

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 40—Fantasy Sports Contests**

**PROPOSED RULE**

**11 CSR 45-40.060 Cash Reserve and Segregated Account Requirements**

*PURPOSE: This rule addresses the minimum cash reserve and segregated account requirements and the required procedures and documentation for those reserves and segregated accounts.*

(1) The licensed operator shall maintain in the form of cash or cash equivalents the amount of the deposits made to the accounts of Missouri fantasy sports contest players for the benefit and protection of the funds held in such accounts. For purposes of this rule cash equivalents are investments with an original maturity of three (3) months or less.

(2) Funds held in player accounts of Missouri residents shall be protected as set forth herein. A fantasy sports operator shall maintain a reserve in the form of cash, cash equivalents, or a combination thereof to protect player funds in one (1) of the following ways:

(A) Cash Reserve.

1. The amount of the reserve shall be equal to, at a minimum, the sum of all registered players' funds held in player accounts of Missouri residents.

2. The reserve agreements must reasonably protect the reserve against claims of the operator's creditors other than the authorized players for whose benefit and protection the reserve is established, and must provide the following:

A. The reserve shall be established and held in trust for the benefit and protection of authorized players to the extent the licensed operator holds money in player accounts for players;

B. The reserve must not be released, in whole or in part, except upon written instruction or approval of the commission. The reserve must be available within ninety (90) days of written demand or written instruction. If the reserve is released to the commission, the commission may interplead the funds in the circuit court of Cole County for distribution to the authorized players for whose protection and benefit the account was established and to the other such persons as the court determines are entitled thereto, or shall take such other steps as necessary to effect the proper distribution of the funds, or may do both;

C. The licensed operator may receive income accruing on the reserve, without obtaining permission from the commission; and

D. The licensed operator has no interest or title to the reserve.

3. The reserve must be held or issued by a federally insured financial institution and must be established pursuant to a written agreement between the licensed operator and the financial institution.

4. The proposed reserve arrangement is not effective for purposes of complying with section 313.930.3(4), RSMo until the commission's written approval has been obtained.

5. The reserve arrangement agreements may be amended only with the prior written approval of the commission; and

(B) Special purpose segregated account with a separate corporate entity.

1. A fantasy sports contest operator may establish a special purpose segregated account that is maintained and controlled by a properly constituted corporate entity that is not the fantasy sports contest operator and whose governing board includes one (1) or more corporate directors who are independent of the fantasy sports contest operator and of any corporation related to, or controlled by, the fantasy sports contest operator.

2. The special purpose segregated account with a separate corporate entity must hold, at a minimum, the sum of all authorized

player funds held in player accounts of Missouri residents for use in fantasy sports contests.

3. The special purpose segregated account must reasonably protect the funds against claims of the operator's creditors other than the authorized players for whose benefit and protection the special purpose segregated fund is established, and must provide that—

A. The segregated account is established and held in trust for the benefit and protection of authorized players;

B. The fantasy sports contest operator may receive income accruing on the segregated account. However, the fantasy sports contest operator has no interest in or title to the segregated account; and

C. The funds in the segregated account held for the benefit of Missouri residents may only be distributed for the following:

(I) For payment to players upon completion of fantasy sports contests or otherwise for the reconciliation of player accounts;

(II) For income earned on the account, to the fantasy sports contest operator;

(III) To the Missouri Gaming Commission in the event that the fantasy sports operator's license expires, is surrendered, or is otherwise revoked. The Missouri Gaming Commission may interplead the funds in the Cole County Circuit Court for distribution to the authorized players for whose protection and benefit the account was established and to other such persons as the court determines are entitled thereto, or shall take such other steps as necessary to effect the proper distribution of the funds, or may do both; or

(IV) As authorized in writing in advance by any agreement approved by the Missouri Gaming Commission.

4. The corporate entity must require a unanimous vote of all corporate directors to file bankruptcy.

5. The corporate entity must obtain permission from the Missouri Gaming Commission prior to filing bankruptcy or entering into receivership.

6. The corporate entity must have articles of incorporation that prohibit commingling of funds with that of the fantasy sports contest operator except as necessary to reconcile the accounts of players with sums owed by those players to the fantasy sports contest operator.

7. The corporate entity must be restricted from incurring debt other than to fantasy sports players pursuant to the rules that govern their accounts for contests.

8. The corporate entity must be restricted from taking on obligations of the fantasy sports contest operator other than obligations to players pursuant to the rules that govern their accounts for contests.

9. The corporate entity must be prohibited from dissolving, merging, or consolidating with another company without the written approval of the Missouri Gaming Commission while there are unsatisfied obligations to fantasy sports contest players.

(3) If, at any time, the licensed operator's total available cash and cash equivalent reserve is less than the amount required by section 313.930, RSMo, the licensee shall notify the commission of this deficiency within forty-eight (48) hours.

(4) Each licensed operator shall continuously monitor and maintain a record of all player deposits and its cash reserves to ensure compliance with the cash reserves requirement.

(5) The licensed operator shall provide the commission with documentation of both the amount of deposits in players' accounts and the amount in cash reserves as of the last day of each month by the fifteenth day of the following month.

*AUTHORITY: sections 313.930, 313.1010, and 313.1020, HB 1941, Second Regular Session, Ninety-eighth General Assembly, 2016. Emergency rule filed Aug. 29, 2016, effective Sept. 8, 2016, expires March 6, 2017. Original rule filed Aug. 29, 2016.*

*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 may cost five (5) fantasy sports contest operators ten thousand five hundred twenty-five dollars (\$10,525) in the aggregate.*

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for Wednesday, November 2, 2016, at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

**FISCAL NOTE  
PRIVATE COST**

**I. RULE NUMBER**

Rule Number and Name:	11 CSR 45-40.060 Cash Reserve Requirement
Type of Rulemaking:	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
5	Fantasy Sports Contest Operators	\$10,525 one time cost

**III. WORKSHEET**

Estimated legal fees to create new entity \$2,000  
 Estimated filing fee \$105  
 $\$2,000 + \$105 = \$2,105$   
 $\$2,105 \times 5 = \$10,525$

**IV. ASSUMPTIONS**

The cost to private entities of complying with this regulation is difficult to determine. The regulation mirrors the requirements of § 313.930.3, RSMo, which requires licensed operators, whether or not the Commission promulgates this rule, to maintain a cash or cash equivalent reserve for the benefit and protection of the fantasy sports contests players' funds. Many of the requirements of the proposed rule likely involve practices and procedures that would be required by the statute, and as such, it would be anticipated that the entities would not be adversely affected by the proposed rule.

We assume that each applicant will create a separate legal entity to hold the funds on deposit in accounts of Missouri players. To establish the entity, it is anticipated that the operator would incur legal fees to set up the separate legal entity and would have to pay a filing fee. Two of the potential applicants already have these separate legal entities established.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 40—Fantasy Sports Contests**

**PROPOSED RULE**

**11 CSR 45-40.070 Operational Fees**

*PURPOSE:* This rule addresses the calculation, documentation, and the filing requirement of the annual operation fee to be paid by licensed operators.

*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. The Annual Operation Fee (AOF) report may also be accessed at <http://www.mgc.dps.mo.gov>.

(1) A licensed operator shall pay an annual operation fee by April 15 of each year in a sum equal to eleven and one-half percent (11.5%) of the licensed operator's net revenue from the previous calendar year. All revenue collected under this section shall be placed in the gaming proceeds for education fund created under section 313.822, RSMo. If a licensed operator fails to pay the annual operation fee by April 15, the licensed operator shall have its license immediately suspended by the commission until such payment is made.

(2) The applicant or licensed operator shall file an Annual Operation Fee (AOF) report and all required supporting documentation with the commission by January 15 of each year for the previous calendar year. The annual operation fee shall be reported on the AOF report, which the commission adopts and incorporates by reference herein, as published by the Missouri Gaming Commission, 3417 Knipp Dr., PO Box 1847, Jefferson City, MO 65102, and which may be accessed at <http://www.mgc.dps.mo.gov>. The AOF report does not incorporate any subsequent amendments or additions.

