;

~~[(XXV)]~~(XXVI) Machinist/Machine Technologist;

~~[(XXVI)]~~(XXVII) Marine Maintenance and Ship Repairer;

~~[(XXVII)]~~(XXVIII) Mason and Tile Setter;

~~[(XXVIII)]~~(XXIX) Motorcycle Mechanic and Repairer;

~~[(XXIX)]~~(XXX) Plumbing Technology/Plumber;

~~[(XXX)]~~(XXXI) Radio and Television Broadcasting

Technology/Technician;

~~[(XXXI)]~~(XXXII) Small Engine Mechanic and Repairer;

~~[(XXXII)]~~(XXXIII) Welder/Welding Technologist; and

~~[(XXXIII)]~~(XXXIV) Water Quality and Wastewater

Treatment Management and Recycling Technology/Technician;

6. The applicant for a Skilled Technical Sciences Career Education certificate of license to teach must comply with subsections (1)(A)-(B) general and professional requirements and the following:



A. The applicant must provide documentation of a valid, unencumbered, undisciplined license (if applicable for instructional area to be taught);

7. The applicant for a ROTC Career Education certificate of license to teach must comply with subsections (1)(A)-(B) general and professional requirements; and

8. The applicant for a Special Needs Career Education certificate of license to teach must comply with the general and professional requirements from subsections (1)(A)-(B) and the following:

A. Possession of a bachelor's degree or higher from a college or university approved by the department;

B. A valid professional classification Missouri certificate of license to teach in one (1) of the following areas: elementary education, middle school, math (Grades 9-12), English (Grades 7-12), industrial arts, technology education, counseling, special education, or career education; and

C. The applicant must provide documentation/transcripts of completion of a course in Methods of Teaching Disabled Students or a methods course appropriate to the disability area(s) of their employment

(3) The requirements of this rule shall become effective August 1, [2017] 2022.

*AUTHORITY: sections 161.092, 168.011, 168.071, 168.081, 168.400, 168.405, and 168.409, RSMo 2016, and section 168.021, RSMo Supp. [2019] 2021. Original rule filed Oct. 29, 2013, effective May 30, 2014. Amended: Filed Feb. 21, 2020, effective Oct. 30, 2020. Amended: Filed Oct. 27, 2021.*

*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 Elementary and Secondary Education, ATTN: Dr. Paul Katnik, Assistant Commissioner, Office of Educator Quality, PO Box 480, Jefferson City, MO 65102-0480 or by email to educatorquality@dese.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 5—DEPARTMENT OF ELEMENTARY AND  
SECONDARY EDUCATION  
Division 20—Division of Learning Services  
Chapter 400—Office of Educator Quality**

**PROPOSED AMENDMENT**

**5 CSR 20-400.670 Certification Requirements for Career Education (Adult) Certificate.** The State Board of Education (board) is amending parts (1)(C)8.A.(XIII) and (XXXIX), adding a new part (1)(C)8.A.(XXII), renumbering as necessary, and amending section (2).

*PURPOSE: This proposed amendment will update the skilled technical science certificate titles to add the area of Crisis/Emergency/Disaster Management and rename the areas of Geographic Information Science and Criminal Justice Technology.*

(1) An applicant for a Career Education (Adult) Certificate who possesses good moral character may be granted a Career Education (Adult) Certificate subject to the certification requirements found in

5 CSR 20-400.500 and the following additional certification requirements specific to Career Education (Adult) Certificates:

(C) Certificate Titles and Specific Requirements for Each Specific Area of Career Education Certification—

1. Agricultural Education—

- A. Agricultural Education;
- B. Agricultural Business;
- C. Agricultural Mechanics;
- D. Agricultural Production;
- E. Agricultural Processing;
- F. Agricultural Resources;
- G. Agricultural Service/Supplies;
- H. Forestry; and
- I. Horticulture;

2. Business Education—

A. Career Business Education;

3. Family, Consumer Sciences, and Human Services—

- A. Apparel and Textiles;
- B. Career Family and Consumer Sciences;
- C. Cosmetologist (requires professional licensing);
- D. Culinary Arts:

(I) For a Culinary Arts Certificate, candidates must satisfy the requirements of at least one (1) of the following:

(a) Satisfaction of the General Requirements and Professional Requirements in subsections (1)(A)-(B) of this rule; or  
(b) Satisfaction of the requirements below:

I. Bachelor of Science Degree in Home Economics Education, Family and Consumer Sciences Education, or Vocational Family Consumer Sciences; or possession of a valid Missouri professional teaching certificate in the area of Family and Consumer Sciences;

II. Possession of a current Secondary Food Service Education Certificate from the National Restaurant Association Education Foundation, and a Serve Safe Certificate; and

III. Two thousand (2000) hours of department-approved, related occupational experience from the most recent ten (10) years; or

(c) Satisfaction of the requirements below:

I. Bachelor of Science Degree in Home Economics Education, Family and Consumer Sciences Education, or Vocational Family Consumer Sciences; or possession of a valid Missouri professional teaching certificate in the area of Family and Consumer Sciences;

II. Possession of a current Secondary Culinary Education Certificate from the American Culinary Federation; and

III. Two thousand (2000) hours of department-approved, related occupational experience from the most recent ten (10) years; or

- E. Dietetic Services;
- F. Food and Beverage/Restaurant Operations Manager;
- G. Food Production, Management, and Related Services;
- H. Hospitality Administration/Management, General;
- I. Housing and Home Environments;
- J. Human Development/Adult Development and Aging;
- K. Human Development/Child Care; and
- L. Massage Therapy (requires professional licensing);

4. The applicant for a Family and Consumer Science Career Education Certificate of license to teach in the specific area of Human Development/Child Care and Human Development/Adult Development and Aging must have a minimum of an associate's or higher degree in an area appropriate for the subject area being taught and comply with subsections (1)(A)-(B). Applicants in the areas of Apparel and Textiles; Career Family and Consumer Sciences; Culinary Arts; Food and Beverage/Restaurant Operation Manager; Food Production, Management, and Related Services; and Housing Environments must comply with subsections (1)(A)-(B)/.I.;

5. Health Sciences—

- A. Dental Assistant (requires professional licensing);

- B. Dental Hygienist (requires professional licensing);
  - C. Dental Laboratory Technician;
  - D. Diagnostic Medical Sonography Technician (requires professional licensing);
  - E. Emergency Medical Technology/Technician (requires professional licensing);
  - F. Funeral Service and Mortuary Science (requires professional licensing);
  - G. Health Professions and Related Sciences, Other;
  - H. Health Unit Coordinator/Ward Clerk;
  - I. Licensed Practical Nursing (requires professional licensing);
  - J. Medical Assistant (requires professional licensing);
  - K. Medical Laboratory Assistant (requires professional licensing);
  - L. Medical Laboratory Technician (requires professional licensing);
  - M. Medical Radiologic Technology/Technician (requires professional licensing);
  - N. Medical Record Technology/Technician (requires professional licensing);
  - O. Medical Transcription (requires professional licensing);
  - P. Nursing Assistant/Aide;
  - Q. Nursing, Other (requires professional licensing);
  - R. Occupational Therapy Assistant (requires professional licensing);
  - S. Pharmacy Technician/Assistant (requires professional licensing);
  - T. Physical Therapy Assistant (requires professional licensing);
  - U. Registered Nursing Training (requires professional licensing);
  - V. Respiratory Therapy Technician (requires professional licensing);
  - W. Sign Language Interpreter (requires professional licensing); and
  - X. Surgical/Operating Room Technology (requires professional licensing);
6. The applicant for a Health Sciences Career Education Certificate of license to teach must comply with subsections (1)(A)-(B) and the following:
- A. Applicant must provide a valid authorization from the applicable accrediting agency certifying that applicant meets requirements to teach in the subject area and student level of the instructional program; and
  - B. Applicant must provide documentation of a valid, unencumbered, undisciplined professional license (if applicable for instructional area to be taught);
7. Marketing Education—
- A. Marketing;
8. Skilled Technical Sciences—
- A. Certification Titles—
    - (I) Aircraft Mechanic/Technician, Powerplant (requires professional licensing);
    - (II) Airframe Mechanic/Technician, Airframe (requires professional licensing);
    - (III) Architectural Engineering Technology/Technician;
    - (IV) Auto/Automotive Body Repairer;
    - (V) Auto/Automotive Mechanic/Technician;
    - (VI) Automotive Engineering Technology/Technician;
    - (VII) Aviation Management;
    - (VIII) Aviation Systems and Avionics Maintenance Technology/Technician (requires professional licensing);
    - (IX) Biomedical Engineering-Related Technology/Technician;
    - (X) Building/Property Maintenance and Manager;
    - (XI) Cabinet Maker and Millworker;
    - (XII) Carpenter;
    - (XIII) **Geographic Information Science and Cartography;**

- (XIV) Chemical Technology/Technician;
  - (XV) Civil Engineering/Civil Technology/Technician;
  - (XVI) Commercial Photography;
  - (XVII) Communications Systems Installer and Repairer;
  - (XVIII) Computer Installer and Repairer;
  - (XIX) Computer Maintenance Technology/Technician;
  - (XX) Construction Equipment Operator;
  - (XXI) Construction/Building Technology/Technician;
  - (XXII) Crisis/Emergency/Disaster Management;**
  - [(XXIII)](XXIII) Diesel Engine Mechanic and Repairer;**
  - [(XXIV)](XXIV) Drafting, General;**
  - [(XXV)](XXV) Electrical and Electronics Equipment Installer and Repairer, General;**
  - [(XXV)](XXVI) Electrical and Power Transmission Installer, General;**
  - [(XXV)](XXVII) Electromechanical Technology/Technician;**
  - [(XXV)](XXVIII) Fire Protection and Safety Technology/Technician;**
  - [(XXV)](XXIX) Fire Science/Firefighting;**
  - [(XXIX)](XXX) Graphic and Printing Equipment Operator, General;**
  - [(XXX)](XXXI) Graphic Design, Commercial Art, and Illustration;**
  - [(XXXI)](XXXII) Heating, Air Conditioning, and Refrigeration Mechanic and Repairer;**
  - [(XXXIII)](XXXIII) Heavy Equipment Maintenance and Repairer;**
  - [(XXXIII)](XXXIV) Industrial Design;**
  - [(XXXIV)](XXXV) Industrial Electronics Installer and Repairer;**
  - [(XXXV)](XXXVI) Industrial Machinery Maintenance and Repairer;**
  - [(XXXVI)](XXXVII) Instrumentation Technology/Technician;**
  - [(XXXVI)](XXXVIII) Ironworking/Ironworker;**
  - [(XXXVI)](XXXIX) Laser and Optical Technology/Technician;**
  - [(XXXIX)](XL) [Law Enforcement/Police Science]**
- Criminal Justice Technology;**
- [(XL)](XLI) Machinist/Machine Technologist;**
  - [(XLI)](XLII) Major Appliance Installer and Repairer;**
  - [(XLII)](XLIII) Manufacturing Technology;**
  - [(XLIII)](XLIV) Marine Maintenance and Ship Repairer;**
  - [(XLIV)](XLV) Mason and Tile Setter;**
  - [(XLV)](XLVI) Mechanical Engineering/Mechanical Technology/Technician;**
  - [(XLVI)](XLVII) Motorcycle Mechanic and Repairer;**
  - [(XLVII)](XLVIII) Nuclear Engineering Technology/Technician;**
  - [(XLVIII)](XLIX) Occupational Safety and Health Technology/Technician;**
  - [(XLIX)](L) Painter and Wall Coverer;**
  - [(L)](LI) Pipefitting/Pipefitter and Sprinkler Fitter;**
  - [(LI)](LII) Plumbing Technology/Plumber;**
  - [(LII)](LIII) Quality Control Technology/Technician;**
  - [(LIII)](LIV) Radio and Television Broadcasting Technology/Technician;**
  - [(LIV)](LV) Robotics Technology/Technician;**
  - [(LV)](LVI) Sheet Metal Worker;**
  - [(LV)](LVII) Small Engine Mechanic and Repairer;**
  - [(LV)](LVIII) Truck, Bus, and Other Commercial Vehicle Operator (requires professional licensing);**
  - [(LVIII)](LIX) Upholsterer;**
  - [(LIX)](LX) Water Quality and Wastewater Treatment Technology/Technician; and**
  - [(LX)](LXI) Welder/Welding Technologist; and**

9. The applicant for a Skilled Technical Sciences career education certificate of license to teach must comply with subsections (1)(A)-(B) and the following:

A. Applicant must provide documentation of a valid, unencumbered, undisciplined copy of their professional license (if applicable for instructional area to be taught).

(2) The requirements of this rule shall become effective August 1, [2017] 2022.

**AUTHORITY:** sections 161.092, 168.011, 168.071, 168.081, 168.400, 168.405, and 168.409, RSMo [2000] 2016, and section/s 161.092,] 168.021, [168.071, 168.081, and 168.400,] RSMo Supp. [2013] 2021. Original rule filed Oct. 29, 2013, effective May 30, 2014. Amended: Filed Oct. 27, 2021.

**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 Elementary and Secondary Education, ATTN: Dr. Paul Katnik, Assistant Commissioner, Office of Educator Quality, PO Box 480, Jefferson City, MO 65102-0480 or by email to [educatorquality@dese.mo.gov](mailto:educatorquality@dese.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 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 10-5.490 Municipal Solid Waste Landfills.** The commission proposes to amend the purpose, sections (1) and (2), and replace original sections (3)–(10) with new sections (3)–(5). 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 rule in the Missouri State Plan for Designated Facilities and Pollutants pursuant to Section 111(d) of the Clean Air Act for municipal solid waste landfills. 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 is available on the Missouri Department of Natural Resources' Proposed Rules web page at <https://apps5.mo.gov/proposed-rules/welcome.action#OPEN>.

**PURPOSE:** The purpose of this rule amendment is to update the rule purpose, applicability, definitions, and federal regulatory requirements for existing municipal solid waste landfills in Missouri. The evidence supporting the need for this proposed rulemaking is Federal Register Notice 81 FR 59276, dated August 29, 2016; Federal Register Notice 84 FR 44547, dated August 26, 2019; and Federal Register Notice 86 FR 27756, dated May 21, 2021.

**PURPOSE:** The rule is part of a Clean Air Act Section 111(d) State Plan. The rule allows Missouri to take delegation and enforcement authority of the federal requirements for affected facilities in Missouri. The requirements in this rule are identical to the federal requirements except that this rule implements a smaller landfill size limit and a lower emission cutoff limit that triggers requirements for

gas collection and control systems when compared to the federal requirements, consistent with the 15 Percent Rate of Progress Plan under the 1979 one- (1-) hour ozone standard. This rule requires owners or operators of municipal solid waste landfills to [monitor] report their landfill's design capacity and non-methane organic compound (NMOC) emissions. Landfills having design capacities and NMOC emission rates above the regulatory cutoff [shall] must design [land], install, and operate a gas collection and control system.

(1) Applicability.

(A) This rule applies to all municipal solid waste (MSW) landfills located [in the St. Louis ozone nonattainment area (Jefferson, Franklin, St. Charles, St. Louis Counties, and St. Louis City)] throughout St. Louis City and Franklin, Jefferson, St. Charles, and St. Louis Counties that have accepted waste any time since November 8, 1987, or have additional capacity available for future waste deposition, and that commenced construction, reconstruction, or modification on or before July 17, 2014. Landfills that commenced construction, reconstruction, or modification after July 17, 2014, are subject to the requirements of the Environmental Protection Agency's New Source Performance Standard for Municipal Solid Waste Landfills 40 CFR 60, Subpart XXX.

[(B) For purposes of obtaining an operating permit under Title V of the Clean Air Act, the owner or operator of an MSW landfill subject to this rule with a design capacity less than two and one-half (2.5) million megagrams or two and one-half (2.5) million cubic meters is not subject to the requirements to obtain an operating permit for the landfill under 40 Code of Federal Regulations (CFR) 70 or 71, unless the landfill is otherwise subject to either 40 CFR 70 or 71. For purposes of submitting a timely application for an operating permit under 40 CFR 70 or 71, the owner or operator of an MSW landfill subject to the rule with a design capacity greater than or equal to two and one-half (2.5) million megagrams and two and one-half (2.5) million cubic meters on the effective date of EPA approval of the state's program under section 111(d) of the Clean Air Act (June 23, 1998), and not otherwise subject to either 40 CFR 70 or 71, becomes subject to the requirements of 40 CFR 70.5(a)(1)(i) or 71.5(a)(1)(i) ninety (90) days after the effective date of such 111(d) program approval, even if the design capacity report is submitted earlier.

(C) When an MSW landfill subject to this rule is closed, the owner or operator is no longer subject to the requirement to maintain an operating permit under 40 CFR 70 or 71 for the landfill if the landfill is not otherwise subject to the requirements of either 40 CFR 70 or 71 and if either of the following conditions is met:

1. The landfill was never subject to a requirement for a control system under section (3) of this rule; or
2. The owner or operator meets the conditions for control system removal specified in section 60.752(b)(2)(v) of 40 CFR 60, Subpart WWW.]

[(D)](B) Physical or operational changes made to an existing MSW landfill solely to comply with this rule are not considered construction, reconstruction, or modification [for the purposes of this rule] and do not subject an existing MSW landfill to the requirements of 40 CFR 60, Subpart XXX.

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

(A) Director—the director of the Missouri Department of Natural Resources' Air Pollution Control Program, or a designated representative.

(B) The definitions of 40 CFR 62.16730 apply, except that anywhere two and one half (2.5) million megagrams (Mg) and two

and one half (2.5) million cubic meters (m<sup>3</sup>) appears in 40 CFR 62.16730, it shall be replaced with one (1.0) million Mg and one (1.0) million m<sup>3</sup> for the purposes of this rule.

[(3) Standards for Air Emissions from Municipal Solid Waste Landfills. Provisions of 40 CFR 51, 40 CFR 52, 40 CFR 60, and 40 CFR 258 are incorporated by reference in subsection (3)(C) of this rule. Also, the *Compilation of Air Pollutant Emission Factors, Volume I: Stationary Point and Area Sources, AP-42, Fifth Edition, January 1995* (hereafter AP-42), as published by the Government Printing Office, 732 North Capitol Street NW, Washington, DC, 20401, shall apply and is hereby incorporated by reference, including Supplement E dated November 1998. This rule does not incorporate any subsequent amendments or additions.

(A) Each owner or operator of a municipal solid waste (MSW) landfill having a design capacity less than one (1.0) million megagrams (one and one-tenth (1.1) million tons) by mass or one (1.0) million cubic meters (one and three-tenths (1.3) million cubic yards) by volume shall submit within ninety (90) days of the rule effective date an initial design capacity report, as described in subsection (8)(A) of this rule, to the director. The landfill may calculate design capacity in either megagrams or cubic meters for comparison with the exemption values. Any density conversions shall be documented and submitted with the report. Submittal of the initial design capacity report shall fulfill the requirements of this rule, except as provided for in paragraphs (3)(A)1. and 2. of this rule.

1. The owner or operator shall submit an amended design capacity report, as provided for in paragraph (8)(A)3. of this rule.

2. When an increase in the design capacity of the landfill results in a revised maximum design capacity equal to or greater than one (1.0) million megagrams or one (1.0) million cubic meters, the owner or operator shall comply with the provisions of subsection (3)(B) of this rule.

(B) Each owner or operator of an MSW landfill having a design capacity equal to or greater than one (1.0) million megagrams or one (1.0) million cubic meters shall either comply with paragraph (3)(B)2. of this rule or calculate an nonmethane organic compounds (NMOC) emission rate for the landfill using the procedures specified in section (5) of this rule. The NMOC emission rate shall be recalculated annually except as provided for in subparagraph (8)(B)1.B. of this rule.

1. If the calculated NMOC emission rate is less than twenty-five (25) megagrams (twenty-seven and one-half (27.5) tons) per year, the owner or operator shall—

A. Submit an annual emission rate report to the director, except as provided for in subparagraph (8)(B)1.B. of this rule; and

B. Recalculate the NMOC emission rate annually using the procedures specified in paragraph (5)(A)1. of this rule until such time as the calculated NMOC emission rate is equal to or greater than twenty-five (25) megagrams, or the landfill closes.

(I) If the NMOC emission rate, upon recalculation, is equal to or greater than twenty-five (25) megagrams per year, the owner or operator shall install a collection and control system in compliance with paragraph (3)(B)2. of this rule.

(II) If the landfill is permanently closed, a closure notification shall be submitted to the director as provided for in subsection (8)(D) of this rule.

2. If the calculated NMOC emission rate is equal to or greater than twenty-five (25) megagrams per year, the owner or operator shall—

A. Submit a collection and control system design plan

prepared by a professional engineer to the director within one (1) year of the NMOC emission rate report. Permit modification approval from the Missouri Department of Natural Resources' Solid Waste Management Program shall be required prior to construction of any gas collection system.

(I) The collection and control system as described in the plan shall meet the design requirements of subparagraph (3)(B)2.B. of this rule.

(II) The collection and control system design plan shall include any alternatives to the operation standards, test methods, procedures, compliance measures, monitoring, record keeping, or reporting provisions of sections (4) through (9) of this rule proposed by the owner or operator.

(III) The collection and control system design plan shall either conform with specifications for active collection systems in section (10) of this rule or include a demonstration to the director's satisfaction of the sufficiency of the alternative provisions to section (10) of this rule.

(IV) The director will review the collection and control system design plan and either approve it, disapprove it, or request that additional information be submitted. Because of the many site-specific factors involved with landfill gas system design, alternative systems may be necessary. A wide variety of system designs are possible, such as vertical wells, combination horizontal and vertical collection systems, horizontal trenches only, leachate collection components, and passive systems;

B. Install a collection and control system that captures the gas generated within the landfill as required by part (3)(B)2.B.(I) or (II) and subparagraph (3)(B)2.C. of this rule within thirty (30) months after the first annual report in which the emission rate equals or exceeds twenty-five (25) megagrams per year, unless Tier 2 or Tier 3 sampling under section (5) of this rule demonstrates that the emission rate is less than twenty-five (25) megagrams per year, as specified in paragraph (8)(C)1. or 2. of this rule.

(I) An active collection system shall—

(a) Be designed to handle the maximum expected gas flow rate from the entire area of the landfill that warrants control over the intended use period of the gas control or treatment system equipment;

(b) Collect gas from each area, cell, or group of cells in the landfill in which the initial solid waste has been placed for a period of—

I. Five (5) years or more, if active; or

II. Two (2) years or more, if closed or at final grade;

(c) Collect gas at a sufficient extraction rate; and

(d) Be designed to minimize off-site migration of subsurface gas.

(II) A passive collection system shall—

(a) Comply with the provisions of subparts (3)(B)2.B.(I)(a), (b), and (d) of this rule; and

(b) Be installed with liners on the bottom and all sides in all areas in which gas is to be collected. The liners shall be installed as required under 40 CFR 258.40;

C. Route all the collected gas to one (1) or more of the following control systems:

(I) An open flare designed and operated in accordance with 40 CFR 60.18 except as noted in subsection (5)(E) of this rule;

(II) A control system designed and operated to reduce NMOC by ninety-eight (98) weight-percent, or, when an enclosed combustion device is used for control, to either reduce NMOC by ninety-eight (98) weight-percent, or reduce the outlet NMOC concentration to less than twenty (20) parts per million by volume, dry basis as hexane at three percent (3%) oxygen. The reduction efficiency or parts per million by

volume shall be established by an initial performance test, to be completed no later than one hundred eighty (180) days after the initial startup of the approved control system using the test methods specified in subsection (5)(D) of this rule.

(a) If a boiler or process heater is used as the control device, the landfill gas stream shall be introduced into the flame zone.

(b) The control device shall be operated within the parameter ranges established during the initial or most recent performance test. The operating parameters to be monitored are specified in section (7) of this rule;

(III) A system that routes the collected gas to a treatment system that processes the collected gas for subsequent sale or use. All emissions from any atmospheric vent from the gas treatment system shall be subject to the requirements of part (3)(B)2.C.(I) or (II) of this rule;

D. Operate the collection and control device installed to comply with this rule in accordance with the provisions of sections (4), (6), and (7) of this rule;

E. The collection and control system may be capped or removed provided the following conditions are met:

(I) The landfill shall be no longer accepting solid waste and be permanently closed under the requirements of 40 CFR 258.60. A closure report shall be submitted to the director;

(II) The collection and control system has been in operation a minimum of fifteen (15) years; and

(III) The calculated NMOC gas produced by the landfill is less than twenty-five (25) megagrams per year on three (3) successive test dates. The test dates shall be no less than ninety (90) days apart and no more than one hundred eighty (180) days apart; and

F. The planning, awarding of contracts, and installation of MSW landfill air emission collection and control equipment capable of meeting the emission standards in subsection (3)(B) of this rule shall be accomplished within thirty (30) months after the date the initial NMOC emission rate report shows NMOC emissions equal or exceed twenty-five (25) megagrams per year.

(C) The specific citations of 40 CFR 51, 40 CFR 52, 40 CFR 60, and 40 CFR 258 referenced in this rule and published July 1, 2011, shall apply and are hereby incorporated by reference in this rule, as published by the Office of the Federal Register, U.S. National Archives and Records, 700 Pennsylvania Avenue NW, Washington, DC 20408. This rule does not incorporate any subsequent amendments or additions. Certain terms used in 40 CFR refer to federal officers and agencies. The following terms applicable to Missouri shall be substituted where appropriate for the delegable federal counterparts: Director shall be substituted for Administrator, and Missouri Department of Natural Resources shall be substituted for EPA, EPA Regional Office, or Environmental Protection Agency.

(4) Operational Standards for Collection and Control Systems. Each owner or operator of an MSW landfill gas collection and control system used to comply with the provisions of subparagraph (3)(B)2.B. of this rule shall—

(A) Operate the collection system such that gas is collected from each area, cell, or group of cells in the MSW landfill in which solid waste has been in place for—

1. Five (5) years or more if active; or
2. Two (2) years or more if closed or at final grade;

(B) Operate the collection system with negative pressure at each wellhead except under the following conditions:

1. A fire or increased well temperature. The owner or operator shall record instances when positive pressure occurs in efforts to avoid a fire. These records shall be sub-

mitted with the annual reports as provided in paragraph (8)(F)1. of this rule;

2. Use of a geomembrane or synthetic cover. The owner or operator shall develop acceptable pressure limits in the design plan; and

3. A decommissioned well. A well may experience a static positive pressure after shutdown to accommodate for declining flows. All design changes shall be approved by the director and EPA;

(C) Operate each interior wellhead in the collection system with a landfill gas temperature less than fifty-five degrees Celsius (55 °C) and with either a nitrogen level less than twenty percent (20%) or an oxygen level less than five percent (5%). The owner or operator may establish a higher operating temperature, nitrogen, or oxygen value at a particular well. A higher operating value demonstration shall show supporting data that the elevated parameter does not cause fires or significantly inhibit anaerobic decomposition by killing methanogens.

1. The nitrogen level shall be determined using Method 3C of 40 CFR 60, Appendix A unless an alternative test method is established as allowed by subparagraph (3)(B)2.A. of this rule.

2. Unless an alternative test method is established as allowed by subparagraph (3)(B)2.A. of this rule, the oxygen shall be determined by an oxygen meter using Method 3A or 3C of 40 CFR 60, Appendix A except that—

- A. The span shall be set so that the regulatory limit is between twenty and fifty percent (20%–50%) of the span;
- B. A data recorder is not required;
- C. Only two (2) calibration gases are required, a zero (0) and span, and ambient air may be used as the span;
- D. A calibration error check is not required; and
- E. The allowable sample bias, zero (0) drift, and calibration drift are plus or minus ten percent ( $\pm 10\%$ );

(D) Operate the collection system so that the methane concentration is less than five hundred (500) parts per million above background at the surface of the landfill. To determine if this level is exceeded, the owner or operator shall conduct surface testing around the perimeter of the collection area along a pattern that traverses the landfill at thirty (30)-meter intervals and where visual observations indicate elevated concentrations of landfill gas, such as distressed vegetation and cracks or seeps in the cover. The owner or operator may establish an alternative traversing pattern that ensures equivalent coverage. A surface monitoring design plan shall be developed that includes a topographical map with the monitoring route and the rationale for any site-specific deviations from the thirty (30)-meter intervals. Areas with steep slopes or other dangerous areas may be excluded from the surface testing;

(E) Operate the system such that all collected gases are vented to a control system designed and operated in compliance with subparagraph (3)(B)2.C. of this rule. In the event the collection or control system is inoperable, the gas mover system shall be shut down and all valves in the collection and control system contributing to venting of the gas to the atmosphere shall be closed within one (1) hour;

(F) Operate the control or treatment system at all times when the collected gas is routed to the system; and

(G) If monitoring demonstrates that the operational requirements in subsection (4)(B), (C), or (D) of this rule are not met, corrective action shall be taken as specified in paragraphs (6)(A)3. through 5. or subsection (6)(C) of this rule. If corrective actions are taken as specified in section (6) of this rule, the monitored exceedance is not a violation of the operational requirements in this section.

