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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.

HOW TO CITE RULES AND RSMO

RULES

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

Title	CSR	Division	Chapter	Rule
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

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

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

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

Rules filed as emergency rules may be effective not less than ten (10) 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.

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

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2220—State Board of Pharmacy
Chapter 2—General Rules**

EMERGENCY AMENDMENT

20 CSR 2220-2.200 Sterile Compounding. The Missouri Board of Pharmacy is adding subsection (10)(E).

PURPOSE: This emergency amendment allows pharmacies to accept aseptic technique skill assessment results for compounding staff from another pharmacy during an emergency.

EMERGENCY STATEMENT: On January 31, 2020, the U.S. Department of Health and Human Services (HHS) declared a public health emergency in response to the nationwide COVID-19 pandemic. The Governor of Missouri declared a similar State of Emergency on March 13, 2020, finding that COVID-19 poses a serious health risk for Missouri residents and visitors. Since that time, Missouri pharmacies have played a critical role in meeting the unprecedented demand for pharmacy services, including, an increased demand for pharmacy sterile compounding services. Sterile compounding involves the process of mixing/compounding of medication in a sterile environment using aseptic procedures. Sterile compounding is used to provide specialty patient medication that is not commercially available, including medication for vulnerable and high-risk patients who may not have a commercially available alternative. Pharmacy staff

must be specially trained in aseptic technique and pass an aseptic technique skills assessment and observation by a qualified observer prior to initial compounding. Under the current rule, aseptic technique skill assessments are not transferable and may take several weeks to complete depending on risk level. Instead, a new assessment must be completed at each individual pharmacy where the staff member will be compounding. During the COVID-19 pandemic, multiple pharmacies and hospitals reported the need to quickly move/re-allocate sterile compounding staff because of an unprecedented number of staff absences, increased hospitalizations/patient demand, and staffing shortages. In many instances, pharmacies/hospitals reported needing to move staff between pharmacies/compounding facilities with little or no notice and before the required aseptic technique skill assessment/observation could be completed. At the board's request, Governor Parson subsequently approved a COVID-19 waiver during the State of Emergency that allowed pharmacies/hospitals to accept aseptic technique skill assessment results from another pharmacy to meet patient needs. The COVID-19 waiver expired on December 31, 2021; Missouri pharmacies and hospitals subsequently petitioned the board to take emergency action to continue the aseptic skill assessment allowance. Pharmacies/hospitals reported the waiver was critical for meeting patient needs and ensuring pharmacy staff were available to compound an adequate supply of compounded medication during the pandemic and other emergencies. Accordingly, the board has determined this emergency amendment is needed to ensure prompt medication dispensing and the availability of critical compounded medication for Missouri patients. Absent an emergency amendment, Missouri pharmacies will likely be unable to meet patient demand for needed compounded medication and/or patients may experience a significant delay/interruption in critical medication supply, which will detrimentally impact the public safety, health, and welfare of Missouri citizens. As a result, the Missouri State Board of Pharmacy finds there is an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest that requires this emergency action. 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*. A proposed amendment which, covers the same material, is published in this issue of the *Missouri Register*. The Missouri State Board of Pharmacy believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed February 8, 2022, becomes effective February 24, 2022, and expires August 22, 2022.

(10) Aseptic Technique Skill Assessment. Individuals engaged in sterile compounding must take and successfully pass an aseptic technique skill assessment to verify aseptic competency. The assessment must include a direct visual observation of the individual's aseptic competency during a process simulation that represents the most challenging or stressful conditions encountered or performed by the person being evaluated. The assessment must include media-fill testing for all risk levels performed. Self-observation is not allowed.

(E) If needed to prevent interruptions in patient care during an emergency, a pharmacy may accept aseptic technique skill assessment results from another pharmacy or hospital in lieu of the required initial aseptic technique skill assessment, provided:

1. A pharmacist verifies the aseptic technique skill assessment to be accepted complies with the requirements under subsections (10)(A)–(C) of this rule for an ongoing aseptic technique skill assessment, at a minimum;

2. The pharmacy maintains documentation of the other pharmacy or hospital's completed aseptic technique skill assessment, including the dates and results of the required training, visual observation, and media-fill testing. Additionally, the receiving pharmacy must maintain a manual or electronic copy of the other pharmacy's or hospital's policies and procedures on

aseptic technique skill assessment and media fill testing for board licensees or registrants;

3. The board licensee or registrant has received training on applicable pharmacy operational procedures as needed to ensure proper compounding. The licensee or registrant must be skilled and trained to accurately and competently perform the duties; and

4. Individuals may not assist with compounding under the emergency allowance authorized by this subsection for more than forty-five (45) days without an initial aseptic technique skill assessment for the pharmacy.

AUTHORITY: sections 338.240 and 338.280, RSMo 2016, and sections 338.010 and 338.140, RSMo Supp. [2020] 2021. This rule originally filed as 4 CSR 220-2.200. Original rule filed May 4, 1992, effective Feb. 26, 1993. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Feb. 8, 2022, effective Feb. 24, 2022, expires Aug. 22, 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.

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

EXECUTIVE ORDER
22-03

WHEREAS, Executive Order 22-02 was issued on February 1, 2022, declaring a State of Emergency due to the forecast severe winter storm systems associated with snow, freezing rain, sleet, ice, and low temperatures, impacting communities throughout the State of Missouri; and

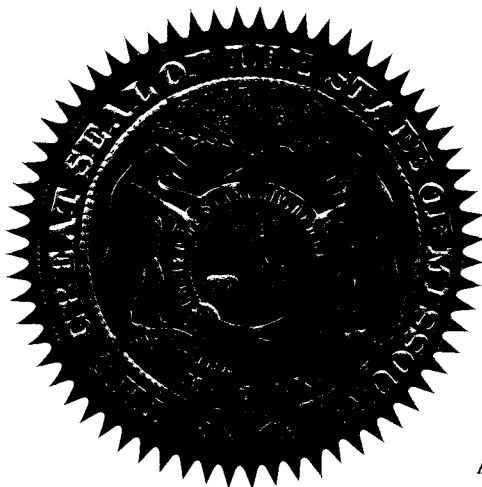
WHEREAS, under Executive Order 22-02, an invocation of the provisions of Sections 44.100 and 44.110, RSMo, was required to ensure the safety and welfare of the people of Missouri and to activate the State Emergency Operations Plan; and

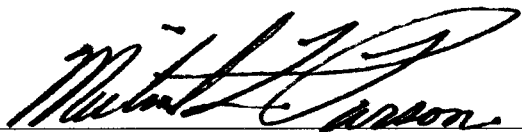
WHEREAS, under Executive Order 22-02, pursuant to Sections 41.480 and 41.690, RSMo, the Missouri National Guard was called into active service to take action and employ equipment as may be necessary in support of civilian authorities; and

WHEREAS, the soldiers of the Missouri National Guard were released from active service on February 6, 2022.


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, including Chapter 44, RSMo, do hereby terminate Executive Order 22-02, including the State of Emergency and the activation of the Missouri National Guard established therein.

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 7th day of February, 2022.




MICHAEL L. PARSON
GOVERNOR

ATTEST:


JOHN R. ASHCROFT
SECRETARY OF STATE

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

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

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

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

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

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

[(DESE)] (department) has the authority to receive and expend federal funds for educational programs and to establish rules and regulations for the administration of the programs in accordance with controlling federal statutes and regulations. This rule sets forth the general provisions governing programs operated by local educational agencies (LEAs) under [Title I, Title II, Title IV, Title VI, and Migrant Education under the Improving America's Schools Act (IASA)] Title I Part A, Title I Part C, Title I Part D, Title II Part A, Title III, Title IV Part A, Title V Part B, and Title IX under ESEA, P.L. 89-10.

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

[This rule incorporates by reference the regulations for the program as published in the state Administrative Manual for the Consolidated Federal Programs. This manual incorporates all federal regulations and statutory requirements.] The following provisions are incorporated by reference and made part of this rule: P.L. 89-10, which is available by contacting the U.S. Government Publishing Office, 732 North Capitol Street NW, Washington, D.C. 20401-0001, as published in February 2022. Copies of this law can also be obtained from the Department of Elementary and Secondary Education, Office of Quality Schools, 205 Jefferson Street, PO Box 480, Jefferson City, MO 65102-0480 and at <https://dese.mo.gov/governmental-affairs/deseadministrative-rules/incorporated-reference-materials>; and the ESEA Administrative Manual (revised February 2022) is hereby incorporated by reference and made a part of this rule as published by the Department of Elementary and Secondary Education, Office of Quality Schools, 205 Jefferson Street, PO Box 480, Jefferson City, MO 65102-0480, and its website at <https://dese.mo.gov/quality-schools/federal-programs/federal-legislation-guidance> and at <https://dese.mo.gov/governmental-affairs/dese-administrative-rules/incorporated-reference-materials>. This rule does not incorporate any subsequent amendments or additions.

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 20-100.130 General Provisions Governing the Consolidated Grants Under the [Improving America's Schools Act] Elementary and Secondary Education Act (ESEA). The State Board of Education is amending the title, purpose, and incorporated by reference material.

PURPOSE: This amendment updates the ESEA Administrative Manual, incorporated by reference material, as well as the title of the rule to incorporate the current legislation.

PURPOSE: The Department of Elementary and Secondary Education

AUTHORITY: sections [178.430] 161.092 and 178.480, RSMo [1994] 2016. This rule previously filed as 5 CSR 50-321.010. Original rule filed April 29, 1997, effective Nov. 30, 1997. Amended: Filed April 21, 1999, effective Nov. 30, 1999. Moved to 5 CSR 20-100.130, effective Aug. 16, 2011. Amended: Filed Feb. 10, 2022.

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: Julia Cowell, Coordinator, Office of Quality Schools, PO Box 480, Jefferson City, MO 65102-0480 or by email to webreplyfgm@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 100—Office of Quality Schools**

PROPOSED RESCISSION

5 CSR 20-100.140 General Provisions Governing the Consolidated Grants for the Federal and State Discretionary Programs. This rule provided guidance on the distribution of discretionary grant funds.

PURPOSE: The Department of Elementary and Secondary Education (department) is rescinding this rule because it incorporates by reference the Administrative Manual for Federal and State Discretionary Programs, which no longer exists. The department has incorporated current requirements for discretionary grant programs into the Elementary and Secondary Education Act Administrative Manual, referenced in 5 CSR 20-100.130.

AUTHORITY: section 178.480, RSMo 1994. This rule previously filed as 5 CSR 50-321.020. Original rule filed March 22, 1999, effective Sept. 30, 1999. Moved to 5 CSR 20-100.140, effective Aug. 16, 2011. Rescinded: Filed Feb. 10, 2022.

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: Julia Cowell, Coordinator, Office of Quality Schools, PO Box 480, Jefferson City, MO 65102-0480 or by email to webreplyfgm@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 8—DEPARTMENT OF LABOR AND
INDUSTRIAL RELATIONS
Division 20—Labor and Industrial Relations Commission
Chapter 2—General Rules**

PROPOSED AMENDMENT

8 CSR 20-2.010 Governing Rules. The Labor and Industrial Relations Commission is removing sections (4), (5), and (6) and adding new sections (4)–(7).

PURPOSE: This amendment clarifies how the commission communicates with interested parties, including correspondence, filings with the commission, and the issuance of decisions and orders. This amendment implements communication through electronic means as authorized by section 287.480, RSMo, as amended by L. 2021, S.B. No. 303, p. 19.

[(4) Any notice of appeal, application, or other paper required under the law to be filed with the commission, when mailed and received by the commission, shall be filed as of the date endorsed by the United States Post Office on the envelope or container in which the paper is received, or the date received, if filed by facsimile.

(5) Any notice of appeal, Application for Review filed in a

workers' compensation claim or other paper required by law to be filed with the commission may be filed by facsimile, provided the pages do not exceed five (5) pages including any supporting documents, and provided a copy of the filing is also concurrently sent to the opposing parties via facsimile transmission, such service to be certified in the filing sent to the commission. The parties shall send by United States mail the original to the commission and one (1) copy to the opposing parties on the same day as the facsimile transmission. Date and time of receipt will be determined by the commission's facsimile machine. Persons filing by facsimile must retain their receipt with the original copy for reference by the commission if requested. Applications for Review filed in employment security claims are governed by 8 CSR 20-4.010.

(6) The commission, its members, staff, and legal counsel will not accept service of process by facsimile transmission.]

(4) The commission may send correspondence to and receive correspondence from parties to any matter before the commission through in-person delivery, the United States Post Office, by facsimile transmission, or by electronic means as set forth on the commission's website, including the commission's general email address listed on its website. The commission will not accept through its general email address any application for review, motion, brief, or other paper required under the law to be filed with the commission. Except for applications for review filed in employment security matters, the commission may accept applications for review, motions, briefs, or other papers required under the law to be filed with the commission through in-person delivery, the United States Postal Office, by facsimile transmission, or by electronic means as set forth on the commission's website. When sending correspondence to the commission or when filing applications for review (except for applications for review filed in employment security matters), motions, briefs, or other papers required under the law to be filed with the commission, the submitting party to a matter must also send copies of the same to all opposing parties and submit a certificate of service to the commission verifying that a copy has been sent to the opposing party(ies). Applications for review filed in employment security matters are governed by 8 CSR 20-4.010.

(5) Any notice of appeal, application for review, motion, brief, or other paper required under the law to be filed with the commission, as set forth in section (4) above shall be deemed filed as of the date endorsed by the United States Post Office, or in the absence of such endorsement, as of the date the commission physically receives the filing or by the date and time recorded by the commission's facsimile machine or computer system used to receive electronic filings as set forth on the commission's website. In instances where the last day for the filing of any such paper falls on a Saturday, Sunday, or legal holiday, the commission shall deem the filing timely if accomplished on the next day subsequent that is neither a Saturday, Sunday, or legal holiday.

(6) Generally, the commission will send its official orders and decisions through the United States Postal Service. The commission may send courtesy copies of its orders and decisions by facsimile, through its general email address as listed on its website, or by other electronic means as listed on its website.

(7) The commission, its members, staff, and legal counsel will not accept service of process on the commission, its members, or staff, and legal counsel by facsimile transmission or by electronic means.

AUTHORITY: section 286.060, RSMo 2016. This version of rule filed

Dec. 18, 1975, effective Dec. 28, 1975. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 10, 2022.

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 Labor and Industrial Relations Commission, Attn: Robert Cornejo, Chairman, PO Box 599, Jefferson City, MO 65102-0599. 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 8—DEPARTMENT OF LABOR AND
INDUSTRIAL RELATIONS
Division 20—Labor and Industrial Relations
Commission
Chapter 3—Rules Relating to Division of
Workers' Compensation**

PROPOSED AMENDMENT

8 CSR 20-3.030 Review of Awards or Orders Issued by Administrative Law Judges. The Labor and Industrial Relations Commission is amending sections (1), (3), (4), and (5).

PURPOSE: This amendment clarifies the requirements for filing applications for review, answers, and briefs.

(1) Review—Appeal. Any interested party in a contested case may appeal from a final award, order, or decision made by an administrative law judge of the Division of Workers' Compensation by making an application for review within twenty (20) days from the date of the award, order, or decision with the commission as provided by section 287.480, RSMo. A form to be used in making an application for review has been promulgated by the commission and is available upon request. The applicant *[for review]* (known as **petitioner**) need not use the promulgated form*[/]*, provided*[/]* the application sets forth information in regard to the case and award which is sought to be reviewed and the reasons for making the application for a review of the evidence. An application for review shall be signed by the *[applicant]* **petitioner** or the *[applicant's]* **petitioner's** attorney. An application filed on behalf of a corporation shall be signed by an attorney licensed in Missouri.

(3) Applications *[and Briefs]*.

(A) An *[applicant]* **application** for review of any final award, order, or decision of the administrative law judge shall state specifically *[in the application]* the reason the applicant believes the findings and conclusions of the administrative law judge on the controlling issues are not properly supported. It shall not be sufficient merely to state that the decision of the administrative law judge on any particular issue is not supported by competent and substantial evidence. The allegations of error in an application for review are not an opportunity for early briefing, but rather serve to notify the commission and opposing parties of the nature of the issues that will be addressed on appeal. Accordingly, *[the]* an application for review should not extend beyond a maximum of five (5) pages. The commission may decline to consider any portion of an application for review that extends beyond this page limitation.

[(B) If the applicant for review (known as the petitioner)

desires to file a brief or memorandum of law in support of the application, it shall be indicated in the application. When briefing is requested, the commission secretary will provide, via written correspondence to all parties, a briefing schedule after the transcript is prepared by the division of workers' compensation. Unless a modified briefing schedule is ordered by the commission, the petitioner's brief will be due thirty (30) days from the date of the commission secretary's correspondence establishing the briefing schedule, and respondent briefs or memoranda of law will be due within fifteen (15) days after the date of the commission secretary's letter acknowledging the commission's receipt of the petitioner's brief or memorandum of law. The commission shall have discretion, after notice to the parties, to extend or accelerate the briefing schedule.

(C) Parties requesting an extension of time to file a brief, an extension of page length, or any other extraordinary request pertaining to briefing, may make such request to the commission, in writing, prior to the last date for filing their brief, such request to include the following:

- 1. The number of additional days, pages, or other specific relief requested;*
- 2. A certification that a copy of the request has been served to all opposing parties upon the same date and time, and via the same means, that such request is sent to the commission;*

- 3. An indication whether the requesting party has conferred with opposing parties regarding the request, and if not, why;*

- 4. An indication whether opposing parties have registered any objection to the request; and*

- 5. The specific facts or circumstances motivating the request.*

(D) The commission may decline to consider a party's request where it fails to comply with the foregoing, and may decline to consider a party's brief where it appears the party has engaged in any dilatory practice, or other conduct prejudicial to the efficient and timely adjudication of the appeal.]

(4) Answers *[and Briefs]*.

(A) An opposing party (known as the respondent) may file an answer to the petitioner's application for review, concisely addressing each of the contentions set forth in the application. **The answer should not extend beyond a maximum of five (5) pages. The commission may decline to consider any portion of an answer that extends beyond this page limitation.** The answer(s) shall be filed within ten (10) days from the date of the commission secretary's correspondence acknowledging the filing of the application for review. The commission shall have discretion to extend the time for filing an answer.