*AUTHORITY:* sections 313.920, 313.970, 313.1010, and 313.1020, HB 1941, Second Regular Session, Ninety-eighth General Assembly, 2016. Emergency rule filed Aug. 29, 2016, effective Sept. 8, 2016, expires March 6, 2017. Original rule filed Aug. 29, 2016.

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

*PRIVATE COST:* The private cost is specifically outlined in section 313.970, RSMo. Although private entities will incur costs in complying with the statute, this proposed rule will not create additional cost of more than five hundred dollars (\$500) in the aggregate.

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for Wednesday, November 2, 2016, at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 40—Fantasy Sports Contests**

**PROPOSED RULE**

**11 CSR 45-40.090 Records and Record Retention**

*PURPOSE:* This rule establishes requirements for records and record retention.

(1) Each licensed operator shall maintain complete, accurate, legible, and permanent records of all transactions pertaining to its revenues, expenses, assets, liabilities, and equity. Records shall be sufficient to adequately reflect total entry fees, entry fees collected from Missouri residents, net revenue, winnings paid, prizes awarded, and other fantasy sports contest transactions which accurately reflect the requirements and restrictions contained in this chapter and in Chapter 313, RSMo.

(2) The licensed operator's accounting records shall be maintained in accordance with generally accepted accounting principles using a double entry system of accounting, with transactions recorded on the accrual basis and supported by detailed, supporting, and subsidiary records.

(3) Unless the commission approves or requires otherwise in writing, each licensed operator shall retain records required by this chapter and Chapter 313, RSMo, for at least five (5) years after they are made.

(4) Each licensed operator shall maintain a record, by date, of the total entry fees received from players residing in the United States, grouped by resident state, and the total entry fees received from players residing outside the United States.

*AUTHORITY:* sections 313.920, 313.960, 313.1010, and 313.1020, HB 1941, Second Regular Session, Ninety-eighth General Assembly, 2016. Emergency rule filed Aug. 29, 2016, effective Sept. 8, 2016, expires March 6, 2017. Original rule filed Aug. 29, 2016.

*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 OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. A public hearing is scheduled for Wednesday, November 2, 2016, at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 45—Missouri Gaming Commission  
Chapter 40—Fantasy Sports Contests**

**PROPOSED RULE**

**11 CSR 45-40.100 Audits**

*PURPOSE:* This rule establishes standards for audits.

(1) Independent certified public accountants (C.P.A.s), shall conduct annual financial and authorized internet website audit of each licensed operator.

(2) The annual financial and authorized internet website audit shall be conducted in accordance with generally accepted auditing standards as follows:

(A) Audit the licensed operator's annual financial statements in order to report on the fair representation of such amounts. The C.P.A. shall reconcile these audited amounts to similar amounts on the annual financial reports and system reports;

(B) Audit the annual total entry fees, entry fees from Missouri residents, resident percentage calculation, winnings paid, net revenue, and the annual operation fee from the most recently filed Annual Operation Fee report, in order to report on the fair representation of such amounts. The C.P.A. shall reconcile these audited amounts to similar amounts on the annual financial reports and system reports; and

(C) Audit the licensed operator and its authorized internet website for compliance with each requirement set forth in sections 313.900 to 313.1020, RSMo and Chapter 11 CSR 45-40.

(3) The C.P.A. shall prepare an audit report which shall be submitted to the commission by March 1 of each year following the close of the licensed operator's fiscal year. The report shall contain the C.P.A.'s assessment of the accuracy of the financial statements and the Annual Operation Fee report. In addition, the report shall include the licensed operator's compliance with each requirement set forth in sections 313.900 to 313.1020, RSMo and Chapter 11 CSR 45-40.

*AUTHORITY: sections 313.920, 313.930, 313.990, and 313.1020, HB 1941, Second Regular Session, Ninety-eighth General Assembly, 2016. Emergency rule filed Aug. 29, 2016, effective Sept. 8, 2016, expires March 6, 2017. Original rule filed Aug. 29, 2016.*

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

*PRIVATE COST: Although private entities will incur costs in complying with section 313.990, RSMo, this proposed rule will not create additional cost of more than five hundred dollars (\$500) in the aggregate.*

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing is scheduled for Wednesday, November 2, 2016, at 10:00 a.m., in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 35—Children's Division  
Chapter 31—Child Abuse**

**PROPOSED RULE**

**13 CSR 35-31.050 Consent to Termination of Parental Rights and/or Adoption**

*PURPOSE: This rule establishes two (2) consent forms for use by parents in termination of parental rights cases and/or in adoption cases, as required by section 453.030.7, RSMo.*

(1) The "General Consent to Termination of Parental Rights and Adoption" form, included herein as MO 886-4591, for use in cases filed pursuant to sections 211.444 or 453.030, RSMo, when adoptive parents are not specified shall be used in accordance with the instructions contained in this rule. Parents consenting to the termination of their parental rights shall provide written consent utilizing this form.

(2) The "Specific Consent to Termination of Parental Rights and Adoption" form, included herein as MO 866-4592, for use in cases filed pursuant to sections 211.444 or 453.030, RSMo when the adoptive parents are specified shall be used in accordance with the instructions contained in this rule. Parents consenting to adoption by named individuals shall provide written consent utilizing this form.



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
CHILDREN'S DIVISION

**GENERAL CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION  
(FOR USE IN CASES FILED PURSUANT TO SECTIONS 211.444 AND 453.030, RSMO)**

IN THE \_\_\_\_\_ DIVISION  
OF THE CIRCUIT COURT OF THE CITY/COUNTY OF \_\_\_\_\_  
STATE OF MISSOURI

In re the Matter of \_\_\_\_\_ )  
\_\_\_\_\_ ) Case No \_\_\_\_\_  
(CHILD)

**GENERAL CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION**

My name is \_\_\_\_\_  
(FULL LEGAL NAME)

I reside at \_\_\_\_\_  
(ADDRESS)

I am a (  male  female ) person and my date of birth is \_\_\_\_\_. I acknowledge the following statements are completed by me and each statement is true, complete, and correct to the best of my knowledge:

1.  The Child, \_\_\_\_\_ was born on \_\_\_\_\_  
(FULL LEGAL NAME)  
in \_\_\_\_\_  
(CITY/COUNTY/STATE)

2. My relationship to the Child is:
- (A) I am the (  mother  father ) of the Child. I **OR**
  - (B) I have been named as a possible birth father for the Child. I deny I am the birth father of the Child; however, in order to facilitate the location of a stable and secure home for the Child, I am willing to execute this Consent and do so with the full understanding that its terms will apply to me if it turns out I am in fact the birth father of the Child. **I understand if I deny paternity, but consent to adoption, I waive any future interest in the child.**
3.  Because I believe it is in the best interest of the Child and his or her future welfare, I voluntarily and of my own free will forever consent to the termination of parental rights and obligations and consent to the lawful adoption of the child.

**I UNDERSTAND AND INTEND THAT THIS CONSENT TO TERMINATION OF MY PARENTAL RIGHTS AND CONSENT TO ADOPTION IS FINAL AND IRREVOCABLE ONCE IT IS EXECUTED BY ME UNLESS, PRIOR TO A FINAL DECREE OF ADOPTION, I ALLEGE AND PROVE BY CLEAR AND CONVINCING EVIDENCE THIS CONSENT WAS NOT FREELY AND VOLUNTARILY GIVEN.**

4.  I understand as the parent of the Child, I may have the primary right to custody of the Child if I so choose, even if I am a minor, and by signing this Consent I am giving up any such right along with all my other parental rights and obligations.
5. I have completed \_\_\_\_\_ years of education.
6.  I read and understand the English language; or  
 I understand English and this Consent form was read to me by: \_\_\_\_\_; or  
(FULL LEGAL NAME) (TITLE)
- this Consent form was read to me in my native language of \_\_\_\_\_  
by \_\_\_\_\_  
(NAME OF INTERPRETER)

**NOTARY**

STATE OF MISSOURI )  
 )  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me personally  
(MONTH)  
appeared \_\_\_\_\_ known to me to be the person who executed this  
(FULL LEGAL NAME OF PARENT)

Consent to Termination of Parental Rights and Adoption and acknowledged to me that she/he executed the same for the purposes herein stated.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**WITNESSES**

THE UNDERSIGNED WITNESSES CERTIFY BY THEIR SIGNATURES THAT \_\_\_\_\_  
(FULL LEGAL NAME OF PARENT)

SIGNED THE CONSENT AND THE CONSENT WAS KNOWINGLY AND FREELY GIVEN. WE FURTHER CERTIFY WE ARE NOT THE PROSPECTIVE ADOPTIVE PARENTS OF THE ABOVE NAMED CHILD.