## (5) Test Methods and Procedures.

## (A) NMOC Emission Rate Calculation.

1. The landfill owner or operator shall calculate the NMOC emission rate using either the equation provided in subparagraph (5)(A)1.A. of this rule or the equation provided in subparagraph (5)(A)1.B. of this rule. Both equations may be used if the actual year-to-year solid waste acceptance rate is known, as specified in subparagraph (5)(A)1.A. of this rule, for part of the life of the landfill and the actual year-to-year solid waste acceptance rate is unknown, as specified in subparagraph (5)(A)1.B., for part of the life of the landfill. The values to be used in both equations are 0.05 per year for  $k$ , 170 cubic meters per megagram for  $L_o$ , and 4,000 parts per million by volume as hexane for the  $C_{NMOC}$ . For landfills located in geographical areas with a thirty (30)-year annual average precipitation of less than twenty-five inches (25"), as measured at the nearest representative official meteorologic site, the  $k$  value to be used is 0.02 per year.

A. The following equation shall be used if the actual year-to-year solid waste acceptance rate is known. The mass of nondegradable solid waste may be subtracted from the total mass of solid waste in a particular section of the landfill when calculating the value for  $M_i$  if documentation of the nature and amount of such wastes is maintained.

$$M_{NMOC} = \sum_{i=1}^n 2 k L_o M_i (e^{-kt_i}) (C_{NMOC}) (3.6 \times 10^{-9})$$

where,

$M_{NMOC}$  = Total NMOC emission rate from the landfill, megagrams per year

$k$  = methane generation rate constant, year<sup>-1</sup>

$L_o$  = methane generation potential, cubic meters per megagram solid waste

$M_i$  = mass of solid waste in the  $i^{\text{th}}$  section, megagrams

$t_i$  = age of the  $i^{\text{th}}$  section, years

$C_{NMOC}$  = concentration of NMOC, parts per million by volume as hexane

$3.6 \times 10^{-9}$  = conversion factor

B. The following equation shall be used if the actual year-to-year solid waste acceptance rate is unknown. The mass of nondegradable solid waste may be subtracted from the average annual acceptance rate when calculating a value for  $R$  if documentation is provided.

$$M_{NMOC} = 2L_o R (e^{-kc} - e^{-kt}) (C_{NMOC}) (3.6 \times 10^{-9})$$

where,

$M_{NMOC}$  = mass emission rate of NMOC, megagrams per year

$L_o$  = methane generation potential, cubic meters per megagram solid waste

$R$  = average annual acceptance rate, megagrams per year

$k$  = methane generation rate constant, year<sup>-1</sup>

$c$  = time since closure, years (for active landfill  $c = 0$  and  $e^{-kc} = 1$ )

$t$  = age of landfill, years

$$C_{NMOC} = \begin{array}{l} \text{concentration of NMOC,} \\ \text{parts per million by volume} \\ \text{as hexane} \\ 3.6 \times 10^{-9} = \text{conversion factor} \end{array}$$

2. Tier 1. The owner or operator shall compare the calculated NMOC mass emission rate to the standard of twenty-five (25) megagrams per year.

A. If the NMOC emission rate calculated in paragraph (5)(A)1. of this rule is less than twenty-five (25) megagrams per year, then the landfill owner shall submit an emission rate report as provided in paragraph (8)(B)1. of this rule and shall recalculate the NMOC mass emission rate annually as required under paragraph (3)(B)1. of this rule.

B. If the calculated NMOC emission rate is equal to or greater than twenty-five (25) megagrams per year, then the landfill owner shall either comply with paragraph (3)(B)2. of this rule, or determine a site-specific NMOC concentration and recalculate the NMOC emission rate using the procedures provided in paragraph (5)(A)3. of this rule.

3. Tier 2. The landfill owner or operator shall determine the NMOC concentration using the following sampling procedure. The landfill owner or operator shall install at least two (2) sample probes per hectare of landfill surface that has retained solid waste for at least two (2) years. If the landfill is larger than twenty-five (25) hectares in area, only fifty (50) samples are required. The sample probes shall be located to avoid known areas of nondegradable solid waste. The owner or operator shall collect and analyze one (1) sample of landfill gas from each probe to determine the NMOC concentration using Method 25 or 25C of 40 CFR 60, Appendix A. Method 18 of 40 CFR 60, Appendix A may be used to analyze the samples collected by the Method 25 or 25C sampling procedure. Taking composite samples from different probes into a single cylinder is allowed; however, equal sample volumes must be taken from each probe. For each composite, the sampling rate, collection times, beginning and ending cylinder vacuums, or alternative volume measurements must be recorded to verify that composite volumes are equal. Composite sample volumes should not be less than one (1) liter unless evidence can be provided to substantiate the accuracy of smaller volumes. Terminate compositing before the cylinder approaches ambient pressure where measurement accuracy diminishes. If using Method 18 of 40 CFR 60, Appendix A, the minimum list of compounds to be tested shall be those published in AP-42, minus carbon monoxide, hydrogen sulfide, and mercury. As a minimum, the instrument must be calibrated for each of the compounds on the list. Convert the concentration of each Method 18 compound to  $C_{NMOC}$  as hexane by multiplying by the ratio of its carbon atoms divided by six (6). If more than the required number of samples are taken, all samples shall be used in the analysis. The landfill owner or operator must divide the NMOC concentration from Method 25 or 25C of 40 CFR 60, Appendix A by six (6) to convert from  $C_{NMOC}$  as carbon to  $C_{NMOC}$  as hexane. If the landfill has an active or passive gas removal system in place, Method 25 or 25C samples may be collected from these systems instead of surface probes provided the removal system can be shown to provide sampling as representative as the two (2) sampling probe per hectare requirement. For active collection systems, samples may be collected from the common header pipe before the gas moving or condensate removal equipment. For these systems, a minimum of three (3) samples must be collected from the header pipe.

A. The landfill owner or operator shall recalculate the NMOC mass emission rate using the equations provided in subparagraph (5)(A)1.A. or B. of this rule and using the

average NMOC concentration from the collected samples instead of the default value in the equation provided in paragraph (5)(A)1. of this rule.

B. If the resulting NMOC mass emission rate is less than twenty-five (25) megagrams per year, the owner or operator shall submit an emission rate report as required under paragraph (8)(B)1. of this rule and retest the site-specific NMOC concentration every five (5) years using the methods specified in this section.

C. If the resulting mass emission rate calculated using the site-specific NMOC concentration is equal to or greater than twenty-five (25) megagrams per year, then the landfill owner or operator shall either comply with paragraph (3)(B)2. of this rule, or determine the site-specific methane generation rate constant and recalculate the NMOC emission rate using the site-specific methane generation rate using the procedure specified in paragraph (5)(A)4. of this rule.

4. Tier 3. The site-specific methane generation rate constant shall be determined using the procedures provided in Method 2E of 40 CFR 60, Appendix A. The landfill owner or operator shall estimate the NMOC mass emission rate using the equations in subparagraph (5)(A)1.A. or B. of this rule using a site-specific methane generation rate constant  $k$ , and using the site-specific NMOC concentration as determined in paragraph (5)(A)3. of this rule instead of the default values provided in paragraph (5)(A)1. of this rule. The landfill owner or operator shall compare the resulting NMOC mass emission rate to the standard of twenty-five (25) megagrams per year.

A. If the NMOC mass emission rate is less than twenty-five (25) megagrams per year, then the owner or operator shall submit a periodic emission rate report as provided in paragraph (8)(B)1. of this rule and shall recalculate the NMOC mass emission rate annually, as provided in paragraph (8)(B)1. of this rule using the equations in paragraph (5)(A)1. of this rule and using the site-specific methane generation rate constant and NMOC concentration obtained in paragraph (5)(A)3. of this rule. The calculation of the methane generation rate constant is performed only once, and the value obtained shall be used in all subsequent annual NMOC emission rate calculations.

B. If the NMOC mass emission rate as calculated using the site-specific methane generation rate and concentration of NMOC is equal to or greater than twenty-five (25) megagrams per year, the owner or operator shall comply with paragraph (3)(B)2. of this rule.

5. The owner or operator may use other methods to determine the NMOC concentration or a site-specific  $k$  as an alternative to the methods required in paragraphs (5)(A)3. and 4. of this rule if the method has been approved by the director and EPA.

(B) After the installation of a collection and control system in compliance with section (6) of this rule, the owner or operator shall calculate the NMOC emission rate for purposes of determining when the system can be removed as provided in subparagraph (3)(B)2.E. of this rule, using the following equation:

$$M_{NMOC} = (1.89 \times 10^{-3}) (Q_{LFG}) (C_{NMOC})$$

where,

$M_{NMOC}$  = mass emission rate of NMOC, megagrams per year

$Q_{LFG}$  = flow rate of landfill gas, cubic meters per minute

$C_{NMOC}$  = NMOC concentration, parts per million by volume as hexane

1. The flow rate of landfill gas,  $Q_{LFG}$ , shall be deter-

mined by measuring the total landfill gas flow rate at the common header pipe that leads to the control device using a gas flow measuring device calibrated according to the provisions of section 4 of Method 2E of 40 CFR 60, Appendix A.

2. The average NMOC concentration,  $C_{NMOC}$ , shall be determined by collecting and analyzing landfill gas sampled from the common header pipe before the gas moving or condensate removal equipment using the procedures in Method 25C or Method 18 of 40 CFR 60, Appendix A. If using Method 18, the minimum list of compounds to be tested shall be those published in AP-42. The sample location on the common header pipe shall be before any condensate removal or other gas refining units. The landfill owner or operator shall divide the NMOC concentration from Method 25C by six (6) to convert from  $C_{NMOC}$  as carbon to  $C_{NMOC}$  as hexane.

3. The owner or operator may use another method to determine landfill gas flow rate and NMOC concentration if the method has been approved by the director and EPA as provided in part (3)(B)2.A.(II) of this rule.

(C) When calculating emissions for prevention of significant deterioration (PSD) purposes, the owner or operator of each MSW landfill subject to the provisions of this rule shall estimate the NMOC emission rate for comparison to the PSD major source and significance levels in 40 CFR 51.166 or 52.21 using AP-42 or other approved measurement procedures.

(D) For the performance test required in part (3)(B)2.C.(II) of this rule, Method 25, 25C, or Method 18 of 40 CFR 60, Appendix A shall be used to determine compliance with ninety-eight (98) weight-percent efficiency or the twenty parts per million by volume (20 ppmv) outlet concentration level, unless another method to demonstrate compliance has been approved by the director and EPA as provided by part (3)(B)2.A.(II) of this rule. Method 3 or 3A of 40 CFR 60, Appendix A shall be used to determine oxygen for correcting the NMOC concentration as hexane to three percent (3%). In cases where the outlet concentration is less than fifty (50) ppm NMOC as carbon (eight (8) ppm NMOC as hexane), Method 25A of 40 CFR 60, Appendix A should be used in place of Method 25. If using Method 18, the minimum list of compounds to be tested shall be those published in AP-42. The following equation shall be used to calculate efficiency:

$$\text{Control Efficiency} = \frac{NMOC_{in} - NMOC_{out}}{NMOC_{in}}$$

where,

$NMOC_{in}$  = mass of NMOC entering control device

$NMOC_{out}$  = mass of NMOC exiting control device

(E) For the performance test required in part (3)(B)2.C.(II) of this rule, the net heating value of the combusted landfill gas as determined in 40 CFR 60.18(f)(3) is calculated from the concentration of methane in the landfill gas as measured by Method 3C of 40 CFR 60, Appendix A. A minimum of three (3) thirty (30)-minute Method 3C samples are determined. The measurement of other organic components, hydrogen, and carbon monoxide is not applicable. Method 3C may be used to determine the landfill gas molecular weight for calculating the flare gas exit velocity under 40 CFR 60.18(f)(4).

(6) Compliance Provisions.

(A) Except as provided for in part (3)(B)2.A.(II) of this rule, the following methods shall be used to determine whether



the gas collection system is in compliance:

1. One of the following equations shall be used in calculating the maximum expected gas generation flow rate from the landfill as described in subpart (3)(B)2.B.(I)(a) of this rule. The  $k$  and  $L_o$  kinetic factors shall be those published in AP-42 or other site-specific values demonstrated to be appropriate and approved in writing by the director and EPA. If  $k$  has been determined as specified in paragraph (5)(A)4. of this rule, the value of  $k$  determined from the test shall be used. A value of no more than fifteen (15) years shall be used for the intended use period of the gas mover equipment. The active life of the landfill is the age of the landfill plus the estimated number of years until closure. After installation of a collection and control system, actual flow data shall be used to project the maximum flow rate.

A. For sites with unknown year-to-year solid waste acceptance rate—

$$Q_m = 2L_o R (e^{-kc} - e^{-kt})$$

where,

$Q_m$	= maximum expected gas generation flow rate, cubic meters per year
$L_o$	= methane generation potential, cubic meters per megagram solid waste
$R$	= average annual acceptance rate, megagrams per year
$k$	= methane generation rate constant, year <sup>-1</sup>
$c$	= time since closure, years (for an active landfill $c = 0$ and $e^{-kc} = 1$ )
$t$	= age of the landfill at equipment installation plus the time the owner or operator intends to use the gas mover equipment or active life of the landfill, whichever is less. If the equipment is installed after closure, $t$ is the age of the landfill at installation, years

B. For sites with known year-to-year solid waste acceptance rate—

$$Q_m = \sum_{i=1}^n 2k L_o M_i (e^{-kt_i})$$

where,

$Q_m$	= maximum expected gas generation flow rate, cubic meters per year
$k$	= methane generation rate constant, year <sup>-1</sup>
$L_o$	= methane generation potential, cubic meters per megagram solid waste
$M_i$	= mass of solid waste in the $i^{\text{th}}$ section, megagrams
$t_i$	= age of the $i^{\text{th}}$ section, years;

C. If a collection and control system has been installed, actual flow data may be used to project the maximum expected gas generation flow rate instead of, or in conjunction with, the equations in subparagraphs (6)(A)1.A. and B. of this rule. If the landfill is still accepting waste, the actual measured flow data will not equal the maximum

expected gas generation rate, so calculations using the equations in subparagraphs (6)(A)1.A. or B. of this rule or other methods shall be used to predict the maximum expected gas generation rate over the intended period of use of the gas control system equipment;

2. For the purposes of determining sufficient density of gas collectors for compliance with subpart (3)(B)2.B.(I)(b) of this rule, the owner or operator shall design a system of vertical wells, horizontal collectors, or other collection devices, satisfactory to the director, capable of controlling and extracting gas from all portions of the landfill sufficient to meet all operational and performance standards;

3. For the purposes of demonstrating whether the gas collection system flow rate is sufficient to determine compliance with subpart (3)(B)2.B.(I)(c) of this rule, the owner or operator shall measure gauge pressure in the gas collection header at each individual well, monthly. If a positive pressure exists, action shall be initiated to correct the exceedance within five (5) calendar days, except for the three (3) conditions allowed under subsection (4)(B) of this rule. If negative pressure cannot be achieved without excess air infiltration within fifteen (15) calendar days of the first measurement, the gas collection system shall be expanded to correct the exceedance within one hundred twenty (120) days of the initial measurement of positive pressure. Any attempted corrective measure shall not cause exceedances of other operational or performance standards. An alternative timeline for correcting the exceedance may be submitted to the director for approval;

4. Owners or operators are not required to expand the system as required in paragraph (6)(A)3. of this rule during the first one hundred eighty (180) days after gas collection system start-up;

5. For the purpose of identifying whether excess air infiltration into the landfill is occurring, the owner or operator shall monitor each well monthly for temperature and nitrogen or oxygen as provided in subsection (4)(C) of this rule. If a well exceeds one (1) of these operating parameters, action shall be initiated to correct the exceedance within five (5) calendar days. If correction of the exceedance cannot be achieved within fifteen (15) calendar days of the first measurement, the gas collection system shall be expanded to correct the exceedance within one hundred twenty (120) days of the initial exceedance. Any attempted corrective measure shall not cause exceedances of other operational or performance standards. An alternative timeline for correcting the exceedance may be submitted to the director for approval; and

6. An owner or operator seeking to demonstrate compliance with subpart (3)(B)2.B.(I)(d) of this rule through the use of a collection system not conforming to the specifications provided in section (10) of this rule shall provide information satisfactory to the director and EPA as specified in part (3)(B)2.A.(III) of this rule demonstrating that off-site migration is being controlled.

(B) For purposes of compliance with subsection (4)(A) of this rule, each owner or operator of a controlled landfill shall place each well or design component as specified in the approved design plan as provided in subparagraph (3)(B)2.A. of this rule. Each well shall be installed no later than sixty (60) days of the date in which the initial solid waste has been in place for a period of—

1. Five (5) years or more if active; or

2. Two (2) years or more if closed or at final grade.

(C) The following procedures shall be used for compliance with the surface methane operational standard as provided in subsection (4)(D) of this rule:

1. After installation of the collection system, the owner



or operator shall monitor surface concentrations of methane along the entire perimeter of the collection area and along a pattern that traverses the landfill at thirty (30)-meter intervals (or a site-specific established spacing) for each collection area on a quarterly basis using an organic vapor analyzer, flame ionization detector, or other portable monitor meeting the specification provided in subsection (6)(D) of this rule.

2. The background concentration shall be determined by moving the probe inlet upwind and downwind outside the boundary of the landfill at a distance of at least thirty (30) meters from the perimeter wells.

3. Surface emission monitoring shall be performed in accordance with section 4.3.1 of Method 21 of 40 CFR 60, Appendix A, except that the probe inlet shall be placed within five to ten centimeters (5–10 cm) of the ground. Monitoring shall be performed during typical meteorological conditions.

4. Any reading of five hundred parts per million (500 ppm) or more above background at any location shall be recorded as an exceedance and the actions specified in subparagraphs (6)(C)4.A. through E. of this rule shall be taken. As long as the specified actions are taken, the exceedance is not a violation of the operational requirements of subsection (4)(D) of this rule.

A. The location of each monitored exceedance shall be marked, and the location recorded.

B. Cover maintenance or adjustments to the vacuum of the adjacent wells to increase the gas collection in the vicinity of each exceedance shall be made, and the location shall be remonitored within ten (10) calendar days of detecting the exceedance.

C. If the remonitoring of the location shows a second exceedance, additional corrective action shall be taken, and the location shall be monitored again within ten (10) days of the second exceedance. If the remonitoring shows a third exceedance for the same location, the action specified in subparagraph (6)(C)4.E. of this rule shall be taken, and no further monitoring of that location is required until the action specified in subparagraph (6)(C)4.E. of this rule has been taken.

D. Any location that initially showed an exceedance but has a methane concentration less than five hundred parts per million (500 ppm) methane above background at the ten (10)-day remonitoring specified in subparagraph (6)(C)4.B. or C. of this rule shall be remonitored one (1) month from the initial exceedance. If the one (1)-month remonitoring shows a concentration less than five hundred parts per million (500 ppm) above background, no further monitoring of that location is required until the next quarterly monitoring period. If the one (1)-month remonitoring shows an exceedance, the actions specified in subparagraph (6)(C)4.C. or E. of this rule shall be taken.

E. When any location equals or exceeds five hundred parts per million (500 ppm) methane above background three (3) times within a quarterly period, a new well or other collection device shall be installed within one hundred twenty (120) calendar days of the initial exceedance. An alternative remedy to the exceedance, such as upgrading the blower, header pipes, or control device, and a corresponding time line for installation may be submitted to the director for written approval.

5. The owner or operator shall implement a program to monitor for cover integrity and implement cover repairs as necessary on a monthly basis.

(D) Each owner or operator seeking to comply with the provisions in subsection (6)(C) of this rule shall comply with the following instrumentation specifications and procedures

for surface emission monitoring devices:

1. The portable analyzer shall meet the instrument specifications provided in section 3 of Method 21 of 40 CFR 60, Appendix A, except that "methane" shall replace all references to VOC;

2. The calibration gas shall be methane, diluted to a nominal concentration of five hundred parts per million (500 ppm) in air;

3. To meet the performance evaluation requirements in section 3.1.3 of Method 21 of 40 CFR 60, Appendix A, the instrument evaluation procedures of section 4.4 of Method 21 shall be used; and

4. The calibration procedures provided in section 4.2 of Method 21 of 40 CFR 60, Appendix A shall be followed immediately before commencing a surface monitoring survey.

(E) The provisions of this rule apply at all times, except during periods of start-up, shutdown, or malfunction, provided that the duration of start-up, shutdown, or malfunction shall not exceed five (5) days for collection systems and shall not exceed one (1) hour for treatment or control devices.

(7) Monitoring of Operations. Except as provided in part (3)(B)2.A.(II) of this rule—

(A) Each owner or operator seeking to comply with part (3)(B)2.B.(I) of this rule for an active gas collection system shall install a sampling port and a thermometer or other temperature measuring device, or an access port for temperature measurements at each wellhead and—

1. Measure the gauge pressure in the gas collection header on a monthly basis as provided in paragraph (6)(A)3. of this rule;

2. Monitor the nitrogen or oxygen concentration in the landfill gas on a monthly basis as provided in paragraph (6)(A)5. of this rule; and

3. Monitor the temperature of the landfill gas on a monthly basis as provided in paragraph (6)(A)5. of this rule.

(B) Each owner or operator seeking to comply with subparagraph (3)(B)2.C. of this rule using an enclosed combustion device shall calibrate, maintain, and operate according to the manufacturer's specifications, the following equipment:

1. A temperature monitoring device equipped with a continuous recorder and having a minimum accuracy of plus or minus one percent ( $\pm 1\%$ ) of the temperature being measured expressed in degrees Celsius or plus or minus one-half degree Celsius ( $\pm 0.5^\circ\text{C}$ ), whichever is greater. A temperature monitoring device is not required for boilers or process heaters with maximum design heat input capacity equal to or greater than forty-four (44) megawatts; and

2. A device that records flow to or bypass of the control device. The owner or operator shall either—

A. Install, calibrate, and maintain a gas flow rate measuring device that shall record the flow to the control device at least every fifteen (15) minutes; or

B. Secure the bypass line valve in the closed position with a car-seal or a lock-and-key type configuration. A visual inspection of the seal or closure mechanism shall be performed at least once every month to ensure that the valve is maintained in the closed position and that the gas flow is not diverted through the bypass line.

(C) Each owner or operator seeking to comply with subparagraph (3)(B)2.C. of this rule using an open flare shall install, calibrate, maintain, and operate according to the manufacturer's specifications the following equipment:

1. A heat sensing device, such as an ultraviolet beam sensor or thermocouple, at the pilot light or the flame itself

to indicate the continuous presence of a flame; and

2. A device that records flow to or bypass of the flare. The owner or operator shall either—

A. Install, calibrate, and maintain a gas flow rate measuring device that shall record the flow to the control device at least every fifteen (15) minutes; or

B. Secure the bypass line valve in the closed position with a car-seal or a lock-and-key type configuration. A visual inspection of the seal or closure mechanism shall be performed at least once every month to ensure that the valve is maintained in the closed position and that the gas flow is not diverted through the bypass line.

(D) Each owner or operator seeking to comply with subparagraph (3)(B)2.C. of this rule using a device other than an open flare or an enclosed combustion device shall provide information satisfactory to the director as provided in part (3)(B)2.A.(II) of this rule describing the operation of the control device, the operating parameters that would indicate proper performance, and appropriate monitoring procedures. The director shall review the information and either approve it or request that additional information be submitted. The director may specify additional appropriate monitoring procedures.

(E) Each owner or operator seeking to install a collection system that does not meet the specifications in section (10) of this rule or seeking to monitor alternative parameters to those required by sections (4) through (7) of this rule shall provide information satisfactory to the director as provided in parts (3)(B)2.A.(II) and (III) of this rule describing the design and operation of the collection system, the operating parameters that would indicate proper performance, and appropriate monitoring procedures. The director may specify additional appropriate monitoring procedures.

(F) Each owner or operator seeking to comply with subsection (6)(C) of this rule shall monitor surface concentrations of methane according to the instrument specifications and procedures provided in subsection (6)(D) of this rule. Any closed landfill that has no monitored exceedances of the operational standard in three (3) consecutive quarterly monitoring periods may skip to annual monitoring. Any methane reading of five hundred parts per million (500 ppm) or more above the background detected during the annual monitoring returns the monitoring frequency to quarterly monitoring.

(8) Reporting Requirements. Except as provided in part (3)(B)2.A.(II) of this rule—

(A) Each owner or operator subject to the requirements of this rule shall submit an initial design capacity report to the director.

1. The initial design capacity report shall be submitted ninety (90) days from the rule effective date.

2. The initial design capacity report shall contain the following information:

A. A map or plot of the landfill, providing the size and location of the landfill, and identifying all areas where solid waste may be landfilled according to the provision of the state, local, tribal, or Resource Conservation and Recovery Act (RCRA) construction or operating permit; and

B. The maximum design capacity of the landfill. Where the maximum design capacity is specified in the state or local construction or RCRA permit, a copy of the permit specifying the maximum design capacity may be submitted as part of the report. If the maximum design capacity of the landfill is not specified in the permit, the maximum design capacity shall be calculated using good engineering practices. The calculations shall be provided, along with relevant parameters as part of the report. The director may request other information as may be necessary to verify the maxi-

mum design capacity of the landfill.

3. An amended design capacity report shall be submitted to the director providing notification of any increase in the design capacity of the landfill, whether the increase results from an increase in the permitted area or depth of the landfill, a change in the operating procedures, or any other means which results in an increase in the maximum design capacity of the landfill above one (1.0) million megagrams and one (1.0) million cubic meters. The amended design capacity report shall be submitted within ninety (90) days of the issuance of an amended construction or operating permit, or the placement of waste in additional land, or the change in operating procedures which will result in an increase in maximum design capacity, whichever occurs first.

(B) Each owner or operator subject to the requirements of this rule shall submit an NMOC emission rate report to the director initially and annually thereafter, except as provided for in subparagraph (8)(B)1.B. or paragraph (8)(B)3. of this rule. The director may request such additional information as may be necessary to verify the reported NMOC emission rate.

1. The NMOC emission rate report shall contain an annual or five (5)-year estimate of the NMOC emission rate calculated using the formula and procedures provided in subsection (5)(A) or (B) of this rule, as applicable.

A. The initial NMOC emission rate report shall be submitted within ninety (90) days of the rule effective date and may be combined with the initial design capacity report required in subsection (8)(A) of this rule. Subsequent NMOC emission rate reports shall be submitted annually thereafter, except as provided for in subparagraph (8)(B)1.B. and paragraph (8)(B)3. of this rule.

B. If the estimated NMOC emission rate as reported in the annual report to the director is less than twenty-five (25) megagrams per year in each of the next five (5) consecutive years, the owner or operator may elect to submit an estimate of the NMOC emission rate for the next five (5)-year period in lieu of the annual report. This estimate shall include the current amount of solid waste-in-place and the estimated waste acceptance rate for each year of the five (5) years for which an NMOC emission rate is estimated. All data and calculations upon which this estimate is based shall be provided to the director. This estimate shall be revised at least once every five (5) years. If the actual waste acceptance rate exceeds the estimated waste acceptance rate in any year reported in the five (5)-year estimate, a revised five (5)-year estimate shall be submitted to the director. The revised estimate shall cover the five (5)-year period beginning with the year in which the actual waste acceptance rate exceeded the estimated waste acceptance rate.

2. The NMOC emission rate report shall include all the data, calculations, sample reports, and measurements used to estimate the annual or five (5)-year emissions.

3. Each owner or operator subject to the requirements of this rule is exempted from the requirements of paragraphs (8)(B)1. and 2. of this rule after the installation of a collection and control system in compliance with paragraph (3)(B)2. of this rule, during such time as the collection and control system is in operation and in compliance with sections (4) and (6) of this rule.

(C) Each owner or operator subject to subparagraph (3)(B)2.A. of this rule shall submit a collection and control system design plan to the director within one (1) year of the NMOC emission rate report, required under subsection (8)(B) of this rule, in which the emission rate equals or exceeds twenty-five (25) megagrams per year, except as follows:

1. If the owner or operator elects to recalculate the

NMOC emission rate after Tier 2 NMOC sampling and analysis as provided under paragraph (5)(A)3. of this rule and the resulting rate is less than twenty-five (25) megagrams per year, annual periodic reporting shall be resumed, using the Tier 2 determined site-specific NMOC concentration, until the calculated emission rate is equal to or greater than twenty-five (25) megagrams per year or the landfill is closed. The revised NMOC emission rate report, with the recalculated emission rate based on NMOC sampling and analysis, shall be submitted within one hundred eighty (180) days of the first calculated exceedance of twenty-five (25) megagrams per year; and

2. If the owner or operator elects to recalculate the NMOC emission rate after determining a site-specific methane generation rate constant (k), as provided in Tier 3 in paragraph (5)(A)4. of this rule and the resulting NMOC emission rate is less than twenty-five (25) megagrams per year, annual periodic reporting shall be resumed. The resulting site-specific methane generation rate constant (k) shall be used in the emission rate calculation until such time as the emission rate calculation results in an exceedance. The revised NMOC emission rate report, with the site-specific methane generation rate constant (k) shall be submitted to the director within one (1) year of the first calculated emission rate exceeding twenty-five (25) megagrams per year.