[(B) If the petitioner does not include a request for a briefing schedule in the application for review and the respondent desires to file a brief or memorandum of law, that request shall be included in the answer. If the petitioner has requested a briefing schedule, but fails to file a timely brief after that, the respondent may file a brief or memorandum of law within fifteen (15) days from the date the petitioner's brief was due.]

(5) Briefs $[-$ *Typewritten]*.

(A) **If the petitioner desires to file a brief or memorandum of law in support of the application, the petitioner shall so indicate in the application for review. When briefing is requested, the commission secretary will provide, via written correspondence to all parties, a briefing schedule after the transcript is prepared by the division of workers' compensation. Unless a modified briefing schedule is ordered by the commission, the petitioner's brief will be due thirty (30) days from the date of the commission secretary's**

correspondence establishing the briefing schedule, and respondent briefs or memoranda of law will be due within fifteen (15) days after the date of the commission secretary's letter acknowledging the commission's receipt of the petitioner's brief or memorandum of law. A reply brief is not required or suggested, but if the petitioner believes it is necessary to file a reply, it must be filed within ten (10) days of receipt of the respondent's brief. The commission shall have discretion, after notice to the parties, to extend or accelerate the briefing schedule.

(B) If the petitioner does not include a request for a briefing schedule in the application for review and the respondent desires to file a brief or memorandum of law, that request shall be included in the answer. If the petitioner has requested a briefing schedule, but fails to file a timely brief after that, the respondent may file a brief or memorandum of law within fifteen (15) days from the date the petitioner's brief was due.

(C) Briefs filed in any case pending before the commission shall be typewritten. *The original shall be filed with the commission and a copy served upon the opposing party(ies).*

[(A) All briefs shall be] and subject to the following requirements:

1. If submitted physically—

1./A. Be on paper of size eight and one-half inches by eleven inches (8 1/2" × 11"); and

2. Be on paper weighing not less than nine (9) pounds to the ream;

3./B. Be typed on one (1) side of the paper; and

2. All briefs submitted physically, by facsimile transmission, or by electronic means as set forth on the commission's website shall—

4./A. Have a left, right, bottom, and top margin of not less than one inch (1"). Page numbers may appear in the bottom margin, but no other text may appear in the margins;

5./B. Have all pages consecutively numbered;

6./C. Use characters throughout the briefs, including footnotes that are not smaller than thirteen (13) font, Times New Roman on Microsoft Word, **except footnotes may be as small as ten (10) font; and**

7./D. Be double-spaced, **except for footnotes, block quotes greater than fifty (50) words, the cover, if any, and certificate of service and signature block [may be single-spaced].**

[(B)](D) The brief of the petitioner shall not exceed thirty (30) pages. A respondent's brief shall not exceed twenty-five (25) pages. A reply brief *[is not required or suggested but if the petitioner believes it is necessary to file a reply, it]* shall not exceed eight (8) pages. *[A reply brief must be filed within ten (10) days of receipt of the respondent's brief.]* A cover sheet or index to *[the]* any brief need not be counted in the page limitation, but any attachments, exhibits, or appendices to *[the]* any brief will be considered as pages of the brief and subject to the page limitation for the entire brief. (Parties should note that the commission file contains the award and decision of the administrative law judge along with a complete transcript of the record. It is unnecessary to attach any of these materials to *[the]* any brief. Any other attachment would not be of record and not subject to consideration, which is limited to the record or transcript of the hearing.)

[(C)](E) The petitioner's brief shall contain a fair and concise statement of facts without argument, with citations to the pertinent pages of the transcript supporting each factual assertion. The respondent's brief may supplement the statement of facts if necessary. No jurisdictional statement is necessary unless jurisdiction is at issue. (Parties are advised that recitations of basic legal principles of workers' compensation law are not necessary and are discouraged.) The briefs shall identify the issues in dispute and address those issues only, state concisely the factual or legal support for the party's positions, and contain a conclusion in detail as to the decision, award, or action requested from the *[Labor and Industrial Relations C]* commission. Upon its own motion, or upon motion by any interested

party, the commission may, in its discretion, decline to consider any brief or any portion of a brief that is not filed in accordance with these rules or where it appears the party has engaged in any dilatory practice or other conduct prejudicial to the efficient and timely adjudication of the appeal.

(F) Extraordinary Briefing Requests.

1. Parties requesting an extension of time to file a brief, an extension of page length, or any other extraordinary request pertaining to briefing, may make such request to the commission in writing prior to the last date for filing their brief, such request to include the following:

A. The number of additional days, pages, or other specific relief requested;

B. A certification that a copy of the request has been served to all opposing parties upon the same date and time, and via the same means, that such request is sent to the commission;

C. An indication whether the requesting party has conferred with opposing parties regarding the request, and if not, why not;

D. An indication whether opposing parties have registered any objection to the request; and

E. The specific facts or circumstances motivating the request.

2. The commission may decline to consider a party's request for an extension of time to file a brief, an extension of page length, or any other extraordinary request pertaining to briefing where the party's request fails to comply with the foregoing or where it appears the party has engaged in any dilatory practice, or other conduct prejudicial to the efficient and timely adjudication of the appeal.

AUTHORITY: section 286.060, RSMo 2016. This version of rule filed Dec. 18, 1975, effective Dec. 28, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 10, 2022.

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 Labor and Industrial Relations Commission, Attn: Robert Cornejo, Chairman, PO Box 599, Jefferson City, MO 65102-0599. 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 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing**

PROPOSED AMENDMENT

20 CSR 2200-2.001 Definitions. The board is amending section (1).

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

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

[(K) Class—A discrete cohort of students admitted to a

nursing program, designed to begin a course of study together on a specific date and to graduate together on a specific date;

[(L)](K) Clinical experience—Faculty planned and guided learning activities designed to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care to an individual, group, or community;

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

[(N)](M) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;

(N) Cohort—A discrete group of students admitted to a nursing program, designed to begin a course of study together on a specific date and to graduate together on a specific date;

(W) Distance [learning] education—[Curriculum provided from a main campus location to another geographic location, primarily through electronic or other technological methods] Education that uses one (1) or more technologies to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor synchronously or asynchronously;

(X) Distance education course—A course in which the instructional content is delivered via distance education. Requirements for coming on campus for orientation, testing, or academic support services do not exclude a course from being classified as distance education;

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

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

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

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

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

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

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

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

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

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

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

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

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

[(KK)](LL) Observational experiences—Planned learning experiences designed to assist students to meet course objectives through

observation;

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

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

[(NN)](OO) Pilot program/project—Educational activity [which has board approval for a limited time and which otherwise would be out of compliance with minimum standards] **planned for a trial period. Pilot programs/projects that would otherwise be out of compliance with minimum standards must have board approval prior to implementation;**

[(OO)](PP) Preceptor—Registered professional nurse [assigned to assist nursing students in an educational experience which is designed and directed by a faculty member] **who is not employed by the nursing education program but provides clinical supervision for nursing students during select clinical learning experiences as directed by nursing faculty;**

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

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

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

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

(UU) Quantitative Reasoning—The application of basic mathematics skills, such as algebra, to the analysis and interpretation of real-world information in the context of a discipline or an interdisciplinary problem to draw conclusions that are relevant to students in their daily lives;

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

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

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

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

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

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

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

AUTHORITY: section[s] 335.036, **RSMo Supp. 2021**, and section 335.071, **RSMo 2016**. This rule originally filed as 4 CSR 200-2.001. Original rule filed Sept. 25, 1991, effective March 9, 1992. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656,

Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved
Programs of Professional Nursing**

PROPOSED AMENDMENT

20 CSR 2200-2.010 Approval. The board is amending section (4).

PURPOSE: This amendment shortens/simplifies the approval process for establishment of new nursing programs.

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval—

1. An accredited institution of higher education desiring to establish a program of professional nursing shall submit a *[petition to the board at least three (3) months prior to the submission of a]* proposal./;]

2. Prior to submission of *[a petition]* the proposal, nursing programs operating under the institution's sponsorship shall meet requirements for full program approval. *The petition shall include: the name and location of the sponsoring institution and its accreditation status; the mission statement of the sponsoring institution and the mission statement of the proposed program; the proposed location (and satellites) in relation to the administrative offices of the sponsoring institution; statement of need and feasibility; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program. The statement of need and feasibility shall include:;*

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

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

C. Number and source of anticipated student population;

D. Letters of support for the proposed nursing program;

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

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

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

[3.]4. [A] The program proposal shall be written and presented

to the board by the administrator of the proposed program. The proposal shall comply with the Minimum Standards for Programs of Professional Nursing as prescribed in 20 CSR 2200-2.050 through 20 CSR 2200-2.130 and bear the signature of the administrator who meets the criteria in 20 CSR 2200-2.060(1)(B) and has been active in the position on a full-time basis at least nine (9) months *[and preferably one (1) year]* prior to the entry of the first class./;]

5. The *[number of copies of the proposal, as specified by the board,]* required application fee of three thousand dollars (\$3,000) shall be submitted with the *[required application fee. Submission of the application fee will initiate review of the]* proposal./;]

6. The proposal shall *[be prepared following the reporting format and]* include/s] each component as indicated in paragraph (4)(A)*[4.]8.* of this rule. The proposal shall remain active for no more than one (1) calendar year from the date of review by the board. *[No more than two (2) proposal revisions shall be accepted.]* Members designated by the board will review the proposal and make recommendations prior to presentation of the proposal to the board./;]

7. Board approval of the proposal *[with or without contingencies]* shall be obtained no later than six (6) months prior to the anticipated opening date;

[4.]8. [A] The proposal *[submitted]* shall contain the following information:

A. Sponsoring institution—

(I) Name and location of the sponsoring institution;

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

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

(IV) Proposed program location (and satellites) in relation to the administrative offices of the sponsoring institution;

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

(VI) Mission statement of the sponsoring institution and philosophy and/or mission statements of the proposed program;

(VII) Type and length of the nursing program proposed; and

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

[A.]B. Curriculum.

(I) Philosophy and/or mission.

(II) Graduate competencies.

(III) Curriculum sequence.

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

(V) Systematic evaluation plan.

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

[B.]C. Students.

(I) Maximum number of students per class.

(II) Number of classes admitted per year.

(III) Number of students anticipated in initial class.

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

(V) Admission criteria.

(VI) Plans for progression and retention of students.

(VII) Appeal policies and procedures.

(VIII) Availability and accessibility of student services;

[C.]D. Faculty.

(I) Plan for hiring full-time and part-time theory and clinical

faculty. This plan shall include full-time equivalents, student to faculty ratios, and full-time to part-time faculty ratios to meet initial and increasing enrollment.

(II) Position descriptions;

[D.]/E. Support services personnel.

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

(II) Position descriptions; **and**

IE. Sponsoring institution.

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

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

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

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

F. Facilities.

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

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

(III) Letter(s) of intent from potential clinical sites; including a description of potential clinical sites, average daily patient census and the ability to provide clinical placement to potential students in addition to those of existing nursing programs to meet objectives and outcomes.] stating ability to provide appropriate educational experiences to meet objectives and outcomes of the proposed program. A description of each potential clinical site, average daily patient census, and the ability to provide clinical placements to potential students in addition to those of existing nursing programs shall be included;

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

9. The board will electronically notify existing pre-licensure nursing programs approved by this board that a proposal for establishment of a new nursing program is under review;

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

[6.]/11. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-2.050 through 20 CSR 2200-2.130.

(B) Initial program approval contingent on the site survey shall remain active for no more than one (1) calendar year prior to program start.

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

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

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

2. Report of an on-site survey;

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

4. Identification and analysis of class graduation rate; and

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

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

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

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

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-2.010. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2200—State Board of Nursing

Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

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

PURPOSE: This amendment aligns rule numbers to reflect changes made under section 20 CSR 2200-2.010.

(3) Proposed changes that affect the criteria included in 20 CSR 2200-2.010(4)(A)1.–/4./8. shall be approved by the board prior to implementation.

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-2.030. This version filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.035 Multiple Campuses. The board is amending sections (1)-(6) and deleting section (7).

PURPOSE: This amendment clarifies procedures for multiple campuses, nursing programs under the same sponsoring institution, and programs with satellite locations.

(1) Each [campus of a program] nursing program under sponsorship of the same institution will be treated independently for purposes of compliance with the minimum standards set forth by the board.

(2) Each [campus] nursing program under the sponsorship of the same institution is required to submit a separate annual report, annual registration, and annual registration fee.

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

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

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

(6) Each [campus] nursing program will be evaluated individually concerning licensure examination results. Licensure examination results for satellite expansion sites will be part of the approved nursing program.

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

AUTHORITY: section[s] 335.036, *RSMo Supp. 2021*, and section 335.071, *RSMo 2016*. This rule originally filed as 4 CSR 200-2.035.

Original rule filed Aug. 6, 1998, effective Feb. 28, 1999. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

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

PURPOSE: This amendment defines major program expansion and provides existing nursing programs with notification of such major expansions.

(1) Board approval is required for changes of the following:
(C) Increase in number of students by enrollment, transfer, or readmission by more than one (1) beyond the number approved by the board[;]—

1. Any program expansion that would increase annual student admissions by twenty (20) or more students and/or establish a new satellite location shall be considered a major program expansion; and

2. The board will electronically notify nursing programs of requests for major program expansion;

AUTHORITY: section[s] 335.036, *RSMo Supp. 2021*, and section 335.071, *RSMo 2016*. This rule originally filed as 4 CSR 200-2.040. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE**
Division 2200—State Board of Nursing
**Chapter 2—Minimum Standards for Approved
Programs of Professional Nursing**

PROPOSED AMENDMENT

20 CSR 2200-2.060 Administrator/Faculty. The board is amending sections (1), (2), (5), and (7).

PURPOSE: This amendment redefines academic, experiential, and nurse licensure requirements for nursing faculty.

(1) Program Administrator.

(B) Criteria for Appointment—

1. [*Current, active licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in any jurisdiction;*] **Current, active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee's RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;**

2. Graduate degree in nursing with a clinical component in either the bachelor's or master's degree; a doctoral degree is recommended;

3. Academically and experientially qualified and maintains expertise in area of responsibility; and

4. Approved by the board prior to appointment. Academic transcript(s) that reflects eligibility for the position shall be submitted to the board for approval prior to appointment.

(2) Nursing Faculty.

(B) Criteria for Appointment—

1. [*Current, active licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in any jurisdiction;*] **Current, active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee's RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;**

2. Educational requirements—

A. Nursing faculty teaching in associate degree or diploma programs shall have a minimum of a baccalaureate degree in nursing with a clinical component. A graduate degree in nursing is recommended; *[and]* or

B. Nursing faculty teaching in baccalaureate programs shall have a minimum of a graduate degree. Seventy-five percent (75%) of full-time faculty shall have a graduate degree with major in nursing. A doctoral degree is recommended. Faculty without a nursing major in their graduate degree shall have a bachelor's degree in nursing with a clinical component;

3. Academically and experientially qualified and maintain expertise in areas of responsibility;

4. Contingent faculty approval may be granted if—

A. The program meets requirements for full board program approval;

B. The program presents sufficient evidence that all options to fill the respective position with a candidate who meets academic requirements have been exhausted;

C. The candidate has current [*licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in*

any jurisdiction], active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee's RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;

D. The candidate is experientially qualified and maintains expertise in areas of responsibility;

E. The candidate is projected to receive the required degree within twelve (12) months of hire; faculty candidates working on a doctoral degree shall complete the required degree within twenty-four (24) months of hire; and

F. Faculty approved on contingency shall work under the direction of a board-approved faculty; and

5. Academic transcript(s) that reflects eligibility for the position shall be submitted to the board. Faculty candidates shall be approved by the board prior to appointment.

(5) Faculty workload, as documented in a policy or procedure, shall allow time for class and laboratory preparation, instruction, program evaluation, and professional development.

(7) Employment Policies.

(B) Nursing Program.

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

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

3. A planned orientation **and mentoring support for new full-time, part-time, clinical, and adjunct faculty** shall be in writing and implemented. It shall include review of the Missouri Nursing Practice Act (NPA). Completed faculty orientation documents shall be maintained.

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-2.060. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE**
Division 2200—State Board of Nursing
**Chapter 2—Minimum Standards for Approved
Programs of Professional Nursing**

PROPOSED AMENDMENT

20 CSR 2200-2.070 Physical Facilities and Instructional Resources. The board is amending subsections (2)(B) and (6)(B).

PURPOSE: This amendment adds student orientation requirements

related to library and technology resources.

(2) Library.

(B) Management of library resources shall include:

1. Budget for acquisition of appropriate resources;
2. System for identifying or deleting outdated resources; *[and]*
3. Policies and procedures governing the administration and the use of the library resources shall be in writing and available to students and faculty*[.]*; **and**

4. Established process of library orientation for students.

(6) Technology Resources/Computers.

(B) Management of technology resources shall include:

1. Budget for acquisition of current technology, including computers;
2. System for identifying, deleting, and/or replacing resources; *[and]*
3. Policies and procedures governing the administration and the use of the technology/computers. These policies and procedures shall be made available to students and faculty*[.]*; **and**

4. Technology (IT) support for students and faculty shall be sufficient to meet educational and instructional needs of students and faculty.

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-2.070. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

**Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing**

PROPOSED AMENDMENT

20 CSR 2200-2.080 Clinical Experiences. The board is amending subsection (1)(B).

PURPOSE: This amendment defines the amount of clinical time allocated to clinical simulation.

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

(B) Clinical simulation and clinical skills lab time is at the discretion of the nursing program. **Records of allocation of clinical hours to simulation shall be maintained.**

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-2.080. This version of rule filed April 20, 1973, effective May 1, 1973. For

intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

**Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing**

PROPOSED AMENDMENT

20 CSR 2200-2.085 Preceptors. The board is amending section (1).

PURPOSE: This amendment clarifies utilization of clinical preceptors.

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

(A) Preceptors do not replace faculty in the education of the student but serve to assist faculty and the student in achieving designated objectives of a nursing course*[:]*.

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

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-2.085. Original rule filed May 4, 1993, effective March 10, 1994. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

**Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing**

PROPOSED AMENDMENT

20 CSR 2200-2.100 Educational Program. The board is amending

sections (1), (2), (3), and (5).

PURPOSE: This amendment aligns clinical simulation and distance education with the nursing curriculum.

(1) General Purpose.