PRINTED NAME AND DATE OF BIRTH OF WITNESS ONE	DATE	TIME
SIGNATURE OF WITNESS ONE	FULL ADDRESS OF WITNESS ONE	
PRINTED NAME AND DATE OF BIRTH OF WITNESS TWO	DATE	TIME
SIGNATURE OF WITNESS TWO	FULL ADDRESS OF WITNESS TWO	

**GENERAL CONSENT TO TERMINATION OF PARENTAL RIGHTS AND  
CONSENT TO ADOPTION, FORM INSTRUCTIONS**

**PURPOSE:**

The purpose of this form is to provide written consent when a parent is consenting to termination of parental rights and allowing the child to be placed for adoption. The form must be fully completed by the parent in the presence of and signed by all appropriate persons.

**INSTRUCTIONS FOR COMPLETION:**

Parents shall never be required to sign an undated or incomplete consent form.

Those sections of the form which do not ask for written information should be read by the parent, and the attorney or intermediary assisting the parent shall ask questions of the parent to ensure their understanding and have the parent initial where indicated.

The attorney or intermediary assisting the parent shall document that the information was read by or read to the parent and that the birth parent was asked whether they understood the information provided to them and have parent initial where indicated.

Complete the indicated city/county information and child's name as well as the name, date of birth, age, sex and address of the parent executing the consent.

Complete Number 1 by entering the child's birth date and place of birth, and have parent initial.

Complete Number 2 (A) or (B) by indicating whether the parent is the mother, father, or possible birth father of the child, and have the parent initial.

Read and review Number 3 with the parent, and the language in the section directly below Number 3, ensuring that they understand all that has been read, and have the parent initial.

Review Number 4 with the parent, ensuring that the parent understands, and have the parent initial.

Complete Number 5 with the parent by obtaining the number of years they attended education.

Complete Number 6 by choosing one or more of the listed options and have the parent initial. If choosing the last option, fill in the native language and name of interpreter.

Complete Number 7 with the parent by choosing one of the four options, completing the appropriate blanks, and have the parent initial the appropriate box.

Complete Number 8 by having the parent initial the appropriate box pertaining to the Indian Child Welfare Act. If the parent indicates he or she is a member of an American Indian Tribe or Native Village, the child must be at least 10 days old and consent must be executed in the presence of judge. If the parent indicates he or she is not a member of an American Indian Tribe or Native Village, the child must be at least 48 hours old.

Complete Number 9 by reading and reviewing the two options, and indicate whether the parent has legal representation OR has waived that right to an attorney, then have the parent initial the appropriate box. Write in the name of the attorney, if the parent is represented.

Complete Number 10 by reading and filling in the name of the county, state and case number. Review and have the parent initial it.

Review Number 11, fill in the County name, ensuring the parent understands all seven statements and have the parent initial the box.

Read and review Number 12, allowing the parent to choose from one of the two options.



Read and review Number 13, adding names to any possible fathers of the child if applicable, and have the parent initial.

Review Number 14, ensuring the parent understands all four statements, and have the parent initial the box.

Fill in the parent's full legal name. Obtain the parent's signature, certifying that they have read, considered and understood all the above statements. Also, obtain the signature of the parent's attorney, and if applicable, the signature of the parent's guardian ad litem.

After the parent executes the form, have a notary public complete the Acknowledgment section and certification;

**OR**

Have two adult witnesses complete the witness section and provide their full address and signatures;

**OR**

If the consent is executed before a judge, have the judge sign to verify the identity of the consenting parent and to verify that he or she has advised the consenting parent of the consequences of the consent.

**NUMBER OF COPIES, DISTRIBUTION AND RETENTION:**

The completed, signed and notarized or witnessed consent shall be provided to the court to become part of the judicial record according to local protocol. A copy of the notarized or witnessed consent shall also be provided to the parent. Copies may be made for the attorney/intermediary, guardian ad litem, juvenile officer, and Children's Division worker.

*AUTHORITY: Sections 211.444 and 453.030, RSMo*



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
CHILDREN'S DIVISION

**SPECIFIC CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION  
(FOR USE IN CASES FILED PURSUANT TO SECTIONS 211.444 AND 453.030, RSMO)**

IN THE \_\_\_\_\_ DIVISION  
OF THE CIRCUIT COURT OF THE CITY/COUNTY OF \_\_\_\_\_  
STATE OF MISSOURI

In re the Matter of \_\_\_\_\_ )  
\_\_\_\_\_ ) Case No. \_\_\_\_\_  
( "CHILD" )

**SPECIFIC CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION**

My name is \_\_\_\_\_  
(FULL LEGAL NAME)

I reside at \_\_\_\_\_  
(ADDRESS)

I am a (  male  female ) person and my date of birth is \_\_\_\_\_. I acknowledge the following statements are completed by me and each statement is true, complete, and correct to the best of my knowledge:

1.  The Child, \_\_\_\_\_  
(FULL LEGAL NAME) was born on \_\_\_\_\_  
in \_\_\_\_\_  
(CITY/COUNTY/STATE)

2. My relationship to the Child is:

(A) I am the (  mother  father ) of the Child. I OR

(B) I have been named as a possible birth father for the Child. I deny I am the birth father of the Child; however, in order to facilitate the location of a stable and secure home for the Child, I am willing to execute this Consent and do so with the full understanding that its terms will apply to me if it turns out I am in fact the birth father of the Child. **I understand if I deny paternity, but consent to adoption, I waive any future interest in the child.**

3.  Because I believe it is in the best interest of the Child and his or her future welfare, I voluntarily and of my own free will forever consent to the termination of parental rights and obligations and consent to the lawful adoption of the child by \_\_\_\_\_.

**I UNDERSTAND AND INTEND THAT THIS CONSENT TO TERMINATION OF MY PARENTAL RIGHTS AND CONSENT TO ADOPTION IS FINAL AND IRREVOCABLE ONCE IT IS EXECUTED BY ME UNLESS, PRIOR TO A FINAL DECREE OF ADOPTION, I ALLEGE AND PROVE BY CLEAR AND CONVINCING EVIDENCE THIS CONSENT WAS NOT FREELY AND VOLUNTARILY GIVEN.**

4.  I understand as the parent of the Child, I may have the primary right to custody of the Child if I so choose, even if I am a minor, and by signing this Consent I am giving up any such right along with all my other parental rights and obligations.

5. I have completed \_\_\_\_\_ years of education.

6.  I read and understand the English language; or

I understand English and this Consent form was read to me by:

\_\_\_\_\_  
(FULL LEGAL NAME) \_\_\_\_\_ (TITLE) or

this Consent form was read to me in my native language of \_\_\_\_\_  
by \_\_\_\_\_  
(NAME OF INTERPRETER)

7. Check and complete all that apply:

- At the time of the Child's birth, I was married to \_\_\_\_\_ (FULL LEGAL NAME)
- I was married to \_\_\_\_\_ (FULL LEGAL NAME) within the last 300 days prior to the child's birth.
- I am not married.
- My marriage to \_\_\_\_\_ (FULL LEGAL NAME) was legally dissolved on \_\_\_\_\_ (DATE)

8. Indian Child Welfare Act:

- As far as I know, neither I, nor any member of my family, including the Child, is a member of or eligible for membership in a federally recognized American Indian Tribe or Alaskan Native Village.
- OR**
- Either I, or a member of my family, including the Child, is a member of or eligible for membership in a federally recognized American Indian Tribe or Alaskan Native Village.

9. I understand I have the right to be represented by my own attorney. I understand the court may appoint an attorney to represent me if I request counsel, and if hiring my own attorney would cause a financial hardship. I also understand I may review this document and seek the advice of an attorney before signing this Consent.

- I have talked to and am represented by \_\_\_\_\_ (NAME OF ATTORNEY) regarding this Consent.