(D) Each owner or operator of a controlled landfill shall submit a closure report to the director within thirty (30) days of the date the landfill ceases accepting solid waste. The director may request additional information as may be necessary to verify that permanent closure has taken place in accordance with the requirements of 40 CFR 258.60. If a closure report has been submitted to the director, no additional wastes may be placed into the landfill without filing a notification of modification as described under 40 CFR 60.7(a)(4).

(E) Each owner or operator of a controlled landfill shall submit an equipment removal report to the director thirty (30) days prior to removal or cessation of operation of the control equipment. The report shall contain all of the following items:

1. A copy of the closure report;
2. A copy of the initial performance test report demonstrating that the fifteen (15)-year minimum control period has expired; and
3. Dated copies of three (3) successive NMOC emission rate reports demonstrating that the landfill is no longer producing twenty-five (25) megagrams or greater of NMOC per year.
4. The director may request such additional information as may be necessary to verify that all of the conditions for removal have been met.

(F) Each owner or operator of a landfill seeking to comply with paragraph (3)(B)2. of this rule using an active collection system designed in accordance with subparagraph (3)(B)2.B. of this rule shall submit to the director annual reports of the recorded information in paragraphs (8)(F)1. through 6. of this rule. The initial annual report shall be submitted within one hundred eighty (180) days of installation and start-up of the collection and control system and shall include an initial performance test report required under 40 CFR 60.8. For enclosed combustion devices and flares, reportable exceedances are defined under subsection (9)(C) of this rule.

1. Value and length of time for exceedance of applicable parameters monitored under subsections (7)(A), (B), (C), and (D) of this rule.

2. Description and duration of all periods when the gas stream is diverted from the control device through a bypass line or the indication of bypass flow.

3. Description and duration of all periods when the control device was not operating for a period exceeding one (1) hour and length of time the control device was not operating.

4. All periods when the collection system was not operating in excess of five (5) days.

5. The location of each exceedance of the five hundred parts per million (500 ppm) methane concentration as provided in subsection (4)(D) of this rule and the concentration recorded at each location for which an exceedance was recorded in the previous month.

6. The date of installation and the location of each well or collection system expansion added.

(G) Each owner or operator seeking to comply with subparagraph (3)(B)2.A. of this rule shall include the following information with the initial performance test report required under 40 CFR 60.8:

1. A diagram of the collection system showing collection system positioning including all wells, horizontal collectors, surface collectors, or other gas extraction devices, including the locations of any areas excluded from collection and the proposed sites for the future collection system expansion;

2. The data upon which the sufficient density of wells, horizontal collectors, surface collectors, or other gas extraction devices and the gas mover equipment sizing are based;

3. The documentation of the presence of asbestos or nondegradable material for each area from which collection wells have been excluded based on the presence of asbestos or nondegradable material;

4. The sum of the gas generation flow rates for all areas from which collection wells have been excluded based on nonproductivity and the calculations of gas generation flow rate for each excluded area;

5. The provisions for increasing gas mover equipment capacity with increased gas generation flow rate, if the present gas mover equipment is inadequate to move the maximum flow rate expected over the life of the landfill; and

6. The provisions for the control of off-site migration.

(9) Record-Keeping Requirements. Except as provided in part (3)(B)2.A.(II) of this rule—

(A) Each owner or operator of an MSW landfill subject to the provisions of subsection (3)(B) of this rule shall keep for at least five (5) years up-to-date, readily accessible, on-site records of the design capacity report which triggered subsection (3)(B) of this rule, the current amount of solid waste-in-place, and the year-by-year waste acceptance rate. A longer period is acceptable if records are needed for an unresolved enforcement action. Records may be maintained off-site if they are retrievable within four (4) hours. Either paper copy or electronic formats are acceptable;

(B) Each owner or operator of a controlled landfill shall keep up-to-date, readily accessible records for the life of the control equipment of the data listed in paragraphs (9)(B)1. through 4. of this rule as measured during the initial performance test or compliance determination. Records of subsequent tests or monitoring shall be maintained for a minimum of five (5) years. Records of the control device vendor specifications shall be maintained until removal.

1. Where an owner or operator subject to the provisions of this rule seeks to demonstrate compliance with subparagraph (3)(B)2.B. of this rule—

A. The maximum expected gas generation flow rate as calculated in paragraph (6)(A)1. of this rule. The owner or operator may use another method to determine the maximum gas generation flow rate, if the method has been

approved by the director and EPA; and

B. The density of wells, horizontal collectors, surface collectors, or other gas extraction devices determined using the procedures specified in paragraph (10)(A)1. of this rule.

2. Where an owner or operator subject to the provisions of this rule seeks to demonstrate compliance with subparagraph (3)(B)2.C. of this rule through use of an enclosed combustion device other than a boiler or process heater with a design heat input capacity equal to or greater than forty-four (44) megawatts—

A. The average combustion temperature measured at least every fifteen (15) minutes and averaged over the same time period of the performance test; and

B. The percent reduction of NMOC determined as specified in part (3)(B)2.C.(III) of this rule achieved by the control device.

3. Where an owner or operator subject to the provisions of this rule seeks to demonstrate compliance with subpart (3)(B)2.C.(III)(a) of this rule through use of a boiler or process heater of any size—a description of the location at which the collected gas vent stream is introduced into the boiler or process heater over the same time period of the performance testing.

4. Where an owner or operator subject to the provisions of this rule seeks to demonstrate compliance with part (3)(B)2.C.(I) of this rule through use of an open flare, the flare type (that is, steam-assisted, air-assisted, or nonassisted), all visible emission readings, heat content determination, flow rate or bypass flow rate measurements, and exit velocity determinations made during the performance test as specified in 40 CFR 60.18; continuous records of the flare pilot flame or flare flame monitoring and records of all periods of operations during which the pilot flame of the flare flame is absent;

(C) Each owner or operator of a controlled landfill subject to the provisions of this rule shall keep for five (5) years up-to-date, readily accessible continuous records of the equipment operating parameters specified to be monitored in section (7) of this rule as well as up-to-date, readily accessible records for periods of operation during which the parameter boundaries established during the most recent performance test are exceeded.

1. The following constitute exceedances that shall be recorded and reported under subsection (8)(F) of this rule:

A. For enclosed combustors except for boilers and process heaters with design heat input capacity of forty-four (44) megawatts (150 million British thermal units per hour) or greater, all three (3)-hour periods of operation during which the average combustion temperature was more than twenty-eight degrees Celsius (28 °C) below the average combustion temperature during the most recent performance test at which compliance with subparagraph (3)(B)2.C. of this rule was determined; and

B. For boilers or process heaters, whenever there is a change in the location at which the vent stream is introduced into the flame zone as required under paragraph (9)(B)3. of this rule.

2. Each owner or operator subject to the provisions of this rule shall keep up-to-date, readily accessible continuous records of the indication of flow to the control device or the indication of bypass flow or records of monthly inspections of car-seals or lock-and-key configurations used to seal bypass lines, specified under section (7) of this rule.

3. Each owner or operator subject to the provisions of this rule who uses a boiler or process heater with a design heat input capacity of forty-four (44) megawatts or greater to comply with subparagraph (3)(B)2.C. of this rule shall keep an up-to-date, readily accessible record of all periods of

operation of the boiler or process heater. (Examples of such records could include records of steam use, fuel use, or monitoring data collected pursuant to other state or local regulatory requirements.)

4. Each owner or operator seeking to comply with the provisions of this rule by use of an open flare shall keep up-to-date, readily accessible continuous records of the flame or flare pilot flame monitoring specified under subsection (7)(C) of this rule and up-to-date, readily accessible records of all periods of operation in which the flame or flare pilot flame is absent;

(D) Each owner or operator subject to the provisions of this rule shall keep for the life of the collection system an up-to-date, readily accessible plot map showing each existing and planned collector in the system and providing a unique identification location label for each collector.

1. Each owner or operator subject to the provisions of this rule shall keep up-to-date, readily accessible records of the installation date and location of all newly installed collectors as specified under subsection (6)(B) of this rule.

2. Each owner or operator subject to the provisions of this rule shall keep readily accessible documentation of the nature, date of deposition, amount, and location of asbestos-containing or nondegradable waste excluded from collection as provided in subparagraph (10)(A)3.A. of this rule as well as any nonproductive areas excluded from collection as provided in subparagraph (10)(A)3.B. of this rule;

(E) Each owner or operator subject to the provisions of this rule shall keep for at least five (5) years up-to-date, readily accessible records of all collection and control system exceedances of the operational standards in section (4) of this rule, the reading in the subsequent month whether or not the second reading is an exceedance, and the location of each exceedance; and

(F) Landfill owners or operators who convert design capacity from volume to mass or mass to volume to demonstrate that landfill design capacity is less than one (1.0) million megagrams or one (1.0) million cubic meters, as provided in the definition of design capacity, shall keep readily accessible, on-site records of the annual recalculation of site-specific density, design capacity, and the supporting documentation. Off-site records may be maintained if they are retrievable within four (4) hours of request. Either paper copy or electronic formats are acceptable.

#### (10) Specifications for Active Collection Systems.

(A) Each owner or operator seeking to comply with subparagraph (3)(B)2.A. of this rule shall site active collection wells, horizontal collectors, surface collectors, or other extraction devices at a sufficient density throughout all gas producing areas using the following procedures unless alternative procedures have been approved by the director and EPA as provided in parts (3)(B)2.A.(III) and (IV) of this rule:

1. The collection devices within the interior and along the perimeter areas shall be certified to achieve comprehensive control of surface gas emissions by a professional engineer. The following issues shall be addressed in the design: depths of refuse, refuse gas generation rates and flow characteristics, cover properties, gas system expandability, leachate and condensate management, accessibility, compatibility with filling operations, integration with closure end use, air intrusion control, corrosion resistance, fill settlement, and resistance to the refuse decomposition heat;

2. The sufficient density of gas collection devices determined in paragraph (10)(A)1. of this rule shall address landfill gas migration issues and augmentation of the collection system through the use of active or passive systems at the landfill perimeter or exterior; and

3. The placement of gas collection devices determined in paragraph (10)(A)1. of this rule shall control all gas producing areas, except as provided by subparagraphs (10)(A)3.A. and B. of this rule.

A. Any segregated area of asbestos or nondegradable material may be excluded from collection if documentation is provided as specified under subsection (9)(D) of this rule. The documentation shall provide the nature, date of deposition, location, and amount of asbestos or nondegradable material deposited in the area and shall be provided to the director upon request.

B. Any nonproductive area of the landfill may be excluded from control, provided that the total of all excluded areas can be shown to contribute less than one percent (1%) of the total amount of NMOC emissions from the landfill. The amount, location, and age of the material shall be documented and provided to the director upon request. A separate NMOC emissions estimate shall be made for each section proposed for exclusion, and the sum of all such sections shall be compared to the NMOC emissions estimate for the entire landfill. Emissions from each section shall be computed using the following equation:

$$Q_i = 2L_o M_i (e^{-kt_i}) (C_{NMOC}) / (3.6 \times 10^{-9})$$

where,

- $Q_i$  = NMOC emission rate from the  $i^{th}$  section, megagrams per year
- $k$  = methane generation rate constant, year<sup>-1</sup>
- $L_o$  = methane generation potential, cubic meters per megagram solid waste
- $M_i$  = mass of the degradable solid waste in the  $i^{th}$  section, megagrams
- $t_i$  = age of the solid waste in the  $i^{th}$  section, years
- $C_{NMOC}$  = concentration of nonmethane organic compounds, parts per million by volume
- $3.6 \times 10^{-9}$  = conversion factor

C. The values for  $k$  and  $C_{NMOC}$  determined in field testing shall be used, if field testing has been performed in determining the NMOC emission rate or the radii of influence (the distance from the well center to a point in the landfill where the pressure gradient applied by the blower or compressor approaches zero). If field testing has not been performed, the default values for  $k$ ,  $L_o$ , and  $C_{NMOC}$  provided in paragraph (5)(A)1. of this rule or the alternative values from paragraph (5)(A)5. of this rule shall be used. The mass of nondegradable solid waste contained within the given section may be subtracted from the total mass of the section when estimating emissions provided the nature, location, age, and amount of the nondegradable material is documented as provided in subparagraph (10)(A)3.A. of this rule.

(B) Each owner or operator seeking to comply with part (3)(B)2.A.(I) of this rule shall construct the gas collection devices using the following equipment or procedures:

1. The landfill gas extraction components shall be constructed of polyvinyl chloride (PVC), high density polyethylene (HDPE) pipe, fiberglass, stainless steel, or other nonporous corrosion resistant material of suitable dimensions to—convey projected amounts of gases; withstand installation, static, and settlement forces; and withstand planned overburden or traffic loads. The collection system shall

extend as necessary to comply with emission and migration standards established in this rule. Collection devices such as wells and horizontal collectors shall be perforated to allow gas entry without head loss sufficient to impair performance across the intended extent of control. Perforations shall be situated with regard to the need to prevent excessive air infiltration;

2. Vertical wells shall be placed so as not to endanger underlying liners and shall address the occurrence of water within the landfill. Holes and trenches constructed for piped wells and horizontal collectors shall be of sufficient cross-section so as to allow for their proper construction and completion including, for example, centering of pipes and placement of gravel backfill. Collection devices shall be designed so as not to allow indirect short circuiting of air into the cover or refuse into the collection system or gas into the air. Any gravel used around pipe perforations should be of a dimension so as not to penetrate or block perforations; and

3. Collection devices may be connected to the collection header pipes below or above the landfill surface. The connector assembly shall include a positive closing throttle valve, any necessary seals and couplings, access couplings, and at least one (1) sampling port. The collection devices shall be constructed of PVC, HDPE, fiberglass, stainless steel, or other nonporous material of suitable thickness.

(C) Each owner or operator seeking to comply with part (3)(B)2.A.(I) of this rule shall convey the landfill gas to a control system in compliance with subparagraph (3)(B)2.C. of this rule through the collection header pipe(s). The gas mover equipment shall be sized to handle the maximum gas generation flow rate expected over the intended use period of the gas moving equipment using the following procedures:

1. For existing collection systems, the flow data shall be used to project the maximum flow rate. If no flow data exists, the procedures in paragraph (10)(C)2. of this rule shall be used; and

2. For new collection systems, the maximum flow rate shall be in accordance with paragraph (6)(A)1. of this rule.]

(3) General Provisions. Owners and operators of MSW landfills subject to this rule must comply with the following:

(A) Title V operating permit requirements—40 CFR 62.16711(e) applies;

(B) Exemptions for Part 70 operating permit requirements for closed landfills—40 CFR 62.16711(f) applies;

(C) Compliance schedule and increments of progress—40 CFR 62.16712 and Table 1 in Subpart OOO of Part 62 applies, except that for the purposes of this rule—

1. One (1.0) million Mg and one (1.0) million m<sup>3</sup> shall replace two and one half (2.5) million Mg and two and one half (2.5) million m<sup>3</sup> as it appears in 40 CFR 62.16712;

2. Twenty-five (25) Mg shall replace thirty-four (34) Mg and fifty (50) Mg as it appears in 40 CFR 62.16712 and Table 1 to Subpart OOO of Part 62; and

3. 40 CFR 62.16712(d) shall replace 40 CFR 62.16712(c)(3) as it appears in 40 CFR 62.16712(b);

(D) Standards for municipal solid waste landfill emissions—40 CFR 62.16714 applies, except that for the purposes of this rule—

1. One (1.0) million Mg and one (1.0) million m<sup>3</sup> shall replace two and one half (2.5) million Mg and two and one half (2.5) million m<sup>3</sup> as it appears in 40 CFR 62.16714; and

2. Twenty-five (25) Mg shall replace thirty-four (34) Mg and fifty (50) Mg as it appears in 40 CFR 62.16714;

(E) Operational standards for collection and control systems—40 CFR 62.16716 applies;

(F) Compliance provisions—40 CFR 62.16720 applies;

(G) Monitoring of operations—40 CFR 62.16722 applies; and

(H) Specifications for active collection systems—40 CFR 62.16728 applies.

(4) Reporting and Record Keeping. Owners and operators of MSW landfills subject to this rule must comply with the following:

(A) Reporting guidelines—40 CFR 62.16724 applies, except that for the purposes of this rule—

1. One (1.0) million Mg and one (1.0) million m<sup>3</sup> shall replace two and one half (2.5) million Mg and two and one half (2.5) million m<sup>3</sup> as it appears in 40 CFR 62.16724; and

2. Twenty-five (25) Mg shall replace thirty-four (34) Mg and fifty (50) Mg as it appears in 40 CFR 62.16724;

(B) Report submissions—Beginning July 1, 2022, owners or operators submitting reports in compliance with 40 CFR 62.16724 must also submit a copy of the report to the director;

(C) Reporting Exemptions

1. Exemptions for reporting requirements for closed landfills—40 CFR 62.16711(g) applies, except that for the purposes of this rule, twenty-five (25) Mg shall replace fifty (50) Mg as it appears in 40 CFR 62.16711(g); and

2. Exemptions for reporting requirements for legacy controlled landfills—40 CFR 62.16711(h) applies;

(D) Recordkeeping guidelines—40 CFR 62.16726 applies, except that for the purposes of this rule, one (1.0) million Mg and one (1.0) million m<sup>3</sup> shall replace two and one half (2.5) million Mg and two and one half (2.5) million m<sup>3</sup> as it appears in 40 CFR 62.16726.

(5) Test Methods. The provisions of 40 CFR 62.16718 apply, except that for the purposes of this rule, twenty-five (25) Mg shall replace thirty-four (34) Mg as it appears in 40 CFR 62.16718.

*AUTHORITY:* section 643.050, RSMo [Supp. 2011] 2016. Original rule filed May 15, 1996, effective Dec. 30, 1996. Amended: Filed Oct. 7, 1999, effective July 30, 2000. Amended: Filed Sept. 26, 2011, effective May 30, 2012. Amended: Filed Oct. 29, 2021.

*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., January 27, 2022. The public hearing will be held at the Elm Street Conference Center, 1730 East Elm Street, Lower Level, Bennett Springs Conference Room, Jefferson City, Missouri, and online with live video conferencing during the Missouri Air Conservation Commission meeting. Meeting participants can join the video meeting by signing into Webex at [www.webex.com](http://www.webex.com) and joining the meeting using the meeting number (access code): 2454 044 2018, and password: MACC. Participants may also join the meeting by phone using the toll number: 1-650-479-3207. For assistance joining the meeting, call the Missouri Department of Natural Resources' Air Pollution Control Program at 573-751-4817 or 800-361-4827. A recording of the public hearing meeting will be available at <https://dnr.mo.gov/env/apcp/macc.htm>. Opportunity to be sworn in by the court reporter in person or over video conference to give testimony 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., February 3, 2022. Send online comments via the proposed rules web page <https://apps5.mo.gov/proposed-rules/welcome.action#OPEN>, email comments to [apcprulespn@dnr.mo.gov](mailto:apcprulespn@dnr.mo.gov), or mail 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 6—Air Quality Standards, Definitions, Sampling  
and Reference Methods and Air Pollution Control  
Regulations for the Entire State of Missouri**

**PROPOSED AMENDMENT**

**10 CSR 10-6.062 Construction Permits By Rule.** The commission proposes to amend subsection (2)(A), subparagraph (3)(B)1.A, paragraph (3)(B)2., subparagraphs (3)(B)2.A., (3)(B)2.E., (3)(B)2.F., (3)(B)2.J., part (3)(B)3.D.(III), and subparagraph (3)(B)3.E. If the commission adopts this rule action, the department will submit the changes to the U.S. Environmental Protection Agency (EPA) to update the Missouri State Implementation Plan (SIP). 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 <https://apps5.mo.gov/proposed-rules/welcome.action#OPEN>.

*PURPOSE:* This rule creates a process by which sources can be exempt from 10 CSR 10-6.060 Construction Permits Required, by establishing conditions under which specific sources can construct and operate. The purpose of this amendment is to amend paragraph (3)(B)2. and subparagraph (3)(B)2.A. to remove provision allowing the burning of illegal and waste pharmaceutical drugs in crematories and animal incinerators, and change a reference made to another state rule. The Environmental Protection Agency (EPA) finalized a rule, Management Standards for Hazardous Waste Pharmaceuticals and Amendment to the P075 Listing for Nicotine (84 Federal Register, February 22, 2019) that adds new management standards for waste pharmaceuticals. EPA's rule, 40 CFR 266 Subpart P imposes additional requirements on the disposal of waste pharmaceuticals and does not allow burning of waste pharmaceuticals from take-back programs in human and animal crematoriums. Part (3)(B)3.D(III) refers to the Screening Model Action Levels (SMALs) as being at 10 CSR 10-6.060(12)(J); however, 10 CSR 10-6.060 has recently been revised such that the SMALs are now at 10 CSR 10-6.060(5)(F)6.A. The evidence supporting the need for this proposed rulemaking, per 536.016, RSMo, is an amendment to 40 CFR 266 and a Rule Comment Form.

(2) Definitions.

(A) As applied—The volatile organic compound (VOC) and solids content of the finishing material that is actually used for coating the substrate. It includes the contribution of materials used for in-house dilution of the finishing material.

(3) General Provisions.

(B) Permit-by-Rule.

1. Printing operations. Any printing operation (including, but not limited to, screen printers, ink-jet printers, presses using electron beam or ultraviolet light curing, and labeling operations) and supporting equipment (including, but not limited to, corona treaters, curing lamps, preparation, and cleaning equipment) which operate in compliance with the following conditions is permitted under this rule:

A. The uncontrolled emission of [volatile organic compounds (VOCs)] from inks and solvents (including, but not limited to, those used for printing, cleanup, or makeup) does not exceed forty (40) tons per twelve- (12-)[-] month period, rolled monthly, for

all printing operations on the property. The emissions shall be calculated using a material balance that assumes that all of the VOCs in the inks and solvents used are directly emitted to the atmosphere;

B. The uncontrolled emission of hazardous air pollutants does not exceed ten (10) tons per twelve- (12-)/- month period, rolled monthly, for all printing operations on the property. The emissions shall be calculated using a material balance that assumes that all hazardous air pollutants used are directly emitted to the atmosphere;

C. Copying and duplicating equipment employing the xerographic method are exempt from subparagraphs (3)(B)1.D.-G. of this rule;

D. Printing presses covered by this section do not utilize heat set, thermo set, or oven-dried inks. Heated air may be used to shorten drying time, provided the temperature does not exceed one hundred ninety-four degrees Fahrenheit (194°F);

E. Screen printing operations requiring temperatures greater than one hundred ninety-four degrees Fahrenheit (194°F) to set the ink are exempt from subparagraph (3)(B)1.D. of this rule;

F. The facility is not located in an ozone nonattainment area; and

G. Record keeping. The operator shall maintain records of ink and solvent usage and shall be kept in sufficient detail to show compliance with subparagraphs (3)(B)1.A. and 1.B. of this rule.

2. Crematories and animal incinerators. Any crematory or animal incinerator that *[burns for disposal ninety percent (90%) or more by weight (on a calendar quarter basis and excluding the weight of auxiliary fuel and combustion air)] is used solely for the incineration* of human remains, human pathological wastes, or animal carcasses and operates in compliance with the following conditions is permitted under this rule:

A. The materials to be disposed of are limited to noninfectious human materials removed during surgery, labor and delivery, autopsy, or biopsy including body parts, tissues and fetuses, organs, bulk blood and body fluids, blood or tissue laboratory specimens; and other noninfectious anatomical remains or animal carcasses in whole or in part. *[Illegal and waste pharmaceutical drugs may also be burned for disposal provided they constitute less than ten percent (10%) by weight (on a calendar quarter basis and excluding the weight of auxiliary fuel and combustion air).]* The owner or operator shall minimize the amount of packaging fed to the incinerator, particularly plastic containing chlorine. The incinerators shall not be used to dispose of other non-biological medical wastes including, but not limited to, sharps, rubber gloves, intravenous bags, tubing, and metal parts;

B. The manufacturer's rated capacity (burn rate) is two hundred (200) pounds per hour or less;

C. The incinerator is a dual-chamber design;

D. Burners are located in each chamber, sized to manufacturer's specifications, and operated as necessary to maintain the minimum temperature requirements of subparagraph (3)(B)2.E. of this rule at all times when the unit is burning waste;

E. The secondary combustion chamber shall maintain a minimum temperature and gas residence time established through manufacturer's specification or stack test results that demonstrate a ninety-nine point nine percent (99.9%) combustion efficiency. The temperature shall be monitored with equipment that is accurate to plus or minus two percent ( $\pm 2\%$ ) and continuously recorded. The thermocouples or radiation pyrometers shall be fitted to the incinerator and wired into a manual reset noise alarm such that if the temperature in either of the two (2) chambers falls below the minimum temperature above, the alarm will sound at which time plant personnel shall take immediate measures to either correct the problem or cease operation of the incinerator until the problem is corrected;

F. There are no obstructions to stack flow, such as *[by]* rain caps, unless such devices are designed to automatically open when the incinerator is operated. Properly installed and maintained spark arresters are not considered obstructions;

G. Each incinerator operator is trained in the incinerator

operating procedures as developed by the American Society of Mechanical Engineers (ASME), by the incinerator manufacturer, or by a trained individual with more than one (1) year experience in the operation of the incinerator that the trainee will be operating. Minimum training shall include basic combustion control parameters of the incinerator and all emergency procedures to be followed should the incinerator malfunction or exceed operating parameters. An operator who meets the training requirements of this condition shall be on duty and immediately accessible during all periods of incinerator operation. The manufacturer's operating instructions and guidelines shall be posted at the unit and the unit shall be operated in accordance with these instructions;

H. The incinerator has an opacity of less than ten percent (10%) at all times;

I. Heat is provided by the combustion of natural gas, liquid petroleum gas, or Number 2 fuel oil with less than fifteen ten thousandths percent (0.0015%) sulfur by weight, or by electric power; and

J. Record keeping. The operator shall maintain a log of all alarm trips and the resultant action taken. A written certification of the appropriate training received by the operator, with the date of training, that includes a list of the instructor's qualifications or ASME certification school shall be maintained for each operator. The operator shall maintain an accurate record of the monthly amount and type of waste combusted.

3. Surface coating. Any surface coating activity or stripping facility that operates in compliance with the following conditions is permitted under this rule:

A. Metalizing, spraying molten metal onto a surface to form a coating, is not permitted under this permit-by-rule. The use of coatings that contain metallic pigments is permitted;

B. All facilities implement good housekeeping procedures to minimize fugitive emissions, including:

(I) Cleaning up spills immediately;

(II) Operating booth or work area exhaust fans when cleaning spray guns and other equipment; and

(III) Storing new and used coatings and solvents in closed containers and removing all waste coatings and solvents from the site by an authorized disposal service or disposing of them at a permitted on-site waste management facility;

C. Drying and curing ovens are either electric or meet the following conditions:

(I) The maximum heat input to any oven must not exceed forty (40) million British thermal units (Btus) per hour; and

(II) Heat shall be provided by the combustion of one (1) of the following: natural gas; liquid petroleum gas; fuel gas containing no more than twenty (20.0) grains of total sulfur compounds (calculated as sulfur) per one hundred (100) dry standard cubic feet; or Number 2 fuel oil with not more than fifteen ten thousandths percent (0.0015%) sulfur by weight;

D. Emissions are calculated using a material balance that assumes that all VOCs and hazardous air pollutants in the paints and solvents used are directly emitted to the atmosphere. The total uncontrolled emissions from the coating materials (as applied) and cleanup solvents shall not exceed the following for all operations:

(I) Forty (40) tons per twelve- (12-)/- month period, rolled monthly, of VOCs for all surface coating operations on the property;

(II) A sum of twenty-five (25) tons per twelve- (12-)/- month period, rolled monthly, of all hazardous air pollutants for all surface coating operations on the property; and

(III) Each individual hazardous air pollutant shall not exceed the emission threshold levels established in 10 CSR 10-6.060((12)(J))(5)(F)6.A., rolled monthly;

E. The surface coating operations are performed indoors, in a booth, or in an enclosed work area. The booth shall be designed to meet a minimum face velocity at the intake opening of each booth or work area of one hundred feet (100') per minute. Emissions shall be



exhausted through elevated stacks that extend at least one and one-half (1 1/2) times the building height above ground level. All stacks shall discharge vertically. There shall be no obstructions to stack flow, such as rain caps, unless such *[services/ devices]* are designed to automatically open when booths are operated;

F. For spraying operations, emissions of particulate matter are controlled using either a water wash system or a dry filter system with a ninety-five percent (95%) removal efficiency as documented by the manufacturer. The face velocity at the filter shall not exceed two hundred fifty feet (250') per minute or that specified by the filter manufacturer, whichever is less. Filters shall be replaced according to the manufacturer's schedule or whenever the pressure drop across the filter no longer meets the manufacturer's recommendation;

G. Coating operations are conducted at least fifty feet (50') from the property line and at least two hundred fifty feet (250') from any recreational area, residence, or other structure not occupied or used solely by the owner or operator of the facility or the owner of the property upon which the facility is located;

H. The facility is not located in an ozone nonattainment area; and

I. Record keeping. The operator shall maintain the following records and reports:

(I) All material safety data sheets for all coating materials and solvents;

(II) A monthly report indicating the days the surface coating operation was in operation and the total tons emitted during the month, and the calculation showing compliance with the rolling average emission limits of subparagraph (3)(B)3.D. of this rule;

(III) A set of example calculations showing the method of data reduction including units, conversion factors, assumptions, and the basis of the assumptions; and

(IV) These reports and records shall be immediately available for inspection at the installation.