(E) A nursing program that uses clinical simulation shall adhere to model standards of best practice. **Mapping of clinical simulation experiences to course and clinical objectives as well as graduate competencies should be documented.**

(2) Curriculum Organization and Development.

(A) The nursing faculty shall have the authority and the responsibility to develop, implement, and evaluate the curriculum. **Student learning experiences shall be directed and evaluated by the faculty and be consistent with the curriculum plan.**

[(G) Student learning experiences shall be directed and evaluated by the faculty and be consistent with the curriculum plan.]

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

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

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

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

11. Equipping students to face unique psychosocial, spiritual, and physical stressors that healthcare professionals may encounter while carrying out their duties.

(5) Distance *[Learning]* Education Measures and Opportunities.

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

1. Budgetary support specific to distant learning resources;
2. Course management/delivery platform(s) that are reliable and navigable for students and faculty **including measures to ensure exam security shall be in place**;
3. Sufficient technical support to assist students and faculty to consistently meet program outcomes **including communication of available technical support should be provided to students**;
4. Learning and technology resources, to include library resources, that are selected with input of the nursing faculty and are

comprehensive, current, and accessible to students and faculty;

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

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

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

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

9. Evaluation of student outcomes at set intervals;

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

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

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

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-2.100. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved
Programs of Professional Nursing**

PROPOSED AMENDMENT

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

PURPOSE: This amendment clarifies publications that nursing programs must provide to applicants and students.

(3) The following information shall be available to *[the]* applicants **and students** by electronic or print publications *[prior to admission]*:

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

(J) Financial assistance; *[and]*

(K) Distance learning measures and opportunities*[/];*

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

[(A)](L) Philosophy and/or mission of the sponsoring institution and the nursing program;

[(B)](M) Graduate competencies;

[(C)](N) Grading, promotion, and graduation policies;
[(D)](O) Faculty roster with credentials;
[(E)](P) School calendar;
[(F)](Q) Student policies;
[(G)](R) Student's rights and responsibilities; and
[(H)](S) Appeal policies and procedures.

AUTHORITY: section[s] 335.036, *RSMo Supp. 2021*, and section 335.071, *RSMo 2016*. This rule originally filed as 4 CSR 200-2.120. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

20 CSR 2200-2.130 Program Evaluation. The board is amending sections (1) and (2).

PURPOSE: This amendment clarifies nursing program evaluation processes.

(1) There shall be a written plan for systematic evaluation of all aspects of the program *[that includes student objectives, graduate competencies, and program outcomes]*. The systematic evaluation of the program will document the following:

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

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

AUTHORITY: section[s] 335.036, *RSMo Supp. 2021*, and section 335.071, *RSMo 2016*. This rule originally filed as 4 CSR 200-2.130. This version of rule filed April 20, 1973, effective May 1, 1973. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 2—Minimum Standards for Approved Programs of Professional Nursing

PROPOSED AMENDMENT

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

PURPOSE: This amendment clarifies the impact of licensure examination pass rates on program approval.

(3) Initial Program Approval—

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

(E) The program administrator shall appear before and present to the board or members designated by the board a current plan of correction, which includes a current analysis of program effectiveness, resolution of problems identified, and current status of program outcomes for each year that program pass rates remain lower than eighty percent (80%). The board may accept the plan of correction and decide to continue initial approval for a specific period of time determined by the board, may apply a moratorium on admissions pursuant to 20 CSR 2200-2.010(7)(A), or may withdraw approval pursuant to section 335.071.3, RSMo, at any time during the initial approval period as deemed necessary by the board; and

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

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

(4) Full Program Approval—

(A) The nursing program with a pass rate lower than eighty percent (80%) shall—

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

- A. Mission or philosophy of the nursing program;
- B. Program governance as defined in 20 CSR 2200-2.050(5);
- C. General faculty resources and workload;
- D. Student support services;
- E. Program admission, progression, and graduation policies;
- F. Program completion rates for the last five (5) years;

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

H. Job placement rates for the last five (5) years;

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

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

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

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

2. Second consecutive year—The program may be placed on conditional approval status. The program administrator shall appear before and present to the board **or members designated by the board** the current plan of correction, which includes a current analysis of program effectiveness, problems identified, and plans of correction; and

3. Side-by-side comparison of first-year and second-year analyses of program effectiveness shall be included. The plan of correction shall be submitted to the board by the deadline indicated~~./.~~; and

(B) The program administrator shall appear before and present to the board or members designated by the board a current plan of correction, which includes a current analysis of program effectiveness, resolution of problems identified, and current status of program outcomes for each year that program pass rates remain lower than eighty percent (80%).

(5) Conditional Program Approval.

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

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-2.180. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

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

PROPOSED AMENDMENT

20 CSR 2200-3.001 Definitions. The board is amending section (1).

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

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

[(I)] Class—A discrete cohort of students admitted to a nursing program, designed to begin a course of study together on a specific date and to graduate together on a specific date;

[(J)](I) Clinical experience—Faculty planned and guided learning activities designed to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care to an individual, group, or community;

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

[(L)](K) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;

(L) Cohort—A discrete group of students admitted to a nursing program, designed to begin a course of study together on a specific date and to graduate together on a specific date;

(T) Distance [learning] education—[Curriculum provided from a main campus location to another geographic location, primarily through electronic or other technological methods] Education that uses one (1) or more technologies to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor synchronously or asynchronously;

(U) Distance education course—A course in which the instructional content is delivered via distance education. Requirements for coming on campus for orientation, testing, or academic support services do not exclude a course from being classified as distance education;

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

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

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

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

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

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

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

(AA) Information technology—The development, implementation, support, or management of computer-based information systems, particularly software applications and computer hardware;

(BB) Initial approval—Status granted a program of practical nursing until full approval status is granted or denied;

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

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

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

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

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

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

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

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

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

[(KK)](LL) Pilot program/project—Educational activity *[which has board approval for a limited time and which otherwise would be out of compliance with minimum standards]* **planned for a trial period. Pilot programs/projects that would otherwise be out of compliance with minimum standards must have board approval prior to implementation;**

[(LL)](MM) Preceptor—Registered professional or licensed practical nurse *[assigned to assist nursing students in an educational experience which is designed and directed by a faculty member;]* **who is not employed by the nursing education program but provides clinical supervision for nursing students during select clinical learning experiences as directed by nursing faculty;**

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

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

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

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

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

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

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

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

AUTHORITY: *section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.001. Original rule filed March 25, 1993, effective Dec. 9, 1993. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.*

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

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

NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received*

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

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

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

PROPOSED AMENDMENT

20 CSR 2200-3.010 Approval. The board is amending section (4).

PURPOSE: *This amendment shortens/simplifies the approval process for establishment of new nursing programs.*

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval—

1. An accredited institution of education desiring to establish a program of practical nursing shall submit a *[petition to the board at least three (3) months prior to the submission of a]* proposal $[.];$

2. Prior to submission of *[a petition]* **the proposal**, nursing programs operating under the institution's sponsorship shall meet requirements for full program approval $[.]$ *The petition shall include: the name and location of the sponsoring institution and its accreditation status; the mission statement of the sponsoring institution and the mission statement of the proposed program; the proposed location (and satellites) in relation to the administrative offices of the sponsoring institution; statement of need and feasibility; type and length of the nursing program proposed; and tentative budget plans including evidence of financial resources adequate for planning, implementing, and continuing the nursing program.];*

[A. The statement of need and feasibility shall include:

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

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

(III) Number and source of anticipated student population;

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

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

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

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

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

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

[3.]4. [A] The program proposal shall be written and presented

to the board by the program administrator of the proposed program. The proposal shall comply with the Minimum Standards for Program of Practical Nursing as prescribed in 20 CSR 2200-3.050 through 20 CSR 2200-3.130 and bear the signature of the administrator who meets the criteria in 20 CSR 2200-3.060(1)(B) and has been active in the position on a full-time basis for at least nine (9) months *[and preferably one (1) year]* prior to the entry of the first class./;

5. The *[number of copies of the proposal, as specified by the board,]* **required application fee of three thousand dollars (\$3,000)** shall be submitted with the *[required application fee. Submission of the application fee will initiate review of the] proposal./;*

6. The proposal shall *[be prepared following the reporting format and]* include/s/ each component as indicated in paragraph (4)(A)/4./8. of this rule. The proposal shall remain active for no more than one (1) calendar year from the date of review by the board. *[No more than two (2) proposal revisions shall be accepted.]* Members designated by the board will review the proposal and make recommendations prior to presentation of the proposal to the board./;

7. Board approval of the proposal *[with or without contingencies]* shall be obtained no later than six (6) months prior to the anticipated opening date;

4./8. [A] The proposal *[submitted]* shall contain the following information:

A. Sponsoring institution—

(I) **Name and location of the sponsoring institution;**

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

(III) **Evidence of authorization to conduct the program of professional nursing by the governing body of the sponsoring institution;**

(IV) **Proposed program location (and satellites) in relation to the administrative offices of the sponsoring institution;**

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

(VI) **Mission statement of the sponsoring institution and philosophy and/or mission statements of the proposed program;**

(VII) **Type and length of the nursing program proposed; and**

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

/A./B. Curriculum.

(I) Philosophy and/or mission.

(II) Graduate competencies.

(III) Curriculum sequence.

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

(V) Systematic evaluation plan.

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

/B./C. Students.

(I) Maximum number of students per class.

(II) Number of classes admitted per year.

(III) Number of students anticipated in initial class.

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

(V) Admission criteria.

(VI) Plans for progression and retention of students.

(VII) Appeal policies and procedures.

(VIII) Availability and accessibility of student services;

/C./D. Faculty.

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

(II) Position descriptions;

/D./E. Support services personnel.

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

(II) Position descriptions; **and**

/E. Sponsoring institution.

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

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

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

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

F. Facilities.

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

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

(III) **Letter(s) of intent** from potential clinical sites/*including a description of potential clinical sites, average daily patient census and the ability to provide clinical placement to potential students in addition to those of existing nursing programs to meet objectives and outcomes.]* **stating ability to provide appropriate educational experiences to meet objectives and outcomes of the proposed program. A description of each potential clinical site, average daily patient census, and the ability to provide clinical placements to potential students in addition to those of existing nursing programs shall be included;**

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

9. The board will electronically notify existing nursing programs approved by this board that a proposal for establishment of a new nursing program is under review;

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

6./11. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-3.050 through 20 CSR 2200-3.130.

(B) Initial program approval contingent on the site survey shall remain active for no more than one (1) calendar year prior to program start.

11./12.(C) Throughout the period of initial approval, the program shall submit an annual report, an annual registration, and the annual registration fee as set by the board.

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

1. The program's compliance with minimum standards during

initial approval including the program's adherence to the approved proposal and changes authorized by the board;

2. Report of an on-site survey;

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

4. Identification and analysis of class graduation rate; and

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

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

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

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

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.010. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

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

PURPOSE: This amendment aligns rule numbers to reflect changes made under section 20 CSR 2200-3.010.

(3) Proposed changes that affect the criteria included in 20 CSR 2200-3.010(4)(A)1.–/4./8. shall be approved by the board prior to implementation.

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.030. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For inter-

vening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.035 Multiple Campuses. The board is amending sections (1)-(6) and deleting section (7).

PURPOSE: This amendment clarifies procedures for multiple campuses, nursing programs under the same sponsoring institution, and programs with satellite locations.

(1) Each *[campus of a program]* **nursing program under sponsorship of the same institution** will be treated independently for purposes of compliance with the minimum standards set forth by the board.

(2) Each *[campus]* **nursing program under the sponsorship of the same institution** is required to submit a separate annual report, annual registration, and annual registration fee.

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

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

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

(6) Each *[campus]* **nursing program** will be evaluated individually concerning licensure examination results. **Licensure examination results for satellite expansion sites will be part of the approved nursing program.**

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

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.035. Original rule filed March 25, 1993, effective Dec. 9, 1993. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved
Programs of Practical Nursing**

PROPOSED AMENDMENT

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

PURPOSE: This amendment defines major program expansion and provides existing nursing programs with notification of such major expansions.

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

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

1. Any program expansion that would increase annual student admissions by twenty (20) or more students and/or establish a new satellite location shall be considered a major program expansion; and

2. The board will electronically notify nursing programs of requests for major program expansion;

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.040. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved
Programs of Practical Nursing**

PROPOSED AMENDMENT

20 CSR 2200-3.060 Administrator/Faculty. The board is amending sections (1), (2), (5), and (7).

PURPOSE: This amendment redefines academic, experiential, and nurse licensure requirements for nursing faculty.

(1) Program Administrator.

(B) Criteria for Appointment—

1. *[Current, active licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in any jurisdiction]* Current, active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee's RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;

2. Baccalaureate or graduate degree in nursing that includes a clinical component. Any program administrator appointed to the position prior to December 9, 1993, is exempt from the requirement of having a Bachelor of Science in Nursing;

3. Academically and experientially qualified and maintains expertise in area of responsibility; and

4. Approved by the board prior to appointment. Academic transcript(s) that reflects eligibility for the position shall be submitted to the board for approval prior to appointment.

(2) Nursing Faculty.

(B) Criteria for Appointment—

1. *[Current, active licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in any jurisdiction]* Current, active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee's RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;

2. Educational requirements—

A. Nursing faculty teaching in a practical nursing program shall have a minimum of a Bachelor of Science in Nursing degree with a clinical component. **Faculty providing clinical instruction should have a minimum of an Associate Degree in Nursing and clinical practice experience equivalent to four thousand one hundred sixty (4,160) clock hours;** and

B. Nursing faculty appointed prior to January 1, 1999, are exempt from this requirement;

3. Academically and experientially qualified and maintain expertise in areas of responsibility;

4. Contingent faculty approval may be granted if—

A. The program meets requirements for full board program approval;

B. The program presents sufficient evidence that all options to fill the respective position with a candidate who meets academic requirements have been exhausted;

C. The candidate has current *[licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined]*,

active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee’s RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;

D. The candidate is experientially qualified and maintains expertise in areas of responsibility;

E. The candidate is projected to receive the required degree within twelve (12) calendar months of hire; and

F. Faculty approved on contingency shall work under the direction of a board-approved faculty; and

5. Academic transcript(s) shall be submitted to the board. Faculty candidates shall be approved by the board prior to appointment.

(5) Faculty workload, as documented in a policy or procedure, shall allow time for class and laboratory preparation, instruction, program evaluation, and professional development.

(7) Employment Policies.

(B) Nursing Program.

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

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

3. A planned orientation and mentoring support for new full-time, part-time, clinical, and adjunct faculty shall be in writing and implemented. It shall include review of the Missouri Nursing Practice Act (NPA). Completed faculty orientation documents shall be maintained.

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.060. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.070 Physical Facilities and Instructional Resources. The board is amending subsections (2)(B) and (6)(B).

PURPOSE: This amendment adds student orientation requirements related to library and technology resources.

(2) Library.

(B) Management of library resources shall include:

1. Budget for acquisition of appropriate resources;

2. System for identifying or deleting outdated resources; *[and]*

3. Policies and procedures governing the administration and the use of the library resources shall be in writing and available to students and faculty[.]; and

4. Established process of library orientation for students.

(6) Technology Resources/Computers.

(B) Management of technology resources shall include:

1. Budget for acquisition of current technology, including computers;

2. System for identifying, deleting, and/or replacing resources; *[and]*

3. Policies and procedures governing the administration and the use of the technology/computers. These policies and procedures shall be made available to students and faculty[.]; and

4. Technology (IT) support for students and faculty shall be sufficient to meet educational and instructional needs of students and faculty.

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.070. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.080 Clinical Experiences. The board is amending subsection (1)(B).

PURPOSE: This amendment defines the amount of clinical time allocated to clinical simulation.

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

(B) Clinical simulation and clinical skills lab time is at the discretion of the nursing program. **Records of allocation of clinical hours to simulation shall be maintained.**

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.080. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For

intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

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

PROPOSED AMENDMENT

20 CSR 2200-3.085 Preceptors. The board is amending subsection (1)(B).

PURPOSE: This amendment clarifies utilization of clinical preceptors.

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

(B) Preceptors shall not be utilized in fundamentals of nursing or introductory nursing courses.

AUTHORITY: section[s] 335.036, *RSMo Supp. 2021*, and section 335.071, *RSMo 2016*. This rule originally filed as 4 CSR 200-3.085. Original rule filed Aug. 6, 1998, effective Feb. 28, 1999. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

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

PROPOSED AMENDMENT

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

sections (1), (2), (3), and (5).

PURPOSE: This amendment aligns clinical simulation and distance education with the nursing curriculum.

(1) General Purpose.

(E) A nursing program that uses clinical simulation shall adhere to model standards of best practice. **Mapping of clinical simulation experiences to course and clinical objectives as well as graduate competencies should be documented.**

(2) Curriculum Organization and Development.

(A) The nursing faculty shall have the authority and the responsibility to develop, implement, and evaluate the curriculum. **Student learning experiences shall be directed and evaluated by the faculty and be consistent with the curriculum plan.**

[(G) Student learning experiences shall be directed and evaluated by the faculty and be consistent with the curriculum plan.]

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

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

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

15. Measures to equip students to face unique psychosocial, spiritual, and physical stressors that healthcare professionals may encounter while carrying out their duties;

(5) Distance *[Learning]* Education Measures and Opportunities.

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

1. Budgetary support specific to distance learning resources;
2. Course management/delivery platform(s) that are reliable and navigable for students and faculty **including measures to ensure exam security shall be in place;**
3. Sufficient technical support to assist students and faculty to consistently meet program outcomes **including communication of available technical support should be provided to students;**
4. Learning and technology resources, to include library resources, that are selected with input of the nursing faculty and are

comprehensive, current, and accessible to students and faculty;

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

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

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

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

9. Evaluation of student outcomes at set intervals;

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

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

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

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.100. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

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

PURPOSE: This amendment clarifies publications that nursing programs must provide to applicants and students.

(3) The following information shall be available to [the] applicants and students by electronic or print publications [prior to admission]:

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

(J) Financial assistance; [and]

(K) Distance learning measures and opportunities[.];

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

[(A)](L) Philosophy and/or mission of the sponsoring institution and the nursing program;

[(B)](M) Graduate competencies;

[(C)](N) Grading, promotion, and graduation policies;

[(D)](O) Faculty roster with credentials;

[(E)](P) School calendar;

[(F)](Q) Student policies;

[(G)](R) Student's rights and responsibilities; and

[(H)](S) Appeal policies and procedures.