**OR**

- I HEREBY WAIVE MY RIGHT TO AN ATTORNEY.

10.  The Child is currently under the jurisdiction of the juvenile court/family court in \_\_\_\_\_ County, \_\_\_\_\_ (STATE), in case number \_\_\_\_\_.

11. By completing and signing this Consent, I certify to the Court that I am of sound mind and:

- i. Hereby submit to the jurisdiction of the Court of the State of Missouri.
- ii. Understand this Consent will be filed with the juvenile court/family court in \_\_\_\_\_ County, Missouri and any other court in which proceedings concerning the Child may be pending.
- iii. Have had enough time to carefully consider whether or not consent to termination of parental rights and adoption is in my own best interest and the best interest of the Child.
- iv. Have given careful thought to my decision to proceed with this Consent.
- v. Am not under the influence of any drug, medication, or other substance which might affect my reasoning or judgment.
- vi. Have signed this Consent to termination of parental rights and adoption of my own free will and without any duress or undue influence from anyone.
- vii. Have not been given any money or gifts, and no one has promised to provide me any money or gifts in exchange for my consent other than payment of expenses allowed by law.

12. I choose to:

- waive service of summons and a copy of any petition seeking the termination of my parental rights and/or adoption of the child that may be filed in any court of competent jurisdiction. I hereby waive my right to appear in any such proceedings and consent to a hearing thereof, at any time, without further notice to me;

**OR**

- reserve the right to receive service of summons and a copy of any petition seeking the termination of my parental rights and/or adoption of the child as may hereafter be filed in any court of competent jurisdiction.

13.  I understand the importance of identifying all possible fathers of the child and may provide the names of all such persons:

\_\_\_\_\_

14.  I am the birth mother, and I have not misrepresented to any man who could be the father of this child that:

- i. I was not pregnant;
- ii. the pregnancy was terminated;
- iii. the child has died; or
- iv. the child is not his.

**I CERTIFY BY MY SIGNATURE BELOW THAT I HAVE READ, CONSIDERED, AND UNDERSTAND ALL THE ABOVE STATEMENTS.**

I, \_\_\_\_\_, hereby acknowledge that the statements provided above  
(FULL LEGAL NAME)

are true, complete and correct.

SIGNATURE OF PARENT	DATE	TIME
SIGNATURE OF PARENT'S ATTORNEY OR INTERMEDIARY	DATE	TIME
SIGNATURE OF PARENT'S GUARDIAN AD LITEM (IF REQUIRED BY § 453.036.9 RSMO OR OTHER APPLICABLE LAW)	DATE	TIME

ACKNOWLEDGMENT OR WITNESSES TO PARENT'S CONSENT THIS CONSENT MUST BE:  
 A) EXECUTED IN FRONT OF A JUDGE, OR  
 B) ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR TWO ADULT WITNESSES

**JUDGE**

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me personally  
(MONTH)

appeared \_\_\_\_\_ known to me to be the person who executed this  
(FULL LEGAL NAME OF PARENT)

Consent to Termination of Parental Rights and Adoption and acknowledged to me that she/he executed the same for the purposes herein stated, and I have advised the consenting parent of the consequences of the consent.

\_\_\_\_\_  
 Judge

**NOTARY**

STATE OF MISSOURI                    )  
   )  
 COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me personally  
(MONTH)

appeared \_\_\_\_\_ known to me to be the person who executed this  
(FULL LEGAL NAME OF PARENT)

Consent to Termination of Parental Rights and Adoption and acknowledged to me that she/he executed the same for the purposes herein stated.

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_

**WITNESSES**

THE UNDERSIGNED WITNESSES CERTIFY BY THEIR SIGNATURES THAT \_\_\_\_\_  
(FULL LEGAL NAME OF PARENT)  
SIGNED THE CONSENT AND THE CONSENT WAS KNOWINGLY AND FREELY GIVEN. WE FURTHER CERTIFY WE ARE NOT THE  
PROSPECTIVE ADOPTIVE PARENTS OF THE ABOVE NAMED CHILD.

PRINTED NAME AND DATE OF BIRTH OF WITNESS ONE	DATE	TIME
SIGNATURE OF WITNESS ONE	FULL ADDRESS OF WITNESS ONE	
PRINTED NAME AND DATE OF BIRTH OF WITNESS TWO	DATE	TIME
SIGNATURE OF WITNESS TWO	FULL ADDRESS OF WITNESS TWO	

**SPECIFIC CONSENT TO TERMINATION OF PARENTAL RIGHTS AND  
CONSENT TO ADOPTION, FORM INSTRUCTIONS**

**PURPOSE:**

The purpose of this form is to provide written consent when a parent is consenting to termination of parental rights and allowing the child to be placed for adoption. The form must be fully completed by the parent in the presence of and signed by all appropriate persons.

**INSTRUCTIONS FOR COMPLETION:**

Parents shall never be required to sign an undated or incomplete consent form.

Those sections of the form which do not ask for written information should be read by the parent, and the attorney or intermediary assisting the parent shall ask questions of the parent to ensure their understanding and have the parent initial where indicated.

The attorney or intermediary assisting the parent shall document that the information was read by or read to the parent and that the birth parent was asked whether they understood the information provided to them and have parent initial where indicated.

Complete the indicated city/county information and child's name as well as the name, date of birth, age, sex and address of the parent executing the consent.

Complete Number 1 by entering the child's birth date and place of birth, and have parent initial.

Complete Number 2 (A) or (B) by indicating whether the parent is the mother, father, or possible birth father of the child, and have the parent initial.

Read and review Number 3 with the parent including the name of the adoptive parent to whom the parent is consenting for adoption, and the language in the section directly below Number 3, ensuring that they understand all that has been read, and have the parent initial.

Review Number 4 with the parent, ensuring that the parent understands, and have the parent initial.

Complete Number 5 with the parent by obtaining the number of years they attended education.

Complete Number 6 by choosing one or more of the listed options and have the parent initial. If choosing the last option, fill in the native language and name of interpreter.

Complete Number 7 with the parent by choosing one of the four options, completing the appropriate blanks, and have the parent initial the appropriate box.

Complete Number 8 by having the parent initial the appropriate box pertaining to the Indian

Child Welfare Act. If the parent indicates he or she is a member of an American Indian Tribe or Native Village, the child must be at least 10 days old and consent must be executed in the presence of judge. If the parent indicates he or she is not a member of an American Indian Tribe or Native Village, the child must be at least 48 hours old.

Complete Number 9 by reading and reviewing the two options, and indicate whether the parent has legal representation OR has waived that right to an attorney, then have the parent initial the appropriate box. Write in the name of the attorney, if the parent is represented.

Complete Number 10 by reading and filling in the name of the county, state and case number. Review and have the parent initial it.

Review Number 11, fill in the County name, ensuring the parent understands all seven statements and have the parent initial the boxes.

Read and review Number 12, allowing the parent to choose from one of the two options.

Read and review Number 13, adding names to any possible fathers of the child if applicable, and have the parent initial.

Review Number 14, ensuring the parent understands all four statements, and have the parent initial the box and each statement.

Fill in the parent's full legal name. Obtain the parent's signature, certifying that they have read, considered and understood all the above statements. Also, obtain the signature of the parent's attorney, and if applicable, the signature of the parent's guardian ad litem.

After the parent executes the form, have a notary public complete the Acknowledgment section and certification;

**OR**

Have two adult witnesses complete the witness section and provide their full address and signatures;

**OR**

If the consent is executed before a judge, have the judge sign to verify the identity of the consenting parent and to verify that he or she has advised the consenting parent of the consequences of the consent.

**NUMBER OF COPIES, DISTRIBUTION AND RETENTION:**

The completed, signed and notarized or witnessed consent shall be provided to the court to become part of the judicial record according to local protocol. A copy of the notarized or witnessed consent shall also be provided to the parent. Copies may be made for the attorney/intermediary, guardian ad litem, juvenile officer, and Children's Division worker.

*AUTHORITY: Sections 211.444 and 453.030, RSMo.*

*AUTHORITY:* section 207.020, RSMo Supp. 2014, and section 210.148, RSMo Supp. 2015. Original rule filed Aug. 19, 2016.