4. Livestock markets and livestock operations. Any livestock market or livestock operation including animal feeding operations and concentrated animal feeding operations as those terms are defined by 40 CFR 122.23, that was constructed after November 30, 2003, and operates in compliance with the following conditions is permitted under this rule. In addition, any manure storage and application system directly associated with the livestock markets or livestock operations such that these manure storage and application systems are operated in compliance with the following conditions are also permitted under this rule:

A. All facilities implement the following building cleanliness and ventilation practices:

(I) Buildings are cleaned thoroughly between groups of animals;

(II) Manure and spilled feed are scraped from aisles on a regular basis, at least once per week;

(III) Ventilation fans, louvers, and cowlings are regularly cleaned to prevent excessive buildup of dust, dirt, or other debris that impairs performance of the ventilation system;

(IV) Air inlets are cleaned regularly to prevent excessive buildup of dust, dirt, or other debris that reduces airflow through the inlets;

(V) Ceiling air inlets are adjusted to provide adequate airflow (based on design ventilation rates) to the building interior;

(VI) For high-rise structures, the manure storage area includes engineered natural or mechanical ventilation. This ventilation must be maintained and cleaned regularly to prevent excessive buildup of dust, dirt, or other debris that impairs performance of the ventilation system;

(VII) For deep-bedded structures, bedding and/or litter used in the animal living area is maintained in a reasonably clean condition. Indications that the bedding is not reasonably clean include extensive caking, manure coating animals or birds, and the inability to distinguish bedding material from manure. Bedding or lit-

ter with excessive manure shall be removed and replaced with clean bedding or litter; and

(VIII) For automatic feed delivery systems, feed lines have drop tubes that extend into the feeder to minimize dust generation;

B. All facilities implement the following manure storage practices:

(I) Buildings with flush alleys, scrapers, or manure belts are operated to remove manure on a regular schedule, at least daily;

(II) Buildings with shallow pits, four feet (4') deep or less, are emptied on a regular schedule, at least once every fourteen (14) days;

(III) Feed, other than small amounts spilled by the animals, is not disposed of in the manure storage system;

(IV) All lagoons are regularly monitored for solids buildup, at least once every five (5) years. Lagoon sludge shall be removed and properly disposed of when the sludge volume equals the designed sludge volume; and

(V) Manure compost piles or windrows are turned or otherwise mixed regularly so that the temperature within the pile or windrow is maintained between one hundred five degrees Fahrenheit (105°F) and one hundred fifty degrees Fahrenheit (150°F);

C. The operator considers wind direction and velocity when conducting surface land application, and manure is not applied within five hundred (500') feet from a downwind inhabited residence;

D. Dead animals are not disposed of in the manure storage system unless the system is specifically designed and managed to allow composting of dead animals. Dead animals shall be removed from buildings daily; and

E. Record keeping. *(Not Applicable)*

*AUTHORITY: section 643.050, RSMo 2016. Original rule filed March 5, 2003, effective Oct. 30, 2003. Amended: Filed Sept. 27, 2006, effective May 30, 2007. Amended: Filed June 21, 2018, effective March 30, 2019. Amended: Filed Oct. 29, 2021.*

*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., January 27, 2022. The public hearing will be held at the Elm Street Conference Center, 1730 East Elm Street, Lower Level, Bennett Springs Conference Room, Jefferson City, Missouri, and online with live video conferencing during the Missouri Air Conservation Commission meeting. Meeting participants can join the video meeting by signing into Webex at [www.webex.com](http://www.webex.com) and joining the meeting using the meeting number (access code): 2454 044 2018, and password: MACC. For assistance joining the meeting, call the Missouri Department of Natural Resources' Air Pollution Control Program at 573-751-4817 or 800-361-4827. A recording of the public hearing meeting will be available at <https://dnr.mo.gov/env/apcp/macc.htm>. Opportunity to be sworn in by the court reporter in person or over video conference to give testimony 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., February 3, 2022. Send online comments via the proposed rules web page <https://apps5.mo.gov/proposed-rules/welcome.action#OPEN>, email comments to [apcprulespn@dnr.mo.gov](mailto:apcprulespn@dnr.mo.gov), or mail 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 6—Air Quality Standards, Definitions, Sampling**  
**and Reference Methods and Air Pollution Control**  
**Regulations for the Entire State of Missouri**

**PROPOSED AMENDMENT**

**10 CSR 10-6.310 Restriction of Emissions From Municipal Solid Waste Landfills.** The commission proposes to amend the purpose and sections (1) and (2), and replace original sections (3)–(10) with new sections (3)–(5). 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 rule in the Missouri State Plan for Designated Facilities and Pollutants pursuant to section 111(d) of the Clean Air Act for municipal solid waste landfills. 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 is available on the Missouri Department of Natural Resources' Proposed Rules webpage at <https://apps5.mo.gov/proposed-rules/welcome.action#OPEN>.

*PURPOSE: The purpose of this rule amendment is to update the rule purpose, applicability, definitions, and the federal regulatory requirements for existing municipal solid waste landfills in Missouri. The evidence supporting the need for this proposed rulemaking is Federal Register Notice 81 FR 59276, dated August 29, 2016, Federal Register Notice 84 FR 44547, dated August 26, 2019, and Federal Register Notice 86 FR 27756, dated May 21, 2021.*

*PURPOSE: This rule is part of a Clean Air Act Section 111(d) State Plan. The rule allows Missouri to take delegation and enforcement authority of the federal requirements for affected facilities in Missouri. The requirements in this rule are identical to the federal requirements. This rule requires owners or operators of municipal solid waste landfills to report their landfill's design capacity and non-methane organic compound (NMOC) emissions. Landfills having design capacities [of two and one-half (2.5) million cubic meters or greater] and NMOC emission rates [of fifty (50) megagrams or greater shall] above the regulatory cutoff must design, install, and operate a gas collection and control system.*

(1) Applicability.

(A) This rule applies to each municipal solid waste (MSW) landfill [for which] that has accepted waste at any time since November 8, 1987, or has additional design capacity available for future waste deposition, and that commenced construction, reconstruction, or modification [was commenced] on or before [May 30, 1991, and has accepted waste at any time since November 8, 1987, or has additional design capacity available for future waste deposition] July 17, 2014. Landfills [for which] that commenced construction, reconstruction, or modification [was commenced on May 30, 1991, or] after July 17, 2014, are [covered under] subject to the requirements of the Environmental Protection Agency's New Source Performance Standard for Municipal Solid Waste Landfills 40 CFR 60, Subpart XXX.

(B) Physical or operational changes made to an existing MSW landfill solely to comply with this rule are not considered construction, reconstruction, or modification [for the purposes of this rule] and do not subject an existing MSW landfill to the requirements of 40 CFR 60, Subpart XXX.

*[(D) For purposes of obtaining an operating permit under Title V of the Clean Air Act, the owner or operator of an MSW landfill subject to this rule with a design capacity less than two and one-half (2.5) million megagrams or two and one-half (2.5) million cubic meters is not subject to the*

*requirements to obtain an operating permit for the landfill under 40 Code of Federal Regulations (CFR) 70 or 71, unless the landfill is otherwise subject to either 40 CFR 70 or 71. For purposes of submitting a timely application for an operating permit under 40 CFR 70 or 71, the owner or operator of an MSW landfill subject to the rule with a design capacity greater than or equal to two and one-half (2.5) million megagrams and two and one-half (2.5) million cubic meters on the effective date of EPA approval of the state's program under section 111(d) of the Clean Air Act (June 23, 1998), and not otherwise subject to either 40 CFR 70 or 71, becomes subject to the requirements of 40 CFR 70.5(a)(1)(i) or 71.5(a)(1)(i) ninety (90) days after the effective date of such 111(d) program approval, even if the design capacity report is submitted earlier.*

*(E) When an MSW landfill subject to this rule is closed, the owner or operator is no longer subject to the requirement to maintain an operating permit under 40 CFR 70 or 71 for the landfill if the landfill is not otherwise subject to the requirements of either 40 CFR 70 or 71 and if either of the following conditions is met:*

- 1. The landfill was never subject to a requirement for a control system under section (3) of this rule; or*
- 2. The owner or operator meets the conditions for control system removal specified in section 60.752(b)(2)(v) of 40 CFR 60, Subpart WWW.]*

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

**(A) Director—the director of the Missouri Department of Natural Resources' Air Pollution Control Program, or a designated representative.**

**(B) The definitions of 40 CFR 62.16730 apply.**

*[(3) Standards for Air Emissions from Municipal Solid Waste Landfills. Provisions of 40 CFR 51, 40 CFR 52, 40 CFR 60, and 40 CFR 258 are incorporated by reference in subsection (3)(C) of this rule. Also, the Compilation of Air Pollutant Emission Factors, Volume I: Stationary Point and Area Sources, AP-42, Fifth Edition, January 1995 (hereafter AP-42), as published by the Government Printing Office, 732 North Capitol Street NW, Washington, DC 20401, shall apply and is hereby incorporated by reference, including Supplement E dated November 1998. This rule does not incorporate any subsequent amendments or additions.*

*(A) Each owner or operator of an MSW landfill having a design capacity less than two and one-half (2.5) million megagrams by mass or two and one-half (2.5) million cubic meters by volume shall submit an initial design capacity report to the director as provided in subsection (8)(A) of this rule. The landfill may calculate design capacity in either megagrams or cubic meters for comparison with the exemption values. Any density conversions shall be documented and submitted with the report. Submittal of the initial design capacity report shall fulfill the requirements of this rule except as provided for in paragraphs (3)(A)1. and 2. of this rule.*

*1. The owner or operator shall submit to the director an amended design capacity report, as provided for in paragraph (8)(A)3. of this rule.*

*2. When an increase in the maximum design capacity of a landfill exempted from the provisions of subsection (3)(B) through section (10) of this rule on the basis of the design capacity exemption in subsection (3)(A) of this rule results in a revised maximum design capacity equal to or greater than two and one-half (2.5) million megagrams and two and one-half (2.5) million cubic meters, the owner or operator shall comply with the provisions of subsection (3)(B) of this*

rule.

(B) Each owner or operator of an MSW landfill having a design capacity equal to or greater than two and one-half (2.5) million megagrams and two and one-half (2.5) million cubic meters shall either comply with paragraph (3)(B)2. of this rule or calculate an NMOC emission rate for the landfill using the procedures specified in section (5) of this rule. The NMOC emission rate shall be recalculated annually, except as provided in subparagraph (8)(B)1.B. of this rule. The owner or operator of an MSW landfill subject to this rule with a design capacity greater than or equal to two and one-half (2.5) million megagrams and two and one-half (2.5) million cubic meters is subject to 40 CFR 70 or 71 permitting requirements.

1. If the calculated NMOC emission rate is less than fifty (50) megagrams per year, the owner or operator shall—

A. Submit an annual emission report to the director, except as provided for in subparagraph (8)(B)1.B. of this rule; and

B. Recalculate the NMOC emission rate annually using the procedures specified in paragraph (5)(A)1. of this rule until such time as the calculated NMOC emission rate is equal to or greater than fifty (50) megagrams per year or the landfill is closed.

(I) If the NMOC emission rate, upon recalculation required in subparagraph (3)(B)1.B. of this rule is equal to or greater than fifty (50) megagrams per year, the owner or operator shall install a collection and control system in compliance with paragraph (3)(B)2. of this rule.

(II) If the landfill is permanently closed, a closure notification shall be submitted to the director as provided for in subsection (8)(D) of this rule.

2. If the calculated NMOC emission rate is equal to or greater than fifty (50) megagrams per year, the owner or operator shall—

A. Submit a collection and control system design plan prepared by a professional engineer to the director within one (1) year. Permit modification approval from the Missouri Department of Natural Resources' Solid Waste Management Program shall be required prior to construction of any gas collection system.

(I) The collection and control system as described in the plan shall meet the design requirements of subparagraph (3)(B)2.B. of this rule.

(II) The collection and control system design plan shall include any alternatives to the operational standards, test methods, procedures, compliance measures, monitoring, record keeping, or reporting provisions of sections (4) through (9) of this rule proposed by the owner or operator.

(III) The collection and control system design plan shall either conform with specifications for active collection systems in section (10) of this rule or include a demonstration to the director's satisfaction of the sufficiency of the alternative provisions to section (10) of this rule.

(IV) The director shall review the information submitted under parts (3)(B)2.A.(I), (II), and (III) of this rule and either approve it, disapprove it, or request that additional information be submitted. Because of the many site-specific factors involved with landfill gas system design, alternative designs may be necessary. A wide variety of system designs are possible, such as vertical wells, combination horizontal and vertical collection systems, horizontal trenches only, leachate collection components, and passive systems;

B. Install a collection and control system that captures the gas generated within the landfill as required by part (3)(B)2.B.(I) or (II) and subparagraph (3)(B)2.C. of this rule within thirty (30) months after the first annual report in which the emission rate equals or exceeds fifty (50) mega-

grams per year, unless Tier 2 or Tier 3 sampling under section (5) of this rule demonstrates that the emission rate is less than fifty (50) megagrams per year, as specified in paragraph (8)(C)1. or 2. of this rule.

(I) An active collection system shall—

(a) Be designed to handle the maximum expected gas flow rate from the entire area of the landfill that warrants control over the intended use period of the gas control or treatment system equipment;

(b) Collect gas from each area, cell, or group of cells in the landfill in which the initial solid waste has been placed for a period of—

I. Five (5) years or more if active; or

II. Two (2) years or more if closed or at final grade;

(c) Collect gas at a sufficient extraction rate; and

(d) Be designed to minimize off-site migration of subsurface gas.

(II) A passive collection system shall—

(a) Comply with the provisions specified in subparts (3)(B)2.B.(I)(a), (b), and (d) of this rule; and

(b) Be installed with liners on the bottom and all sides in all areas in which gas is to be collected. The liners shall be installed as required under 40 CFR 258.40;

C. Route all the collected gas to one (1) or more of the following control systems:

(I) An open flare designed and operated in accordance with 40 CFR 60.18 except as noted in subsection (5)(E) of this rule;

(II) A control system designed and operated to reduce NMOC by ninety-eight (98) weight-percent, or, when an enclosed combustion device is used for control, to either reduce NMOC by ninety-eight (98) weight-percent or reduce the outlet NMOC concentration to less than twenty parts per million by volume (20 ppmv), dry basis as hexane at three percent (3%) oxygen. The reduction efficiency or parts per million by volume shall be established by an initial performance test to be completed no later than one hundred eighty (180) days after the initial startup of the approved control system using the test methods specified in subsection (5)(D) of this rule.

(a) If a boiler or process heater is used as the control device, the landfill gas stream shall be introduced into the flame zone.

(b) The control device shall be operated within the parameter ranges established during the initial or most recent performance test. The operating parameters to be monitored are specified in section (7) of this rule; or

(III) A system that routes the collected gas to a treatment system that processes the collected gas for subsequent sale or use. All emissions from any atmospheric vent from the gas treatment system shall be subject to the requirements of part (3)(B)2.C.(I) or (II) of this rule;

D. Operate the collection and control device installed to comply with this rule in accordance with the provisions of sections (4), (6), and (7) of this rule;

E. The collection and control system may be capped or removed provided that all the conditions of parts (3)(B)2.E.(I), (II), and (III) of this rule are met—

(I) The landfill shall be no longer accepting solid waste and be permanently closed under the requirements of 40 CFR 258.60. A closure report shall be submitted to the director as provided in subsection (8)(D) of this rule;

(II) The collection and control system shall have been in operation a minimum of fifteen (15) years; and

(III) Following the procedures specified in subsection (5)(B) of this rule, the calculated NMOC gas produced by the landfill shall be less than fifty (50) megagrams per

year on three (3) successive test dates. The test dates shall be no less than ninety (90) days apart, and no more than one hundred eighty (180) days apart; and

F. The planning, awarding of contracts, and installation of MSW landfill air emission collection and control equipment capable of meeting the emission standards in subsection (3)(B) of this rule shall be accomplished within thirty (30) months after the date the initial NMOC emission rate report shows NMOC emissions equal or exceed fifty (50) megagrams per year.

(C) The specific citations of 40 CFR 51, 40 CFR 52, 40 CFR 60, and 40 CFR 258 referenced in this rule and published July 1, 2011, shall apply and are hereby incorporated by reference in this rule, as published by the Office of the Federal Register, U.S. National Archives and Records, 700 Pennsylvania Avenue NW, Washington, DC 20408. This rule does not incorporate any subsequent amendments or additions. Certain terms used in 40 CFR refer to federal officers and agencies. The following terms applicable to Missouri shall be substituted where appropriate for the delegable federal counterparts: Director shall be substituted for Administrator, and Missouri Department of Natural Resources shall be substituted for EPA, EPA Regional Office, or Environmental Protection Agency.

(4) Operational Standards for Collection and Control Systems. Each owner or operator of an MSW landfill gas collection and control system used to comply with the provisions of subparagraph (3)(B)2.B. of this rule shall—

(A) Operate the collection system such that gas is collected from each area, cell, or group of cells in the MSW landfill in which solid waste has been in place for—

1. Five (5) years or more if active; or
2. Two (2) years or more if closed or at final grade;

(B) Operate the collection system with negative pressure at each wellhead except under the following conditions:

1. A fire or increased well temperature. The owner or operator shall record instances when positive pressure occurs in efforts to avoid a fire. These records shall be submitted with the annual reports as provided in paragraph (8)(F)1. of this rule;

2. Use of a geomembrane or synthetic cover. The owner or operator shall develop acceptable pressure limits in the design plan; and

3. A decommissioned well. A well may experience a static positive pressure after shut down to accommodate for declining flows. All design changes shall be approved by the director and EPA;

(C) Operate each interior wellhead in the collection system with a landfill gas temperature less than fifty-five degrees Celsius (55 °C) and with either a nitrogen level less than twenty percent (20%) or an oxygen level less than five percent (5%). The owner or operator may establish a higher operating temperature, nitrogen, or oxygen value at a particular well. A higher operating value demonstration shall show supporting data that the elevated parameter does not cause fires or significantly inhibit anaerobic decomposition by killing methanogens.

1. The nitrogen level shall be determined using Method 3C of 40 CFR 60, Appendix A, unless an alternative test method is established as allowed by subparagraph (3)(B)2.A. of this rule.

2. Unless an alternative test method is established as allowed by subparagraph (3)(B)2.A. of this rule, the oxygen shall be determined by an oxygen meter using Method 3A or 3C of 40 CFR 60, Appendix A, except that—

- A. The span shall be set so that the regulatory limit is between twenty and fifty percent (20%–50%) of the span;

- B. A data recorder is not required;

- C. Only two (2) calibration gases are required, a zero (0) and span, and ambient air may be used as the span;

- D. A calibration error check is not required; and

- E. The allowable sample bias, zero (0) drift, and calibration drift are plus or minus ten percent ( $\pm 10\%$ );

- (D) Operate the collection system so that the methane concentration is less than five hundred (500) parts per million above background at the surface of the landfill. To determine if this level is exceeded, the owner or operator shall conduct surface testing around the perimeter of the collection area along a pattern that traverses the landfill at thirty (30)-meter intervals and where visual observations indicate elevated concentrations of landfill gas, such as distressed vegetation and cracks or seeps in the cover. The owner or operator may establish an alternative traversing pattern that ensures equivalent coverage. A surface monitoring design plan shall be developed that includes a topographical map with the monitoring route and the rationale for any site-specific deviations from the thirty (30)-meter intervals. Areas with steep slopes or other dangerous areas may be excluded from the surface testing;

- (E) Operate the system such that all collected gases are vented to a control system designed and operated in compliance with subparagraph (3)(B)2.C. of this rule. In the event the collection or control system is inoperable, the gas mover system shall be shut down and all valves in the collection and control system contributing to venting of the gas to the atmosphere shall be closed within one (1) hour;

- (F) Operate the control or treatment system at all times when the collected gas is routed to the system; and

- (G) If monitoring demonstrates that the operational requirements in subsection (4)(B), (C), or (D) of this rule are not met, corrective action shall be taken as specified in paragraph (3)(A)3. through 5. or subsection (6)(C) of this rule. If corrective actions are taken as specified in section (6) of this rule, the monitored exceedance is not a violation of the operational requirements in this section.

(5) Test Methods and Procedures.

(A) NMOC Emission Rate Calculation.

1. The landfill owner or operator shall calculate the NMOC emission rate using either the equation provided in subparagraph (5)(A)1.A. of this rule or the equation provided in subparagraph (5)(A)1.B. of this rule. Both equations may be used if the actual year-to-year solid waste acceptance rate is known, as specified in subparagraph (5)(A)1.A. of this rule, for part of the life of the landfill and the actual year-to-year solid waste acceptance rate is unknown, as specified in subparagraph (5)(A)1.B., for part of the life of the landfill. The values to be used in both equations are 0.05 per year for  $k$ , one hundred seventy (170) cubic meters per megagram for  $L_o$ , and four thousand (4,000) parts per million by volume as hexane for the  $C_{NMOC}$ . For landfills located in geographical areas with a thirty (30)-year annual average precipitation of less than twenty-five inches (25"), as measured at the nearest representative official meteorologic site, the  $k$  value to be used is 0.02 per year.

- A. The following equation shall be used if the actual year-to-year solid waste acceptance rate is known. The mass of nondegradable solid waste may be subtracted from the total mass of solid waste in a particular section of the landfill when calculating the value for  $M_i$  if the documentation of the nature and amount of such wastes is maintained.

$$M_{NMOC} = \sum_{i=1}^n 2 k L_o M_i (e^{-kt_i}) (C_{NMOC}) (3.6 \times 10^{-9})$$

where,

$M_{NMOC}$	= Total NMOC emission rate from the landfill, megagrams per year
$k$	= methane generation rate constant, year <sup>-1</sup>
$L_o$	= methane generation potential, cubic meters per megagram solid waste
$M_i$	= mass of solid waste in the $i^{\text{th}}$ section, megagrams
$t_i$	= age of the $i^{\text{th}}$ section, years
$C_{NMOC}$	= concentration of NMOC, parts per million by volume as hexane
$3.6 \times 10^{-9}$	= conversion factor

B. The following equation shall be used if the actual year-to-year solid waste acceptance rate is unknown. The mass of nondegradable solid waste may be subtracted from the average annual acceptance rate when calculating a value for  $R$ , if the documentation provisions of paragraph (9)(D)2. of this rule are followed.

$$M_{NMOC} = \frac{2 L_o R (e^{-kc} - e^{-kt})}{(C_{NMOC}) (3.6 \times 10^{-9})}$$

where,

$M_{NMOC}$	= mass emission rate of NMOC, megagrams per year
$L_o$	= methane generation potential, cubic meters per megagram solid waste
$R$	= average annual acceptance rate, megagrams per year
$k$	= methane generation rate constant, year <sup>-1</sup>
$t$	= age of landfill, years
$C_{NMOC}$	= concentration of NMOC, parts per million by volume as hexane
$c$	= time since closure, years. For active landfill $c = 0$ and $e^{-kc} = 1$
$3.6 \times 10^{-9}$	= conversion factor

2. Tier 1. The owner or operator shall compare the calculated NMOC mass emission rate to the standard of fifty (50) megagrams per year.

A. If the NMOC emission rate calculated in paragraph (5)(A)1. of this rule is less than fifty (50) megagrams per year, then the landfill owner shall submit an emission rate report as provided in paragraph (8)(B)1. of this rule, and shall recalculate the NMOC mass emission rate annually as required under paragraph (3)(B)1. of this rule.

B. If the calculated NMOC emission rate is equal to or greater than fifty (50) megagrams per year, then the landfill owner shall either comply with paragraph (3)(B)2. of this rule, or determine a site-specific NMOC concentration and recalculate the NMOC emission rate using the procedures provided in paragraph (5)(A)3. of this rule.

3. Tier 2. The landfill owner or operator shall determine the NMOC concentration using the following sampling procedure. The landfill owner or operator shall install at least two (2) sample probes per hectare of landfill surface that has retained waste for at least two (2) years. If the landfill is

larger than twenty-five (25) hectares in area, only fifty (50) samples are required. The sample probes should be located to avoid known areas of nondegradable solid waste. The owner or operator shall collect and analyze one (1) sample of landfill gas from each probe to determine the NMOC concentration using Method 25 or 25C of 40 CFR 60, Appendix A. Method 18 of 40 CFR 60, Appendix A may be used to analyze the samples collected by the Method 25 or 25C sampling procedure. Taking composite samples from different probes into a single cylinder is allowed; however, equal sample volumes must be taken from each probe. For each composite, the sampling rate, collection times, beginning and ending cylinder vacuums, or alternative volume measurements must be recorded to verify that composite volumes are equal. Composite sample volumes should not be less than one (1) liter unless evidence can be provided to substantiate the accuracy of smaller volumes. Terminate compositing before the cylinder approaches ambient pressure where measurement accuracy diminishes. If using Method 18, the minimum list of compounds to be tested shall be those published in AP-42, minus carbon monoxide, hydrogen sulfide, and mercury. As a minimum, the instrument must be calibrated for each of the compounds on the list. Convert the concentration of each Method 18 compound to  $C_{NMOC}$  as hexane by multiplying by the ratio of its carbon atoms divided by six (6). If more than the required number of samples are taken, all samples shall be used in the analysis. The landfill owner or operator must divide the NMOC concentration from Method 25 or 25C of 40 CFR 60, Appendix A by six (6) to convert from  $C_{NMOC}$  as carbon to  $C_{NMOC}$  as hexane. If the landfill has an active or passive gas removal system in place, Method 25 or 25C samples may be collected from these systems instead of surface probes provided the removal system can be shown to provide sampling as representative as the two (2) sampling probe per hectare requirement. For active collection systems, samples may be collected from the common header pipe before the gas moving or condensate removal equipment. For these systems, a minimum of three (3) samples must be collected from the header pipe.

A. The landfill owner or operator shall recalculate the NMOC mass emission rate using the equations provided in subparagraph (5)(A)1.A. or B. of this rule and using the average NMOC concentration from the collected samples instead of the default value in the equation provided in paragraph (5)(A)1. of this rule.

B. If the resulting mass emission rate calculated using the site-specific NMOC concentration is equal to or greater than fifty (50) megagrams per year, then the landfill owner or operator shall either comply with paragraph (3)(B)2. of this rule, or determine the site-specific methane generation rate constant and recalculate the NMOC emission rate using the site-specific methane generation rate using the procedure specified in paragraph (5)(A)4. of this rule.

C. If the resulting NMOC mass emission rate is less than fifty (50) megagrams per year, the owner or operator shall submit a periodic estimate of the emission rate report as provided in paragraph (8)(B)1. of this rule and retest the site-specific NMOC concentration every five (5) years using the methods specified in this section.

4. Tier 3. The site-specific methane generation rate constant shall be determined using the procedures provided in Method 2E of 40 CFR 60, Appendix A. The landfill owner or operator shall estimate the NMOC mass emission rate using equations in subparagraph (5)(A)1.A. or B. of this rule and using a site-specific methane generation rate constant  $k$ , and the site-specific NMOC concentration as determined in paragraph (5)(A)3. of this rule instead of the default values provided in paragraph (5)(A)1. of this rule. The landfill owner or

operator shall compare the resulting NMOC mass emission rate to the standard of fifty (50) megagrams per year.

A. If the NMOC mass emission rate as calculated using the site-specific methane generation rate and concentration of NMOC is equal to or greater than fifty (50) megagrams per year, the owner or operator shall comply with paragraph (3)(B)2. of this rule.

B. If the NMOC mass emission rate is less than fifty (50) megagrams per year, then the owner or operator shall submit a periodic emission rate report as provided in paragraph (8)(B)1. of this rule and shall recalculate the NMOC mass emission rate annually, as provided in paragraph (8)(B)1. of this rule using the equations in paragraph (5)(A)1. of this rule and using the site-specific methane generation rate constant and NMOC concentration obtained in paragraph (5)(A)3. of this rule. The calculation of the methane generation rate constant is performed only once, and the value obtained from this test shall be used in all subsequent annual NMOC emission rate calculations.

5. The owner or operator may use other methods to determine the NMOC concentration or a site-specific *k* as an alternative to the methods required in paragraphs (5)(A)3. and 4. of this rule if the method has been approved by the director and EPA.

(B) After the installation of a collection and control system in compliance with section (6) of this rule, the owner or operator shall calculate the NMOC emission rate for purposes of determining when the system can be removed as provided in subparagraph (3)(B)2.E. of this rule, using the following equation:

$$M_{NMOC} = (1.89 \times 10^{-3}) (Q_{LFG}) (C_{NMOC})$$

where,

$M_{NMOC}$  = mass emission rate of NMOC, megagrams per year

$Q_{LFG}$  = flow rate of landfill gas, cubic meters per minute

$C_{NMOC}$  = NMOC concentration, parts per million by volume as hexane

1. The flow rate of landfill gas,  $Q_{LFG}$ , shall be determined by measuring the total landfill gas flow rate at the common header pipe that leads to the control device using a gas flow measuring device calibrated according to the provisions of section 4 of Method 2E of 40 CFR 60, Appendix A.