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.120. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.130 Program Evaluation. The board is amending sections (1) and (2).

PURPOSE: This amendment clarifies nursing program evaluation processes.

(1) There shall be a written plan for systematic evaluation of all aspects of the program [that includes student objectives, graduate competencies, and program outcomes]. The systematic evaluation of the program will document the following:

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

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

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.130. Original rule filed Jan. 29, 1974, effective Feb. 8, 1974. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 3—Minimum Standards for Approved Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-3.180 Licensure Examination Performance. The board is amending sections (3), (4), and (5).

PURPOSE: This amendment clarifies the impact of licensure examination pass rates on program approval.

(3) Initial Program Approval—

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

1. Mission or philosophy of the nursing program;
2. Program governance as defined in 20 CSR 2200-3.050(5);
3. General faculty resources and workload;
4. Student support services;
5. Program admission, progression, and graduation policies;
6. Program completion rates for each year of program operation, as applicable;
7. National Council Licensure Examination for *[Registered]* Practical Nurses (NCLEX-PN[®]) pass rates for each year of program operation, as applicable;
8. Job placement rates for each year of program operation, as applicable;
9. Program satisfaction, to include student, graduate, and employer *[data]* feedback, as applicable;
10. Number of nursing faculty teaching on full-time and part-time basis, to include part-time clinical faculty;
11. Use of systematic program evaluation data related to program planning and improvement; and
12. Measures put in place to restore instructional quality and integrity of the program;

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

(E) **The program administrator shall appear before and present to the board or members designated by the board a current plan of correction, which includes a current analysis of program effectiveness, resolution of problems identified, and current status of program outcomes for each year that program pass rates remain lower than eighty percent (80%). The board may accept the plan of correction and decide to continue initial approval for a specific period of time determined by the board, may apply a moratorium on admissions pursuant to 20 CSR 2200-3.010(7)(A), or may withdraw approval pursuant to section 335.071.3, RSMo,**

at any time during the initial approval period as deemed necessary by the board; and

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

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

(4) Full Program Approval—

(A) The nursing program with a pass rate lower than eighty percent (80%) shall—

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

- A. Mission or philosophy of the nursing program;
- B. Program governance as defined in 20 CSR 2200-3.050(5);
- C. General faculty resources and workload;
- D. Student support services;
- E. Program admission, progression, and graduation policies;
- F. Program completion rates for the last five (5) years;
- G. National Council Licensure Examination for Practical Nurses (NCLEX-PN[®]) pass rates for the last five (5) years;
- H. Job placement rates for the last five (5) years;
- I. Program satisfaction, to include student, graduate, and employer *[data]* feedback;
- J. Number of nursing faculty teaching on full-time and part-time basis; to include adjunct clinical faculty and faculty on contingent approval;
- K. Use of systematic program evaluation data related to program planning and improvement; and
- L. Measures put in place to restore instructional quality and integrity of the program;

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

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

(B) The program administrator shall appear before and present to the board or members designated by the board a current plan of correction, which includes a current analysis of program effectiveness, resolution of problems identified, and current status of program outcomes for each year that program pass rates remain lower than eighty percent (80%).

(5) Conditional Program Approval.

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

AUTHORITY: section[s] 335.036, RSMo Supp. 2021, and section 335.071, RSMo 2016. This rule originally filed as 4 CSR 200-3.180. Original rule filed Sept. 1, 1998, effective Feb. 28, 1999.

For intervening history, please consult the *Code of State Regulations*. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2200—State Board of Nursing Chapter 8—Minimum Standards for Approved Veteran’s Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.001 Definitions. The board is amending section (1).

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

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

[(J)] Class—A discrete cohort of students admitted to a nursing program, designed to begin a course of study together on a specific date and to graduate together on a specific date;]

[(K)](J) Clinical experience—Faculty-planned and guided-learning activities designed to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the delivery of nursing care to an individual, group, or community;

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

[(M)](L) Clinical skills laboratory—Designated area where skills and procedures can be demonstrated and practiced;

(M) Cohort—A discrete group of students admitted to a nursing program, designed to begin a course of study together on a specific date and to graduate together on a specific date;

(U) Distance [learning] education—[Curriculum provided from a main campus location to another geographic location, primarily through electronic or other technological methods] Education that uses one (1) or more technologies to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor synchronously or asynchronously;

(V) Distance education course—A course in which the instructional content is delivered exclusively via distance education. Requirements for coming on campus for orientation, testing, or academic support services do not exclude a course from being classified as distance education;

[(V)](W) Endorsement—Process of acquiring licensure as a nurse

based on original licensure by examination in another state, territory, or country;

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

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

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

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

[(AA)](BB) Initial approval—Status granted a Veteran’s Bridge Program of Practical Nursing until full approval status is granted or denied;

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

[(CC)](DD) Minimum standards—Criteria which Veteran’s Bridge Programs of Practical Nursing shall meet in order to be approved by the board;

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

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

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

[(GG)](HH) NCLEX-PN® examination—National Council Licensure Examination for Practical Nurses;

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

[(III)](JJ) Observational experiences—Planned learning experiences designed to assist students to meet course objectives through observation;

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

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

[(LL)](MM) Pilot program/project—Educational activity [which has board approval for a limited time and which otherwise would be out of compliance with minimum standards] planned for a trial period. Pilot programs/projects that would otherwise be out of compliance with minimum standards must have board approval prior to implementation;

[(MM)](NN) Preceptor—Registered professional or licensed practical nurse [assigned to assist nursing students in an educational experience which is designed and directed by a faculty member] who is not employed by the nursing education program but provides clinical supervision for nursing students during select clinical learning experiences as directed by nursing faculty;

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

[(OO)](PP) Program—Veteran’s Bridge Program of Practical Nursing leading to a diploma or certificate;

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

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

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

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

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

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

AUTHORITY: section[s] 324.007, **RSMo 2016**, and section 335.036, **RSMo [2016] Supp. 2021**. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved
Veteran’s Bridge Programs of Practical Nursing**

PROPOSED AMENDMENT

20 CSR 2200-8.010 Approval. The board is amending section (4).

PURPOSE: This amendment shortens/simplifies the approval process for establishment of new nursing programs.

(4) Initial Approval Status.

(A) Process for Obtaining Initial Approval—

1. An accredited institution of education desiring to establish a Veteran’s Bridge Program of Practical Nursing shall submit a proposal to the board[.];

2. Prior to submission of a proposal, nursing programs operating under the institution’s sponsorship shall meet requirements for full program approval;

[2.]3. A program proposal shall be written and presented to the board by the administrator of the proposed Veteran’s Bridge Program of Practical Nursing. The proposal shall comply with the Minimum Standards for Veteran’s Bridge Programs of Practical Nursing as prescribed in 20 CSR 2200-8.050 through 20 CSR 2200-8.130 and bear the signature of the administrator who meets the criteria in 20 CSR 2200-8.060(1)(B) and has been active in the position on a full-time basis for at least nine (9) months *[and preferably one (1) year]* prior to the entry of the first class[. *The number of copies of the proposal shall be submitted as specified by the board.*];

4. Application fees for establishment of Veteran’s Bridge Programs of Practical Nursing shall be waived. The proposal shall remain active for no more than one (1) calendar year from the date of receipt at the board office. *[No more than two (2) proposal revisions shall be accepted.]* Members designated by the board will review the proposal and make recommendations to the board. Board approval of the proposal *[with or without contingencies]* shall be obtained no later than three (3) months prior to the anticipated opening date;

[3.]5. An established program of practical nursing on full approval by the board may propose the Veteran’s Bridge Program of Practical Nursing as a program expansion, pilot program, or LPN

refresher course. The program expansion, pilot program, or LPN refresher course may be implemented upon approval by the board. The board’s approval may be granted contingent on a site visit. If required by the board, the site visit shall be completed prior to program start;

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

[5.]7. The proposal shall include:

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

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

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

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

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

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

(III) *Number and source of anticipated student population;*

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

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

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

[E.]D. Mission statement of the sponsoring institution and **[the] philosophy and/or** mission statements of the proposed program;

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

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

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

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

[J.]I. Course descriptions and objectives;

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

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

[M.]L. Number of credit or clock hours for all courses required for completion of the Veteran’s Bridge Program of Practical Nursing. Credit or clock hour allocations specific to theory, lab, and clinical portions shall be included. The plan of study shall require no more than seventeen (17) credit hours equivalent to four hundred (400) clock hours of instruction, to include no more than twelve (12) credit hours (one hundred eighty (180) clock hours) of theory and five (5) credit hours (two hundred twenty (220) clock hours) of lab/clinical/simulation instruction. Credit or clock hour requirements

may be adjusted according to the individual program and local population needs. Proposed adjustments in credit or clock hours should be clearly indicated in the proposal. Detailed justification for variation in credit or clock hour allocations shall be included;

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

/O./N. Maximum number of students per class;

/P./O. Number of classes admitted per year;

/Q./P. Number of students anticipated in initial class;

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

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

/T./S. Plans for progression and retention of students;

/U./T. Appeal policies and procedures;

/V./U. Systematic evaluation plan;

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

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

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

/Z./Y. Facilities.

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

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

/6./8. The board will electronically notify existing nursing programs *[of receipt of the]* approved by this board that a proposal *[/;]* for establishment of a new nursing program is under review;

/7./9. Site survey. Representatives from the board will make an on-site survey to verify implementation of the proposal and compliance with 20 CSR 2200-8.050 through 20 CSR 2200-8.130; and

/8./10. The board's decision to grant initial approval is contingent upon evidence from the site survey that the program is being implemented in compliance with 20 CSR 2200-8.050 through 20 CSR 2200-8.130.

(B) Initial program approval contingent on the site survey will remain active for no more than one (1) calendar year prior to program start.

/1./B./C. Throughout the period of initial approval, the program shall submit an annual report and annual registration. Annual registration fees shall be waived.

/1./C./D. Upon graduation of the program's first class and receipt of results of the first official National Council Licensure Examination for Practical Nurses (NCLEX-PN® examination) program pass rate, as reported after completion of the fourth quarter of the respective calendar year, the board will review the following:

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

2. Report of an on-site survey;

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

4. Identification and analysis of class graduation rate; and

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

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

/1./E./F. On-Site Surveys. At least two (2) representatives of the board will make on-site surveys on a regular basis throughout the initial approval period. A program may request additional visits. Programs retained on initial approval status will have on-site surveys on an annual basis and as directed by the board.

/1./F./G. A program's approval may be withdrawn pursuant to section 335.071.3., RSMo, for noncompliance with minimum standards. A program which fails to correct identified deficiencies to the satisfaction of the board shall, after notice and hearing, be removed from the board's listing of approved programs.

AUTHORITY: section[s] 324.007, RSMo 2016, and section 335.036, RSMo [2016] Supp. 2021. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2200—State Board of Nursing Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

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

PURPOSE: This amendment aligns rule numbers to reflect changes made under section 20 CSR 2200-8.010.

(3) Proposed changes that affect the criteria included in 20 CSR 2200-8.010(4)(A)1.–*/4./6.* shall be approved by the board prior to implementation.

AUTHORITY: section[s] 324.007, RSMo 2016, and section 335.036, RSMo [2016] Supp. 2021. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State

Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2200—State Board of Nursing Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.035 Multiple Campuses. The board is amending sections (1)-(6) and deleting section (7).

PURPOSE: This amendment clarifies procedures for multiple campuses, nursing programs under the same sponsoring institution, and programs with satellite locations.

(1) Each [campus of a program] nursing program under sponsorship of the same institution will be treated independently for purposes of compliance with the minimum standards set forth by the board.

(2) Each [campus] nursing program under the sponsorship of the same institution is required to submit a separate annual report and annual registration. Annual registration fees are waived.

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

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

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

(6) Each [campus] nursing program will be evaluated individually concerning licensure examination results. **Licensure examination results for satellite expansion sites will be part of the approved nursing program.**

[[7] Satellite locations do not qualify as a campus of an approved program.]

AUTHORITY: section[s] 324.007, RSMo 2016, and section 335.036, RSMo [2016] Supp. 2021. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2200—State Board of Nursing Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.040 Program Changes Requiring Board Approval, Notification, or Both. The board is amending section (1).

PURPOSE: This amendment defines major program expansion and provides existing nursing programs with notification of such major expansions.

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

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

1. Any program expansion that would increase annual student admissions by twenty (20) or more students and/or establish a new satellite location shall be considered a major program expansion; and

2. The board will electronically notify nursing programs of requests for major program expansion;

AUTHORITY: section[s] 324.007, RSMo 2016, and section 335.036, RSMo [2016] Supp. 2021. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2200—State Board of Nursing Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.060 Administrator/Faculty. The board is amending sections (1), (2), (5), and (7).

PURPOSE: This amendment redefines academic, experiential, and nurse licensure requirements for nursing faculty.

(1) Program Administrator.

(B) Criteria for Appointment—

1. *[Current, active licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in any jurisdiction]* **Current, active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee's RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;**

2. Baccalaureate or graduate degree in nursing that includes a clinical component. Any program administrator appointed to the position prior to December 9, 1993, is exempt from the requirement of having a Bachelor of Science in Nursing;

3. Academically and experientially qualified and maintains expertise in area of responsibility; and

4. Approved by the board prior to appointment. Academic transcript(s) that reflects eligibility for the position shall be submitted to the board for approval prior to appointment.

(2) Nursing Faculty.

(B) Criteria for Appointment—

1. *[Current, active licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined in any jurisdiction]* **Current, active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee's RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;**

2. Educational requirements—

A. Nursing faculty teaching in a *[Veteran's Bridge Program of P]practical [N]nursing program* shall have a minimum of a Bachelor of Science in Nursing degree with a clinical component. **Faculty providing clinical instruction should have a minimum of an Associate Degree in Nursing and clinical practice experience equivalent to four thousand one hundred sixty (4,160) clock hours;** and

B. Nursing faculty appointed prior to January 1, 1999, are exempt from this requirement;

3. Academically and experientially qualified and maintain expertise in areas of responsibility;

4. Contingent faculty approval may be granted if—

A. The program meets requirements for full board program approval;

B. The program presents sufficient evidence that all options to fill the respective position with a candidate who meets academic requirements have been exhausted;

C. The candidate has current *[licensure to practice professional nursing in Missouri; the candidate's license to practice professional nursing has never been disciplined]*, **active RN license or privilege to practice. No current disciplinary action in the state of Missouri on licensee's RN license. No past disciplinary action in the state of Missouri or any other U.S. state or territory unless the disciplinary action has no nexus to patient safety. For example, failure to pay taxes or file tax returns, practice on an expired license, failure to pay child support, or default on a student loan;**

D. The candidate is experientially qualified and maintains expertise in areas of responsibility;

E. The candidate is projected to receive the required degree within twelve (12) calendar months of hire; and

F. Faculty approved on contingency shall work under the direction of a board-approved faculty; and

5. Academic transcript(s) shall be submitted to the board. Faculty candidates shall be approved by the board prior to appointment.

(5) Faculty workload, as **documented in a policy or procedure**, shall allow time for class and laboratory preparation, instruction, program evaluation, and professional development.

(7) Employment Policies.

(B) Nursing Program~~./~~—

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

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

3. A **planned orientation and mentoring support for new full-time, part-time, clinical, and adjunct faculty** shall be in writing and implemented. It shall include review of the Missouri Nursing Practice Act (NPA). Completed faculty orientation documents shall be maintained.

AUTHORITY: section[s] 324.007, RSMo 2016, and section 335.036, RSMo [2016] Supp. 2021. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 14, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing**

PROPOSED AMENDMENT

20 CSR 2200-8.070 Physical Facilities and Instructional Resources.
The board is amending subsections (2)(B) and (6)(B).

PURPOSE: This amendment adds student orientation requirements related to library and technology resources.

(2) Library.

(B) Management of library resources shall include:

1. Budget for acquisition of appropriate resources;

2. System for identifying or deleting outdated resources; *and/*

3. Policies and procedures governing the administration and the use of the library resources shall be in writing and available to students and faculty~~./~~; **and**

4. Established process of library orientation for students.

(6) Technology Resources/Computers.

(B) Management of technology resources shall include:

1. Budget for acquisition of current technology, including computers;

2. System for identifying, deleting, and/or replacing resources;

[and]

3. Policies and procedures governing the administration and the use of the technology/computers. These policies and procedures shall be made available to students and faculty[.]; and

4. **Technology (IT) support for students and faculty shall be sufficient to meet educational and instructional needs of students and faculty.**

AUTHORITY: section[s] 324.007, RSMo 2016, and section 335.036, RSMo [2016] Supp. 2021. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 14, 2022.

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

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Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2200—State Board of Nursing Chapter 8—Minimum Standards for Approved Veteran’s Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

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

PURPOSE: This amendment defines the amount of clinical time allocated to clinical simulation.

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

(B) Clinical simulation and clinical skills lab time is at the discretion of the nursing program. **Records of allocation of clinical hours to simulation shall be maintained.**

AUTHORITY: section[s] 324.007, RSMo 2016, and section 335.036, RSMo [2016] Supp. 2021. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022.

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

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Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2200—State Board of Nursing Chapter 8—Minimum Standards for Approved Veteran’s Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.085 Preceptors. The board is amending subsection (1)(B).

PURPOSE: This amendment clarifies utilization of clinical preceptors.

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

(B) Preceptors shall not be utilized in the fundamentals of [a] nursing or introductory nursing courses.

AUTHORITY: section[s] 324.007, RSMo 2016, and section 335.036, RSMo [2016] Supp. 2021. Original rule filed April 17, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022.

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Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2200—State Board of Nursing Chapter 8—Minimum Standards for Approved Veteran’s Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.100 Educational Program. The board is amending sections (1), (2), (3), (4), and (6).

PURPOSE: This amendment aligns clinical simulation and distance education with the nursing curriculum.

(1) General Purpose.

(F) The program that uses clinical simulation shall adhere to model standards of best practice. **Mapping of clinical simulation experiences to course and clinical objectives as well as graduate competencies should be documented.**

(2) Curriculum Organization and Development.

(A) The nursing faculty shall have the authority and the responsibility to develop, implement, and evaluate the curriculum. **Student learning experiences shall be directed and evaluated by the faculty and be consistent with the curriculum plan.**

[(H) Student learning experiences shall be directed and evaluated by the faculty and be consistent with the curriculum plan.]