*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 Children's Division at [ADRULESFEEDBACK.CD@dss.mo.gov](mailto:ADRULESFEEDBACK.CD@dss.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 40—Family Support Division  
Chapter 2—Income Maintenance**

**PROPOSED RECISSION**

**13 CSR 40-2.250 Resource Eligibility Standards for Title XIX Under the Poverty Level.** This rule established resource eligibility standards for Title XIX for pregnant women and children whose family income is less than one hundred percent (100%) of the federal poverty level per House Bill 518 which enacted section 208.151.1(12), RSMo.

*PURPOSE:* This rule is being rescinded because it is in violation of the Patient Protection and Affordable Care Act (PPACA) of 2010.

*AUTHORITY:* section 207.020, RSMo 1986. Original rule filed Jan. 5, 1988, effective June 11, 1988. Rescinded: Filed Aug. 19, 2016.

*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 Social Services, Family Support Division, Julie Gibson, Director, PO Box 2320, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 14—DEPARTMENT OF CORRECTIONS  
Division 80—State Board of Probation and Parole  
Chapter 2—Parole Consideration and Conditional Release**

**PROPOSED AMENDMENT**

**14 CSR 80-2.010 Parole Eligibility, Hearings, Reviews and Release Dates.** The board is amending sections (1)–(5).

*PURPOSE:* This amendment changes portions of the Division of Probation and Parole's procedures based upon significant changes in Missouri law including the promulgation of a revised criminal code.

*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] titled "Procedures Governing the Granting of Paroles and Conditional Releases" shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Minimum Parole Eligibility. The following provisions apply to sentences where there is no minimum prison term established by statute requiring more time to be served.

(A) [Offenders convicted of driving while intoxicated and class C and D drug and non-violent felony offenses as shown in the Procedures Governing the Granting of Paroles and Conditional Releases, Appendix C are eligible for parole after fifteen percent (15%) of the maximum sentence has been served, except where statute would require more time to be served.] Offenders convicted of class D and E drug and non-violent, and D and E Driving While Intoxicated felony offenses, as shown in the Procedures Governing the Granting of Paroles and Conditional Releases, Appendices D, E, I, J, and N (published September 2016 and effective January 2017) are eligible for parole after fifteen percent (15%) of the maximum sentence has been served, except where state statute would require more time to be served.

(B) [Offenders convicted of driving while intoxicated as a persistent, aggravated, or chronic offender and enhanced non-violent class C and D felony offenses under section 558.016, RSMo are eligible for parole after twenty-five percent (25%) of the maximum sentence has been served, except where statute would require more time to be served.] Offenders convicted of class C drug and non-violent C felony offenses, as shown in the Procedures Governing the Granting of Paroles and Conditional Releases, Appendices F and K (published September 2016 and effective January 2017) are eligible for parole after twenty percent (20%) of the maximum sentence has been served except where state statute would require more time to be served.

(C) [Offenders convicted of class A and B drug and non-violent felony offenses as shown in the Procedures Governing the Granting of Paroles and Conditional Releases, Appendix C are eligible for parole after twenty-five percent (25%) of the maximum sentence has been served, except where statute requires more time to be served.] Offenders convicted of class A and B drug, non-violent class A and B, Driving While Intoxicated class- A, B, and C felony offenses, as shown in the Procedures Governing the Granting of Paroles and Conditional Releases, Appendices G, H, L, M, and O (published September 2016 and effective January 2017) are eligible for release after twenty-five percent (25%) of the maximum sentence has been served, except where state statute would require more time to be served.

(D) [Offenders convicted of violent offenses as shown in the Procedures Governing the Granting of Paroles and Conditional Releases, Appendix C, Sexual or Child Abuse (all classes of offenses) are eligible for parole after thirty-three percent (33%) of the maximum sentence has been served, except where statute would require more time to be served.] Offenders convicted of class A, B, C, D, and E sex and child abuse and violent class A, B, C, D, and E felony offenses, as shown in the Procedures Governing the Granting the Paroles and Conditional Releases, Appendices P, Q, R, and S (published September 2016 and effective January 2017) are eligible for release after thirty-three percent (33%) of the maximum sentence has been served, except where the state statute would require more time to be served.



(G) *[The Procedures Governing the Granting of Paroles and Conditional Releases—Appendices A–Q (revised April 2006) is hereby incorporated by reference and made part of this rule as published by the Board of Probation and Parole, 1511 Christy Drive, Jefferson City, MO 65101. This rule does not incorporate any subsequent amendments or additions.] The Procedures Governing the Granting of Paroles and Conditional Releases, Appendices A-S (published September 2016 and effective January 2017) is hereby incorporated by reference and made part of this rule as published by the Board of Probation and Parole 3400 Knipp Drive, Jefferson City, MO 65109. This rule does not incorporate any subsequent amendments or additions.*

(2) Medical Parole.

(A) **A medical parole cannot be granted until the offender has reached his minimum eligibility as defined by Missouri statute.**

*[(A)](B)* The board will consider a medical parole under the following conditions:

1. A specific recommendation to the parole board must be made by a correctional center physician responsible for the treatment, care, or custody of offenders who have serious physical, mental, or emotional problems; and

2. The parole board must determine that the offender will be able to obtain and receive proper care and helpful attention outside of the institution.

*[(B)](C)* If a medical parole is granted, the offender, as far as possible and practicable, will be required to comply with all the conditions of parole as set forth on the parole release document.

*[(C)](D)* An offender who has been granted a medical parole will be under the same kind and degree of field supervision as any other paroled prisoner, unless the board modifies supervision.

*[(D)](E)* An offender may be granted a medical parole for the specific purpose of special care or treatment. Upon recovery, or at any time, the offender may be subject to return to the Missouri Department of Corrections or any other disposition as the Board of Probation and Parole may deem appropriate.

(3) Purpose of Parole Hearings.

(A) Parole hearings allow the offenders the opportunity to—

1. Present to the hearing panel *[in person]* their own versions of the present offense and prior criminal history if any;

2. Discuss problems and needs;

3. Discuss progress made, or expected to be made, toward rehabilitation while confined;

4. Present reasons why they think they should be paroled;

5. Present plans for the future; and

6. Present and discuss any other matters that are appropriate for consideration including challenging allegations of fact that they perceive to be false.

(4) Scheduling.

(E) *[An offender serving a first incarceration for certain non-violent class C or D felonies with a sentence of five (5) years or less may be allowed to waive their personal hearing.] An offender serving an incarceration for a class C, D, or E (published September 2016 and effective January 2017) non-violent offense, excluding DWI and UUV, who has not failed an institutional treatment program and has a sentence length of seven (7) years or less may be allowed to waive their parole hearing.*

(5) Hearing Procedure.

(A) The offender will appear before the hearing panel. The hearing panel shall consist of one (1) member of the parole board and two (2) hearing officers appointed by the board.

1. Offenders may have a person of their choice at the hearing. The offender's *[representative]* delegate may offer a statement on behalf of the offender, ask questions, and provide any additional

information that may be requested by the hearing panel.

2. Other inmates may not be present at the hearing.

(F) The hearing shall not be open to the public and the records of all hearings shall be treated as confidential and shall not be opened to inspection by the offender concerned, the offender's *[representative]* delegate, or any other unauthorized persons (sections 217.670 and 549.500, RSMo).

*AUTHORITY: sections 217.040 and 217.250, RSMo 2000, and sections 217.690 and 595.209, RSMo Supp. [2007] 2013. This rule was previously filed as 13 CSR 80-2.010. Original rule filed Feb. 5, 1968, effective Feb. 15, 1968. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 1, 2016.*

*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 Corrections, State Board of Probation and Parole, Ellis McSwain Jr., Chairman, 3400 Knipp Drive, Jefferson City, MO 65109. 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 14—DEPARTMENT OF CORRECTIONS  
Division 80—State Board of Probation and Parole  
Chapter 2—Parole Consideration and Conditional  
Release**

**PROPOSED AMENDMENT**

**14 CSR 80-2.020 Parole Policy Guidelines.** The board is amending section (5).

*PURPOSE: This amendment changes portions of the Division of Probation and Parole's procedures based upon significant changes in Missouri law including the promulgation of a revised criminal code.*

*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.*

(5) The guideline matrices, salient factor score, and offense classification may be found in the *Procedures Governing the Granting of Paroles and Conditional Releases—Appendices A–[Q]S (revised April 2006) published September 2016 and effective January 2017*. This material is hereby incorporated by reference and made part of this rule as published by the Board of Probation and Parole, *[1511 Christy Drive] 3400 Knipp Dr, Jefferson City, MO 65101/19*. This rule does not incorporate any subsequent amendments or additions.