2. The average NMOC concentration,  $C_{NMOC}$ , shall be determined by collecting and analyzing landfill gas sampled from the common header pipe before the gas moving or condensate removal equipment using the procedures in Method 25C or Method 18 of 40 CFR 60, Appendix A. If using Method 18, the minimum list of compounds to be tested shall be those published in AP-42. The sample location on the common header pipe shall be before any condensate removal or other gas refining units. The landfill owner or operator shall divide the NMOC concentration from Method 25C by six (6) to convert from  $C_{NMOC}$  as carbon to  $C_{NMOC}$  as hexane.

3. The owner or operator may use another method to determine landfill gas flow rate and NMOC concentration if the method has been approved by the director and EPA as provided in part (3)(B)2.A.(II) of this rule.

(C) When calculating emissions for prevention of significant deterioration (PSD) purposes, the owner or operator of each MSW landfill subject to the provisions of this rule shall estimate the NMOC emission rate for comparison to the PSD major source and significance levels in 40 CFR 51.166 or

52.21 using AP-42 or other approved measurement procedures.

(D) For the performance test required in part (3)(B)2.C.(II) of this rule, Method 25, 25C, or Method 18 of 40 CFR 60, Appendix A shall be used to determine compliance with ninety-eight (98) weight-percent efficiency or the twenty (20) ppmv outlet concentration level, unless another method to demonstrate compliance has been approved by the director and EPA as provided by part (3)(B)2.A.(II) of this rule. Method 3 or 3A of 40 CFR 60, Appendix A shall be used to determine oxygen for correcting the NMOC concentration as hexane to three percent (3%). In cases where the outlet concentration is less than fifty (50) ppm NMOC as carbon (eight (8) ppm NMOC as hexane), Method 25A of 40 CFR 60, Appendix A should be used in place of Method 25. If using Method 18, the minimum list of compounds to be tested shall be those published in AP-42. The following equation shall be used to calculate efficiency:

$$\text{Control Efficiency} = \frac{(NMOC_{in} - NMOC_{out})}{(NMOC_{in})}$$

where,

$NMOC_{in}$  = mass of NMOC entering control device

$NMOC_{out}$  = mass of NMOC exiting control device

(E) For the performance test required in part (3)(B)2.C.(I), the net heating value of the combusted landfill gas as determined in 40 CFR 60.18(f)(3) is calculated from the concentration of methane in the landfill gas as measured by Method 3C of 40 CFR 60, Appendix A. A minimum of three (3) thirty (30)-minute Method 3C samples are determined. The measurement of other organic components, hydrogen, and carbon monoxide is not applicable. Method 3C may be used to determine the landfill gas molecular weight for calculating the flare gas exit velocity under 40 CFR 60.18(f)(4).

(6) Compliance Provisions.

(A) Except as provided in part (3)(B)2.A.(II) of this rule, the specified methods in paragraphs (6)(A)1. through (6)(A)6. of this rule shall be used to determine whether the gas collection system is in compliance with subparagraph (3)(B)2.B. of this rule—

1. For the purposes of calculating the maximum expected gas generation flow rate from the landfill to determine compliance with subpart (3)(B)2.B.(I)(a) of this rule, one (1) of the following equations shall be used. The *k* and *L<sub>o</sub>* kinetic factors should be those published in AP-42 or other site specific values demonstrated to be appropriate and approved by the director and EPA. If *k* has been determined as specified in paragraph (5)(A)4. of this rule, the value of *k* determined from the test shall be used. A value of no more than fifteen (15) years shall be used for the intended use period of the gas mover equipment. The active life of the landfill is the age of the landfill plus the estimated number of years until closure.

A. For sites with unknown year-to-year solid waste acceptance rate—

$$Q_m = 2L_o R (e^{-kc} - e^{-kt})$$

where,

$Q_m$  = maximum expected gas generation flow rate, cubic meters per year

$L_o$  = methane generation potential, cubic meters per megagram solid waste

$R$	= average annual acceptance rate, megagrams per year
$k$	= methane generation rate constant, year <sup>-1</sup>
$t$	= age of the landfill at equipment installation plus the time the owner or operator intends to use the gas mover equipment or active life of the landfill, whichever is less. If the equipment is installed after closure, $t$ is the age of the land-fill at installation, years
$c$	= time since closure, years (for an active landfill $c = 0$ and $e^{-kc} = 1$ )

B. For sites with known year-to-year solid waste acceptance rate—

$$Q_m = \sum_{i=1}^n 2 k L_o M_i (e^{-kt_i})$$

where,

$Q_m$	= maximum expected gas generation flow rate, cubic meters per year
$k$	= methane generation rate constant, year <sup>-1</sup>
$L_o$	= methane generation potential, cubic meters per megagram solid waste
$M_i$	= mass of solid waste in the $i^{\text{th}}$ section, megagrams
$t_i$	= age of the $i^{\text{th}}$ section, years

C. If a collection and control system has been installed, actual flow data may be used to project the maximum expected gas generation flow rate instead of, or in conjunction with, the equations in subparagraphs (6)(A)1.A. and B. of this rule. If the landfill is still accepting waste, the actual measured flow data will not equal the maximum expected gas generation rate, so calculations using the equations in subparagraphs (6)(A)1.A. or B. of this rule or other methods shall be used to predict the maximum expected gas generation rate over the intended period of use of the gas control system equipment;

2. For the purposes of determining sufficient density of gas collectors for compliance with subpart (3)(B)2.B.(I)(b) of this rule, the owner or operator shall design a system of vertical wells, horizontal collectors, or other collection devices, satisfactory to the director, capable of controlling and extracting gas from all portions of the landfill sufficient to meet all operational and performance standards;

3. For the purpose of demonstrating whether the gas collection system flow rate is sufficient to determine compliance with subpart (3)(B)2.B.(I)(c) of this rule, the owner or operator shall measure gauge pressure in the gas collection header at each individual well, monthly. If a positive pressure exists, action shall be initiated to correct the exceedance within five (5) calendar days, except for the three (3) conditions allowed under subsection (4)(B) of this rule. If negative pressure cannot be achieved without excess air infiltration within fifteen (15) calendar days of the first measurement, the gas collection system shall be expanded to correct the exceedance within one hundred twenty (120) days of the initial measurement of positive pressure. Any attempted corrective measure shall not cause exceedances of other oper-

ational or performance standards. An alternative timeline for correcting the exceedance may be submitted to the director for approval;

4. Owners or operators are not required to expand the system as required in paragraph (6)(A)3. of this rule during the first one hundred eighty (180) days after gas collection system start-up;

5. For the purpose of identifying whether excess air infiltration into the landfill is occurring, the owner or operator shall monitor each well monthly for temperature and nitrogen or oxygen as provided in subsection (4)(C) of this rule. If a well exceeds one (1) of these operating parameters, action shall be initiated to correct the exceedance within five (5) calendar days. If correction of the exceedance cannot be achieved within fifteen (15) calendar days of the first measurement, the gas collection system shall be expanded to correct the exceedance within one hundred twenty (120) days of the initial exceedance. Any attempted corrective measure shall not cause exceedances of other operational or performance standards. An alternative timeline for correcting the exceedance may be submitted to the director for approval; and

6. An owner or operator seeking to demonstrate compliance with subpart (3)(B)2.B.(I)(d) of this rule through the use of a collection system not conforming to the specifications provided in section (10) of this rule shall provide information satisfactory to the director and EPA as specified in part (3)(B)2.A.(III) of this rule demonstrating that off-site migration is being controlled.

(B) For purposes of compliance with subsection (4)(A) of this rule, each owner or operator of a controlled landfill shall place each well or design component as specified in the approved design plan as provided in subparagraph (3)(B)2.A. of this rule. Each well shall be installed no later than sixty (60) days of the date in which the initial solid waste has been in place for a period of—

1. Five (5) years or more if active; or
2. Two (2) years or more if closed or at final grade.

(C) The following procedures shall be used for compliance with the surface methane operational standard as provided in subsection (4)(D) of this rule:

1. After installation of the collection system, the owner or operator shall monitor surface concentrations of methane along the entire perimeter of the collection area and along a pattern that traverses the landfill at thirty (30)-meter intervals (or a site-specific established spacing) for each collection area on a quarterly basis using an organic vapor analyzer, flame ionization detector, or other portable monitor meeting the specifications provided in subsection (6)(D) of this rule;

2. The background concentration shall be determined by moving the probe inlet upwind and downwind outside the boundary of the landfill at a distance of at least thirty (30) meters from the perimeter wells;

3. Surface emission monitoring shall be performed in accordance with section 4.3.1 of Method 21 of 40 CFR 60, Appendix A, except that the probe inlet shall be placed within five to ten centimeters (5–10 cm) of the ground. Monitoring shall be performed during typical meteorological conditions;

4. Any reading of five hundred (500) parts per million (ppm) or more above background at any location shall be recorded as a monitored exceedance and the actions specified in subparagraphs (6)(C)4.A. through E. of this rule shall be taken. As long as the specified actions are taken, the exceedance is not a violation of the operational requirements of subsection (4)(D) of this rule.

A. The location of each monitored exceedance shall

be marked and the location recorded.

B. Cover maintenance or adjustments to the vacuum of the adjacent wells to increase the gas collection in the vicinity of each exceedance shall be made, and the location shall be remonitored within ten (10) calendar days of detecting the exceedance.

C. If the remonitoring of the location shows a second exceedance, additional corrective action shall be taken, and the location shall be monitored again within ten (10) days of the second exceedance. If the remonitoring shows a third exceedance for the same location, the action specified in subparagraph (6)(C)4.E. of this rule shall be taken, and no further monitoring of that location is required until the action specified in subparagraph (6)(C)4.E. of this rule has been taken.

D. Any location that initially showed an exceedance but has a methane concentration less than five hundred (500) ppm methane above background at the ten (10)-day remonitoring specified in subparagraph (6)(C)4.B. or C. of this rule shall be remonitored one (1) month from the initial exceedance. If the one (1)-month remonitoring shows a concentration less than five hundred (500) ppm above background, no further monitoring of that location is required until the next quarterly monitoring period. If the one (1)-month remonitoring shows an exceedance, the actions specified in subparagraph (6)(C)4.C. or E. of this rule shall be taken.

E. For any location where monitored methane concentration equals or exceeds five hundred (500) ppm above background three (3) times within a quarterly period, a new well or other collection device shall be installed within one hundred twenty (120) calendar days of the initial exceedance. An alternative remedy to the exceedance, such as upgrading the blower, header pipes, or control device, and a corresponding timeline for installation may be submitted to the director for approval; and

5. The owner or operator shall implement a program to monitor for cover integrity and implement cover repairs as necessary on a monthly basis.

(D) Each owner or operator seeking to comply with the provisions in subsection (6)(C) of this rule shall comply with the following instrumentation specifications and procedures for surface emission monitoring devices:

1. The portable analyzer shall meet the instrument specifications provided in section 3 of Method 21 of 40 CFR 60, Appendix A, except that "methane" shall replace all references to VOC;

2. The calibration gas shall be methane, diluted to a nominal concentration of five hundred (500) ppm in air;

3. To meet the performance evaluation requirements in section 3.1.3 of Method 21 of 40 CFR 60, Appendix A, the instrument evaluation procedures of section 4.4 of Method 21 shall be used; and

4. The calibration procedures provided in section 4.2 of Method 21 of 40 CFR 60, Appendix A shall be followed immediately before commencing a surface monitoring survey.

(E) The provisions of this rule apply at all times, except during periods of start-up, shutdown, or malfunction, provided that the duration of start-up, shutdown, or malfunction shall not exceed five (5) days for collection systems and shall not exceed one (1) hour for treatment or control devices.

(7) Monitoring of Operations. Except as provided in part (3)(B)2.A.(II) of this rule—

(A) Each owner or operator seeking to comply with part (3)(B)2.B.(I) of this rule for an active gas collection system

shall install a sampling port and a thermometer or other temperature measuring device, or an access port for temperature measurements at each wellhead and—

1. Measure the gauge pressure in the gas collection header on a monthly basis as provided in paragraph (6)(A)3. of this rule;

2. Monitor nitrogen or oxygen concentration in the landfill gas on a monthly basis as provided in paragraph (6)(A)5. of this rule; and

3. Monitor temperature of the landfill gas on a monthly basis as provided in paragraph (6)(A)5. of this rule;

(B) Each owner or operator seeking to comply with subparagraph (3)(B)2.C. of this rule using an enclosed combustor shall calibrate, maintain, and operate according to the manufacturer's specifications, the following equipment:

1. A temperature monitoring device equipped with a continuous recorder and having a minimum accuracy of plus or minus one percent ( $\pm 1\%$ ) of the temperature being measured expressed in degrees Celsius or plus or minus one-half degree Celsius ( $\pm 0.5\text{ }^{\circ}\text{C}$ ), whichever is greater. A temperature monitoring device is not required for boilers or process heaters with design heat input capacity equal to or greater than forty-four (44) megawatts; and

2. A device that records flow to or bypass of the control device. The owner or operator shall either—

A. Install, calibrate, and maintain a gas flow rate measuring device that shall record the flow to the control device at least every fifteen (15) minutes; or

B. Secure the bypass line valve in the closed position with a car-seal or a lock-and-key type configuration. A visual inspection of the seal or closure mechanism shall be performed at least once every month to ensure that the valve is maintained in the closed position and that the gas flow is not diverted through the bypass line;

(C) Each owner or operator seeking to comply with subparagraph (3)(B)2.C. of this rule using an open flare shall install, calibrate, maintain, and operate according to the manufacturer's specifications the following equipment:

1. A heat sensing device, such as an ultraviolet beam sensor or thermocouple, at the pilot light or the flame itself to indicate the continuous presence of a flame; and

2. A device that records flow to or bypass of the flare. The owner or operator shall either—

A. Install, calibrate, and maintain a gas flow rate measuring device that shall record the flow to the control device at least every fifteen (15) minutes; or

B. Secure the bypass line valve in the closed position with a car-seal or a lock-and-key type configuration. A visual inspection of the seal or closure mechanism shall be performed at least once every month to ensure that the valve is maintained in the closed position and that the gas flow is not diverted through the bypass line;

(D) Each owner or operator seeking to demonstrate compliance with subparagraph (3)(B)2.C. of this rule using a device other than an open flare or an enclosed combustor shall provide information satisfactory to the director as provided in part (3)(B)2.A.(II) of this rule describing the operation of the control device, the operating parameters that would indicate proper performance, and appropriate monitoring procedures. The director shall review the information and either approve it or request that additional information be submitted. The director may specify additional appropriate monitoring procedures;

(E) Each owner or operator seeking to install a collection system that does not meet the specifications in section (10) of this rule or seeking to monitor alternative parameters to those required by sections (4) through (7) of this rule shall provide information satisfactory to the director as provided



in parts (3)(B)2.A.(II) and (III) of this rule describing the design and operation of the collection system, the operating parameters that would indicate proper performance, and appropriate monitoring procedures. The director may specify additional appropriate monitoring procedures; or

(F) Each owner or operator seeking to demonstrate compliance with subsection (6)(C) of this rule, shall monitor surface concentrations of methane according to the instrument specifications and procedures provided in subsection (6)(D) of this rule. Any closed landfill that has no monitored exceedances of the operational standard in three (3) consecutive quarterly monitoring periods may skip to annual monitoring. Any methane reading of five hundred (500) ppm or more above background detected during the annual monitoring returns the frequency for that landfill to quarterly monitoring.

(8) Reporting Requirements. Except as provided in part (3)(B)2.A.(II) of this rule—

(A) Each owner or operator subject to the requirements of this rule shall submit an initial design capacity report to the director.

1. The initial design capacity report shall be submitted within ninety (90) days of the rule effective date.

2. The initial design capacity report shall contain the following information:

A. A map or plot of the landfill, providing the size and location of the landfill, and identifying all areas where solid waste may be landfilled according to the provisions of the state or local construction or operating permit; and

B. The maximum design capacity of the landfill. Where the maximum design capacity is specified in the state or local construction permit, a copy of the permit specifying the maximum design capacity may be submitted as part of the report. If the maximum design capacity of the landfill is not specified in the permit, the maximum design capacity shall be calculated using good engineering practices. The calculations shall be provided, along with the relevant parameters as part of the report. The state, local agency, or director may request other reasonable information as may be necessary to verify the maximum design capacity of the landfill.

3. An amended design capacity report shall be submitted to the director providing notification of any increase in the design capacity of the landfill, whether the increase results from an increase in the permitted area or depth of the landfill, a change in the operating procedures, or any other means which results in an increase in the maximum design capacity of the landfill above two and one-half (2.5) million megagrams and two and one-half (2.5) million cubic meters. The amended design capacity report shall be submitted within ninety (90) days of the issuance of an amended construction or operating permit, or the placement of waste in additional land, or the change in operating procedures which will result in an increase in maximum design capacity, whichever occurs first;

(B) Each owner or operator subject to the requirements of this rule shall submit an NMOC emission rate report to the director initially and annually thereafter, except as provided for in subparagraph (8)(B)1.B. or paragraph (8)(B)3. of this rule. The director may request such additional information as may be necessary to verify the reported NMOC emission rate.

1. The NMOC emission rate report shall contain an annual or five (5)-year estimate of the NMOC emission rate calculated using the formula and procedures provided in subsection (5)(A) or (B) of this rule, as applicable.

A. The initial NMOC emission rate report shall be sub-

mitted within ninety (90) days of the rule effective date and may be combined with the initial design capacity report required in subsection (8)(A) of this rule. Subsequent NMOC emission rate reports shall be submitted annually thereafter, except as provided for in subparagraph (8)(B)1.B. and paragraph (8)(B)3. of this rule.

B. If the estimated NMOC emission rate as reported in the annual report to the director is less than fifty (50) megagrams per year in each of the next five (5) consecutive years, the owner or operator may elect to submit an estimate of the NMOC emission rate for the next five (5)-year period in lieu of the annual report. This estimate shall include the current amount of solid waste-in-place and the estimated waste acceptance rate for each year of the five (5) years for which an NMOC emission rate is estimated. All data and calculations upon which this estimate is based shall be provided to the director. This estimate shall be revised at least once every five (5) years. If the actual waste acceptance rate exceeds the estimated waste acceptance rate in any year reported in the five (5)-year estimate, a revised five (5)-year estimate shall be submitted to the director. The revised estimate shall cover the five (5)-year period beginning with the year in which the actual waste acceptance rate exceeded the estimated waste acceptance rate.

2. The NMOC emission rate report shall include all the data, calculations, sample reports, and measurements used to estimate the annual or five (5)-year emissions.

3. Each owner or operator subject to the requirements of this rule is exempted from the requirements of paragraphs (8)(B)1. and 2. of this rule after the installation of a collection and control system in compliance with paragraph (3)(B)2. of this rule, during such time as the collection and control system is in operation and in compliance with sections (4) and (6) of this rule;

(C) Each owner or operator subject to the provisions of subparagraph (3)(B)2.A. of this rule shall submit a collection and control system design plan to the director within one (1) year of the first report, required under subsection (8)(B) of this rule, in which the emission rate equals or exceeds fifty (50) megagrams per year, except as follows:

1. If the owner or operator elects to recalculate the NMOC emission rate after Tier 2 NMOC sampling and analysis as provided in paragraph (5)(A)3. of this rule and the resulting rate is less than fifty (50) megagrams per year, annual periodic reporting shall be resumed, using the Tier 2 determined site-specific NMOC concentration, until the calculated emission rate is equal to or greater than fifty (50) megagrams per year or the landfill is closed. The revised NMOC emission rate report, with the recalculated emission rate based on NMOC sampling and analysis, shall be submitted within one hundred eighty (180) days of the first calculated exceedance of fifty (50) megagrams per year; and

2. If the owner or operator elects to recalculate the NMOC emission rate after determining a site-specific methane generation rate constant  $k$ , as provided in Tier 3 in paragraph (5)(A)4. of this rule, and the resulting NMOC emission rate is less than fifty (50) Mg/yr, annual periodic reporting shall be resumed. The resulting site-specific methane generation rate constant  $k$  shall be used in the emission rate calculation until such time as the emissions rate calculation results in an exceedance. The revised NMOC emission rate report based on the provisions of paragraph (5)(A)4. of this rule and the resulting site-specific methane generation rate constant  $k$  shall be submitted to the director within one (1) year of the first calculated emission rate exceeding fifty (50) megagrams per year;

(D) Each owner or operator of a controlled landfill shall submit a closure report to the director within thirty (30) days



of waste acceptance cessation. The director may request additional information as may be necessary to verify that permanent closure has taken place in accordance with the requirements of 40 CFR 258.60. If a closure report has been submitted to the director, no additional wastes may be placed into the landfill without filing a notification of modification as described under 40 CFR 60.7(a)(4);

(E) Each owner or operator of a controlled landfill shall submit an equipment removal report to the director thirty (30) days prior to removal or cessation of operation of the control equipment.

1. The equipment removal report shall contain all of the following items:

A. A copy of the closure report submitted in accordance with subsection (8)(D) of this rule;

B. A copy of the initial performance test report demonstrating that the fifteen (15)-year minimum control period has expired; and

C. Dated copies of three (3) successive NMOC emission rate reports demonstrating that the landfill is no longer producing fifty (50) megagrams or greater of NMOC per year.

2. The director may request such additional information as may be necessary to verify that all of the conditions for removal in subparagraph (3)(B)2.E. of this rule have been met;

(F) Each owner or operator of a landfill seeking to comply with paragraph (3)(B)2. of this rule using an active collection system designed in accordance with subparagraph (3)(B)2.B. of this rule shall submit to the director annual reports of the recorded information in paragraphs (8)(F)1. through 6. of this rule. The initial annual report shall be submitted within one hundred eighty (180) days of installation and start-up of the collection and control system and shall include the initial performance test report required under 40 CFR 60.8. For enclosed combustion devices and flares, reportable exceedances are defined under subsection (9)(C) of this rule.

1. Value and length of time for exceedance of applicable parameters monitored under subsections (7)(A), (B), (C), and (D) of this rule.

2. Description and duration of all periods when the gas stream is diverted from the control device through a bypass line or the indication of bypass flow as specified under section (7) of this rule.

3. Description and duration of all periods when the control device was not operating for a period exceeding one (1) hour and length of time the control device was not operating.

4. All periods when the collection system was not operating in excess of five (5) days.

5. The location of each exceedance of the five hundred (500) ppm methane concentration as provided in subsection (4)(D) of this rule and the concentration recorded at each location for which an exceedance was recorded in the previous month.

6. The date of installation and the location of each well or collection system expansion added pursuant to paragraph (6)(A)3., subsection (6)(B), and paragraph (6)(C)4. of this rule; and

(G) Each owner or operator seeking to comply with subparagraph (3)(B)2.A. of this rule shall include the following information with the initial performance test report required under 40 CFR 60.8:

1. A diagram of the collection system showing collection system positioning including all wells, horizontal collectors, surface collectors, or other gas extraction devices, including the locations of any areas excluded from collection and the proposed sites for the future collection system

expansion;

2. The data upon which the sufficient density of wells, horizontal collectors, surface collectors, or other gas extraction devices and the gas mover equipment sizing are based;

3. The documentation of the presence of asbestos or nondegradable material for each area from which collection wells have been excluded based on the presence of asbestos or nondegradable material;

4. The sum of the gas generation flow rates for all areas from which collection wells have been excluded based on nonproductivity and the calculations of gas generation flow rate for each excluded area;

5. The provisions for increasing gas mover equipment capacity with increased gas generation flow rate, if the present gas mover equipment is inadequate to move the maximum flow rate expected over the life of the landfill; and

6. The provisions for the control of off-site migration.

(9) Record Keeping Requirements. Except as provided in part (3)(B)2.A.(II) of this rule—

(A) Each owner or operator of a MSW landfill subject to the provisions of subsection (3)(B) of this rule shall keep for at least five (5) years up-to-date, readily accessible, on-site records of the design capacity report which triggered subsection (3)(B) of this rule, the current amount of solid waste in-place, and the year-by-year waste acceptance rate. Records may be maintained off-site if they are retrievable within four (4) hours. A longer period is acceptable if records are needed for an unresolved enforcement action. Either paper copy or electronic formats are acceptable;

(B) Each owner or operator of a controlled landfill shall keep up-to-date, readily accessible records for the life of the control equipment of the data listed in paragraphs (9)(B)1. through 4. of this rule as measured during the initial performance test or compliance determination. Records of subsequent tests or monitoring shall be maintained for a minimum of five (5) years. Records of the control device vendor specifications shall be maintained until removal.

1. Where an owner or operator subject to the provisions of this rule seeks to demonstrate compliance with subparagraph (3)(B)2.B. of this rule—

A. The maximum expected gas generation flow rate as calculated in paragraph (6)(A)1. of this rule. The owner or operator may use another method to determine the maximum gas generation flow rate, if the method has been approved by the director and EPA; and

B. The density of wells, horizontal collectors, surface collectors, or other gas extraction devices determined using the procedures specified in paragraph (10)(A)1. of this rule.

2. Where an owner or operator subject to the provisions of this rule seeks to demonstrate compliance with subparagraph (3)(B)2.C. of this rule through use of an enclosed combustion device other than a boiler or process heater with a design heat input capacity equal to or greater than forty-four (44) megawatts—

A. The average combustion temperature measured at least every fifteen (15) minutes and averaged over the same time period of the performance test; and

B. The percent reduction of NMOC determined as specified in part (3)(B)2.C.(II) of this rule achieved by the control device.

3. Where an owner or operator subject to the provisions of this rule seeks to demonstrate compliance with subpart (3)(B)2.C.(II)(a) of this rule through use of a boiler or process heater of any size—a description of the location at which the collected gas vent stream is introduced into the boiler or process heater over the same time period of the performance testing.

4. Where an owner or operator subject to the provisions of this rule seeks to demonstrate compliance with part (3)(B)2.C.(I) of this rule through use of an open flare, the flare type (that is, steam-assisted, air-assisted, or nonassisted), all visible emission readings, heat content determination, flow rate or bypass flow rate measurements, and exit velocity determinations made during the performance test as specified in 40 CFR 60.18; continuous records of the flare pilot flame or flare flame monitoring and records of all periods of operations during which the pilot flame of the flare flame is absent;

(C) Each owner or operator of a controlled landfill subject to the provisions of this rule shall keep for five (5) years up-to-date, readily accessible continuous records of the equipment operating parameters specified to be monitored in section (7) of this rule as well as up-to-date, readily accessible records for periods of operation during which the parameter boundaries established during the most recent performance test are exceeded.

1. The following constitute exceedances that shall be recorded and reported under subsection (8)(F) of this rule:

A. For enclosed combustors except for boilers and process heaters with design heat input capacity of forty-four (44) megawatts (150 million British thermal units per hour) or greater, all three (3)-hour periods of operation during which the average combustion temperature was more than twenty-eight degrees Celsius (28 °C) below the average combustion temperature during the most recent performance test at which compliance with subparagraph (3)(B)2.C. of this rule was determined; and

B. For boilers or process heaters, whenever there is a change in the location at which the vent stream is introduced into the flame zone as required under subparagraph (9)(B)3.A. of this rule.

2. Each owner or operator subject to the provisions of this rule shall keep up-to-date, readily accessible continuous records of the indication of flow to the control device or the indication of bypass flow or records of monthly inspections of car-seals or lock-and-key configurations used to seal bypass lines, specified under section (7) of this rule.

3. Each owner or operator subject to the provisions of this rule who uses a boiler or process heater with a design heat input capacity of forty-four (44) megawatts or greater to comply with subparagraph (3)(B)2.C. of this rule shall keep an up-to-date, readily accessible record of all periods of operation of the boiler or process heater. (Examples of such records could include records of steam use, fuel use, or monitoring data collected pursuant to other state or local regulatory requirements.)

4. Each owner or operator seeking to comply with the provisions of this rule by use of an open flare shall keep up-to-date, readily accessible continuous records of the flame or flare pilot flame monitoring specified under subsection (7)(C) of this rule, and up-to-date, readily accessible records of all periods of operation in which the flame or flare pilot flame is absent;

(D) Each owner or operator subject to the provisions of this rule shall keep for the life of the collection system an up-to-date, readily accessible plot map showing each existing and planned collector in the system and providing a unique identification location label for each collector.

1. Each owner or operator subject to the provisions of this rule shall keep up-to-date, readily accessible records of the installation date and location of all newly installed collectors as specified under subsection (6)(B) of this rule.

2. Each owner or operator subject to the provisions of this rule shall keep readily accessible documentation of the nature, date of deposition, amount, and location of

asbestos-containing or nondegradable waste excluded from collection as provided in subparagraph (10)(A)3.A. of this rule as well as any nonproductive areas excluded from collection as provided in subparagraph (10)(A)3.B. of this rule;

(E) Each owner or operator subject to the provisions of this rule shall keep for at least five (5) years up-to-date, readily accessible records of all collection and control system exceedances of the operational standards in section (4) of this rule, the reading in the subsequent month whether or not the second reading is an exceedance, and the location of each exceedance; and

(F) Landfill owners or operators who convert design capacity from volume to mass or mass to volume to demonstrate that landfill design capacity is less than two and one-half (2.5) million megagrams or two and one-half (2.5) million cubic meters, as provided in the definition of design capacity, shall keep readily accessible, on-site records of the annual recalculation of site-specific density, design capacity, and the supporting documentation. Off-site records may be maintained if they are retrievable within four (4) hours of request. Either paper copy or electronic formats are acceptable.