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

(B) The following program outcomes and competencies shall be addressed:

1. Discuss the differences between current military healthcare role and practical nursing;
2. Demonstrate therapeutic communication skills and caring behaviors to clients and their families across the lifespan;
3. Demonstrate critical thinking skills and problem-solving to provide holistic nursing care to clients;
4. Review types, classifications, pharmacokinetics, and pharmacodynamics properties of selected drugs;
5. Apply principles of safe medication administration for child-bearing, pediatric, adult, and geriatric clients;
6. Perform data collection techniques for childbearing, pediatric, adult, and geriatric clients;
7. Implement the established plan of care for childbearing, pediatric, adult, and geriatric clients;
8. Apply anatomy, physiology, and pathophysiologic concepts to the care of clients with selected health alterations across the lifespan;
9. Apply integrated nutritional concepts that support health promotion and disease prevention to clients across the lifespan;
10. Describe laboratory and diagnostic examinations utilized for selected health alterations throughout the lifespan;
11. Identify developmental stages and transitions for adult, child-bearing, pediatric, and geriatric clients;
12. Demonstrate safe techniques and competent care in providing interventions for clients receiving intravenous therapy;
13. Calculate medication dosages safely and accurately;
14. Practice within the regulatory, legal, and ethical frameworks of practical nursing;
15. Demonstrate safe performance of selected clinical skills/procedures;
16. Communicate significant client findings and events to the registered nurse and other members of the healthcare team;
17. Demonstrate culturally sensitive, **patient-centered** care;
18. Describe the role of the practical nurse in the management of a group of clients under the direction of a registered nurse using time management, interpersonal communication, delegation, and organizational skills;
19. Apply elements of technology and information management to document and report client findings and conditions;
20. Demonstrate safe and competent care in providing nursing interventions for clients across the lifespan;
21. Identify various healthcare roles that are part of the healthcare team and differentiate the LPN role as defined by the Missouri State Board of Nursing;
22. Identify and complete the necessary steps of the licensure process;
23. Demonstrate skills that will aid in obtaining a position as a licensed practical nurse; *[and]*
24. Apply principles of lifelong learning*./.*; **and**
25. **Demonstrate preparedness to face unique psychosocial, spiritual, and physical stressors that healthcare professionals may encounter while carrying out their duties.**

(4) Instruction shall be provided in the following areas:

(A) Foundations/Fundamentals of Nursing Care: Theory*[-]*—four (4) credit hours (sixty (60) clock hours); lab/clinical/simulation*[-]*—one and one-half (1.5) credit hours (sixty-eight (68) clock hours).

1. Clinical skills and therapeutic procedures.
 - A. Assisting with activities of daily living—
 - (I) Feeding;
 - (II) Dressing;
 - (III) Bathing;
 - (IV) Positioning;

- (V) Ambulating/transferring patients;
- (VI) Toileting; **and**
- (VII) Grooming.

2. Vital Signs—Measurement of body temperature, pulse, respirations, and blood pressure.
3. Pain management.
4. Internal/external disaster planning.
5. Handling of hazardous and infectious materials.
6. Ergonomic principles.
7. Restraints and safety devices.
8. Admission/discharge/transfer procedures.
9. Wound care.
10. Oxygen therapy, tracheostomy care.
11. Urinary catheterization.
12. Ostomy care.
13. Care of nasogastric and feeding tubes.
14. Chest tube management.
15. Electrocardiogram/cardiac monitoring.
16. Medication administration throughout the lifespan*[-]*—
 - A. Medication orders;
 - B. Drug preparations;
 - C. Dosage calculations;
 - D. Preparation of medications;
 - E. Medication administration methods; **and**
 - F. Documentation.
17. *[Data collection]* Collection of patient data—
 - A. Full-body assessment; **and**
 - B. Focused assessment.
18. Intravenous infusion therapy/venipuncture.
 - A. Scope of the practical nurse **to include review of the**—
 - (I) Missouri State Board of Nursing—Nursing Practice Act;
 - (II) Legal implications; **and**
 - (III) Documentation.
 - B. Blood collection.
 - C. Principles of IV therapy—
 - (I) Routine care and maintenance;
 - (II) Catheter site care;
 - (III) Flushing with saline or heparinized saline;
 - (IV) Client evaluation; **and**
 - (V) Equipment.
 - D. Complications/adverse reactions—
 - (I) Local;
 - (II) Mechanical; **and**
 - (III) Systemic.
 - E. Insertion of peripheral-short IV catheters.
 - F. Discontinuation of peripheral IV catheters—
 - (I) Peripheral-short.
 - G. Pharmacokinetics/pharmacodynamics for select IV fluids and medications—
 - (I) Hypo-/iso-/hypertonic solutions;
 - (II) Premixed/admixture medications; **and**
 - (III) Care of the blood transfusion patient.
 - H. Dosage calculations/regulating rates.
 - I. Administration of select intravenous solutions—
 - (I) Un-medicated solutions; **and**
 - (II) Premixed/admixed medications.
 - J. Care and *[M]*maintenance of central line.
19. Clinical skills/therapeutic procedures for the child-bearing. Client/family/neonate.
 - A. Data collection.
20. Clinical skills/therapeutic procedures for the pediatric client.
 - A. Data collection;

(6) Distance *[Learning]* Education Measures and Opportunities.

(A) Veteran's Bridge programs **and courses** to practical nursing in part through distance *[learning]* education technologies shall meet the same academic program and learning standards as programs provided

in face-to-face format, to include the following:

1. Budgetary support specific to distant learning resources;
2. Course management/delivery platform(s) that are reliable and navigable for students and faculty **including measures to ensure exam security shall be in place**;
3. Sufficient technical support to assist students and faculty to consistently meet program outcomes **including communication of available technical support should be provided to students**;
4. Learning and technology resources, to include library resources, that are selected with input of the nursing faculty and are comprehensive, current, and accessible to students and faculty;
5. Student outcomes consistent with stated mission, goals, and objectives of the program;
6. Collaborative and interactive learning activities that assist students in achieving course objectives;
7. Planned, faculty-guided clinical learning experiences that involve direct contact with patients;
8. Learning opportunities that facilitate development of students' clinical competence and judgment, role socialization, and transition to nursing practice;
9. Evaluation of student outcomes at set intervals;
10. Tracking of student retention and completion rates;
11. Faculty and student input into the evaluation process; and
12. Evidence that outcome data are consistently utilized to plan and improve distance learning.

AUTHORITY: section[s] 324.007, **RSMo 2016**, and section 335.036, **RSMo [2016] Supp. 2021**. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 2, 2018, effective Aug. 30, 2018. Amended: Filed Feb. 14, 2022.

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Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2200—State Board of Nursing Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.120 Publications. The board is amending sections (3) and (4).

PURPOSE: This amendment clarifies publications that nursing programs must provide to applicants and students.

(3) The following information shall be available to [the] applicants and students by electronic or print publications [prior to admission]:

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

(J) Financial assistance; [and]

(K) Distance learning measures and opportunities[.];

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

[(A)](L) Philosophy and/or mission of the sponsoring institution and the nursing program;

[(B)](M) Graduate competencies;

[(C)](N) Grading, promotion, and graduation policies;

[(D)](O) Faculty roster with credentials;

[(E)](P) School calendar;

[(F)](Q) Student policies;

[(G)](R) Student's rights and responsibilities; and

[(H)](S) Appeal policies and procedures.

AUTHORITY: section[s] 324.007, **RSMo 2016**, and section 335.036, **RSMo [2016] Supp. 2021**. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 14, 2022.

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Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2200—State Board of Nursing Chapter 8—Minimum Standards for Approved Veteran's Bridge Programs of Practical Nursing

PROPOSED AMENDMENT

20 CSR 2200-8.130 Program Evaluation. The board is amending sections (1) and (2).

PURPOSE: This amendment clarifies nursing program evaluation processes.

(1) There shall be a written plan for systematic evaluation of all aspects of the program [that includes student objectives, graduate competencies, and program outcomes]. The systematic evaluation of the program will document the following:

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

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

AUTHORITY: section[s] 324.007, **RSMo 2016**, and section 335.036, **RSMo [2016] Supp. 2021**. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 14, 2022.

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

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**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2200—State Board of Nursing
Chapter 8—Minimum Standards for Approved
Veteran’s Bridge Programs of Practical Nursing**

PROPOSED AMENDMENT

20 CSR 2200-8.180 Licensure Examination Performance. The board is amending sections (3), (4), and (5).

PURPOSE: This amendment clarifies the impact of licensure examination pass rates on program approval.

(3) Initial Program Approval—

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

1. Mission or philosophy of the nursing program;
2. Program governance as defined in 20 CSR 2200-8.050(5);
3. General faculty resources and workload;
4. Student support services;
5. Program admission, progression, and graduation policies;
6. Program completion rates for each year of program operation, as applicable;
7. National Council Licensure Examination for Practical Nurses (NCLEX-PN®) pass rates for each year of program operation, as applicable;
8. Job placement rates for each year of program operation, as applicable;
9. Program satisfaction, to include student, graduate, and employer [data] feedback, as applicable;
10. Number of nursing faculty teaching on full-time and part-time basis, to include part-time clinical faculty;
11. Use of systematic program evaluation data related to program planning and improvement; and
12. Measures put in place to restore instructional quality and integrity of the program;

(D) The program administrator shall appear before and present to the board or members designated by the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may accept the plan of correction and decide to continue initial approval for a specific period of *[no more than one (1) calendar year]* time determined by the board, may apply a moratorium on admissions pursuant to 20 CSR 2200-8.010(7)(A), or may withdraw approval pursuant to section 335.071.3., RSMo;

(E) The program administrator shall appear before and present to the board or members designated by the board a current plan of correction, which includes a current analysis of program effectiveness, resolution of problems identified, and current status of program outcomes for each year that program pass rates

remain lower than eighty percent (80%). The board may accept the plan of correction and decide to continue initial approval for a specific period of time determined by the board, may apply a moratorium on admissions pursuant to 20 CSR 2200-8.010(7)(A), or may withdraw approval pursuant to section 335.071.3, RSMo, at any time during the initial approval period as deemed necessary by the board; and

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

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

(4) Full Program Approval—

(A) The Veteran’s Bridge Program of Practical Nursing with a pass rate lower than eighty percent (80%) shall—

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

- A. Mission or philosophy of the nursing program;
- B. Program governance as defined in 20 CSR 2200-8.050(5);
- C. General faculty resources and workload;
- D. Student support services;
- E. Program admission, progression, and graduation policies;
- F. Program completion rates for the last five (5) years;
- G. National Council Licensure Examination for Practical Nurses (NCLEX-PN®) pass rates for the last five (5) years;
- H. Job placement rates for the last five (5) years;
- I. Program satisfaction, to include student, graduate, and employer [data] feedback;
- J. Number of nursing faculty teaching on full-time and part-time basis;/; to include adjunct clinical faculty and faculty on contingent approval;
- K. Use of systematic program evaluation data related to program planning and improvement; and
- L. Measures put in place to restore instructional quality and integrity of the program;

2. Second consecutive year—The program may be placed on conditional approval status. The program administrator shall appear before and present to the board or members designated by the board the current plan of correction, which includes a current analysis of program effectiveness, problems identified, and plans of correction; and

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

(B) The program administrator shall appear before and present to the board or members designated by the board a current plan of correction, which includes a current analysis of program effectiveness, resolution of problems identified, and current status of program outcomes for each year that program pass rates remain lower than eighty percent (80%).

(5) Conditional Program Approval.

(B) The nursing program shall provide a side-by-side comparison of plans of correction that includes program analyses for each consecutive year that NCLEX-PN® pass rates remain below eighty percent (80%). Each year the program administrator shall appear before and present to the board or members designated by the board a current analysis of program effectiveness, problems identified, and plans of correction. The board may, at any time, apply a moratorium on student admissions pursuant to 20 CSR 2200-8.010(7)(A).

AUTHORITY: section[s] 324.007, RSMo 2016, and section 335.036, RSMo [2016] Supp. 2021. Original rule filed April 14, 2017, effective Oct. 30, 2017. Amended: Filed Feb. 14, 2022.

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**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2220—State Board of Pharmacy
Chapter 2—General Rules**

PROPOSED RULE

20 CSR 2220-2.011 Electronic Final Product Verification (Pharmacists)

PURPOSE: This rule establishes requirements for electronic final product verification by a pharmacist using qualifying technology.

(1) Pharmacist Verification. A Missouri licensed pharmacist may use an electronic verification system to verify the accuracy of a final prescription/medication order, provided—

(A) The electronic verification system allows the pharmacist to see an exact, clear, and unobstructed visual image of the filled prescription/medication order contents and the label affixed to the container. If multiple units are being dispensed, the pharmacist must be able to see and verify an image of each unit and each individual affixed label. A mechanism must be in place to record or communicate the pharmacist's verification approval;

(B) The identity of the pharmacist responsible for verifying the final product is documented in the pharmacy's records as required by 20 CSR 2220-2.080;

(C) Pharmacy technicians and intern pharmacists assisting the pharmacist with electronic verification must be trained and competent to perform the duties assigned and have a documented initial and annual assessment of competency using the pharmacy's approved electronic verification system;

(D) No further manipulation of the prescription/medication order occurs after the pharmacist's electronic verification is complete other than applying the required container lid or seal. For purposes of this section, manipulation does not include preparing a finished prescription/medication order for mailing, delivery, or storage; and

(E) Except as otherwise provided by law, compounded preparations cannot be verified via an electronic verification system. Compounded preparations must be personally verified by a pharmacist.

(2) Technology Requirements. Electronic verification systems must be maintained in good working order and must provide a clear, unobstructed visual image of the filled prescription/medication order contents and the affixed label for each individual prescription or medication order. Use of the electronic verification system must be terminated if the system is not properly functioning and the root cause identified and corrected before further use. Only a pharmacist shall be authorized to override any technology generated errors, warnings, alerts, or exceptions related to system functioning or medication verification/accuracy.

(A) The electronic verification system must be implemented and validated by a pharmacist prior to initial use to confirm proper functioning. The system must be revalidated by a pharmacist in accordance with the pharmacy's policies and procedures.

(B) Proof of compliance with validation/revalidation requirements must be documented and maintained in the pharmacy's records, including but not limited to the identity of the pharmacist performing the required validation/testing and validation/testing date(s) and results.

(3) Quality Assurance. Pharmacies using an electronic verification system as authorized by this rule must maintain an ongoing and documented quality assurance system that monitors the performance of the electronic verification system and the electronic assisted verification process to ensure proper and accurate functioning. The quality assurance system must include procedures for reporting dispensing errors and system malfunctions.

(4) Policies and Procedures. Pharmacies utilizing an electronic verification system pursuant to this rule must maintain current, written policies and procedures governing all aspects of electronic-assisted verification activities, including, but not limited to:

(A) Staff training and competency assessments;

(B) Operation of the quality assurance system, including reporting, investigating and addressing errors, system malfunctions, and other quality assurance issues;

(C) Testing, validation, and revalidation of electronic verification technology to ensure proper functioning; and

(D) System maintenance, including, any routine or preventative maintenance.

(5) Recordkeeping. Except as otherwise provided herein, records required by this rule must be maintained electronically or in writing by the pharmacy for a minimum of two (2) years. Records must be made available for inspection or copying, and produced to the board or the board's authorized designee upon request.

(6) The provisions of this rule do not modify, amend, or supersede any provisions of law governing pharmacy technician or intern pharmacist supervision requirements.

AUTHORITY: sections 338.140 and 338.210, RSMo Supp. 2021, and sections 338.240, 338.280, and 338.400, RSMo 2016. Original rule filed Feb. 9, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Board of Pharmacy, PO Box 625, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 526-3464, or via email at pharmacy@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2220—State Board of Pharmacy
Chapter 2—General Rules**

PROPOSED RULE

20 CSR 2220-2.012 Technology Assisted Prescription/Medication Order Verification (Intern Pharmacists and Pharmacy Technicians)

PURPOSE: This rule establishes requirements for pharmacy technicians/intern pharmacists performing technology assisted prescription/medication order verification under the supervision of a pharmacist.

(1) Definitions.

(A) "Authorized intern pharmacist"—An individual who holds a current and active Missouri intern pharmacist license and has completed employer-approved training in technology assisted verification using the pharmacy's approved technology assisted verification system.

(B) "Authorized pharmacy technician"—A currently registered Missouri pharmacy technician who—

1. Holds an active pharmacy technician certification issued by a certification entity accredited by the National Commission for Certifying Agencies;

2. Has completed employer-approved training in technology assisted verification using the pharmacy's approved technology assisted verification system; and

3. Has assisted in the practice of pharmacy as a registered/licensed pharmacy technician in the state of Missouri or another U.S. state or territory for a minimum of one (1) year.

(C) "Technology Assisted Verification" (TAV)—The process of verification of the final prescription or medication order and affixed label by an authorized pharmacy technician or authorized intern pharmacist using a technology assisted verification system that complies with this rule.

(D) "Technology Assisted Verification System" (TAVS)—An electronic system that utilizes barcode technology or another electronic process/method to electronically verify the final medication prescription or medication order has been properly dispensed and to electronically verify the prescription/medication order has been properly labeled for the correct patient.

(2) Pharmacy Technicians/Intern Pharmacists. A Missouri-licensed pharmacist may allow an authorized pharmacy technician or authorized intern pharmacist to verify the final prescription/medication order using a TAVS if—

(A) The medication is a non-controlled substance and will be dispensed in the original manufacturer's unopened unit of use package, or the non-controlled medication has been repackaged in compliance with 20 CSR 2220-2.130 and previously verified by a pharmacist;

(B) The authorized pharmacy technician or intern pharmacist is under the supervision of a Missouri-licensed pharmacist who is physically present within the dispensing area and able to provide immediate assistance. A current list of pharmacy technicians/intern pharmacists authorized to perform TAV must be maintained at the pharmacy along with proof of the required training and competency assessment;

(C) The authorized pharmacy technician/intern pharmacist is competent to perform the duties assigned and has completed a documented initial and annual assessment of competency using the pharmacy's approved TAVS. A pharmacist may not simultaneously supervise a total of more than two (2) pharmacy technicians or intern pharmacists performing TAV as authorized by this rule. The pharmacist-in-charge may petition the board to increase the number of supervised technicians/intern pharmacists for good cause;

(D) A pharmacist verifies the accuracy of prescription/medication order data entry prior to dispensing and completes a prospective drug utilization review. The identity of the verifying pharmacist must be recorded in the pharmacy's records as required by 20 CSR 2220-2.080;

(E) The TAVS is used to verify the proper prescription label has been affixed to the correct manufacturer unit of use package or repacked container for the correct patient. The identity of the authorized pharmacy technician or intern pharmacist performing the TAV and the supervising pharmacist must be documented in the pharmacy's records; and

(F) No manual manipulation of the prescription/medication order

occurs after the TAV occurs. For purposes of this rule, manual intervention does not include preparing a finished prescription/medication order for mailing, delivery, or storage.