*AUTHORITY: section 217.690, RSMo Supp. [2007] 2013. This rule was previously filed as 13 CSR 80-2.020. Original rule filed on Nov. 15, 1968, effective Nov. 25, 1968. For intervening history, please consult the Code of State Regulations. Amended: Filed Sept. 1, 2016.*

*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 Corrections, State Board of Probation and Parole, Ellis McSwain Jr., Chairman, 3400 Knipp Drive, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
Division 10—Office of the Director  
Chapter 10—Vital Records**

**PROPOSED RULE**

**19 CSR 10-10.130 Missouri Adoptee Rights**

*PURPOSE: This rule provides the process for an adoptee to receive a copy of his or her original birth certificate, the process for a birth parent to state his or her preference regarding whether and how the adoptee can contact him or her, and the process for completion of a medical history form by a birth parent.*

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

(1) For purposes of this rule only, unless the context clearly indicates otherwise, the following terms mean:

(A) "Adoptee," an adopted person who was born in Missouri and is at least eighteen (18) years of age;

(B) "Applicant," the adoptee or the adoptee's attorney;

(C) "Attorney," a currently-licensed member of the Missouri Bar or bar of another state of the United States;

(D) "Birth parent," the parent(s) identified on the adoptee's original birth certificate;

(E) "Birth Parent Contact Preference Form," a form used by a birth parent to indicate his or her preference about contact with the adoptee;

(F) "Birth Parent Medical History Form," a form used by a birth parent to provide his or her medical history information to the adoptee;

(G) "Department," the Missouri Department of Health and Senior Services;

(H) "Identifying information," the name, date of birth, age, race, place of birth, occupation/industry/business, and address of the birth parent(s); any part of the child's name or any other name containing surnames of either birth parent; and informant name;

(I) "Intermediary," the person or agency identified by the birth parent to act as a means of contact between the birth parent and adoptee;

(J) "Original birth certificate," the adoptee's registered birth certificate sealed upon court order at the time of adoption;

(K) "Redact," to obscure or remove identifying information.

(2) Birth Parent Contact Preference Form. A birth parent may state his or her preference for contact with the adoptee by completing a Cover Sheet for Birth Parent Contact Preference Form and a Birth Parent Contact Preference Form which are incorporated by reference in this rule as published August 2016 and may be obtained at [www.health.mo.gov](http://www.health.mo.gov) or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions. Completed forms may be delivered in person to the Department at 930 Wildwood Drive, Jefferson City, Missouri, or by mail to the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102.

(A) A birth parent shall provide to the department adequate information as requested on the Cover Sheet for Birth Parent Contact Preference Form so that the department can identify the correct sealed file in which to place the form. A birth parent shall also pay a non-refundable fee for processing the form and searching for the original birth record in an amount equal to the fee for a certified copy of a birth certificate. If the department is unable to identify the correct sealed file based upon the information provided by the birth parent on the Cover Sheet for Birth Parent Contact Preference Form, the department shall return the Cover Sheet for Birth Parent Contact Preference Form and the Birth Parent Contact Preference Form to the birth parent.

(B) A birth parent may change his or her contact preference by completing a new Cover Sheet for Birth Parent Contact Preference Form and Birth Parent Contact Preference Form. A birth parent shall also pay a non-refundable fee for processing the form and searching for the original birth record in an amount equal to the fee for a certified copy of a birth certificate. The forms and fee shall be mailed or delivered to the department at the address listed in section (2) above. If the department is unable to identify the correct sealed file based upon the information provided by the birth parent on the Cover Sheet for Birth Parent Contact Preference Form, the department shall return the Cover Sheet for Birth Parent Contact Preference Form and the Birth Parent Contact Preference Form to the birth parent.

(C) A birth parent may request that an adoptee contact him or her only through an intermediary, rather than be contacted directly by the adoptee, as indicated by the birth parent on the Birth Parent Contact Preference Form. In this case, the birth parent shall write the name and contact information of the intermediary on the Birth Parent Contact Preference Form.

(D) If a birth parent has filed a Birth Parent Contact Preference Form with the department, the department shall provide a copy of the form to the applicant.

(E) If a birth parent has filed more than one (1) Birth Parent Contact Preference Form, the department shall issue a copy of only the most recently dated Birth Parent Contact Preference Form to the applicant.

(F) The Birth Parent Contact Preference Form issued to the adoptee shall not include the Cover Sheet for Birth Parent Contact Preference Form.

(G) The department shall not issue a copy of the original birth certificate to the applicant when—

1. The applicant does not meet the requirements of section 193.125, RSMo, and this rule; or

2. Both birth parents have filed a Birth Parent Contact Preference Form indicating that they prefer not to be contacted or prefer contact through an intermediary.

(H) The department shall issue a non-certified, unredacted copy of the original birth certificate stamped "For genealogical purposes only—not to be used for establishing identity" upon request to a qualified applicant when—

1. The original birth certificate lists two (2) parents and neither birth parent has filed a Birth Parent Contact Preference Form;

2. The original birth certificate lists two (2) parents and both birth parents have filed a Birth Parent Contact Preference Form indicating that he/she prefers to be contacted;

3. The original birth certificate lists two (2) parents and one (1)

parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers to be contacted and the other parent has not filed a Birth Parent Contact Preference Form;

4. The original birth certificate only lists one (1) parent and that parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers to be contacted; or

5. The original birth certificate only lists one (1) parent and that parent has not filed a Birth Parent Contact Preference Form.

(I) The department shall issue a non-certified copy of the original birth certificate stamped "For genealogical purposes only—not to be used for establishing identity" to the applicant with the identifying information redacted for the birth parent who indicated they preferred not to be contacted or preferred to be contacted by an intermediary when—

1. The original birth certificate only lists one (1) parent and that parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers not to be contacted or prefers contact by an intermediary;

2. The original birth certificate lists two (2) parents and one (1) parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers not to be contacted or prefers contact through an intermediary and the other parent has not filed a Birth Parent Contact Preference Form; or

3. The original birth certificate lists two (2) parents and one (1) parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers not to be contacted or prefers contact through an intermediary and the other parent has filed a Birth Parent Contact Preference Form indicating that he/she prefers to be contacted.

(3) Birth Parent Medical History Form. A birth parent may provide or update his or her medical history by completing a Cover Sheet for Birth Parent Medical History Form and a Birth Parent Medical History Form which are incorporated by reference in this rule as published August 2016 and may be obtained at [www.health.mo.gov](http://www.health.mo.gov) or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions. Completed forms may be delivered in person to the department at 930 Wildwood Drive, Jefferson City, Missouri, or by mail to the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102.

(A) A birth parent shall furnish to the department adequate information as requested on the Cover Sheet for Birth Parent Medical History Form so that the department can identify the correct sealed file in which to place the Birth Parent Medical History Form. If the department is unable to identify the correct sealed file based upon the information provided on the Cover Sheet for Birth Parent Medical History Form, the department shall return the Cover Sheet for Birth Parent Medical History Form and the Birth Parent Medical History Form to the birth parent.

(B) A birth parent may change or update the Birth Parent Medical History Form by completing a new Cover Sheet for Birth Parent Medical History Form and Birth Parent Medical History Form and delivering or mailing the forms to the department at the address listed in section (3) above.

(C) A birth parent shall provide information regarding only him or herself, and his or her blood relatives, such as mother, father, sisters, brothers, grandparents, and other biological children on the Birth Parent Medical History Form.

(D) If a birth parent has filed more than one (1) Birth Parent Medical History Form, the department shall release to the applicant a copy of only the most recently dated form.