(10) Specifications for Active Collection Systems.

(A) Each owner or operator seeking to comply with subparagraph (3)(B)2.A. of this rule shall site active collection wells, horizontal collectors, surface collectors, or other extraction devices at a sufficient density throughout all gas producing areas using the following procedures unless alternative procedures have been approved by the director and EPA as provided in parts (3)(B)2.A.(III) and (IV) of this rule:

1. The collection devices within the interior and along the perimeter areas shall be certified to achieve comprehensive control of surface gas emissions by a professional engineer. The following issues shall be addressed in the design: depths of refuse, refuse gas generation rates and flow characteristics, cover properties, gas system expandability, leachate and condensate management, accessibility, compatibility with filling operations, integration with closure end use, air intrusion control, corrosion resistance, fill settlement, and resistance to the refuse decomposition heat;

2. The sufficient density of gas collection devices determined in paragraph (10)(A)1. of this rule shall address landfill gas migration issues and augmentation of the collection system through the use of active or passive systems at the landfill perimeter or exterior; and

3. The placement of gas collection devices determined in paragraph (10)(A)1. of this rule shall control all gas producing areas, except as provided by subparagraphs (10)(A)3.A. and B. of this rule.

A. Any segregated area of asbestos or nondegradable material may be excluded from collection if documentation is provided as specified under subsection (9)(D) of this rule. The documentation shall provide the nature, date of deposition, location and amount of asbestos or nondegradable material deposited in the area, and shall be provided to the director upon request.

B. Any nonproductive area of the landfill may be excluded from control, provided that the total of all excluded areas can be shown to contribute less than one percent (1%) of the total amount of NMOC emissions from the landfill. The amount, location, and age of the material shall be documented and provided to the director upon request. A separate NMOC emissions estimate shall be made for each section proposed for exclusion, and the sum of all such sections shall be compared to the NMOC emissions estimate for the entire landfill. Emissions from each section shall be computed using the following equation:

$$Q_i = 2 k L_o M_i (e^{-kt_i}) (C_{NMOC}) / (3.6 \times 10^{-9})$$

where,

$Q_i$  = NMOC emission rate from the  $i^{th}$  section, megagrams per year

$k$  = methane generation rate constant, year<sup>-1</sup>

$L_o$  = methane generation potential, cubic meters per megagram solid waste

$M_i$  = mass of the degradable solid waste in the  $i^{th}$  section, megagram

$t_i$  = age of the solid waste in the  $i^{th}$  section, years

$C_{NMOC}$  = concentration of non-methane organic compounds, parts per million by volume

$3.6 \times 10^{-9}$  = conversion factor

C. The values for  $k$  and  $C_{NMOC}$  determined in field testing shall be used, if field testing has been performed in determining the NMOC emission rate or the radii of influence (the distance from the well center to a point in the landfill where the pressure gradient applied by the blower or compressor approaches zero). If field testing has not been performed, the default values for  $k$ ,  $L_o$ , and  $C_{NMOC}$  provided in paragraph (5)(A)1. of this rule or the alternative values from (5)(A)5. of this rule shall be used. The mass of nondegradable solid waste contained within the given section may be subtracted from the total mass of the section when estimating emissions provided the nature, location, age, and amount of the nondegradable material is documented as provided in subparagraph (10)(A)3.A. of this rule.

(B) Each owner or operator seeking to comply with part (3)(B)2.A.(I) of this rule shall construct the gas collection devices using the following equipment or procedures:

1. The landfill gas extraction components shall be constructed of polyvinyl chloride (PVC), high density polyethylene (HDPE) pipe, fiberglass, stainless steel, or other nonporous corrosion resistant material of suitable dimensions to—convey projected amounts of gases; withstand installation, static, and settlement forces; and withstand planned overburden or traffic loads. The collection system shall extend as necessary to comply with emission and migration standards established in this rule. Collection devices such as wells and horizontal collectors shall be perforated to allow gas entry without head loss sufficient to impair performance across the intended extent of control. Perforations shall be situated with regard to the need to prevent excessive air infiltration;

2. Vertical wells shall be placed so as not to endanger underlying liners and shall address the occurrence of water within the landfill. Holes and trenches constructed for piped wells and horizontal collectors shall be of sufficient cross-section so as to allow for their proper construction and completion including, for example, centering of pipes and placement of gravel backfill. Collection devices shall be designed so as not to allow indirect short circuiting of air into the cover or refuse into the collection system or gas into the air. Any gravel used around pipe perforations should be of a dimension so as not to penetrate or block perforations; and

3. Collection devices may be connected to the collection header pipes below or above the landfill surface. The connector assembly shall include a positive closing throttle valve, any necessary seals and couplings, access couplings

and at least one (1) sampling port. The collection devices shall be constructed of PVC, HDPE, fiberglass, stainless steel, or other nonporous material of suitable thickness.

(C) Each owner or operator seeking to comply with part (3)(B)2.A.(I) of this rule shall convey the landfill gas to a control system in compliance with subparagraph (3)(B)2.C. of this rule through the collection header pipe(s). The gas mover equipment shall be sized to handle the maximum gas generation flow rate expected over the intended use period of the gas moving equipment using the following procedures:

1. For existing collection systems, the flow data shall be used to project the maximum flow rate. If no flow data exists, the procedures in paragraph (10)(C)2. of this rule shall be used; and

2. For new collection systems, the maximum flow rate shall be in accordance with paragraph (6)(A)1. of this rule.]

(3) General Provisions. Owners and operators of MSW landfills subject to this rule must comply with the following:

(A) Title V operating permit requirements—40 CFR 62.16711(e) applies;

(B) Exemptions for Part 70 operating permit requirements for closed landfills—40 CFR 62.16711(f) applies;

(C) Compliance schedule and increments of progress—40 CFR 62.16712 applies;

(D) Standards for municipal solid waste landfill emissions—40 CFR 62.16714 applies;

(E) Operational standards for collection and control systems—40 CFR 62.16716 applies;

(F) Compliance provisions—40 CFR 62.16720 applies;

(G) Monitoring of operations—40 CFR 62.16722 applies; and

(H) Specifications for active collection systems—40 CFR 62.16728 applies.

(4) Reporting and Record Keeping. Owners and operators of MSW landfills subject to this rule must comply with the following:

(A) Reporting guidelines—40 CFR 62.16724 applies unless exempted by paragraph (4)(A)2. of this rule—

1. Report submissions—Beginning July 1, 2022, owners or operators submitting reports in compliance with 40 CFR 62.16724 must also submit a copy of the report to the director; and

2. Reporting exemptions—

A. Exemptions for reporting requirements for closed landfills—40 CFR 62.16711(g) applies; and

B. Exemptions for reporting requirements for legacy controlled landfills—40 CFR 62.16711(h) applies; and

(B) Recordkeeping guidelines—40 CFR 62.16726 applies.

(5) Test Methods. The provisions of 40 CFR 62.16718 apply.

*AUTHORITY:* section 643.050, RSMo [Supp. 2011] 2016. Original rule filed Jan. 14, 1997, effective Sept. 30, 1997. Amended: Filed Oct. 7, 1999, effective July 30, 2000. Amended: Filed Sept. 26, 2011, effective May 30, 2012. Amended: Filed Oct. 29, 2021.

*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., January 27, 2022. The public hearing will be held at the

Elm Street Conference Center, 1730 East Elm Street, Lower Level, Bennett Springs Conference Room, Jefferson City, Missouri, and online with live video conferencing during the Missouri Air Conservation Commission meeting. Meeting participants can join the video meeting by signing into Webex at [www.webex.com](http://www.webex.com) and joining the meeting using the meeting number (access code): 2454 044 2018, and password: MACC. Participants may also join the meeting by phone using the toll number: 1-650-479-3207. For assistance joining the meeting, call the Missouri Department of Natural Resources' Air Pollution Control Program at 573-751-4817 or 800-361-4827. A recording of the public hearing meeting will be available at <https://dnr.mo.gov/env/apcp/macc.htm>. Opportunity to be sworn in by the court reporter in person or over video conference to give testimony 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., February 3, 2022. Send online comments via the proposed rules webpage <https://apps5.mo.gov/proposed-rules/welcome.action#OPEN>, email comments to [apcprulespn@dnr.mo.gov](mailto:apcprulespn@dnr.mo.gov), or mail 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 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 20—Pharmacy Program**

**PROPOSED AMENDMENT**

**13 CSR 70-20.031 List of Drugs for Which Prior Authorization Is Required and Drugs Excluded from Coverage Under the MO HealthNet Pharmacy Program.** The division is adding a new section (1), amending new sections (2) and (5), and renumbering as necessary.

**PURPOSE:** This amendment updates language in section (1) to add exclusions and definition for abortifacient drugs or devices, and revises sections (2) and (5).

**(1) Exclusions—As used in section 208.152.1(12), RSMo, any “abortifacient drug or device” includes: mifepristone when used to induce an abortion; misoprostol when used to induce an abortion; manual vacuum aspirator (MVA) when used to induce an abortion; or any drug or device approved by the federal Food and Drug Administration (FDA) that the FDA has found on or after the effective date of section 208.152.1(12), RSMo, that is intended to cause the destruction of an unborn child as defined in section 188.015, RSMo.**

**[(1)](2) [Permissible] Exclusions—As specified in the Social Security Act, Section 1927(d)(1)(B), states may exclude or otherwise restrict coverage of certain covered outpatient drugs. Section 1927(d)(2) of the Social Security Act provides a listing of the categories of drugs that [are permissible for exclusion] states may exclude. Drugs included on this list may be excluded from coverage entirely or restricted by diagnosis as determined by the state.**

**[(2)](3) As specified in Section 1927(d)(1) of the Social Security Act, states may subject to prior authorization any covered outpatient drug. Any such prior authorization program shall comply with the requirements of Section 1927(d)(5) of the Social Security Act.**

**[(3)](4) List of drugs or categories of drugs for which prior authorization is required for certain specified indications, and those which are excluded from reimbursement through the MO HealthNet Pharmacy Program shall be made available through—**

(A) MO HealthNet provider manuals, which are incorporated by

reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <http://manuals.momed.com/manuals/>, September 27, 2018. This rule does not incorporate any subsequent amendments or additions;

(B) Provider Bulletins, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <https://dss.mo.gov/mhd/providers/pages/bulletins.htm>, September 27, 2018. This rule does not incorporate any subsequent amendments or additions; or

(C) Forms, which are incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at <http://manuals.momed.com/manuals/presentation/forms.jsp>, September 27, 2018. This rule does not incorporate any subsequent amendments or additions.

**[(4)](5) The division reserves the right to [a]effect changes in the list of drugs for which prior authorization is required and for which reimbursement is not available by amending this rule.**

**AUTHORITY:** sections 1.205, 208.153, 208.201, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2021. Original rule filed Dec. 13, 1991, effective Aug. 6, 1992. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 21, 2021, effective Nov. 4, 2021, expires May 2, 2022. Amended: Filed Oct. 21, 2021.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate. These proposed changes will not require systems work or require additional personnel and can be implemented using current resources.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate. A review of MO HealthNet claims history indicates the agency has received no claims for payment in the past two (2) state fiscal years (claims information readily available) for mifepristone when used to induce an abortion, misoprostol when used to induce an abortion, manual vacuum aspirator (MVA) when used to induce an abortion, or any drug or device approved by the FDA on or after the effective date of section 208.152.1(12), RSMo, that is intended to cause the destruction of an unborn child as defined in section 188.015, RSMo.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to [Rules.Comment@dss.mo.gov](mailto:Rules.Comment@dss.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 15—ELECTED OFFICIALS  
Division 30—Secretary of State  
Chapter 51—Broker-Dealers, Agents, Investment  
Advisers, and Investment Adviser Representatives**

**PROPOSED RULE**

**15 CSR 30-51.075 Trusted Contact Requirements for Investment Advisers**

**PURPOSE:** This rule requires investment advisers to inform clients of their ability to provide a trusted contact and to maintain trusted

contact information.

(1) Every investment adviser, upon entering into a written agreement with a client, shall inform the client that they may provide trusted contact person information to the adviser. The adviser shall maintain this information with the written agreement.

(2) The client may provide the same trusted contact person information to the investment adviser as was provided to the custodian of any of the client's accounts in accordance with Financial Industry Regulatory Authority (FINRA) Rule 4512.06.

(3) The client may opt not to provide any trusted contact person information. If the client opts not to provide this information, the investment adviser shall maintain a record of this refusal along with or in the written agreement.

(4) The investment adviser or an associated investment adviser representative may contact the trusted contact person and may disclose information about the client's account to the trusted contact person in order to address potential exploitation of the client, the health or capacity of the client, or the identity of any family member, legal guardian, executor, trustee, or power of attorney of the client.

*AUTHORITY:* section 409.600, RSMo 2016, and section 409.605, RSMo Supp. 2021. Original rule filed Nov. 1, 2021.

*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 via mail with the Office of Secretary of State, PO Box 1276, 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 51—Broker-Dealers, Agents, Investment  
Advisers, and Investment Adviser Representatives**

**PROPOSED AMENDMENT**

**15 CSR 30-51.172 Dishonest or Unethical Business Practices by Investment Advisers and Investment Adviser Representatives.** The secretary is adding new paragraph (1)(R)7.

*PURPOSE:* This amendment is adding a reference to a proposed new rule.

(1) Grounds for the discipline or disqualification of investment advisers or investment adviser representatives (adviser) shall include, in addition to other grounds specified in section 409.4-412(d) of the Missouri Securities Act of 2003 (the Act), the following "dishonest or unethical practices in the securities business":

(R) Entering into, extending, or renewing any investment advisory contract, other than a contract for impersonal advisory services, unless such contract is in writing and discloses, in substance:—

1. The services to be provided;
2. The term of the contract;
3. The advisory fee or the formula for computing the fee;
4. The amount or the manner of calculation of the amount of the

prepaid fee to be returned in the event of contract termination or non-performance;

5. Whether the contract grants discretionary power to the adviser or its representatives; *[and]*

6. That no assignment of such contract shall be made by the adviser without the client's written consent; **and**

**7. That the investment adviser or investment adviser representative is authorized to record and retain information about the client's designated trusted contact, and to inform the trusted contact person of the designation and disclose information about the client's account in accordance with 15 CSR 30-51.075;**

*AUTHORITY:* section 409.16-605]600, RSMo 2016, and section 409.605, RSMo Supp. 2021. Original rule filed April 8, 2004, effective Oct. 30, 2004. Amended: Filed March 31, 2008, effective Jan. 1, 2009. Amended: Filed July 19, 2019, effective Jan. 30, 2020. Amended: Filed Nov. 1, 2021.

*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 via mail with the Office of Secretary of State, PO Box 1276, 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 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2040—Office of Athletics  
Chapter 2—Licenses and Permits**

**PROPOSED AMENDMENT**

**20 CSR 2040-2.011 Licenses.** The office is amending sections (7) and (8), adding new section (9), and renumbering as necessary.

*PURPOSE:* This rule is being amended to increase fees for certain licensees to ensure the office has enough revenue to offset the cost of regulation. As part of these amendments the office will set a surcharge on all tickets sold or issued to each event including complimentary tickets.

(7) The following is a schedule of fees for initial licensure and renewal:

(D) Contestant—Amateur	[ \$ 30.00 ]	\$ 40.00
(H) Second	[ \$ 20.00 ]	\$ 30.00

(8) The following is a schedule of fees for federal identification cards:

(A) Initial and duplicate federal identification card	[ \$ 15.00 ]	\$ 20.00
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**(9) A surcharge of one dollar (\$1.00) will be charged for each ticket sold or issued to an event, including any complimentary tickets to all events regulated by the office.**

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

*AUTHORITY:* section 317.006, RSMo Supp. [2018] 2021. This rule originally filed as 4 CSR 40-2.011. Original rule filed April 30, 1982,

effective Sept. 11, 1982. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Oct. 18, 2021.

*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 cost private entities one hundred three thousand fifty-nine dollars (\$103,059) beginning in FY23 and annually thereafter and four thousand two hundred fifty dollars (\$4,250) biennially thereafter for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

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

**PRIVATE FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 - Department of Commerce and Insurance  
 Division 2040 - Office of Athletics  
 Chapter 2—Licenses and Permits  
 Proposed Amendment to 20 CSR 2040-2.011 Licenses**

**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 costs for the life of the rule by affected entities:
225	Contestant - Amateur (Application Fee Increase @ \$10)	\$2,250
300	Second (Application Fee Increase @ \$10)	\$3,000
200	Federal Identification Card (Fee Increase @ \$5)	\$1,000
96,809	Ticket Surcharge (New Fee @ \$1)	\$96,809
<b>Estimated Annual Costs Beginning in FY 23 and thereafter for the Life of the Rule</b>		<b>\$103,059</b>

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 costs for the life of the rule by affected entities:
125	Contestant - Amateur (Renewal Fee Increase @ \$10)	\$1,250
300	Second (Renewal Fee Increase @ \$10)	\$3,000
<b>Estimated Biennial Costs Beginning in FY 23 and thereafter for the Life of the Rule</b>		<b>\$4,250</b>

**III. WORKSHEET**

See Table Above

**IV. ASSUMPTION**

1. The above figures are based on FY20 and FY21 actual costs and FY22 and FY23 estimates.
2. The ticket surcharge figure reported above is based on attendance records from 2019 to 2021.

3. The director is statutorily obligated to enforce and administer the provisions of sections 317.001 to 317.021, RSMo. Pursuant to section 317.006, RSMo, the fees shall be set at an amount which shall not be more than that required to administer sections 317.001 to 317.021, RSMo.
4. It is anticipated that the total fiscal costs will occur beginning in FY23, will occur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.



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

**PROPOSED AMENDMENT**

**22 CSR 10-2.053 Health Savings Account Plan Benefit Provisions and Covered Charges.** The Missouri Consolidated Health Care Plan is amending sections (3) and (10).

*PURPOSE: This amendment revises the out-of-pocket maximum for individual family members and the virtual visit benefit.*

(3) Out-of-pocket maximum.

(A) The family out-of-pocket maximum applies when two (2) or more family members are covered. The family out-of-pocket maximum must be met before the plan begins to pay one hundred percent (100%) of all covered charges for any covered family member. Out-of-pocket maximums are per calendar year, as follows:

1. Network out-of-pocket maximum for individual—four thousand nine hundred fifty dollars (\$4,950);

2. Network out-of-pocket maximum for family—nine thousand nine hundred dollars (\$9,900). Any individual family member need only incur a maximum of *[eight thousand five hundred fifty dollars (\$8,550)]* **eight thousand seven hundred dollars (\$8,700)** before the plan begins paying one hundred percent (100%) of covered charges for that individual;

3. Non-network out-of-pocket maximum for individual—nine thousand nine hundred dollars (\$9,900); and

4. Non-network out-of-pocket maximum for family—nineteen thousand eight hundred dollars (\$19,800).

(10) Virtual visits offered through the vendor's telehealth tool are covered at one hundred percent (100%) **after deductible is met.**

*AUTHORITY: sections 103.059 and 103.080.3., RSMo 2016. Emergency rule filed Dec. 22, 2008, effective Jan. 1, 2009, expired June 29, 2009. Original rule filed Dec. 22, 2008, effective June 30, 2009. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. Amended: Filed Oct. 29, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

**PROPOSED AMENDMENT**

**22 CSR 10-2.055 Medical Plan Benefit Provisions and Covered Charges.** The Missouri Consolidated Health Care Plan is amending section (3).

*PURPOSE: This amendment revises preventive services covered by the plan.*

(3) Covered Charges Applicable to the PPO 750 Plan, PPO 1250, and HSA Plan.

(D) Plan benefits for the PPO 750 Plan, PPO 1250, and HSA Plan are as follows:

1. Allergy *[T]*/testing and *[I]*/immunotherapy. Allergy testing and allergy immunotherapy are considered medically necessary for members with clinically significant allergic symptoms;

2. Ambulance service. The following ambulance transport services are covered:

A. By ground to the nearest appropriate facility when other means of transportation would be contraindicated;

B. By air to the nearest appropriate facility when the member's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate or contraindicated;

3. Applied *[B]*/behavior *[A]*/analysis (ABA) for *[A]*/autism;

4. Bariatric surgery;

5. Blood storage. Storage of whole blood, blood plasma, and blood products is covered in conjunction with medical treatment that requires immediate blood transfusion support;

6. Bone *[G]*/growth *[S]*/stimulators. Implantable bone growth stimulators are covered as an outpatient surgery benefit;

7. Contraception and *[S]*/sterilization. All Food and Drug Administration- (FDA-) approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity;

8. Cardiac rehabilitation;

9. Chelation therapy;

10. Chiropractic services—manipulation and adjunct therapeutic procedures/modalities;

11. Clinical trials. Routine member care costs incurred as the result of a Phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition are covered when—

A. The study or investigation is conducted under an investigational new drug application reviewed by the FDA; or

B. Is a drug trial that is exempt from having such an investigational new drug application. Life-threatening condition means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted; *[and]*

C. Routine member care costs include all items and services consistent with the coverage provided in plan benefits that would otherwise be covered for a member not enrolled in a clinical trial. Routine patient care costs do not include the investigational item, device, or service itself; items and services that are provided solely to satisfy data collection and analysis needs and are not used in the direct clinical management of the member; or a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis;

D. The member must be eligible to participate in the clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and

E. The clinical trial must be approved or funded by one (1) of the following:

(I) National Institutes of Health (NIH);

(II) Centers for Disease Control and Prevention (CDC);

(III) Agency for Health Care Research and Quality;

(IV) Centers for Medicare & Medicaid Services (CMS);

(V) A cooperative group or center of any of the previously named agencies or the Department of Defense or the Department of Veterans Affairs;

(VI) A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants; or

(VII) A study or investigation that is conducted by the

Department of Veterans Affairs, the Department of Defense, or the Department of Energy and has been reviewed and approved to be comparable to the system of peer review of studies and investigations used by the NIH and assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review;

12. Cochlear implant and auditory brainstem implant;
13. Dental care.

A. Dental care is covered for the following:

(I) Treatment to reduce trauma and restorative services limited to dental implants only when the result of accidental injury to sound natural teeth and tissue that are viable, functional, and free of disease. Treatment must be initiated within sixty (60) days of accident; and

(II) Restorative services limited to dental implants when needed as a result of tumors and cysts, cancer, and post-surgical sequelae.

B. The administration of general anesthesia, monitored anesthesia care, and hospital charges for dental care are covered for children younger than five (5) years, the severely disabled, or a person with a medical or behavioral condition that requires hospitalization when provided in a network or non-network hospital or surgical center;

14. Diabetes *[S/self-/M]management [E]education*;

15. Dialysis is covered when received through a network provider;

16. Durable medical equipment (DME) is covered when ordered by a provider to treat an injury or illness. DME includes, but is not limited to, the following:

- A. Insulin pumps;
- B. Oxygen;
- C. Augmentative communication devices;
- D. Manual and powered mobility devices;

E. Disposable supplies that do not withstand prolonged use and are periodically replaced, including, but not limited to, the following:

- (I) Colostomy and ureterostomy bags;
- (II) Prescription compression stockings limited to two (2) pairs or four (4) individual stockings per plan year;

F. Blood pressure cuffs/monitors with a diagnosis of diabetes;

G. Repair and replacement of DME is covered when any of the following criteria are met:

(I) Repairs, including the replacement of essential accessories, which are necessary to make the item or device serviceable;

(II) Routine wear and tear of the equipment renders it non-functional and the member still requires the equipment; or

(III) The provider has documented that the condition of the member changes or if growth-related;

17. Emergency room services. Coverage is for emergency medical conditions. If a member is admitted to the hospital, s/he may be required to transfer to network facility for maximum benefit;

18. Eye glasses and contact lenses. Coverage limited to charges incurred in connection with the fitting of eye glasses or contact lenses for initial placement within one (1) year following cataract surgery;

19. Foot care (trimming of nails, corns, or calluses). Foot care services are covered when administered by a provider and—

A. When associated with systemic conditions that are significant enough to result in severe circulatory insufficiency or areas of desensitization in the lower extremities including, but not limited to, any of the following:

- (I) Diabetes mellitus;
- (II) Peripheral vascular disease; or
- (III) Peripheral neuropathy.

(IV) Evaluation/debridement of mycotic nails, in the absence of a systemic condition, when both of the following conditions are met:

(a) Pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate; and

(b) If the member is ambulatory, pain markedly limits ambulation;

20. Genetic counseling. Pre-test and post-test genetic counseling with a provider or a licensed or certified genetic counselor are covered when a member is recommended for covered heritable genetic testing;

21. Genetic testing.

A. Genetic testing is covered to establish a molecular diagnosis of an inheritable disease when all of the following criteria are met:

(I) The member displays clinical features or is at direct risk of inheriting the mutation in question (pre-symptomatic);

(II) The result of the test will directly impact the treatment being delivered to the member;

(III) The testing method is considered scientifically valid for identification of a genetically-linked heritable disease; and

(IV) After history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.

B. Genetic testing for the breast cancer susceptibility gene (BRCA) when family history is present;

22. Hair analysis. Chemical hair analysis is covered for the diagnosis of suspected chronic arsenic poisoning. Other purposes are considered experimental and investigational;

23. Hair prostheses. Prostheses and expenses for scalp hair prostheses worn for hair loss are covered for alopecia areata or alopecia totalis for children eighteen (18) years of age or younger. The annual maximum is two hundred dollars (\$200), and the lifetime maximum is three thousand two hundred dollars (\$3,200);

24. Hearing aids (per ear). Hearing aids covered once every two (2) years for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss, and mixed hearing loss. If the cost of one (1) hearing aid exceeds the amount listed below, member is also responsible for charges over that amount.