(3) Technology Requirements. Technology assisted verification systems must be maintained in good working order, and must verify prescriptions/medication orders and the affixed labels with one hundred percent (100%) accuracy. Use of the TAVS must be terminated and the root cause identified and corrected if a verification error is detected. Only a pharmacist shall be authorized to initiate the operation of a TAVS or override any technology generated errors, warnings, alerts, or exceptions related to TAVS functioning or medication verification/accuracy.

(A) The TAVS must be implemented and validated by a pharmacist prior to initial use to confirm the technology's accuracy and correctness. At a minimum, the TAVS must complete one thousand (1,000) consecutive product verifications during the initial validation process with a one hundred percent (100%) accuracy rate. A pharmacist must audit one hundred percent (100%) of product verifications completed during the initial validation process before dispensing and confirm accuracy. The required pharmacist audit may not be delegated to an intern pharmacist or a pharmacy technician.

(B) A pharmacist must conduct daily random quality testing on a sample size of prescriptions verified by the TAVS. The required sample size shall not be less than two percent (2%) of prescriptions/medication orders verified via the TAVS on the last day of system operation. Use of the TAVS must be terminated and the root cause identified and corrected if quality testing results show less than one hundred percent (100%) accuracy.

(C) A TAVS must be revalidated by a pharmacist in accordance with the pharmacy's policies and procedures.

(D) The required revalidation process must include a sampling of prescriptions/medication order verifications by the TAVS using a sample size that is sufficient to confirm the technology is properly and accurately functioning. A pharmacist must audit and verify one hundred percent (100%) accuracy of the sampled verifications prior to further use of the TAVS. The required pharmacist audit may not be delegated to an intern pharmacist or a pharmacy technician.

(E) Proof of compliance with validation, revalidation, and testing requirements must be documented and maintained in the pharmacy's records, including but not limited to the name, initials, or identification code(s) of the pharmacist performing the required validation/testing and validation/testing date(s) and results.

(5) Quality Assurance. Pharmacies using TAV as authorized by this rule must maintain an ongoing and documented quality assurance system that monitors the performance of the TAVS and the TAV process to ensure proper and accurate functioning. The quality assurance system must include procedures for reporting dispensing errors, system malfunctions, or other compliance concerns. Notification of any dispensing error involving a TAV that reaches the patient must be submitted to the board electronically or in writing within ten (10) days of discovery. The required notification must include the date of the incident, patient name, the technician or intern pharmacist who performed the TAV, a description of the error, the applicable prescription/medication order number or unique identifier, and the supervising pharmacist of record.

(6) Policies and Procedures. Pharmacies using TAV must maintain current, written policies and procedures governing all aspects of technology assisted verification activities, including but not limited to:

(A) Staff training and competency assessments;

(B) Operation of the required quality assurance system, including reporting, investigating, and addressing errors, system malfunctions, and other quality assurance issues;

(C) Testing, validation, and revalidation of the TAVS to ensure proper functioning; and

(D) System maintenance, including any routine or preventative maintenance.

(7) Recordkeeping. Records required by this rule must be maintained by the pharmacy electronically or in writing for a minimum of two (2) years. Records must be made available for inspection or copying and produced to the board or the board's authorized designee upon request.

(8) Applicability. Compliance with this rule is not required if a pharmacist physically verifies the final prescription/medication order and the affixed label before dispensing. Final prescription/medication order verification for a Class R Remote Dispensing Site pharmacy must comply with 20 CSR 2220-2.680.

AUTHORITY: sections 338.140 and 338.210, RSMo Supp. 2021, and sections 338.240, 338.280, and 338.400, RSMo 2016. Original rule filed Feb. 9, 2022.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Board of Pharmacy, PO Box 625, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 526-3464, or via email at pharmacy@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE

Division 2220—State Board of Pharmacy Chapter 2—General Rules

PROPOSED AMENDMENT

20 CSR 2220-2.200 Sterile Compounding. The Missouri Board of Pharmacy is adding subsection (10)(E).

PURPOSE: This amendment allows pharmacies to accept aseptic technique skill assessment results for compounding staff from another pharmacy during an emergency.

(10) Aseptic Technique Skill Assessment. Individuals engaged in sterile compounding must take and successfully pass an aseptic technique skill assessment to verify aseptic competency. The assessment must include a direct visual observation of the individual's aseptic competency during a process simulation that represents the most challenging or stressful conditions encountered or performed by the person being evaluated. The assessment must include media-fill testing for all risk levels performed. Self-observation is not allowed.

(E) If needed to prevent interruptions in patient care during an emergency, a pharmacy may accept aseptic technique skill assessment results from another pharmacy or hospital in lieu of the required initial aseptic technique skill assessment, provided—

1. A pharmacist verifies the aseptic technique skill assessment to be accepted complies with the requirements under subsections (10)(A)–(C) of this rule for an ongoing aseptic technique skill assessment, at a minimum;

2. The pharmacy maintains documentation of the other pharmacy or hospital's completed aseptic technique skill assessment, including the dates and results of the required training,

visual observation, and media-fill testing. Additionally, the receiving pharmacy must maintain a manual or electronic copy of the other pharmacy's or hospital's policies and procedures on aseptic technique skill assessment and media-fill testing for board licensees or registrants;

3. The board licensee or registrant has received training on applicable pharmacy operational procedures as needed to ensure proper compounding. The licensee or registrant must be skilled and trained to accurately and competently perform the duties; and

4. Individuals may not assist with compounding under the emergency allowance authorized by this subsection for more than forty-five (45) days without an initial aseptic technique skill assessment for the pharmacy.

AUTHORITY: sections 338.240 and 338.280, RSMo 2016, and sections 338.010 and 338.140, RSMo Supp. [2020] 2021. This rule originally filed as 4 CSR 220-2.200. Original rule filed May 4, 1992, effective Feb. 26, 1993. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Feb. 8, 2022, effective Feb. 24, 2022, expires Aug. 22, 2022. Amended: Filed Feb. 8, 2022

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Pharmacy, PO Box 625, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 526-3464, or via email at pharmacy@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety-(90-) day period during which an agency shall file its Order of Rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the Proposed Rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 2—Income Maintenance**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.010, 207.022, 208.991, and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-2.015 Authorized Representatives is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2021 (46 MoReg 2158-2159). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 40-7.010 Scope and Definitions is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2021 (46 MoReg 2159). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 40—Family Support Division
Chapter 7—Family Healthcare**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, Family Support Division, under sections 207.022 and 660.017, RSMo 2016, and section 208.151.1(22), RSMo Supp. 2021, the division amends a rule as follows:

13 CSR 40-7.050 Presumptive Eligibility is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2021 (46 MoReg 2159-2161). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 6—Emergency Ambulance Program**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.1030, 208.201, and 660.017, RSMo 2016, the division adopts a rule as follows:

**13 CSR 70-6.020 Ground Emergency Medical Transportation
Uncompensated Cost Reimbursement Program is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 1, 2021 (46 MoReg 1996-1999). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The MO HealthNet Division received one (1) comment on the proposed rule.

COMMENT #1: Ray Antonacci, President of the Ambulance District Association of Missouri, Kat Probst, President of the Missouri Ambulance Association, and Justin Duncan, President of the Missouri EMS Association, comment: "The Three State-wide ambulance service associations, the Ambulance District Association of Missouri (ADAM), the Missouri Ambulance Association (MAA) and the Missouri Emergency Medical Services Association (MEMSA)

support the passage of 13 CSR 70-6.020 as listed in the November 1, 2021 *Missouri Register*. The Ground Emergency Medical Transportation (GEMT) program stands to provide substantial federal funding to the ambulance services in the state and this regulation will define the process and guide the annual audit activity so that the ambulance service providers will be better assured of compliance with program guidelines. We appreciate this opportunity to provide formal comment.”

RESPONSE: The Department of Social Services, MO HealthNet Division, appreciates receiving this comment. No changes have been made to the rule as a result of this comment.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 15—Hospital Program**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.153, 208.201, and 660.017, RSMo 2016, and sections 208.152 and 208.471, RSMo Supp. 2021, the division amends a rule as follows:

13 CSR 70-15.040 Hospital Outpatient Settlements is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2021 (46 MoReg 1999-2002). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 1.205, 208.153, and 660.017, RSMo 2016, and section 208.152, RSMo Supp. 2021, the division amends a rule as follows:

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 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2021 (46 MoReg 2274). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 90—Home Health Program**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under section 208.152, RSMo Supp. 2021, and

sections 208.153, 208.201, and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 70-90.010 Home Health-Care Services is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 15, 2021 (46 MoReg 2161). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The MO HealthNet Division received one (1) comment on the proposed amendment.

COMMENT #1: Frank Harrington, with the American Association of Nurse Practitioners, comments that: “The American Association of Nurse Practitioners (AANP), with a membership of over 118,000 nurse practitioners (NPs), represents the interests of the more than 325,000 NPs in the United States. This includes the over 8,487 NPs practicing in Missouri, 1,763 of whom are AANP members. We appreciate the opportunity to comment on the Department of Social Services, Health Net Division, Home Health program proposed amendment to 13 CSR 70-90.010, Home Health-Care Services. As stated by the agency, ‘this amendment allows the adult expansion group described in Article IV Section 36(c) of the *Missouri Constitution* to receive habilitative services through the Missouri Home Health Program.’ To maintain consistency within the Missouri Medicaid program, and reflect the changes made by the *Coronavirus Aid, Relief, and Economic Security Act* (CARES ACT), we respectfully request the Department of Social Services authorize advanced practice registered nurses (APRNs) and physician assistants (PAs) to order home health services.

As you know, NPs are APRNs who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and backgrounds. Daily practice includes: assessment; ordering, performing, supervising, and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs practice in nearly every health care setting including clinics, hospitals, Veterans Health Administration and Indian Health Services facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), skilled nursing facilities (SNFs) and nursing facilities (NFs), schools, colleges and universities, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NPs hold prescriptive authority in all 50 states and the District of Columbia.

We appreciate that the Missouri Department of Social Services took swift action to implement changes made by section 3708 of the *Coronavirus Aid, Relief, and Economic Security* (CARES Act), and incorporated in CFR 440.70. The Missouri Medicaid state plan amendment, MO-20-0016.pdf (medicaid.gov), approved by the Centers for Medicare and Medicaid Services on July 30, 2020, ‘allows advanced practice registered nurses and physician assistants to order home health services and conduct face to face visits in accordance with 42CFR440.70(f).’ This change is consistent with changes to federal statute and regulations, streamlines the home health care process, and reduces the risk of costly complications resulting from delays in care.

As the department proposes changes to the Home Health-Care Services regulations to allow the adult expansion group to receive services through the Missouri Home Health Program, we request that the proposed regulations authorize APRNs and PAs to order home health services and conduct face to face visits, consistent with the approved Medicaid State Plan Amendment. Ensuring 13 CSR 70-90.010 authorizes these clinicians to order home health services will better provide all Missouri Medicaid patients with critical increased

access to care. These changes would also ensure that the proposed regulations are consistent with the previous policy changes implemented by the department, as well as the changes made by section 3708 of the *Coronavirus Aid, Relief, and Economic Security* (CARES Act), and incorporated in 42 CFR 440.70.

Below are our suggested changes to the proposed regulations to ensure that they align with the federal home health regulations, the authority granted under the CARES Act and Missouri's Medicaid State Plan Amendment. Our recommended changes are in red bold italic text.

13 CSR 70-90.010 Home Health-Care Services (2) (E) 2. Non-routine—medical supplies needed to treat a patient's specific illness or injury in accordance with the physician's, *advanced practice registered nurse's, or physician assistant's* plan of care and meet further conditions discussed in more detail below

(7) To be reimbursed by MO HealthNet, all home health services and supplies must be provided in accordance with a written plan of care authorized by the participant's physician, *advanced practice registered nurse, or physician assistant.*

We thank you for the opportunity to comment on these proposed changes to the Missouri Department of Social Services regulations and express our appreciation for making increased access to home health services a priority. Should you have comments or questions, please direct them to Frank Harrington, Director of Reimbursement and Regulatory Affairs, fharrington@aanp.org, (571) 777-8454."

RESPONSE: MHD appreciates the Association's time and effort in commenting on its proposed amendment. Pursuant to section 197.400, RSMo, and state regulation 19 CSR 30-26.010, the plan of care must be authorized by a physician. The association's proposed comment on the amended regulation would be in conflict with the aforementioned state statute and regulation. No changes were made as a result of this comment.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 100—Missouri Rx Plan**

ORDER OF RULEMAKING

By the authority vested in the Department of Social Services, MO HealthNet Division, under sections 208.201, 208.782, 208.786, and 660.017, RSMo 2016, the division amends a rule as follows:

13 CSR 70-100.010 Missouri Rx Plan Benefits and Limitations is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2021 (46 MoReg 2002-2004). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 51—Broker-Dealers, Agents, Investment
Advisers, and Investment Adviser Representatives**

ORDER OF RULEMAKING

By the authority vested in the secretary of state under section

536.023, RSMo 2016, the secretary adopts a rule as follows:

15 CSR 30-51.075 Trusted Contact Requirements for Investment Advisers is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 1, 2021 (46 MoReg 2274-2275). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 51—Broker-Dealers, Agents, Investment
Advisers, and Investment Adviser Representatives**

ORDER OF RULEMAKING

By the authority vested in the secretary of state under section 536.023, RSMo 2016, the secretary amends a rule as follows:

15 CSR 30-51.172 Dishonest or Unethical Business Practices by Investment Advisers and Investment Adviser Representatives is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2021 (46 MoReg 2275). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

The Secretary of State is required by sections 347.141 and 359.481, RSMo, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to adrules.dissolutions@sos.mo.gov.

NOTICE OF WINDING UP AND DISSOLUTION OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST YELTON INNS LLC II

On January 28, 2022, Yelton Inns LLC II, a Missouri Limited Liability Company (“Company”), filed its Notice of Winding up for Limited Liability Company with the Missouri Secretary of State. Any and all claims against Company must be sent to Elizabeth Yelton, 30263 Pleasant Hill Road, Sedalia, Missouri 65301. Each claim must include a written summary of the claim against Company, including the name, address and telephone number of the claimant; the amount of the claim; the date on which the claim arose; the basis of the claim; and documentation for the claim. All claims against Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

NOTICE OF DISSOLUTION AND WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST MAIN 4545 PARTNERS, LLC

On Jan. 27, 2022, Main 4545 Partners, LLC, a Missouri limited liability company (the “Company”), filed a Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective as of Jan. 27, 2022. All persons with claims against the Company may submit any claim in accordance with this notice to: Michael J. Book, 9101 West 110th Street, Suite 200, Overland Park, KS 66210. All claims must include the name, address, and telephone number of the claimant; the amount claimed; the basis for the claim; the documentation of the claim; and the date(s) of the event(s) on which the claim is based occurred. All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

NOTICE OF DISSOLUTION AND WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS OF AND CLAIMANTS AGAINST 4545 MAIN, LLC

On Jan. 27, 2022, 4545 Main, LLC, a Missouri limited liability company (the “Company”), filed a Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State, effective as of Jan. 27, 2022. All persons with claims against the Company may submit any claim in accordance with this notice to: Michael J. Book, 9101 West 110th Street, Suite 200, Overland Park, KS 66210. All claims must include the name, address, and telephone number of the claimant; the amount claimed; the basis for the claim; the documentation of the claim; and the date(s) of the event(s) on which the claim is based occurred. All claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY

NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST USBCDC INVESTMENT FUND 111, LLC, a Missouri limited liability company.

On February 10, 2022, USBCDC INVESTMENT FUND 111, LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State. Said Notice was effective on February 10, 2022.

The Company requests that all persons and organizations who have claims against it present them immediately by letter to the Company to the attention of Vincent J. Garozzo c/o Greensfelder, Hemker & Gale, P.C., 10 S. Broadway, Suite 2000, St. Louis, Missouri 63102.

All claims must include (i) the name and address of the claimant; (ii) the amount claimed; (iii) the basis for the claim; and (iv) the date(s) on which the event(s) on which the claim is based occurred, and (v) any other documentation of the claim.

NOTICE: Pursuant to Section 347.141 RSMo., any claims against the Company will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of this notice.

**NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS
AGAINST GRACE ENERGY CORPORATION**

Grace Energy Corporation., a Missouri Corporation, has filed voluntary Articles of Dissolution with the Missouri Secretary of State on December 21, 2021. Any and all claims against Grace Energy Corporation may be sent to Checkett, Pauly, Bay & Morgan, LLC. Attn: Sarah, P.O. Box 409, Carthage, Missouri 64836. Each such claim should include the following: The name, address and telephone number of the claimant; amount of the claim; the basis of the claim; and any and all pertinent documents supporting the claim.

NOTICE: Any and all claims against Grace Energy Corporation. will be barred unless a proceeding to enforce the claim is commenced within two years after the date of the publication of this notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS
AND CLAIMANTS AGAINST WHISPERING WOODS, L.L.C.**

On February 14, 2022, Whispering Woods, L.L.C., a Missouri limited liability company (hereinafter the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Any Claims against the Company may be sent to: Bush & Patchett, L.L.C., Attn: Kerry Bush, 4240 Philips Farm Rd., Ste. 109, Columbia, MO 65201. Each claim must include the following information: name, address, and telephone number of the claimant; amount of claim; date of which the claim arose; basis for the claim; and documentation in support of the claim.

All claims against the Company will be barred unless the proceeding to enforce the claim in commenced within three years after the publication of this notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS
AND CLAIMANTS AGAINST CBB711, L.L.C.**

On February 14, 2022, CBB711, L.L.C., a Missouri limited liability company (hereinafter the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Any Claims against the Company may be sent to: Bush & Patchett, L.L.C., Attn: Kerry Bush, 4240 Philips Farm Rd., Ste. 109, Columbia, MO 65201. Each claim must include the following information: name, address, and telephone number of the claimant; amount of claim; date of which the claim arose; basis for the claim; and documentation in support of the claim.