(E) The department shall not use the information on the Cover Sheet for Birth Parent Medical History Form or Birth Parent Medical History Form for statistical or any other purposes and shall not disclose the information to anyone other than the adoptee or the adoptee's attorney.

(F) The copy of the Birth Parent Medical History Form issued to the adoptee shall not include the Cover Sheet for Birth Parent Medical History Form.

(4) Adoptees born before 1941. An adoptee born before 1941, or the adoptee's attorney, may request a copy of the adoptee's original birth certificate beginning August 28, 2016, by completing an Application for Non-Certified Copy of an Original Birth Certificate form which is incorporated by reference in this rule as published August 2016 and may be obtained at [www.health.mo.gov](http://www.health.mo.gov) or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions. The application shall include a non-refundable fee in an amount equal to the fee for a certified copy of a birth certificate. Completed forms and fees may be delivered in person to the department at 930 Wildwood Drive, Jefferson City, Missouri, or by mail to the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102.

(A) If the adoptee's attorney submits the Application for Non-Certified Copy of an Original Birth Certificate form, the attorney shall provide the department with a statement signed by the adoptee or other documentation establishing the attorney's authority to act on behalf of the adoptee.

(B) The applicant shall furnish to the department adequate information as requested on the Application for Non-Certified Copy of an Original Birth Certificate form so that the department can identify the correct sealed file containing the original birth certificate.

(C) The department shall issue copies of the birth certificate as provided in subsections (2)(G)-(I) of this rule. If the department cannot locate the original birth certificate, the department shall issue to the applicant a written statement that no record was found.

(D) The copy of the original birth certificate issued to the applicant shall be stamped "For genealogical purposes only—not to be used for establishing identity."

(E) If the adoptee's parent(s) have provided a Birth Parent Contact Preference Form or Birth Parent Medical History Form to the department, the department shall provide a copy to the applicant.

(5) Adoptees born in or after 1941. An adoptee born in or after 1941, or the adoptee's attorney, may request a copy of the adoptee's original birth certificate beginning January 1, 2018. To make a request, an applicant shall complete the Application for Non-Certified Copy of an Original Birth Certificate form which is incorporated by reference in this rule as published August 2016 and may be obtained at [www.health.mo.gov](http://www.health.mo.gov) or by calling (573) 751-6387. This rule does not incorporate any subsequent amendments or additions. The application shall include a non-refundable fee in an amount equal to the fee for a certified copy of a birth certificate. Completed forms and fees may be delivered in person to the department at 930 Wildwood Drive, Jefferson City, Missouri, or by mail to the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102.

(A) If the adoptee's attorney submits the Application for Non-Certified Copy of an Original Birth Certificate form, the attorney shall provide the department with a statement signed by the adoptee or other documentation establishing the attorney's authority to act on behalf of the adoptee.

(B) The applicant shall furnish to the department adequate information as requested on the Application for Non-Certified Copy of an Original Birth Certificate form so that the department can identify the correct sealed file containing the original birth certificate.

(C) The department shall issue copies of the birth certificate as provided in subsections (2)(G)-(I) of this rule. If the department cannot locate the original birth certificate, the department shall issue to the applicant a written statement that no record was found.

(D) The copy of the original birth certificate issued to the applicant shall be stamped "For genealogical purposes only—not to be used for establishing identity."

(E) If the adoptee's parent(s) have provided a Birth Parent Contact Preference Form or Birth Parent Medical History Form to the department, the department shall provide a copy to the applicant.

(6) Applicants, birth parents, or others shall not send to the department items other than the forms prescribed by this regulation (e.g.,

letters, papers, photos, mementos, etc). Any such items sent to the department shall be discarded.

(7) The department shall not issue copies of vital records, including birth, death, marriage, or divorce records, for the birth parents to an adoptee.

(8) The department shall not amend the adoptee's original birth certificate as defined in this rule.

*AUTHORITY: sections 193.035 and 193.045, RSMo 2000, and section 193.128, SCS for HCS for HB1599, Ninety-eighth General Assembly, Second Regular Session 2016. Emergency rule filed Aug. 29, 2016, effective Sept. 8, 2016, expires March 6, 2017. Original rule filed Aug. 29, 2016.*

*PUBLIC COST: This proposed rule will cost state agencies or political subdivisions sixteen thousand twenty-three dollars (\$16,023) annually in the aggregate.*

*PRIVATE COST: This proposed rule will cost private entities eighty-six thousand seven hundred dollars (\$86,700) annually in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Department of Health and Senior Services, Division of Community and Public Health, Harold Kirbey, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE  
PUBLIC COST**

- I. **Department Title: Health and Senior Services**  
**Division Title: Office of the Director**  
**Chapter Title: Vital Records**

<b>Rule Number and Name:</b>	19 CSR 10-10.130 Missouri Adoptee Rights
<b>Type of Rulemaking:</b>	Proposed

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
<b>Missouri Department of Health and Senior Services</b>	<b>\$16,023</b>

**III. WORKSHEET**

**Revenues**

- 3,780 adoptee requests (application) for birth certificates x \$15 per application = \$56,700
- 2,000 contact preference forms filed x \$15/form = \$30,000.
- Total revenue = \$86,700 (\$56,700 + \$30,000)

**Expenses**

- 2.0 FTE Senior Office Support Assistant positions (salary, benefits, and standard equipment and expense) = \$99,671
- Printing of 60,000 forms x .02/form = \$1,200
- Postage of \$3,780 requests x \$0.49 = \$1,852
- Total expenses = \$102,723

**Net: \$86,700 (Revenues) - \$102,723 (Expenses) = \$16,023 (Expenses)**

**IV. ASSUMPTIONS**

- Based on the number of phone calls received by Vital Records regarding requests for adoptee original birth certificates currently, it is estimated that 3,780 requests for adoption records will be made each year. DHSS shall collect a \$15 non-refundable fee per application for a copy of an original birth certificate received.
- Based on the experience of another state who recently implemented a similar law, it is estimated that 4,000 Birth Parent Contact Preference Forms and Birth Parent

Medical History forms will be filed with DHSS each year (two percent of 200,000 sealed files -- 4,000). DHSS assumes that half of these forms (2,000) will be Birth Parent Contact Preference Forms. DHSS shall collect a \$15 non-refundable fee for each Birth Parent Contact Preference Form filed.

- Based on the average time estimated to process birth certificate requests and to file contact preference and medical history forms (30 minutes per request and forms processing), 2.0 FTE clerical positions will be needed (30 minutes x 7,780 = 3,890 hours; 3,890 hours/2,080 = 1.87 FTE).

**FISCAL NOTE  
PRIVATE COST**

**I. Department Title: Health and Senior Services  
Division Title: Office of the Director  
Chapter Title: Vital Records**

<b>Rule Number and Title:</b>	19 CSR 10-10.130 Missouri Adoptee Rights
<b>Type of Rulemaking:</b>	Proposed

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
<b>200,000</b>	<b>Missouri Adoptees</b>	<b>\$56,700</b>
<b>400,000</b>	<b>Birth Parents of Missouri Adoptees</b>	<b>\$30,000</b>
	<b>Total</b>	<b>\$86,700</b>

**III. WORKSHEET**

- 3,780 adoptee requests for birth certificates x \$15 per certificate = \$56,700 (annually)
- 2,000 Birth Parent Contact Preference Forms filed x \$15 = \$30,000.

**IV. ASSUMPTIONS**

- Based on the number of phone calls received by Vital Records regarding requests for adoptee original birth certificates currently, it is estimated that 3,780 requests for adoption records will be made each year. DHSS shall collect a \$15 non-refundable fee per application for a copy of an original birth certificate received.
- Based on the experience of another state who recently implemented a similar law, it is estimated that 4,000 Birth Parent Contact Preference Forms and Birth Parent Medical History forms will be filed with DHSS each year (two percent of 200,000 sealed files = 4,000). DHSS assumes that half of these forms (2,000) will be Birth Parent Contact Preference Forms. DHSS shall collect a \$15 non-refundable fee for each Birth Parent Contact Preference Form filed.

**Title 19—DEPARTMENT OF HEALTH  
AND SENIOR SERVICES  
Division 20—Division of Community and Public Health  
Chapter 20—Communicable Diseases**

**PROPOSED AMENDMENT**

**19 CSR 20-20.020 Reporting Communicable, Environmental, and Occupational Diseases.** The department is amending subsection (2)(A) and section (5).