A. Conventional: one thousand dollars (\$1,000).

B. Programmable: two thousand dollars (\$2,000).

C. Digital: two thousand five hundred dollars (\$2,500).

D. Bone *[A]anchoring [H]hearing [A]aid* (BAHA): three thousand five hundred dollars (\$3,500);

25. Hearing testing. One (1) hearing test per year. Additional hearing tests are covered if recommended by provider;

26. Home health care. Skilled home health nursing care is covered for members who are homebound because of injury or illness (i.e., the member leaves home only with considerable and taxing effort, and absences from home are infrequent or of short duration, or to receive medical care). Services must be performed by a registered nurse or licensed practical nurse, licensed therapist, or a registered dietitian. Covered services include:

A. Home visits instead of visits to the provider's office that do not exceed the usual and customary charge to perform the same service in a provider's office;

B. Intermittent nurse services. Benefits are paid for only one (1) nurse at any one (1) time, not to exceed four (4) hours per twenty-four- (24-) hour period;

C. Nutrition counseling provided by or under the supervision of a registered dietitian;

D. Physical, occupational, respiratory, and speech therapy provided by or under the supervision of a licensed therapist;

E. Medical supplies, drugs, or medication prescribed by provider, and laboratory services to the extent that the plan would have covered them under this plan if the covered person had been in a hospital;

F. A home health care visit is defined as—

(I) A visit by a nurse providing intermittent nurse services (each visit includes up to a four- (4-) hour consecutive visit in a twenty-four- (24-) hour period if clinical eligibility for coverage is met) or a single visit by a therapist or a registered dietitian; and

G. Benefits cannot be provided for any of the following:

- (I) Homemaker or housekeeping services;
- (II) Supportive environment materials such as handrails, ramps, air conditioners, and telephones;
- (III) Services performed by family members or volunteer workers;
- (IV) "Meals on Wheels" or similar food service;
- (V) Separate charges for records, reports, or transportation;
- (VI) Expenses for the normal necessities of living such as food, clothing, and household supplies; and
- (VII) Legal and financial counseling services, unless otherwise covered under this plan;

27. Hospice care and palliative services (inpatient or outpatient). Includes bereavement and respite care. Hospice care services, including pre-hospice evaluation or consultation, are covered when the individual is terminally ill;

28. Hospital (includes inpatient, outpatient, and surgical centers).

A. The following benefits are covered:

(I) Semi-private room and board. For network charges, this rate is based on network repricing. For non-network charges, any charge over a semi-private room charge will be a covered expense only when clinical eligibility for coverage is met. If the hospital has no semi-private rooms, the plan will allow the private room rate subject to usual, customary, and reasonable charges or the network rate, whichever is applicable;

(II) Intensive care unit room and board;

(III) Surgery, therapies, and ancillary services including, but not limited to:

(a) Cornea transplant;

(b) Coverage for breast reconstruction surgery or prostheses following mastectomy and lumpectomy is available to both females and males. A diagnosis of breast cancer is not required for breast reconstruction services to be covered, and the timing of reconstructive services is not a factor in coverage;

(c) Sterilization for the purpose of birth control is covered;

(d) Cosmetic/reconstructive surgery is covered to repair a functional disorder caused by disease or injury;

(e) Cosmetic/reconstructive surgery is covered to repair a congenital defect or abnormality for a member younger than nineteen (19) years; and

(f) Blood, blood plasma, and plasma expanders are covered, when not available without charge;

(IV) Inpatient mental health services; and

(V) Outpatient mental health services;

29. Infusions are covered when received through a network provider. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

30. Injections. See preventive services for coverage of vaccination. See contraception and sterilization for coverage of birth control injections. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

31. Lab, ~~X~~/x-ray, and other diagnostic procedures. Outpatient diagnostic services are covered when tests or procedures are performed for a specific symptom and to detect or monitor a condition. Professional charges for automated lab services performed by an out-of-network provider are not covered;

32. Maternity coverage. Prenatal and postnatal care is covered. Routine prenatal office visits and screenings recommended by the Health Resources and Services Administration are covered at one hundred percent (100%). Other care is subject to applicable copayments, deductible, and coinsurance. Newborns and their mothers are allowed hospital stays of at least forty-eight (48) hours after vaginal

birth and ninety-six (96) hours after cesarean section birth. If discharge occurs earlier than specific time periods, the plan shall provide coverage for post discharge care that shall consist of a two- (2-) visit minimum, at least one (1) in the home;

33. Nutritional counseling. Individualized nutritional evaluation and counseling for the management of any medical condition for which appropriate diet and eating habits are essential to the overall treatment program is covered when ordered by a physician or physician extender and provided by a licensed health-care professional (e.g., a registered dietitian);

34. Nutrition therapy;

35. Office visit. Member encounter with a provider for health care, mental health, or substance use disorder in an office, clinic, or ambulatory care facility is covered based on the service, procedure, or related treatment plan;

36. Oral surgery is covered for injury, tumors, or cysts. Oral surgery includes, but is not limited to, reduction of fractures and dislocation of the jaws; external incision and drainage of cellulites; incision of accessory sinuses, salivary glands, or ducts; excision of exostosis of jaws and hard palate; and frenectomy. Treatment must be initiated within sixty (60) days of accident. No coverage for dental care, including oral surgery, as a result of poor dental hygiene. Extractions of bony or partial bony impactions are excluded;

37. Orthognathic or ~~J~~/jaw ~~S~~/surgery. Orthognathic or jaw surgery is covered when one (1) of the following conditions is documented and diagnosed:

A. Acute traumatic injury, and post-surgical sequela;

B. Tumors and cysts, cancer, and post-surgical sequela;

C. Cleft lip/palate (for cleft lip/palate related jaw surgery); or

D. Physical abnormality;

38. Orthotics.

A. Ankle-~~F~~/foot ~~O~~/orthosis (AFO) and ~~K~~/knee-~~A~~/ankle-~~F~~/foot ~~O~~/orthosis (KAFO).

(I) Basic coverage criteria for AFO and KAFO used during ambulation are as follows:

(a) AFO is covered when used in ambulation for members with weakness or deformity of the foot and ankle, which require stabilization for medical reasons, and have the potential to benefit functionally;

(b) KAFO is covered when used in ambulation for members when the following criteria are met:

I. Member is covered for AFO; and

II. Additional knee stability is required; and

(c) AFO and KAFO that are molded-to-patient-model, or custom-fabricated, are covered when used in ambulation, only when the basic coverage criteria and one (1) of the following criteria are met:

I. The member could not be fitted with a prefabricated AFO;

II. AFO or KAFO is expected to be permanent or for more than six (6) months duration;

III. Knee, ankle, or foot must be controlled in more than one (1) plane;

IV. There is documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or

V. The member has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

(II) AFO and KAFO ~~N~~/not ~~U~~/used ~~D~~/during ~~A~~/ambulation.

(a) AFO and KAFO not used in ambulation are covered if the following criteria are met:

I. Passive range of motion test was measured with goniometer and documented in the medical record;

II. Documentation of an appropriate stretching program administered under the care of provider or caregiver;

III. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least ten degrees

(10°) (i.e., a non-fixed contracture);

IV. Reasonable expectation of the ability to correct the contracture;

V. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and

VI. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; or

VII. Member has plantar fasciitis.

(b) Replacement interface for AFO or KAFO is covered only if member continues to meet coverage criteria and is limited to a maximum of one (1) per six (6) months.

B. Cast */B/boot*, */P/post-~~O~~operative* */S/sandal* or */S/shoe*, or */H/healing* */S/shoe*. A cast boot, post-operative sandal or shoe, or healing shoe is covered for one (1) of the following indications:

(I) To protect a cast from damage during weight-bearing activities following injury or surgery;

(II) To provide appropriate support and/or weight-bearing surface to a foot following surgery;

(III) To promote good wound care and/or healing via appropriate weight distribution and foot protection; or

(IV) When the patient is currently receiving treatment for lymphedema and the foot cannot be fitted into conventional footwear.

C. Cranial */O/orthoses*. Cranial orthosis is covered for */S/synostotic* and */N/non-~~S~~/synostotic* */P/plagiocephaly*. Plagiocephaly is an asymmetrically shaped head. Synostotic */P/plagiocephaly* is due to premature closure of cranial sutures. Non-*/S/synostotic* */P/plagiocephaly* is from positioning or deformation of the head. Cranial orthosis is the use of a special helmet or band on the head which aids in molding the shape of the cranium to normal. Initial reimbursement shall cover any subsequent revisions.

D. Elastic */S/supports*. Elastic supports are covered when prescribed for one (1) of the following indications:

(I) Severe or incapacitating vascular problems, such as acute thrombophlebitis, massive venous stasis, or pulmonary embolism;

(II) Venous insufficiency;

(III) Varicose veins;

(IV) Edema of lower extremities;

(V) Edema during pregnancy; or

(VI) Lymphedema.

E. Footwear *//incorporated* *///into* a */B/brace* for */M/members* with */S/skeletally* */M/mature* */F/feet*. Footwear incorporated into a brace must be billed by the same supplier billing for the brace. The following types of footwear incorporated into a brace are covered:

(I) Orthopedic footwear;

(II) Other footwear such as high top, depth inlay, or custom;

(III) Heel replacements, sole replacements, and shoe transfers involving shoes on a brace;

(IV) Inserts for a shoe that is an integral part of a brace and are required for the proper functioning of the brace; or

(V) Other shoe modifications if they are on a shoe that is an integral part of a brace and are required for the proper functioning of the brace.

F. Foot */O/orthoses*. Custom, removable foot orthoses are covered.

G. Helmets. Helmets are covered when cranial protection is required due to a documented medical condition that makes the member susceptible to injury during activities of daily living.

H. Hip */O/orthosis*. Hip orthosis is covered for one (1) of the following indications:

(I) To reduce pain by restricting mobility of the hip;

(II) To facilitate healing following an injury to the hip or related soft tissues;

(III) To facilitate healing following a surgical procedure of the hip or related soft tissue; or

(IV) To otherwise support weak hip muscles or a hip deformity.

I. Knee */O/orthosis*. Knee orthosis is covered for one (1) of the following indications:

(I) To reduce pain by restricting mobility of the knee;

(II) To facilitate healing following an injury to the knee or related soft tissues;

(III) To facilitate healing following a surgical procedure on the knee or related soft tissue; or

(IV) To otherwise support weak knee muscles or a knee deformity.

J. Orthopedic */F/footwear* for */D/diabetic* */M/members*.

(I) Orthopedic footwear, therapeutic shoes, inserts, or modifications to therapeutic shoes are covered for diabetic members if any following criteria are met:

(a) Previous amputation of the other foot or part of either foot;

(b) History of previous foot ulceration of either foot;

(c) History of pre-ulcerative calluses of either foot;

(d) Peripheral neuropathy with evidence of callus formation of either foot;

(e) Foot deformity of either foot; or

(f) Poor circulation in either foot.

(II) Coverage is limited to one (1) of the following within one (1) year:

(a) One (1) pair of custom molded shoes (which includes inserts provided with these shoes) and two (2) additional pairs of inserts;

(b) One (1) pair of depth shoes and three (3) pairs of inserts (not including the non-customized removable inserts provided with such shoes); or

(c) Up to three (3) pairs of inserts not dispensed with diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed.

K. Orthotic-*/R/related* */S/supplies*. Orthotic-related supplies are covered when necessary for the function of the covered orthotic device.

L. Spinal */O/orthoses*. A thoracic-lumbar-sacral orthosis, lumbar orthosis, lumbar-sacral orthosis, and cervical orthosis are covered for the following indications:

(I) To reduce pain by restricting mobility of the trunk;

(II) To facilitate healing following an injury to the spine or related soft tissues;

(III) To facilitate healing following a surgical procedure of the spine or related soft tissue; or

(IV) To otherwise support weak spinal muscles or a deformed spine.

M. Trusses. Trusses are covered when a hernia is reducible with the application of a truss.

N. Upper */L/limb* */O/orthosis*. Upper limb orthosis is covered for the following indications:

(I) To reduce pain by restricting mobility of the joint(s);

(II) To facilitate healing following an injury to the joint(s) or related soft tissues; or

(III) To facilitate healing following a surgical procedure of the joint(s) or related soft tissue.

O. Orthotic */D/device* */R/replacement*. When repairing an item that is no longer cost-effective and is out of warranty, the plan will consider replacing the item subject to review of medical necessity and life expectancy of the device;

39. Preventive services.

A. Services recommended by the U.S. Preventive Services Task Force (categories A and B).

B. Vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

C. Preventive care and screenings for infants, children, and adolescents supported by the Health Resources and Services

Administration.

D. Preventive care and screenings for women supported by the Health Resources and Services Administration.

E. Preventive exams and other **preventive** services ordered as part of the exam. For benefits to be covered as preventive, they must be coded by the provider as routine, without indication of an injury or illness.

F. Cancer screenings. One (1) per calendar year. Additional screenings beyond one (1) per calendar year covered as diagnostic unless otherwise specified—

(I) Mammograms—no age limit. Standard two-dimensional (2D) breast mammography and breast tomosynthesis (three-dimensional (3D) mammography);

(II) Pap smears—no age limit;

(III) Prostate—no age limit; and

(IV) Colorectal screening—no age limit.

G. Online weight management program offered through the plan's exclusive provider arrangement[;].

**H. The following services permitted by the Internal Revenue Service (IRS) in Notice 2019-45 and selected by the plan:**

**(I) Blood pressure monitors for individuals diagnosed with hypertension;**

**(II) Retinopathy screenings for individuals diagnosed with diabetes;**

**(III) Hemoglobin A1c (HbA1c) testing for individuals diagnosed with diabetes;**

**(IV) Peak flow meters for individuals diagnosed with asthma; and**

**(V) International normalized ratio (INR) testing for individuals diagnosed with liver disease and/or bleeding disorders;**

40. Prostheses (prosthetic devices). Basic equipment that meets medical needs. Repair and replacement is covered due to normal wear and tear, if there is a change in medical condition, or if growth-related;

41. Pulmonary rehabilitation. Comprehensive, individualized, goal-directed outpatient pulmonary rehabilitation covered for pre- and post-operative intervention for lung transplantation and lung volume reduction surgery (LVRS) or when all of the following apply:

A. Member has a reduction of exercise tolerance that restricts the ability to perform activities of daily living (ADL) or work;

B. Member has chronic pulmonary disease (including asthma, emphysema, chronic bronchitis, chronic airflow obstruction, cystic fibrosis, alpha-1 antitrypsin deficiency, pneumoconiosis, asbestosis, radiation pneumonitis, pulmonary fibrosis, pulmonary alveolar proteinosis, pulmonary hemosiderosis, fibrosing alveolitis), or other conditions that affect pulmonary function such as ankylosing spondylitis, scoliosis, myasthenia gravis, muscular dystrophy, Guillain-Barré syndrome, or other infective polyneuritis, sarcoidosis, paralysis of diaphragm, or bronchopulmonary dysplasia; and

C. Member has a moderate to moderately severe functional pulmonary disability, as evidenced by either of the following, and does not have any concomitant medical condition that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g., symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last six (6) months, dysrhythmia, active joint disease, claudication, malignancy):

(I) A maximal pulmonary exercise stress test under optimal bronchodilatory treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake (VO<sub>2</sub>max) equal to or less than twenty milliliters per kilogram per minute (20 mL/kg/min), or about five (5) metabolic equivalents (METS); or

(II) Pulmonary function tests showing that either the Forced Expiratory Volume in One Second (FEV<sub>1</sub>), Forced Vital Capacity (FVC), FEV<sub>1</sub>/FVC, or Diffusing Capacity of the Lung for Carbon Monoxide (DLCO) is less than sixty percent (60%) of that

predicted;

42. Skilled */N/nursing /F/facility*. Skilled nursing facility services are covered up to one hundred twenty (120) days per calendar year;

43. Telehealth */S/services*. Telehealth services are covered for the diagnosis, consultation, or treatment of a member on the same basis that the service would be covered when it is delivered in person;

44. Therapy. Physical, occupational, and speech therapy are covered when prescribed by a provider and subject to the provisions below:

A. Physical therapy.

(I) Physical therapy must meet the following criteria:

(a) The program is designed to improve lost or impaired physical function or reduce pain resulting from illness, injury, congenital defect, or surgery;

(b) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(c) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

B. Occupational therapy must meet the following criteria:

(I) The program is designed to improve or compensate for lost or impaired physical functions, particularly those affecting activities of daily living, resulting from illness, injury, congenital defect, or surgery;

(II) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(III) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

C. Speech therapy.

(I) All of the following criteria must be met for coverage of speech therapy:

(a) The therapy requires one-to-one intervention and supervision of a speech-language pathologist;

(b) The therapy plan includes specific tests and measures that will be used to document significant progress every two (2) weeks;

(c) Meaningful improvement is expected;

(d) The therapy includes a transition from one-to-one supervision to a self- or caregiver- provided maintenance program upon discharge; and

(e) One (1) of the following:

I. Member has severe impairment of speech-language[;] and an evaluation has been completed by a certified speech-language pathologist that includes age-appropriate standardized tests to measure the extent of the impairment, performance deviation, and language and pragmatic skill assessment levels; or

II. Member has a significant voice disorder that is the result of anatomic abnormality, neurological condition, or injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, post-operative vocal cord surgery);

45. Transplants. Stem cell, kidney, liver, heart, lung, pancreas, small bowel, or any combination are covered. Includes services related to organ procurement and donor expenses if not covered under another plan. Member must contact medical plan for arrangements.

A. Network includes travel and lodging allowance for the transplant recipient and an immediate family travel companion when the transplant facility is more than fifty (50) miles from the recipient's residence. If the recipient is younger than age nineteen (19) years, travel and lodging is covered for both parents. The transplant recipient must be with the travel companion or parent(s) for the travel companion's or parent(s)' travel expense to be reimbursable. Combined travel and lodging expenses are limited to a ten thousand dollar (\$10,000) maximum per transplant.

(I) Lodging—maximum lodging expenses shall not exceed the per diem rates as established annually by U.S. General Services Administration (GSA) for a specific city or county. Go to

www.gsa.gov for per diem rates.

(II) Travel—IRS standard medical mileage rates (same as flexible spending account (FSA) reimbursement).

(III) Meals—not covered.

B. Non-network. Charges above the maximum for services rendered at a non-network facility are the member's responsibility and do not apply to the member's deductible or out-of-pocket maximum. Travel, lodging, and meals are not covered;

46. Urgent care. Member encounter with a provider for urgent care is covered based on the service, procedure, or related treatment plan; and

47. Vision. One (1) routine exam and refraction is covered per calendar year.

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 12, 2000, effective Jan. 1, 2001, expired June 29, 2001. Original rule filed Dec. 12, 2000, effective June 30, 2001. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. Amended: Filed Oct. 29, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

### PROPOSED AMENDMENT

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

*PURPOSE: This amendment revises Medicare Part D coverage stage and copayment amounts.*

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

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

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

2. Initial [C]coverage [S]stage. Until a member's total yearly Part D prescription drug costs reach *[four thousand one hundred thirty dollars (\$4,130)] four thousand four hundred thirty dollars (\$4,430)*, the member will pay the following copayments:

A. Preferred [F]formulary [G]generic [D]drugs: thirty-one- (31-) day supply has a ten dollar (\$10) copayment; sixty- (60-) day supply has a twenty dollar (\$20) copayment; ninety- (90-) day supply at retail has a thirty dollar (\$30) copayment; and a ninety- (90-) day supply through home delivery has a twenty-five dollar (\$25) copayment;

B. Preferred [F]formulary [B]brand [D]drugs: thirty-one- (31-) day supply has a forty dollar (\$40) copayment; sixty- (60-) day supply has an eighty (\$80) dollar copayment; ninety- (90-) day supply at retail has a one hundred twenty (\$120) dollar copayment; and a ninety- (90-) day supply through home delivery has a one hundred (\$100) dollar copayment; and

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

3. Coverage [G]gap [S]stage. After a member's total yearly Part D prescription drug costs exceed *[four thousand one hundred thirty dollars (\$4,130)] four thousand four hundred thirty dollars (\$4,430)* and remain below *[six thousand five hundred fifty dollars (\$6,550)] seven thousand fifty dollars (\$7,050)*, the member will continue to pay the same cost-sharing amount as in the [I]initial [C]coverage stage until the yearly out-of-pocket Part D prescription drug costs reach *[six thousand five hundred fifty dollars (\$6,550)] seven thousand fifty dollars (\$7,050)*;

4. Catastrophic [C]coverage [S]stage. After a member's total yearly out-of-pocket Part D prescription drug costs reach *[six thousand five hundred fifty dollars (\$6,550)] seven thousand fifty dollars (\$7,050)*, the member will pay the greater of—

A. Five percent (5%) coinsurance or a *[three dollar and seventy cent (\$3.70)] three dollar and ninety-five cent (\$3.95)* copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the [I]initial [C]coverage stage; or

B. Five percent (5%) coinsurance or a *[nine dollar and twenty cent (\$9.20)] nine dollar and eighty-five cent (\$9.85)* copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the [I]initial [C]coverage stage; and

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

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Oct. 30, 2013, effective Jan. 1, 2014, expired June 29, 2014. Original rule filed Oct. 30, 2013, effective June 30, 2014. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. Amended: Filed Oct. 29, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

**PROPOSED AMENDMENT**

**22 CSR 10-2.090 Pharmacy Benefit Summary.** The Missouri Consolidated Health Care Plan is amending section (1).

*PURPOSE: This amendment revises where maintenance prescriptions may be filled and drugs not subject to the deductible under the Health Savings Account Plan.*

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

(A) PPO 750 Plan and PPO 1250 Plan.

1. Network:

A. Preferred formulary generic drug copayment: Ten [D/dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and thirty dollars (\$30) for up to a ninety- (90-) day supply for a generic drug on the formulary;

B. Preferred formulary brand drug copayment: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred twenty dollars (\$120) for up to a ninety- (90-) day supply for a brand drug on the formulary;

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

D. Specialty drug copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply for a specialty drug on the formulary;

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

**F. Ninety- (90-) day supply of prescriptions may be filled through the pharmacy benefit manager's (PBM's) home delivery program or at select retail pharmacies, as designated by the PBM.**

[F./G. Home delivery programs.

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

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

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

(II) Specialty drugs are covered only through the specialty home delivery network for up to a thirty-one- (31-) day supply unless

the PBM has determined that the specialty drug is eligible for up to a ninety- (90-) day supply. All specialty prescriptions must be filled through the PBM's specialty pharmacy, unless the prescription is identified by the PBM as emergent. The first fill of a specialty prescription identified to be emergent, may be filled through a retail pharmacy.

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

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

(a) Preferred formulary generic drug copayments: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply for a generic drug on the formulary;

(b) Preferred formulary brand drug copayments: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred dollars (\$100) for up to a ninety- (90-) day supply for a brand drug on the formulary;

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

(d) Specialty drug copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply; one hundred fifty (\$150) for up to sixty (60-) day supply; and two hundred twenty-five (\$225) for up to ninety- (90-) day supply for a specialty drug on the formulary;

[G./H. Diabetic drug (as designated as such by the PBM) copayment: fifty percent (50%) of the applicable network copayment;

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

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

[J./K. If the copayment amount is more than the cost of the drug, the member is only responsible for the cost of the drug;

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

[L./M. Preferred select brand drugs, as determined by the PBM: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply; and

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

(I) Vaccine recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

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

(III) One (1) preferred glucometer.



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

3. Out-of-pocket maximum.

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

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

C. Network individual—four thousand one hundred fifty dollars (\$4,150).

D. Network family—eight thousand three hundred dollars (\$8,300).

E. Non-network—no maximum.

(B) Health Savings Account (HSA) Plan Prescription Drug Coverage. Medical and pharmacy expenses are combined to apply toward the appropriate network or non-network deductible and out-of-pocket maximum specified in 22 CSR 10-2.053.

1. Network:

A. Preferred formulary generic drug: Ten percent (10%) coinsurance up to fifty dollars (\$50) per thirty-one- (31-) day supply after deductible has been met for a generic drug on the formulary;

B. Preferred formulary brand drug: Twenty percent (20%) coinsurance up to one hundred dollars (\$100) per thirty-one- (31-) day supply after deductible has been met for a brand drug on the formulary;

C. Non-preferred formulary drug and approved excluded drug: Forty percent (40%) coinsurance after deductible has been met;

D. Diabetic drug (as designated as such by the PBM) coinsurance: fifty percent (50%) of the applicable network coinsurance *[after deductible has been met]*, not to exceed:

(I) Twenty-five dollars (\$25) per thirty-one- (31-) day supply for generic drugs;

(II) Fifty dollars (\$50) per thirty-one- (31-) day supply for preferred formulary brand drug; and

(III) One hundred dollars (\$100) per thirty-one- (31-) day supply for non-preferred formulary drug;

**E. Ninety- (90-) day supply of prescriptions may be filled through the pharmacy benefit manager's (PBM's) home delivery program or at select retail pharmacies, as designated by the PBM;**

*[E./F. Home delivery programs.*

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

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

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

(II) Specialty drugs are covered only through the specialty

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

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

*[F./G. Prescription drugs and prescribed over-the-counter drugs as recommended by the U.S. Preventive Services Task Force (categories A and B) and, for women, by the Health Resources and Services Administration are covered at one hundred percent (100%) when filled at a network pharmacy./.]*

*[G./H. Vaccines and administration as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention are covered at one hundred percent (100%) when filled at a network pharmacy;*

*[H./I. The following are covered at one hundred percent (100%) [after deductible is met and] when filled at a network pharmacy:*

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

(II) One (1) preferred glucometer; *[and]*

*[I./J. If any ingredient in a compound drug is excluded by the plan, the compound will be denied./.]* **and**

**K. Drugs permitted by the Internal Revenue Service (IRS) in Notice 2019-45 and selected by the plan are not subject to the deductible when filled at a network pharmacy. Applicable coinsurance will apply.**

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

A. Preferred formulary generic drug: Forty percent (40%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a generic drug on the formulary.

B. Preferred formulary brand drug: Forty percent (40%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a brand drug on the formulary.

C. Non-preferred formulary drug and approved excluded drug: Fifty percent (50%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a drug not on the formulary.

D. Diabetic drug (as designated as such by the PBM) coinsurance: fifty percent (50%) of the applicable non-network coinsurance after deductible has been met.

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 22, 2005, effective Jan. 1, 2006, expired June 29, 2006. Original rule filed Dec. 22, 2005, effective June 30, 2006. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. Amended: Filed Oct. 29, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the*



Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

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

**PROPOSED AMENDMENT**

**22 CSR 10-2.140 Strive for Wellness® Health Center Provisions, Charges, and Services.** The Missouri Consolidated Health Care Plan is amending sections (1), (3), and (4).

*PURPOSE:* This amendment revises members who are eligible for services at the health center.

(1) Eligibility. *[Active employees]* **Non-Medicare primary members over eighteen (18) years old** enrolled in an MCHCP medical plan shall be eligible for and able to access the services available at the health center as described in this rule.

(3) Limitations and *[E]*exclusions.

(A) The following employees are not eligible for the health center:

1. Active employees who are not enrolled in an MCHCP medical plan; **and**

2. *[Dependents of active employees; and] Medicare primary retirees and their Medicare primary dependents.*

*[3. Retirees and their dependents.]*

(4) Charges for the following services apply:

(A) Office visit—

1. For *[active employees]* **members** enrolled in the MCHCP PPO 750 or PPO 1250 Plan, fifteen dollars (\$15) payable at the time of service;

2. For *[active employees]* **members** enrolled in the Health Savings Account (HSA) Plan, forty-five dollars (\$45) payable at the time of service; and

3. The office visit includes the evaluation and management of the patient and any associated laboratory services performed by the health center;

(B) Preventive services—

1. For *[active employees]* **members** enrolled in the MCHCP PPO 750 Plan, PPO 1250 Plan, or HSA Plan, preventive services are covered at one hundred percent (100%); and

2. Preventive services shall have the same meaning as in 22 CSR 10-2.055; and

*AUTHORITY:* section 103.059, RSMo 2016. Emergency rule filed Oct. 30, 2013, effective Jan. 1, 2014, expired June 29, 2014. Original rule filed Oct. 30, 2013, effective June 30, 2014. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. Amended: Filed Oct. 29, 2021.

*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 Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

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

**PROPOSED AMENDMENT**

**22 CSR 10-3.055 Health Savings Account Plan Benefit Provisions and Covered Charges.** The Missouri Consolidated Health Care Plan is amending sections (3) and (10).

*PURPOSE:* This amendment revises the out-of-pocket maximum for individual family members and the virtual visit benefit.

(3) Out-of-pocket maximum.

(A) The family out-of-pocket maximum applies when two (2) or more family members are covered. The family out-of-pocket maximum must be met before the plan begins to pay one hundred percent (100%) of all covered charges for any covered family member. Out-of-pocket maximums are per calendar year, as follows:

1. Network out-of-pocket maximum for individual—four thousand nine hundred fifty dollars (\$4,950);

2. Network out-of-pocket maximum for family—nine thousand nine hundred dollars (\$9,900). Any individual family member need only incur a maximum of *[eight thousand five hundred fifty dollars (\$8,550)]* **eight thousand seven hundred dollars (\$8,700)** before the plan begins paying one hundred percent (100%) of covered charges for that individual;

3. Non-network out-of-pocket maximum for individual—nine thousand nine hundred dollars (\$9,900); and

4. Non-network out-of-pocket maximum for family—nineteen thousand eight hundred dollars (\$19,800).

(10) Virtual visits offered through the vendor's telehealth tool are covered at one hundred percent (100%) **after the deductible is met.**

*AUTHORITY:* sections 103.059 and 103.080.3., RSMo 2016. Emergency rule filed Dec. 22, 2009, effective Jan. 1, 2010, expired June 29, 2010. Original rule filed Jan. 4, 2010, effective June 30, 2010. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. Amended: Filed Oct. 29, 2021.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

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

**PROPOSED AMENDMENT**

**22 CSR 10-3.057 Medical Plan Benefit Provisions and Covered Charges.** The Missouri Consolidated Health Care Plan is amending section (3).

*PURPOSE:* This amendment revises preventive services covered by the plan.

(3) Covered Charges Applicable to the PPO 750 Plan, PPO 1250, and HSA Plan.

(D) Plan benefits for the PPO 750 Plan, PPO 1250, and HSA Plan are as follows:

1. Allergy *[T]*testing and *[I]*immunotherapy. Allergy testing and allergy immunotherapy are considered medically necessary for members with clinically significant allergic symptoms;

2. Ambulance service. The following ambulance transport services are covered:

A. By ground to the nearest appropriate facility when other means of transportation would be contraindicated;

B. By air to the nearest appropriate facility when the member's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate or contraindicated;

3. Applied *[B]*behavior *[A]*analysis (ABA) for *[A]*autism;

4. Bariatric surgery;

5. Blood storage. Storage of whole blood, blood plasma, and blood products is covered in conjunction with medical treatment that requires immediate blood transfusion support;

6. Bone *[G]*growth *[S]*stimulators. Implantable bone growth stimulators are covered as an outpatient surgery benefit;

7. Contraception and *[S]*sterilization. All Food and Drug Administration- (FDA-) approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity;

8. Cardiac rehabilitation;

9. Chelation therapy;

10. Chiropractic services—manipulation and adjunct therapeutic procedures/modalities;

11. Clinical trials. Routine member care costs incurred as the result of a Phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition are covered when—

A. The study or investigation is conducted under an investigational new drug application reviewed by the FDA; or

B. Is a drug trial that is exempt from having such an investigational new drug application. Life-threatening condition means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted; *[and]*

C. Routine member care costs include all items and services consistent with the coverage provided in plan benefits that would otherwise be covered for a member not enrolled in a clinical trial. Routine patient care costs do not include the investigational item, device, or service itself; items and services that are provided solely to satisfy data collection and analysis needs and are not used in the direct clinical management of the member; or a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis;

D. The member must be eligible to participate in the clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition; and

E. The clinical trial must be approved or funded by one (1) of the following:

(I) National Institutes of Health (NIH);

(II) Centers for Disease Control and Prevention (CDC);

(III) Agency for Health Care Research and Quality;

(IV) Centers for Medicare & Medicaid Services (CMS);

(V) A cooperative group or center of any of the previously named agencies or the Department of Defense or the Department of Veterans Affairs;

(VI) A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants; or

(VII) A study or investigation that is conducted by the

Department of Veterans Affairs, the Department of Defense, or the Department of Energy and has been reviewed and approved to be comparable to the system of peer review of studies and investigations used by the NIH and assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review;

12. Cochlear implant and auditory brainstem implant;

13. Dental care.

A. Dental care is covered for the following:

(I) Treatment to reduce trauma and restorative services limited to dental implants only when the result of accidental injury to sound natural teeth and tissue that are viable, functional, and free of disease. Treatment must be initiated within sixty (60) days of accident; and

(II) Restorative services limited to dental implants when needed as a result of tumors and cysts, cancer, and post-surgical sequelae.