All claims against the Company will be barred unless the proceeding to enforce the claim in commenced within three years after the publication of this notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS
AND CLAIMANTS AGAINST CHINQUAPIN, L.L.C.**

On February 14, 2022, Chinquapin, L.L.C., a Missouri limited liability company (hereinafter the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Any Claims against the Company may be sent to: Bush & Patchett, L.L.C., Attn: Kerry Bush, 4240 Philips Farm Rd., Ste. 109, Columbia, MO 65201. Each claim must include the following information: name, address, and telephone number of the claimant; amount of claim; date of which the claim arose; basis for the claim; and documentation in support of the claim.

All claims against the Company will be barred unless the proceeding to enforce the claim in commenced within three years after the publication of this notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS
AND CLAIMANTS AGAINST 8TH & WALNUT LAND HOLDINGS, L.L.C.**

On February 14, 2022, 8th & Walnut Land Holdings, L.L.C., a Missouri limited liability company (hereinafter the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Any Claims against the Company may be sent to: Bush & Patchett, L.L.C., Attn: Kerry Bush, 4240 Philips Farm Rd., Ste. 109, Columbia, MO 65201. Each claim must include the following information: name, address, and telephone number of the claimant; amount of claim; date of which the claim arose; basis for the claim; and documentation in support of the claim.

All claims against the Company will be barred unless the proceeding to enforce the claim in commenced within three years after the publication of this notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS
AND CLAIMANTS AGAINST WESTLAKE OAK, L.L.C.**

On February 14, 2022, Westlake Oak, L.L.C., a Missouri limited liability company (hereinafter the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Any Claims against the Company may be sent to: Bush & Patchett, L.L.C., Attn: Kerry Bush, 4240 Philips Farm Rd., Ste. 109, Columbia, MO 65201. Each claim must include the following information: name, address, and telephone number of the claimant; amount of claim; date of which the claim arose; basis for the claim; and documentation in support of the claim.

All claims against the Company will be barred unless the proceeding to enforce the claim in commenced within three years after the publication of this notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS
AND CLAIMANTS AGAINST CAPE CORAL PROPERTY EXECUTIVES, L.L.C.**

On February 14, 2022, Cape Coral Property Executives, L.L.C., a Missouri limited liability company (hereinafter the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Any Claims against the Company may be sent to: Bush & Patchett, L.L.C., Attn: Kerry Bush, 4240 Philips Farm Rd., Ste. 109, Columbia, MO 65201. Each claim must include the following information: name, address, and telephone number of the claimant; amount of claim; date of which the claim arose; basis for the claim; and documentation in support of the claim.

All claims against the Company will be barred unless the proceeding to enforce the claim in commenced within three years after the publication of this notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS
AND CLAIMANTS AGAINST ELEVEN TWO, L.L.C.**

On February 14, 2022, Eleven Two, L.L.C., a Missouri limited liability company (hereinafter the "Company"), filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Any Claims against the Company may be sent to: Bush & Patchett, L.L.C., Attn: Kerry Bush, 4240 Philips Farm Rd., Ste. 109, Columbia, MO 65201. Each claim must include the following information: name, address, and telephone number of the claimant; amount of claim; date of which the claim arose; basis for the claim; and documentation in support of the claim.

All claims against the Company will be barred unless the proceeding to enforce the claim in commenced within three years after the publication of this notice.

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY TO ALL CREDITORS AND
CLAIMANTS AGAINST BATTERY STORAGE, LLC.**

On February 4, 2022, Battery Storage, LLC., filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State.

Persons and organizations with claims against Battery Storage, LLC., should present said claims immediately by letter to Battery Storage, LLC., c/o Jill D. Parks, 2140 Bagnell Dam Blvd., Ste. 401, Lake Ozark, MO 65049.

All claims must include 1) the name, address, and phone number of the claimant; 2) the amount claimed; 3) the basis for the claim; 4) the date(s) on which the claim arose; and 5) documentation of the claim.

NOTICE: Because of the winding up of Battery Storage, LLC., any claims against it will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of the notices authorized by statute, whichever is published last.

**NOTICE OF WINDING UP FOR LIMITED LIABILITY COMPANY
TO ALL CREDITORS OF AND CLAIMANTS AGAINST
OD&B ENTERPRISES, LLC**

OD&B Enterprises, LLC, a Missouri limited liability company, filed its Notice of Winding Up for Limited Liability Company with the Missouri Secretary of State on February 2, 2022. Any and all claims against OD&B Enterprises, LLC may be sent to Affinity Law Group, LLC, 1610 Des Peres Road, Suite 100, St. Louis, MO 63131. Each claim must include: (i) the name, address, and telephone number of the claimant; (ii) amount of the claim; (iii) basis for the claim; and (iv) documentation of the claim. A claim against OD&B Enterprises, LLC will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication of this notice.

Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*. Citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—43 (2018) and 44 (2019). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
OFFICE OF ADMINISTRATION					
1 CSR 10	State Officials' Salary Compensation Schedule				45 MoReg 1926
1 CSR 10-15.010	Commissioner of Administration	46 MoReg 1373			
1 CSR 20-5.020	Personnel Advisory Board and Division of Personnel		47 MoReg 225		
DEPARTMENT OF AGRICULTURE					
2 CSR 30-10.010	Animal Health	47 MoReg 221	47 MoReg 231		
2 CSR 90-20.040	Weights, Measures and Consumer Protection		46 MoReg 1585	47 MoReg 75	
2 CSR 90-21.010	Weights, Measures and Consumer Protection		46 MoReg 1585	47 MoReg 75	
2 CSR 90-22.140	Weights, Measures and Consumer Protection		46 MoReg 1586	47 MoReg 76	
2 CSR 90-23.010	Weights, Measures and Consumer Protection		46 MoReg 1586	47 MoReg 76	
2 CSR 90-25.010	Weights, Measures and Consumer Protection		46 MoReg 1586	47 MoReg 76	
2 CSR 90-60.020	Weights, Measures and Consumer Protection		47 MoReg 231		
2 CSR 90-60.030	Weights, Measures and Consumer Protection		47 MoReg 231		
2 CSR 90-61.010	Weights, Measures and Consumer Protection		47 MoReg 232		
2 CSR 90-63.010	Weights, Measures and Consumer Protection		47 MoReg 232		
2 CSR 90-63.020	Weights, Measures and Consumer Protection		47 MoReg 233		
2 CSR 90-64.010	Weights, Measures and Consumer Protection		47 MoReg 235		
DEPARTMENT OF CONSERVATION					
3 CSR 10-4.117	Conservation Commission		46 MoReg 1730	47 MoReg 77	
3 CSR 10-5.205	Conservation Commission		46 MoReg 1730	47 MoReg 77	
3 CSR 10-5.210	Conservation Commission		46 MoReg 1736	47 MoReg 77	
3 CSR 10-5.220	Conservation Commission		46 MoReg 1736	47 MoReg 78	
3 CSR 10-6.510	Conservation Commission		46 MoReg 1736	47 MoReg 78	
3 CSR 10-6.525	Conservation Commission		46 MoReg 1737	47 MoReg 78	
3 CSR 10-6.550	Conservation Commission		46 MoReg 1737	47 MoReg 79	
3 CSR 10-7.450	Conservation Commission		47 MoReg 67		
3 CSR 10-7.455	Conservation Commission			47 MoReg 79	
3 CSR 10-7.715	Conservation Commission		46 MoReg 1737	47 MoReg 79	
3 CSR 10-7.725	Conservation Commission		46 MoReg 1738	47 MoReg 80	
3 CSR 10-8.510	Conservation Commission		47 MoReg 68		
3 CSR 10-8.515	Conservation Commission		47 MoReg 118		
3 CSR 10-10.725	Conservation Commission		46 MoReg 1738	47 MoReg 80	
3 CSR 10-11.110	Conservation Commission		46 MoReg 1742	47 MoReg 80	
3 CSR 10-11.130	Conservation Commission		46 MoReg 1742	47 MoReg 80	
3 CSR 10-11.190	Conservation Commission		46 MoReg 1745	47 MoReg 81	
3 CSR 10-11.205	Conservation Commission		46 MoReg 1745	47 MoReg 81	
3 CSR 10-11.210	Conservation Commission		46 MoReg 1746	47 MoReg 81	
3 CSR 10-12.109	Conservation Commission		46 MoReg 1746	47 MoReg 82	
3 CSR 10-12.125	Conservation Commission		46 MoReg 1747	47 MoReg 82	
3 CSR 10-12.145	Conservation Commission		46 MoReg 1747	47 MoReg 82	
3 CSR 10-20.805	Conservation Commission		46 MoReg 1748	47 MoReg 82	
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR 10-1.010	Commissioner of Education		46 MoReg 1450	47 MoReg 27	
5 CSR 10-3.010	Commissioner of Education		46 MoReg 1451	47 MoReg 27	
5 CSR 20-100.110	Division of Learning Services		46 MoReg 2242		
5 CSR 20-100.130	Division of Learning Services		This Issue		
5 CSR 20-100.140	Division of Learning Services		This IssueR		
5 CSR 20-100.220	Division of Learning Services		46 MoReg 1451	47 MoReg 27	
5 CSR 20-200.265	Division of Learning Services		47 MoReg 68		
5 CSR 20-200.310	Division of Learning Services <i>formerly 5 CSR 20-500.330</i>		47 MoReg 69		
5 CSR 20-400.210	Division of Learning Services		46 MoReg 1956		
5 CSR 20-400.230	Division of Learning Services		46 MoReg 2242		
5 CSR 20-400.260	Division of Learning Services		46 MoReg 1956		
5 CSR 20-400.410	Division of Learning Services		46 MoReg 2245R		
5 CSR 20-400.540	Division of Learning Services		46 MoReg 1751	47 MoReg 247	
5 CSR 20-400.660	Division of Learning Services		46 MoReg 2245		
5 CSR 20-400.670	Division of Learning Services		46 MoReg 2247		
5 CSR 20-500.330	Division of Learning Services <i>moved to 5 CSR 20-200.310</i>		47 MoReg 69		
5 CSR 20-700.100	Division of Learning Services		46 MoReg 1752	47 MoReg 247	
5 CSR 25-100.310	Office of Childhood <i>formerly 5 CSR 20-100.310</i>		46 MoReg 1838R	47 MoReg 247R	
5 CSR 25-300.010	Office of Childhood		46 MoReg 2130		
5 CSR 25-300.030	Office of Childhood		46 MoReg 2131R		
5 CSR 25-300.070	Office of Childhood		46 MoReg 2131		
5 CSR 25-300.080	Office of Childhood		46 MoReg 2132		
5 CSR 25-300.100	Office of Childhood		46 MoReg 2132R		
5 CSR 25-300.120	Office of Childhood		46 MoReg 2132		
5 CSR 25-400.010	Office of Childhood		46 MoReg 2133		
5 CSR 25-400.015	Office of Childhood		46 MoReg 2134R		
5 CSR 25-400.025	Office of Childhood		46 MoReg 2134		
5 CSR 25-400.045	Office of Childhood		46 MoReg 2135		
5 CSR 25-400.055	Office of Childhood		46 MoReg 2136		
5 CSR 25-400.105	Office of Childhood		46 MoReg 2136		
5 CSR 25-400.115	Office of Childhood		46 MoReg 2137		
5 CSR 25-400.125	Office of Childhood		46 MoReg 2137		
5 CSR 25-400.145	Office of Childhood		46 MoReg 2138		
5 CSR 25-400.155	Office of Childhood		46 MoReg 2138		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
5 CSR 25-400.210	Office of Childhood		46 MoReg 2139		
5 CSR 25-400.220	Office of Childhood		46 MoReg 2139		
5 CSR 25-500.010	Office of Childhood		46 MoReg 2140		
5 CSR 25-500.022	Office of Childhood		46 MoReg 2141R		
5 CSR 25-500.032	Office of Childhood		46 MoReg 2141		
5 CSR 25-500.042	Office of Childhood		46 MoReg 2142		
5 CSR 25-500.052	Office of Childhood		46 MoReg 2143		
5 CSR 25-500.102	Office of Childhood		46 MoReg 2143		
5 CSR 25-500.122	Office of Childhood		46 MoReg 2144		
5 CSR 25-500.152	Office of Childhood		46 MoReg 2145		
5 CSR 25-500.162	Office of Childhood		46 MoReg 2145		
5 CSR 25-500.222	Office of Childhood		46 MoReg 2146		
5 CSR 25-500.230	Office of Childhood		46 MoReg 2147		
5 CSR 25-600.010	Office of Childhood		46 MoReg 2147		
5 CSR 25-600.020	Office of Childhood		46 MoReg 2148		
5 CSR 25-600.040	Office of Childhood		46 MoReg 2148		
5 CSR 25-600.050	Office of Childhood		46 MoReg 2148		
5 CSR 30-680.010	Division of Financial and Administrative Services		46 MoReg 1752	47 MoReg 247	
5 CSR 30-680.020	Division of Financial and Administrative Services		46 MoReg 1754	47 MoReg 248	
5 CSR 30-680.030	Division of Financial and Administrative Services		46 MoReg 1754R	47 MoReg 248R	
5 CSR 30-680.035	Division of Financial and Administrative Services		46 MoReg 1755	47 MoReg 248	
5 CSR 30-680.040	Division of Financial and Administrative Services		46 MoReg 1755	47 MoReg 248	
5 CSR 30-680.050	Division of Financial and Administrative Services		46 MoReg 1756R	47 MoReg 248R	
5 CSR 30-680.060	Division of Financial and Administrative Services		46 MoReg 1756	47 MoReg 248	
5 CSR 30-680.070	Division of Financial and Administrative Services		46 MoReg 1756	47 MoReg 249	
DEPARTMENT OF HIGHER EDUCATION AND WORKFORCE DEVELOPMENT					
6 CSR 10-2.195	Commissioner of Higher Education and Workforce Development		46 MoReg 1757	47 MoReg 249	
6 CSR 10-14.010	Commissioner of Higher Education and Workforce Development		46 MoReg 1958	47 MoReg 251	
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS					
8 CSR 20-2.010	Labor and Industrial Relations Commission		This Issue		
8 CSR 20-3.030	Labor and Industrial Relations Commission		This Issue		
8 CSR 50-5.007	Division of Workers' Compensation		47 MoReg 119		
8 CSR 60-2.025	Missouri Commission on Human Rights		46 MoReg 1838	47 MoReg 376	
8 CSR 60-2.100	Missouri Commission on Human Rights		46 MoReg 1839	47 MoReg 376	
DEPARTMENT OF NATURAL RESOURCES					
10 CSR 10-5.381	Air Conservation Commission		46 MoReg 1840		
10 CSR 10-5.490	Air Conservation Commission		46 MoReg 2249		
10 CSR 10-6.062	Air Conservation Commission		46 MoReg 2260		
10 CSR 10-6.210	Air Conservation Commission		47 MoReg 235		
10 CSR 10-6.300	Air Conservation Commission		46 MoReg 1590R	47 MoReg 128R	
10 CSR 10-6.310	Air Conservation Commission		46 MoReg 2263		
10 CSR 20-7.031	Clean Water Commission		46 MoReg 1153	47 MoReg 27	
DEPARTMENT OF PUBLIC SAFETY					
11 CSR 30-7.020	Missouri Gaming Commission		47 MoReg 14		
11 CSR 45-5.184	Missouri Gaming Commission		47 MoReg 306		
11 CSR 45-5.265	Missouri Gaming Commission		47 MoReg 307		
11 CSR 45-7.130	Missouri Gaming Commission		46 MoReg 1962		
11 CSR 45-9.104	Missouri Gaming Commission		47 MoReg 307		
11 CSR 45-9.113	Missouri Gaming Commission		46 MoReg 1962		
11 CSR 45-9.123	Missouri Gaming Commission		46 MoReg 1759	47 MoReg 128	
11 CSR 70-2.010	Division of Alcohol and Tobacco Control		47 MoReg 310		
11 CSR 70-2.020	Division of Alcohol and Tobacco Control		47 MoReg 311		
11 CSR 70-2.030	Division of Alcohol and Tobacco Control		47 MoReg 312		
11 CSR 70-2.050	Division of Alcohol and Tobacco Control		47 MoReg 313		
11 CSR 70-2.060	Division of Alcohol and Tobacco Control		47 MoReg 314		
11 CSR 70-2.070	Division of Alcohol and Tobacco Control		47 MoReg 315		
11 CSR 70-2.080	Division of Alcohol and Tobacco Control		47 MoReg 316		
11 CSR 70-2.090	Division of Alcohol and Tobacco Control		47 MoReg 317		
11 CSR 70-2.100	Division of Alcohol and Tobacco Control		47 MoReg 317		
11 CSR 70-2.190	Division of Alcohol and Tobacco Control				46 MoReg 2192
11 CSR 90-2.010	Missouri 911 Service Board	46 MoReg 1713	46 MoReg 1759 47 MoReg 236		
DEPARTMENT OF REVENUE					
12 CSR 10-1.020	Director of Revenue		47 MoReg 317		
12 CSR 10-2.067	Director of Revenue		46 MoReg 2149	47 MoReg 376	
12 CSR 10-2.085	Director of Revenue		46 MoReg 2152R	47 MoReg 376R	
12 CSR 10-2.230	Director of Revenue		46 MoReg 2152R	47 MoReg 376R	
12 CSR 10-8.010	Director of Revenue		47 MoReg 70R		
12 CSR 10-8.020	Director of Revenue		47 MoReg 70R		
12 CSR 10-8.030	Director of Revenue		47 MoReg 70R		
12 CSR 10-8.120	Director of Revenue		47 MoReg 71R		
12 CSR 10-8.160	Director of Revenue		47 MoReg 71R		
12 CSR 10-8.170	Director of Revenue		47 MoReg 71R		
12 CSR 10-8.180	Director of Revenue		47 MoReg 71R		
12 CSR 10-8.190	Director of Revenue		47 MoReg 72R		
12 CSR 10-25.120	Director of Revenue		46 MoReg 1963	47 MoReg 252	
12 CSR 10-26.230	Director of Revenue	46 MoReg 1713	46 MoReg 1759	47 MoReg 83	
12 CSR 10-26.231	Director of Revenue		47 MoReg 318		47 MoReg 385
12 CSR 10-41.010	Director of Revenue	46 MoReg 2111	46 MoReg 2152	47 MoReg 377	
12 CSR 10-104.030	Director of Revenue		46 MoReg 2156	47 MoReg 377	
12 CSR 10-108.300	Director of Revenue		46 MoReg 2156	47 MoReg 377	
12 CSR 10-111.060	Director of Revenue		46 MoReg 2157	47 MoReg 377	
12 CSR 30-4.010	State Tax Commission		47 MoReg 122		
DEPARTMENT OF SOCIAL SERVICES					
13 CSR 10-3.040	Division of Finance and Administrative Services		46 MoReg 1761	47 MoReg 252	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
13 CSR 10-3.050	Division of Finance and Administrative Services		46 MoReg 1762	47 MoReg 253	
13 CSR 35-71.010	Children's Division	46 MoReg 1907	46 MoReg 1964	47 MoReg 254	
13 CSR 35-71.015	Children's Division	46 MoReg 1909	46 MoReg 1966	47 MoReg 254	
13 CSR 35-71.020	Children's Division	46 MoReg 1917	46 MoReg 1974	47 MoReg 264	
13 CSR 35-71.030	Children's Division	46 MoReg 1920	46 MoReg 1977	47 MoReg 267	
13 CSR 35-71.045	Children's Division	46 MoReg 1924	46 MoReg 1980	47 MoReg 268	
13 CSR 35-71.150	Children's Division	47 MoReg 5	47 MoReg 14		
13 CSR 35-71.300	Children's Division	46 MoReg 1928	46 MoReg 1983	47 MoReg 271	
13 CSR 35-73.010	Children's Division	46 MoReg 1932	46 MoReg 1987	47 MoReg 273	
13 CSR 35-73.012	Children's Division	46 MoReg 1933	46 MoReg 1989	47 MoReg 273	
13 CSR 35-73.017	Children's Division	46 MoReg 1936	46 MoReg 1990	47 MoReg 275	
13 CSR 35-73.030	Children's Division	46 MoReg 1939	46 MoReg 1994	47 MoReg 276	
13 CSR 35-73.035	Children's Division	46 MoReg 1940	46 MoReg 1994	47 MoReg 276	
13 CSR 40-2.015	Family Support Division		46 MoReg 325	46 MoReg 1094W	
		46 MoReg 2114	46 MoReg 2158	This Issue	
13 CSR 40-7.010	Family Support Division		46 MoReg 327	46 MoReg 1338W	
		46 MoReg 2114	46 MoReg 2159	This Issue	
		46 MoReg 2115	46 MoReg 2159	This Issue	
13 CSR 40-7.050	Family Support Division		46 MoReg 2159	This Issue	
13 CSR 65-2.010	Missouri Medicaid and Audit Compliance		46 MoReg 1763	47 MoReg 129	
13 CSR 65-2.020	Missouri Medicaid and Audit Compliance		46 MoReg 1767		
13 CSR 65-2.030	Missouri Medicaid and Audit Compliance		46 MoReg 1772	47 MoReg 276	
13 CSR 70-1.010	MO HealthNet Division		46 MoReg 1858	47 MoReg 130	
13 CSR 70-3.020	MO HealthNet Division		46 MoReg 1773R	47 MoReg 276R	
13 CSR 70-3.035	MO HealthNet Division	46 MoReg 1941	46 MoReg 1995		
13 CSR 70-3.050	MO HealthNet Division		46 MoReg 1621R	47 MoReg 42R	
13 CSR 70-3.120	MO HealthNet Division		46 MoReg 1675		
			47 MoReg 237		
13 CSR 70-3.140	MO HealthNet Division		46 MoReg 1774	47 MoReg 276	
13 CSR 70-3.180	MO HealthNet Division		46 MoReg 1675		
			47 MoReg 237		
13 CSR 70-3.200	MO HealthNet Division	46 MoReg 1715	46 MoReg 1774		
13 CSR 70-3.230	MO HealthNet Division		47 MoReg 22		
13 CSR 70-3.260	MO HealthNet Division <i>moved to 13 CSR 70-25.150</i>		46 MoReg 1865	47 MoReg 130	
13 CSR 70-3.330	MO HealthNet Division		47 MoReg 22		
13 CSR 70-4.050	MO HealthNet Division		46 MoReg 1775R	47 MoReg 277R	
13 CSR 70-4.100	MO HealthNet Division		46 MoReg 1676		
			47 MoReg 238		
13 CSR 70-4.110	MO HealthNet Division		46 MoReg 1677		
			47 MoReg 238		
13 CSR 70-4.120	MO HealthNet Division		46 MoReg 1678		
			47 MoReg 240		
13 CSR 70-6.020	MO HealthNet Division		46 MoReg 1996	This Issue	
13 CSR 70-10.016	MO HealthNet Division	46 MoReg 1829	46 MoReg 1868	47 MoReg 130	
13 CSR 70-15.015	MO HealthNet Division	46 MoReg 1715	46 MoReg 1775	47 MoReg 277	
13 CSR 70-15.020	MO HealthNet Division		46 MoReg 1679		
			47 MoReg 241		
13 CSR 70-15.030	MO HealthNet Division		47 MoReg 241		
13 CSR 70-15.040	MO HealthNet Division		46 MoReg 1999	This Issue	
13 CSR 70-15.070	MO HealthNet Division	46 MoReg 1667	46 MoReg 1680	47 MoReg 277	
13 CSR 70-15.110	MO HealthNet Division	46 MoReg 1718	46 MoReg 1778	47 MoReg 377	
13 CSR 70-20.031	MO HealthNet Division	46 MoReg 2219	46 MoReg 2274	This Issue	
13 CSR 70-25.150	MO HealthNet Division <i>formerly 13 CSR 70-3.260</i>		46 MoReg 1865	47 MoReg 130	
13 CSR 70-50.010	MO HealthNet Division		46 MoReg 1590	47 MoReg 42	
13 CSR 70-55.010	MO HealthNet Division		46 MoReg 1591	47 MoReg 42	
13 CSR 70-65.010	MO HealthNet Division		46 MoReg 1685		
			47 MoReg 242		
13 CSR 70-70.010	MO HealthNet Division		46 MoReg 1621	47 MoReg 42	
13 CSR 70-90.010	MO HealthNet Division	46 MoReg 601	46 MoReg 624		
		46 MoReg 999T		46 MoReg 1339 W	
		46 MoReg 2116		This Issue	
13 CSR 70-100.010	MO HealthNet Division		46 MoReg 2161	This Issue	
			46 MoReg 2002	This Issue	
ELECTED OFFICIALS					
15 CSR 30-51.075	Secretary of State		46 MoReg 2274	This Issue	
15 CSR 30-51.172	Secretary of State		46 MoReg 2275	This Issue	
15 CSR 50-1.010	Treasurer		47 MoReg 72		
15 CSR 50-4.010	Treasurer		46 MoReg 2161	47 MoReg 279	
15 CSR 50-4.020	Treasurer		46 MoReg 2162	47 MoReg 279	
15 CSR 50-4.030	Treasurer		46 MoReg 2164	47 MoReg 279	
15 CSR 50-5.010	Treasurer		47 MoReg 318		
15 CSR 50-5.020	Treasurer		47 MoReg 318		
15 CSR 50-5.030	Treasurer		47 MoReg 322		
15 CSR 50-5.040	Treasurer		47 MoReg 325		
15 CSR 50-5.050	Treasurer		47 MoReg 328		
RETIREMENT SYSTEMS					
16 CSR 10-4.007	The Public School Retirement System of Missouri		46 MoReg 1622	47 MoReg 130	
16 CSR 10-6.015	The Public School Retirement System of Missouri		46 MoReg 1622	47 MoReg 131	
PUBLIC DEFENDER COMMISSION					
18 CSR 10-3.010	Office of State Public Defender		47 MoReg 123		
DEPARTMENT OF HEALTH AND SENIOR SERVICES					
19 CSR 10-4.020	Office of the Director	46 MoReg 1835			
19 CSR 15-4.010	Division of Senior and Disability Services		47 MoReg 331		
19 CSR 15-4.020	Division of Senior and Disability Services		47 MoReg 334		
19 CSR 15-4.040	Division of Senior and Disability Services		47 MoReg 335		
19 CSR 15-4.050	Division of Senior and Disability Services		47 MoReg 335		
19 CSR 15-4.060	Division of Senior and Disability Services		47 MoReg 337		
19 CSR 15-4.070	Division of Senior and Disability Services		47 MoReg 337		
19 CSR 15-4.080	Division of Senior and Disability Services		47 MoReg 338		