B. The administration of general anesthesia, monitored anesthesia care, and hospital charges for dental care are covered for children younger than five (5) years, the severely disabled, or a person with a medical or behavioral condition that requires hospitalization when provided in a network or non-network hospital or surgical center;

14. Diabetes *[S]*self-*[M]*management *[E]*education;

15. Dialysis is covered when received through a network provider;

16. Durable medical equipment (DME) is covered when ordered by a provider to treat an injury or illness. DME includes, but is not limited to, the following:

A. Insulin pumps;

B. Oxygen;

C. Augmentative communication devices;

D. Manual and powered mobility devices;

E. Disposable supplies that do not withstand prolonged use and are periodically replaced, including, but not limited to, the following:

(I) Colostomy and ureterostomy bags;

(II) Prescription compression stockings limited to two (2) pairs or four (4) individual stockings per plan year;

F. Blood pressure cuffs/monitors with a diagnosis of diabetes;

G. Repair and replacement of DME is covered when any of the following criteria are met:

(I) Repairs, including the replacement of essential accessories, which are necessary to make the item or device serviceable;

(II) Routine wear and tear of the equipment renders it non-functional and the member still requires the equipment; or

(III) The provider has documented that the condition of the member changes or if growth-related;

17. Emergency room services. Coverage is for emergency medical conditions. If a member is admitted to the hospital, s/he may be required to transfer to network facility for maximum benefit;

18. Eye glasses and contact lenses. Coverage limited to charges incurred in connection with the fitting of eye glasses or contact lenses for initial placement within one (1) year following cataract surgery;

19. Foot care (trimming of nails, corns, or calluses). Foot care services are covered when administered by a provider and—

A. When associated with systemic conditions that are significant enough to result in severe circulatory insufficiency or areas of desensitization in the lower extremities including, but not limited to, any of the following:

(I) Diabetes mellitus;

(II) Peripheral vascular disease; or

(III) Peripheral neuropathy.

(IV) Evaluation/debridement of mycotic nails, in the absence of a systemic condition, when both of the following conditions are met:

(a) Pain or secondary infection resulting from the thickening and dystrophy of the infected toenail plate; and

(b) If the member is ambulatory, pain markedly limits ambulation;

20. Genetic counseling. Pre-test and post-test genetic counseling with a provider or a licensed or certified genetic counselor are covered when a member is recommended for covered heritable genetic testing;

21. Genetic testing.

A. Genetic testing is covered to establish a molecular diagnosis of an inheritable disease when all of the following criteria are met:

(I) The member displays clinical features or is at direct risk of inheriting the mutation in question (pre-symptomatic);

(II) The result of the test will directly impact the treatment being delivered to the member;

(III) The testing method is considered scientifically valid for identification of a genetically-linked heritable disease; and

(IV) After history, physical examination, pedigree analysis, genetic counseling, and completion of conventional diagnostic studies, a definitive diagnosis remains uncertain.

B. Genetic testing for the breast cancer susceptibility gene (BRCA) when family history is present;

22. Hair analysis. Chemical hair analysis is covered for the diagnosis of suspected chronic arsenic poisoning. Other purposes are considered experimental and investigational;

23. Hair prostheses. Prostheses and expenses for scalp hair prostheses worn for hair loss are covered for alopecia areata or alopecia totalis for children eighteen (18) years of age or younger. The annual maximum is two hundred dollars (\$200), and the lifetime maximum is three thousand two hundred dollars (\$3,200);

24. Hearing aids (per ear). Hearing aids covered once every two (2) years for conductive hearing loss unresponsive to medical or surgical interventions, sensorineural hearing loss, and mixed hearing loss. If the cost of one (1) hearing aid exceeds the amount listed below, member is also responsible for charges over that amount.

A. Conventional: one thousand dollars (\$1,000).

B. Programmable: two thousand dollars (\$2,000).

C. Digital: two thousand five hundred dollars (\$2,500).

D. Bone */A/*anchoring */H/*hearing */A/*aid (BAHA): three thousand five hundred dollars (\$3,500);

25. Hearing testing. One (1) hearing test per year. Additional hearing tests are covered if recommended by provider;

26. Home health care. Skilled home health nursing care is covered for members who are homebound because of injury or illness (i.e., the member leaves home only with considerable and taxing effort, and absences from home are infrequent or of short duration, or to receive medical care). Services must be performed by a registered nurse or licensed practical nurse, licensed therapist, or a registered dietitian. Covered services include:

A. Home visits instead of visits to the provider's office that do not exceed the usual and customary charge to perform the same service in a provider's office;

B. Intermittent nurse services. Benefits are paid for only one (1) nurse at any one (1) time, not to exceed four (4) hours per twenty-four- (24-) hour period;

C. Nutrition counseling provided by or under the supervision of a registered dietitian;

D. Physical, occupational, respiratory, and speech therapy provided by or under the supervision of a licensed therapist;

E. Medical supplies, drugs, or medication prescribed by provider, and laboratory services to the extent that the plan would have covered them under this plan if the covered person had been in a hospital;

F. A home health care visit is defined as—

(I) A visit by a nurse providing intermittent nurse services (each visit includes up to a four- (4-) hour consecutive visit in a twenty-four- (24-) hour period if clinical eligibility for coverage is met) or a single visit by a therapist or a registered dietitian; and

G. Benefits cannot be provided for any of the following:

(I) Homemaker or housekeeping services;

(II) Supportive environment materials such as handrails, ramps, air conditioners, and telephones;

(III) Services performed by family members or volunteer workers;

(IV) "Meals on Wheels" or similar food service;

(V) Separate charges for records, reports, or transportation;

(VI) Expenses for the normal necessities of living such as food, clothing, and household supplies; and

(VII) Legal and financial counseling services, unless otherwise covered under this plan;

27. Hospice care and palliative services (inpatient or outpatient). Includes bereavement and respite care. Hospice care services, including pre-hospice evaluation or consultation, are covered when the individual is terminally ill;

28. Hospital (includes inpatient, outpatient, and surgical centers).

A. The following benefits are covered:

(I) Semi-private room and board. For network charges, this rate is based on network repricing. For non-network charges, any charge over a semi-private room charge will be a covered expense only when clinical eligibility for coverage is met. If the hospital has no semi-private rooms, the plan will allow the private room rate subject to usual, customary, and reasonable charges or the network rate, whichever is applicable;

(II) Intensive care unit room and board;

(III) Surgery, therapies, and ancillary services including, but not limited to:

(a) Cornea transplant;

(b) Coverage for breast reconstruction surgery or prostheses following mastectomy and lumpectomy is available to both females and males. A diagnosis of breast cancer is not required for breast reconstruction services to be covered, and the timing of reconstructive services is not a factor in coverage;

(c) Sterilization for the purpose of birth control is covered;

(d) Cosmetic/reconstructive surgery is covered to repair a functional disorder caused by disease or injury;

(e) Cosmetic/reconstructive surgery is covered to repair a congenital defect or abnormality for a member younger than nineteen (19) years; and

(f) Blood, blood plasma, and plasma expanders are covered, when not available without charge;

(IV) Inpatient mental health services; and

(V) Outpatient mental health services;

29. Infusions are covered when received through a network provider. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

30. Injections. See preventive services for coverage of vaccinations. See contraception and sterilization for coverage of birth control injections. Medications (specialty and non-specialty) that can be safely obtained through a pharmacy and which may be self-administered are not a medical plan benefit but are covered as part of the pharmacy benefit;

31. Lab, */X/*x-ray, and other diagnostic procedures. Outpatient diagnostic services are covered when tests or procedures are performed for a specific symptom and to detect or monitor a condition. Professional charges for automated lab services performed by an out-of-network provider are not covered;

32. Maternity coverage. Prenatal and postnatal care is covered. Routine prenatal office visits and screenings recommended by the Health Resources and Services Administration are covered at one hundred percent (100%). Other care is subject to applicable copayments, deductible, and coinsurance. Newborns and their mothers are allowed hospital stays of at least forty-eight (48) hours after vaginal

birth and ninety-six (96) hours after cesarean section birth. If discharge occurs earlier than specific time periods, the plan shall provide coverage for post discharge care that shall consist of a two- (2-) visit minimum, at least one (1) in the home;

33. Nutritional counseling. Individualized nutritional evaluation and counseling for the management of any medical condition for which appropriate diet and eating habits are essential to the overall treatment program is covered when ordered by a physician or physician extender and provided by a licensed health-care professional (e.g., a registered dietitian);

34. Nutrition therapy;

35. Office visit. Member encounter with a provider for health care, mental health, or substance use disorder in an office, clinic, or ambulatory care facility is covered based on the service, procedure, or related treatment plan;

36. Oral surgery is covered for injury, tumors, or cysts. Oral surgery includes, but is not limited to, reduction of fractures and dislocation of the jaws; external incision and drainage of cellulites; incision of accessory sinuses, salivary glands, or ducts; excision of exostosis of jaws and hard palate; and frenectomy. Treatment must be initiated within sixty (60) days of accident. No coverage for dental care, including oral surgery, as a result of poor dental hygiene. Extractions of bony or partial bony impactions are excluded;

37. Orthognathic or */J/jaw /S/surgery*. Orthognathic or jaw surgery is covered when one (1) of the following conditions is documented and diagnosed:

- A. Acute traumatic injury, and post-surgical sequela;
- B. Tumors and cysts, cancer, and post-surgical sequela;
- C. Cleft lip/palate (for cleft lip/palate related jaw surgery); or
- D. Physical abnormality;

38. Orthotics.

A. Ankle-*/F/foot /O/orthosis* (AFO) and */K/knee- /A/ankle- /F/foot /O/orthosis* (KAFO).

(I) Basic coverage criteria for AFO and KAFO used during ambulation are as follows:

(a) AFO is covered when used in ambulation for members with weakness or deformity of the foot and ankle, which require stabilization for medical reasons, and have the potential to benefit functionally;

(b) KAFO is covered when used in ambulation for members when the following criteria are met:

- I. Member is covered for AFO; and
- II. Additional knee stability is required; and

(c) AFO and KAFO that are molded-to-patient-model, or custom-fabricated, are covered when used in ambulation, only when the basic coverage criteria and one (1) of the following criteria are met:

I. The member could not be fitted with a prefabricated AFO;

II. AFO or KAFO is expected to be permanent or for more than six (6) months duration;

III. Knee, ankle, or foot must be controlled in more than one (1) plane;

IV. There is documented neurological, circulatory, or orthopedic status that requires custom fabricating over a model to prevent tissue injury; or

V. The member has a healing fracture which lacks normal anatomical integrity or anthropometric proportions.

(II) AFO and KAFO */N/not /U/used /D/during /A/ambulation*.

(a) AFO and KAFO not used in ambulation are covered if the following criteria are met:

I. Passive range of motion test was measured with goniometer and documented in the medical record;

II. Documentation of an appropriate stretching program administered under the care of provider or caregiver;

III. Plantar flexion contracture of the ankle with dorsiflexion on passive range of motion testing of at least ten degrees

(10°) (i.e., a non-fixed contracture);

IV. Reasonable expectation of the ability to correct the contracture;

V. Contracture is interfering or expected to interfere significantly with the patient's functional abilities; and

VI. Used as a component of a therapy program which includes active stretching of the involved muscles and/or tendons; or

VII. Member has plantar fasciitis.

(b) Replacement interface for AFO or KAFO is covered only if member continues to meet coverage criteria and is limited to a maximum of one (1) per six (6) months.

B. Cast */B/boot, /P/post- /O/operative /S/sandal or /S/shoe, or /H/healing /S/shoe*. A cast boot, post-operative sandal or shoe, or healing shoe is covered for one (1) of the following indications:

(I) To protect a cast from damage during weight-bearing activities following injury or surgery;

(II) To provide appropriate support and/or weight-bearing surface to a foot following surgery;

(III) To promote good wound care and/or healing via appropriate weight distribution and foot protection; or

(IV) When the patient is currently receiving treatment for lymphedema and the foot cannot be fitted into conventional footwear.

C. Cranial */O/orthoses*. Cranial orthosis is covered for */S/synostotic* and */N/non- /S/synostotic /P/plagiocephaly*. Plagiocephaly is an asymmetrically shaped head. Synostotic */P/plagiocephaly* is due to premature closure of cranial sutures. Non-*/S/synostotic /P/plagiocephaly* is from positioning or deformation of the head. Cranial orthosis is the use of a special helmet or band on the head which aids in molding the shape of the cranium to normal. Initial reimbursement shall cover any subsequent revisions.

D. Elastic */S/supports*. Elastic supports are covered when prescribed for one (1) of the following indications:

(I) Severe or incapacitating vascular problems, such as acute thrombophlebitis, massive venous stasis, or pulmonary embolism;

(II) Venous insufficiency;

(III) Varicose veins;

(IV) Edema of lower extremities;

(V) Edema during pregnancy; or

(VI) Lymphedema.

E. Footwear *//incorporated //into a /B/brace for /M/members with /S/skeletally /M/mature /F/feet*. Footwear incorporated into a brace must be billed by the same supplier billing for the brace. The following types of footwear incorporated into a brace are covered:

(I) Orthopedic footwear;

(II) Other footwear such as high top, depth inlay, or custom;

(III) Heel replacements, sole replacements, and shoe transfers involving shoes on a brace;

(IV) Inserts for a shoe that is an integral part of a brace and are required for the proper functioning of the brace; or

(V) Other shoe modifications if they are on a shoe that is an integral part of a brace and are required for the proper functioning of the brace.

F. Foot */O/orthoses*. Custom, removable foot orthoses are covered.

G. Helmets. Helmets are covered when cranial protection is required due to a documented medical condition that makes the member susceptible to injury during activities of daily living.

H. Hip */O/orthosis*. Hip orthosis is covered for one (1) of the following indications:

(I) To reduce pain by restricting mobility of the hip;

(II) To facilitate healing following an injury to the hip or related soft tissues;

(III) To facilitate healing following a surgical procedure of the hip or related soft tissue; or

(IV) To otherwise support weak hip muscles or a hip deformity.

I. Knee */O*/orthosis. Knee orthosis is covered for one (1) of the following indications:

(I) To reduce pain by restricting mobility of the knee;

(II) To facilitate healing following an injury to the knee or related soft tissues;

(III) To facilitate healing following a surgical procedure on the knee or related soft tissue; or

(IV) To otherwise support weak knee muscles or a knee deformity.

J. Orthopedic */F*/footwear for */D*/diabetic */M*/members.

(I) Orthopedic footwear, therapeutic shoes, inserts, or modifications to therapeutic shoes are covered for diabetic members if any following criteria are met:

(a) Previous amputation of the other foot or part of either foot;

(b) History of previous foot ulceration of either foot;

(c) History of pre-ulcerative calluses of either foot;

(d) Peripheral neuropathy with evidence of callus formation of either foot;

(e) Foot deformity of either foot; or

(f) Poor circulation in either foot.

(II) Coverage is limited to one (1) of the following within one (1) year:

(a) One (1) pair of custom molded shoes (which includes inserts provided with these shoes) and two (2) additional pairs of inserts;

(b) One (1) pair of depth shoes and three (3) pairs of inserts (not including the non-customized removable inserts provided with such shoes); or

(c) Up to three (3) pairs of inserts not dispensed with diabetic shoes if the supplier of the shoes verifies in writing that the patient has appropriate footwear into which the insert can be placed.

K. Orthotic-*/R*/related */S*/supplies. Orthotic-related supplies are covered when necessary for the function of the covered orthotic device.

L. Spinal */O*/orthoses. A thoracic-lumbar-sacral orthosis, lumbar orthosis, lumbar-sacral orthosis, and cervical orthosis are covered for the following indications:

(I) To reduce pain by restricting mobility of the trunk;

(II) To facilitate healing following an injury to the spine or related soft tissues;

(III) To facilitate healing following a surgical procedure of the spine or related soft tissue; or

(IV) To otherwise support weak spinal muscles or a deformed spine.

M. Trusses. Trusses are covered when a hernia is reducible with the application of a truss.

N. Upper */L*/limb */O*/orthosis. Upper limb orthosis is covered for the following indications:

(I) To reduce pain by restricting mobility of the joint(s);

(II) To facilitate healing following an injury to the joint(s) or related soft tissues; or

(III) To facilitate healing following a surgical procedure of the joint(s) or related soft tissue.

O. Orthotic */D*/device */R*/replacement. When repairing an item that is no longer cost-effective and is out of warranty, the plan will consider replacing the item subject to review of medical necessity and life expectancy of the device;

### 39. Preventive services.

A. Services recommended by the U.S. Preventive Services Task Force (categories A and B).

B. Vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

C. Preventive care and screenings for infants, children, and adolescents supported by the Health Resources and Services

Administration.

D. Preventive care and screenings for women supported by the Health Resources and Services Administration.

E. Preventive exams and other preventive services ordered as part of the exam. For benefits to be covered as preventive, they must be coded by the provider as routine, without indication of an injury or illness.

F. Cancer screenings. One (1) per calendar year. Additional screenings beyond one (1) per calendar year covered as diagnostic unless otherwise specified—

(I) Mammograms—no age limit. Standard two-dimensional (2D) breast mammography and breast tomosynthesis (three-dimensional (3D) mammography);

(II) Pap smears—no age limit;

(III) Prostate—no age limit; and

(IV) Colorectal screening—no age limit.

G. Online weight management program offered through the plan's exclusive provider arrangement[;].

**H. The following services permitted by the Internal Revenue Service (IRS) in Notice 2019-45 and selected by the plan:**

**(I) Blood pressure monitors for individuals diagnosed with hypertension;**

**(II) Retinopathy screenings for individuals diagnosed with diabetes;**

**(III) Hemoglobin A1c (HbA1c) testing for individuals diagnosed with diabetes;**

**(IV) Peak flow meters for individuals diagnosed with asthma; and**

**(V) International normalized ratio (INR) testing for individuals diagnosed with liver disease and/or bleeding disorders;**

40. Prostheses (prosthetic devices). Basic equipment that meets medical needs. Repair and replacement is covered due to normal wear and tear, if there is a change in medical condition, or if growth-related;

41. Pulmonary rehabilitation. Comprehensive, individualized, goal-directed outpatient pulmonary rehabilitation covered for pre- and post-operative intervention for lung transplantation and lung volume reduction surgery (LVRS) or when all of the following apply:

A. Member has a reduction of exercise tolerance that restricts the ability to perform activities of daily living (ADL) or work;

B. Member has chronic pulmonary disease (including asthma, emphysema, chronic bronchitis, chronic airflow obstruction, cystic fibrosis, alpha-1 antitrypsin deficiency, pneumoconiosis, asbestosis, radiation pneumonitis, pulmonary fibrosis, pulmonary alveolar proteinosis, pulmonary hemosiderosis, fibrosing alveolitis), or other conditions that affect pulmonary function such as ankylosing spondylitis, scoliosis, myasthenia gravis, muscular dystrophy, Guillain-Barré syndrome, or other infective polyneuritis, sarcoidosis, paralysis of diaphragm, or bronchopulmonary dysplasia; and

C. Member has a moderate to moderately severe functional pulmonary disability, as evidenced by either of the following, and does not have any concomitant medical condition that would otherwise imminently contribute to deterioration of pulmonary status or undermine the expected benefits of the program (e.g., symptomatic coronary artery disease, congestive heart failure, myocardial infarction within the last six (6) months, dysrhythmia, active joint disease, claudication, malignancy):

(I) A maximal pulmonary exercise stress test under optimal bronchodilatory treatment which demonstrates a respiratory limitation to exercise with a maximal oxygen uptake (VO<sub>2</sub>max) equal to or less than twenty milliliters per kilogram per minute (20 mL/kg/min), or about five (5) metabolic equivalents (METs); or

(II) Pulmonary function tests showing that either the Forced Expiratory Volume in One Second (FEV1), Forced Vital Capacity (FVC), FEV1/FVC, or Diffusing Capacity of the Lung for Carbon Monoxide (DLCO) is less than sixty percent (60%) of that predicted;

42. Skilled */N/nursing /F/facility*. Skilled nursing facility services are covered up to one hundred twenty (120) days per calendar year;

43. Telehealth */S/services*. Telehealth services are covered for the diagnosis, consultation, or treatment of a member on the same basis that the service would be covered when it is delivered in person;

44. Therapy. Physical, occupational, and speech therapy are covered when prescribed by a provider and subject to the provisions below:

A. Physical therapy.

(I) Physical therapy must meet the following criteria:

(a) The program is designed to improve lost or impaired physical function or reduce pain resulting from illness, injury, congenital defect, or surgery;

(b) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(c) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

B. Occupational therapy must meet the following criteria:

(I) The program is designed to improve or compensate for lost or impaired physical functions, particularly those affecting activities of daily living, resulting from illness, injury, congenital defect, or surgery;

(II) The program is expected to result in significant therapeutic improvement over a clearly defined period of time; and

(III) The program is individualized, and there is documentation outlining quantifiable, attainable treatment goals;

C. Speech therapy.

(I) All of the following criteria must be met for coverage of speech therapy:

(a) The therapy requires one-to-one intervention and supervision of a speech-language pathologist;

(b) The therapy plan includes specific tests and measures that will be used to document significant progress every two (2) weeks;

(c) Meaningful improvement is expected;

(d) The therapy includes a transition from one-to-one supervision to a self- or caregiver- provided maintenance program upon discharge; and

(e) One (1) of the following:

I. Member has severe impairment of speech-language; and an evaluation has been completed by a certified speech-language pathologist that includes age-appropriate standardized tests to measure the extent of the impairment, performance deviation, and language and pragmatic skill assessment levels; or

II. Member has a significant voice disorder that is the result of anatomic abnormality, neurological condition, or injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, post-operative vocal cord surgery);

45. Transplants. Stem cell, kidney, liver, heart, lung, pancreas, small bowel, or any combination are covered. Includes services related to organ procurement and donor expenses if not covered under another plan. Member must contact medical plan for arrangements.

A. Network includes travel and lodging allowance for the transplant recipient and an immediate family travel companion when the transplant facility is more than fifty (50) miles from the recipient's residence. If the recipient is younger than age nineteen (19) years, travel and lodging is covered for both parents. The transplant recipient must be with the travel companion or parent(s) for the travel companion's or parent(s)' travel expense to be reimbursable. Combined travel and lodging expenses are limited to a ten thousand dollar (\$10,000) maximum per transplant.

(I) Lodging—maximum lodging expenses shall not exceed the per diem rates as established annually by U.S. General Services Administration (GSA) for a specific city or county. Go to [www.gsa.gov](http://www.gsa.gov) for per diem rates.

(II) Travel—IRS standard medical mileage rates (same as

flexible spending account (FSA) reimbursement).

(III) Meals—not covered.

B. Non-network. Charges above the maximum for services rendered at a non-network facility are the member's responsibility and do not apply to the member's deductible or out-of-pocket maximum. Travel, lodging, and meals are not covered;

46. Urgent care. Member encounter with a provider for urgent care is covered based on the service, procedure, or related treatment plan; and

47. Vision. One (1) routine exam and refraction is covered per calendar year.

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 22, 2010, effective Jan. 1, 2011, expired June 29, 2011. Original rule filed Dec. 22, 2010, effective June 30, 2011. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. Amended: Filed Oct. 29, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

**PROPOSED AMENDMENT**

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

*PURPOSE: This amendment revises where maintenance prescriptions may be filled and drugs not subject to the deductible under the Health Savings Account Plan.*

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

(A) PPO 750 Plan and PPO 1250 Plan Prescription Drug Coverage.

1. Network.

A. Preferred formulary generic drug copayment: Ten */D/dol-*lars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and thirty dollars (\$30) for up to a ninety- (90-) day supply for a generic drug on the formulary; formulary generic birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

B. Preferred formulary brand drug copayment: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred twenty dollars (\$120) for up to a ninety- (90-) day supply for a brand drug on the formulary; formulary brand birth control and tobacco cessation prescriptions covered at one hundred percent (100%).

C. Non-preferred formulary drug and approved excluded

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

D. Specialty drug (as designated as such by the PBM) copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply for a specialty drug on the formulary[;].

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

**F. Ninety- (90-) day supply of prescriptions may be filled through the pharmacy benefit manager's (PBM's) home delivery program or at select retail pharmacies, as designated by the PBM.**

*[F./G. Home delivery programs.*

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

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

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

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

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

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

(a) Preferred formulary generic drug copayments: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply for a generic drug on the formulary;

(b) Preferred formulary brand drug copayments: Forty dollars (\$40) for up to a thirty-one- (31-) day supply; eighty dollars (\$80) for up to a sixty- (60-) day supply; and one hundred dollars (\$100) for up to a ninety- (90-) day supply for a brand drug on the formulary;

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

(d) Specialty drug (as designated as such by the PBM)

copayment: Seventy-five dollars (\$75) for up to a thirty-one- (31-) day supply for a specialty drug on the formulary[;].

*[G./H. Diabetic drug (as designated as such by the PBM) copayment: Fifty percent (50%) of the applicable network copayment.*

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

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

*[J./K. If the copayment amount is more than the cost of the drug, the member is only responsible for the cost of the drug.*

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

*[L./M. Preferred select brand drugs, as determined by the PBM: Ten dollars (\$10) for up to a thirty-one- (31-) day supply; twenty dollars (\$20) for up to a sixty- (60-) day supply; and twenty-five dollars (\$25) for up to a ninety- (90-) day supply[;].*

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

(I) Vaccine recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

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

(III) One (1) preferred glucometer.

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

3. Out-of-pocket maximum.

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

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

C. Network individual—four thousand one hundred fifty dollars (\$4,150).

D. Network family—eight thousand three hundred dollars (\$8,300).

E. Non-network—no maximum.

(B) Health Savings Account (HSA) Plan Prescription Drug Coverage. Medical and pharmacy expenses are combined to apply toward the appropriate network or non-network deductible and out-of-pocket maximum specified in 22 CSR 10-3.055.

1. Network.

A. Preferred formulary generic drug: Ten percent (10%) coinsurance up to fifty dollars (\$50) per thirty-one- (31-) day supply after deductible has been met for a generic drug on the formulary[;].

B. Preferred formulary brand drug: Twenty percent (20%) coinsurance up to one hundred dollars (\$100) per thirty-one- (31-) day supply after deductible has been met for a brand drug on the formulary[;].

C. Non-preferred formulary drug and approved excluded

drug: Forty percent (40%) coinsurance after deductible has been met[;].

D. Diabetic drug (as designated as such by the PBM) coinsurance: fifty percent (50%) of the applicable network coinsurance [after deductible has been met], not to exceed:

(I) Twenty-five dollars (\$25) per thirty-one- (31-) day supply for generic drugs;

(II) Fifty dollars (\$50) per thirty-one- (31-) day supply for preferred formulary brand drug; and

(III) One hundred dollars (\$100) per thirty-one- (31-) day supply for non-preferred formulary drug[;].

**E. Ninety- (90-) day supply of prescriptions may be filled through the PBM's home delivery program or at select retail pharmacies, as designated by the PBM.**

*[E./F. Home delivery program.*

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

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

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

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

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

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

*[G./H. Vaccines and administration as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention are covered at one hundred percent (100%) when filled at a network pharmacy; and].*

*[H./I. The following are covered at one hundred percent (100%) [after deductible is met and] when filled at a network pharmacy:*

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

(II) One (1) preferred glucometer[;].

*[I./J. If any ingredient in a compound drug is excluded by the plan, the compound will be denied.*

**K. Drugs permitted by the Internal Revenue Service (IRS) in Notice 2019-45 and selected by the plan are not subject to the deductible when filled at a network pharmacy. Applicable coin-**

**surance will apply.**

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

A. Preferred formulary generic drug: Forty percent (40%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a generic drug on the formulary.

B. Preferred formulary brand drug: Forty percent (40%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a brand drug on the formulary.

C. Non-preferred formulary drug and approved excluded drug: Fifty percent (50%) coinsurance after deductible has been met for up to a thirty-one- (31-) day supply for a drug not on the formulary.

D. Diabetic drug (as designated by the PBM) coinsurance: Fifty percent (50%) of the applicable non-network coinsurance after deductible has been met.

*AUTHORITY: section 103.059, RSMo 2016. Emergency rule filed Dec. 22, 2009, effective Jan. 1, 2010, expired June 29, 2010. Original rule filed Jan. 4, 2010, effective June 30, 2010. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Oct. 29, 2021, effective Jan. 1, 2022, expires June 29, 2022. Amended: Filed Oct. 29, 2021.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*