Rule Number	Agency	Emergency	Proposed	Order	In Addition
19 CSR 15-4.090	Division of Senior and Disability Services		47 MoReg 338		
19 CSR 15-4.100	Division of Senior and Disability Services		47 MoReg 339		
19 CSR 15-4.105	Division of Senior and Disability Services		47 MoReg 339		
19 CSR 15-4.110	Division of Senior and Disability Services		47 MoReg 340		
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12 CSR 10-41.010	Annual Adjusted Rate of Interest46 MoReg 2111	Jan. 1, 2022 June 29, 2022
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13 CSR 35-71.010	Definitions and Principles Generally Applicable to this Chapter46 MoReg 1907	Oct. 1, 2021 March 29, 2022
13 CSR 35-71.015	Background Checks for Personnel of Residential Care Facilities and Child Placing Agencies46 MoReg 1909	Oct. 1, 2021 March 29, 2022
13 CSR 35-71.020	Basic Residential Treatment for Children and Youth Core Requirements (Applicable To All Agencies)-Basis for Licensure and Licensing Procedures46 MoReg 1917	Oct. 1, 2021 March 29, 2022
13 CSR 35-71.030	Hearings and Judicial Review46 MoReg 1920	Oct. 1, 2021 March 29, 2022
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13 CSR 40-7.010	Scope and Definitions46 MoReg 2114	Oct. 20, 2021 April 17, 2022
13 CSR 40-7.050	Presumptive Eligibility46 MoReg 2115	Oct. 20, 2021 April 17, 2022
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13 CSR 70-3.035	Violations Attested to by the Department of Health and Senior Services46 MoReg 1941	Oct. 18, 2021 April 15, 2022
13 CSR 70-10.016	Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates46 MoReg 1829	Sept. 27, 2021 March 25, 2022
13 CSR 70-20.031	List of Drugs for Which Prior Authorization Is Required and Drugs Excluded from Coverage Under the MO HealthNet Pharmacy Program46 MoReg 2219	Nov. 4, 2021 May 2, 2022
13 CSR 70-15.070	Inpatient Psychiatric Services for Individuals Under Age Twenty-One46 MoReg 1667	Sept. 29, 2021 March 27, 2022
13 CSR 70-90.010	Home Health-Care Services46 MoReg 2116	Oct. 20, 2021 April 17, 2022
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19 CSR 30-30.060	Standards for the Operation of the Abortion Facilities46 MoReg 1954	Oct. 13, 2021 April 10, 2022
19 CSR 30-81.030	Evaluation and Assessment Measures for Title XIX Recipients46 MoReg 2117	Oct. 29, 2021 April 26, 2022
19 CSR 30-82.010	General Licensure Requirements46 MoReg 2323	Nov. 29, 2021 May 27, 2022
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20 CSR 2220-2.200	Sterile Compounding	This Issue	Feb. 24, 2022 Aug. 22, 2022
20 CSR 2220-2.725	Remote Entry Data47 MoReg 303	Feb. 4, 2022 June 1, 2022

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22 CSR 10-2.053	Health Savings Account Plan Benefit Provisions and Covered Charges46 MoReg 2220	Jan. 1, 2022	June 29, 2022
22 CSR 10-2.055	Medical Plan Benefit Provisions and Covered Charges46 MoReg 2221	Jan. 1, 2022	June 29, 2022
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22-03	Terminates the State of Emergency declared in Executive Order 22-02.	February 7, 2022	This Issue
22-02	Declares a State of Emergency and directs the Missouri State Emergency Operations Plan be activated due to forecasted severe winter storm systems.	February 1, 2022	47 MoReg 304
22-01	Establishes and Designates the Missouri Early Childhood State Advisory Council.	January 7, 2022	47 MoReg 222

2021

21-13	Creates and establishes the Missouri Supply Chain Task Force.	November 22, 2021	47 MoReg 12
21-12	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government.	November 5, 2021	46 MoReg 2325
21-11	Orders state offices to be closed on Friday, November 26, 2021.	November 2, 2021	46 MoReg 2241
21-10	Orders steps to oppose federal COVID-19 vaccine mandates within all agencies, boards, commissions, and other entities within the executive branch of state government.	October 28, 2021	46 MoReg 2239
21-09	Terminates the state of emergency declared in Executive Order 20-02, declares a state of emergency, suspends certain regulations related to telemedicine and physical presence for executing documents, and allows state agencies to waive some regulatory requirements.	August 27, 2021	46 MoReg 1727
21-08	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	August 10, 2021	46 MoReg 1673
Proclamation	Convenes the First Extra Session of the First Regular Session of the One Hundred and First General Assembly for extending the Federal Reimbursement Allowances (FRA) and related allowances, taxes, and assessments necessary for funding MO HealthNet	June 22, 2021	46 MoReg 1447
21-07	Extends Executive Order 20-02, Executive Order 20-04, Executive Order 20-05, Executive Order 20-06, and Executive Order 20-14 until August 31, 2021	March 26, 2021	46 MoReg 750
21-06	Creates and establishes the Show Me Strong Recovery Task Force and rescinds Executive Order	March 22, 2021	46 MoReg 748
21-05	Designates members of his staff to have supervisory authority over departments, divisions and agencies of state government	February 24, 2021	46 MoReg 605
21-04	Extends Executive Order 21-03 until February 28, 2021 and terminates Executive Order 20-17.	February 19, 2021	46 MoReg 603
21-03	Declares a State of Emergency and exempts hours of service requirements for vehicles transporting residential heating fuel until February 21, 2021	February 11, 2021	46 MoReg 495
21-02	Establishes the Office of Childhood within the Department of Elementary and Secondary Education	January 28, 2021	46 MoReg 394
21-01	Terminates Executive Orders 03-11 and 02-05, and modifies provisions of Executive Order 05-06	January 7, 2021	46 MoReg 314

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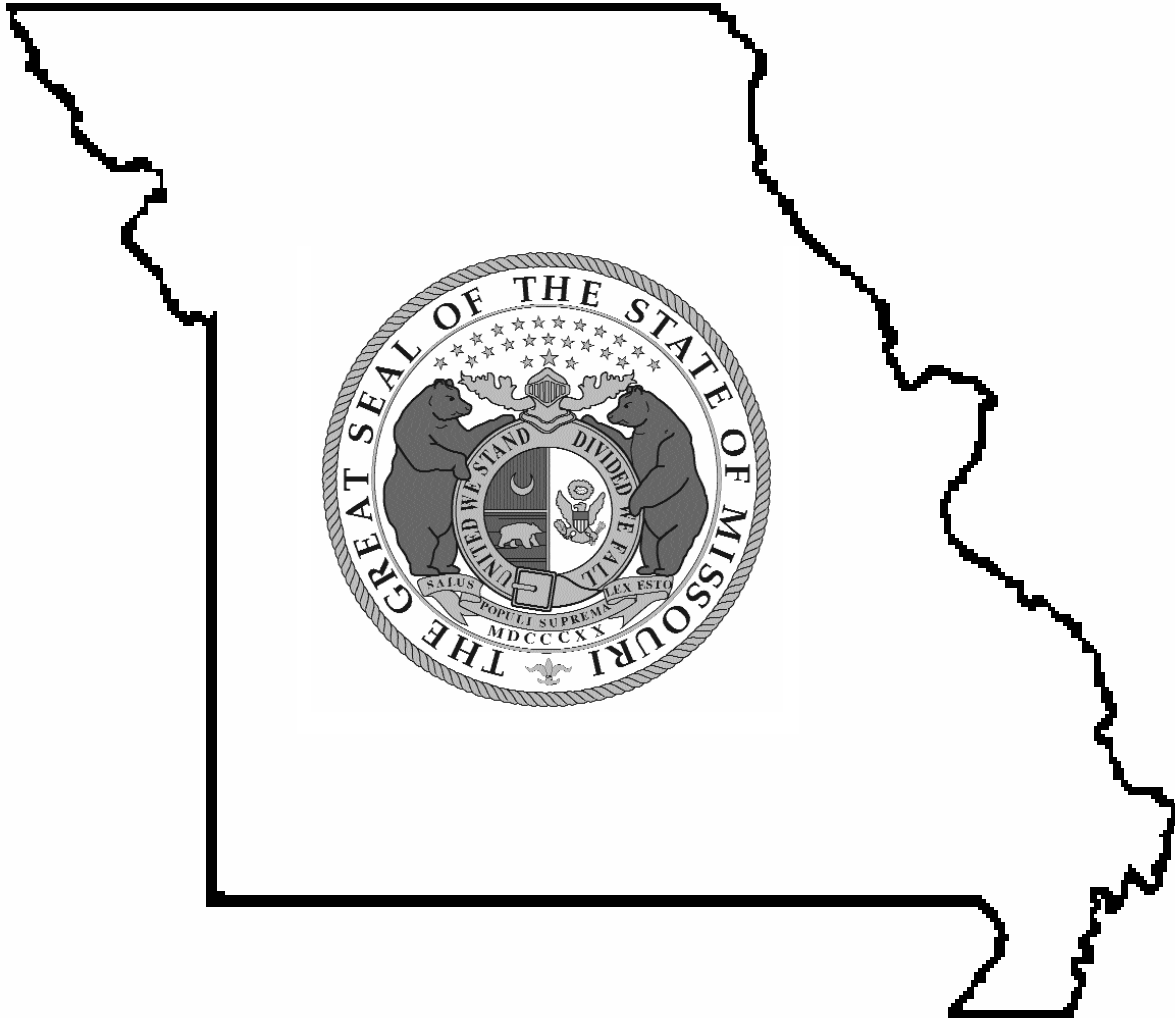
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MISSOURI STATE RULEMAKING MANUAL



JOHN R. ASHCROFT
SECRETARY OF STATE

The *Missouri State Rulemaking Manual* is available exclusively online at sos.mo.gov/adrules/manual/manual for state agencies to assist in preparing all types of rulemakings.

For information about rule drafting classes call (573) 751-4015.

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