*PURPOSE: This amendment will bring the communicable disease reporting requirements into compliance with the current federal Centers for Disease Control guidelines as required by section 192.139, RSMo 2000, and updates the rule to require reporting of Carbapenem-resistant enterobacteriaceae (CRE) infections as provided by a legislative amendment to section 192.020 that went into effect August 28, 2016.*

(2) Reportable within one (1) day, diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services within one (1) calendar day of first knowledge or suspicion by telephone, facsimile, or other rapid communication. Reportable within one (1) day, diseases or findings are—

(A) Diseases, findings, or agents that occur naturally, or from accidental exposure, or as a result of an undetected bioterrorism event:

- Animal (mammal) bite, wound, humans
- Brucellosis
- Chikungunya**
- Cholera
- Dengue virus infection
- Diphtheria
- Glanders (*Burkholderia mallei*)
- Haemophilus influenzae*, invasive disease
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome (HUS), postdiarrheal
- Hepatitis A
- Influenza-associated mortality
- Influenza-associated public and/or private school closures
- Lead (blood) level greater than or equal to forty-five micrograms per deciliter ( $\geq 45 \mu\text{g/dl}$ ) in any person
- Measles (rubeola)
- Melioidosis (*Burkholderia pseudomallei*)
- Meningococcal disease, invasive
- Novel Influenza A virus infections, human
- Outbreaks (including nosocomial) or epidemics of any illness, disease, or condition that may be of public health concern, including any illness in a food handler that is potentially transmissible through food
- Pertussis
- Poliovirus infection, nonparalytic
- Q fever (acute and chronic)
- Rabies (animal)
- Rubella, including congenital syndrome
- Shiga toxin-producing *Escherichia coli* (STEC)
- Shiga toxin positive, unknown organism
- Shigellosis
- Staphylococcal enterotoxin B
- Syphilis, including congenital syphilis
- T-2 mycotoxin
- Tetanus
- Tuberculosis disease
- Tularemia (all cases other than suspected intentional release)
- Typhoid fever (*Salmonella typhi*)
- Vancomycin-intermediate *Staphylococcus aureus* (VISA), and Vancomycin-resistant *Staphylococcus aureus* (VRSA)
- Venezuelan equine encephalitis virus neuroinvasive disease

- Venezuelan equine encephalitis virus nonneuroinvasive disease
- Viral hemorrhagic fevers other than suspected intentional (e.g., Viral hemorrhagic fever diseases: Ebola, Marburg, Lassa, Lujo, new world Arenavirus (Guanarito, Machupo, Junin, and Sabia viruses), or Crimean-Congo)

Yellow fever[;]

**Zika;**

(5) Reportable quarterly diseases or findings shall be reported directly to the Department of Health and Senior Services quarterly. These diseases or findings are[;]—

- Carbapenem-resistant enterobacteriaceae (CRE), nosocomial**
- Methicillin-resistant *Staphylococcus aureus* (MRSA), nosocomial
- Vancomycin-resistant enterococci (VRE), nosocomial.

*AUTHORITY: sections 192.006, 210.040, and 210.050, RSMo 2000, and section 192.020, [RSMo Supp. 2013] SB 579, Ninety-eighth General Assembly, Second Regular Session 2016. This rule was previously filed as 13 CSR 50-101.020. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Aug. 29, 2016, effective Sept. 8, 2016, expires March 6, 2017. Amended: Filed Aug. 29, 2016.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Harold Kirby, Division Director, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 700—Insurance Licensing  
Chapter 1—Insurance Producers**

**PROPOSED RULE**

**20 CSR 700-1.170 Licensing Procedures and Standards for Limited Lines Self-Service Storage Insurance Producers**

*PURPOSE: This rule prescribes the license application process, fee, and initial training for limited lines self-service storage insurance producers. This rule also prescribes the register for listing individuals that offer self-service storage insurance on the behalf of the licensed limited lines self-service storage insurance producer. Any form referenced in this regulation may be accessed at the department's website at [www.insurance.mo.gov](http://www.insurance.mo.gov).*

(1) Application and Fees. Application for a limited lines self-service storage insurance producer license shall include the following:

- (A) A completed application form, included herein as Exhibit 1 of this rule, or any form that substantially comports with the specified form; and
- (B) One hundred dollar (\$100) application fee.

(2) Qualified Training Program.

- (A) Applicants for a limited lines self-service storage insurance



producer license shall complete a training course approved by the director, as listed on the department's limited lines self-service storage insurance producer webpage at [www.insurance.mo.gov](http://www.insurance.mo.gov).

(B) An individual licensed in Missouri as an insurance producer with the property insurance line of authority shall be deemed as having completed the qualified training program requirement described in subsection (2)(A).

(3) Register of Individuals Offering Self-Service Storage Insurance on Limited Lines Self-Service Storage Insurance Producer's Behalf.

(A) Contents of register to be established, maintained, and updated by the limited lines self-service storage insurance producer.

1. Each limited lines self-service storage insurance producer shall establish at the time of licensure, and thereafter maintain and update annually, a self-service storage register that shall include the following:

A. Name, address, telephone number, and email address of the limited lines self-service storage insurance producer;

B. Name, address, telephone number, and email address of any officer or person who directs or controls the limited lines self-service storage insurance producer's operations;

C. Name, address, telephone number, and email address of each individual that offers self-service storage insurance on behalf of the limited lines self-service storage insurance producer;

D. The self-service storage facility's federal tax identification number; and

E. Dated signature by the limited lines self-service storage insurance producer, under penalty of perjury, certifying that each individual listed on the self-service storage register complies with 18 U.S.C. Section 1033.

(B) The limited lines self-service storage insurance producer shall submit the self-service storage register within thirty (30) days upon request by the department.

(4) The limited lines self-service storage insurance producer shall require each employee and authorized representative of the self-service storage insurance producer to receive a program of instruction or training that has been reviewed and approved by the director. The training material shall, at a minimum, contain instructions on the types of insurance offered, ethical sales practices, and required disclosures to prospective customers.

**EXHIBIT 1**



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS  
AND PROFESSIONAL REGISTRATION  
LICENSING SECTION  
**APPLICATION FOR LIMITED LINES SELF-SERVICE  
STORAGE INSURANCE PRODUCER LICENSE**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
**THIS FORM MAY BE DUPLICATED**

PLEASE PRINT OR TYPE

1. SOCIAL SECURITY NUMBER				2. DATE OF BIRTH							
3. LAST NAME			JR./SR., ETC.			4. FIRST NAME		5. MIDDLE NAME			
6. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)				7. P.O. BOX		8. CITY		9. STATE	10. ZIP CODE	11. COUNTRY	
12. HOME TELEPHONE NUMBER				13. MOBILE TELEPHONE NUMBER				14. PERSONAL EMAIL ADDRESS			
15. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female		16. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen? _____									
17. BUSINESS ENTITY NAME											
18. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)				19. P.O. BOX		20. CITY		21. STATE	22. ZIP CODE	23. COUNTRY	
24. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.)			25. BUSINESS FAX NUMBER			26. BUSINESS EMAIL ADDRESS			27. BUSINESS WEBSITE ADDRESS		
28. APPLICANT'S MAILING ADDRESS			29. P.O. BOX		30. CITY		31. STATE	32. ZIP CODE	33. COUNTRY		

34A. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.

34B. LIST ALL TRADE NAMES UNDER WHICH YOU ARE CURRENTLY DOING BUSINESS OR INTEND TO DO BUSINESS.

**EMPLOYMENT HISTORY**

35. Account for all time for the past five years. List all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment, and full-time education.

NAME	CITY	STATE	COUNTRY	FROM		TO		POSITION HELD
				MONTH	YEAR	MONTH	YEAR	

**BACKGROUND INFORMATION**

36. The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime?  YES  NO

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude misdemeanor juvenile convictions. You must include felony DUI and DWI convictions.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

**BACKGROUND INFORMATION**

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document that demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding or action regarding any professional or occupational license or registration, or regarding the lack of such license or registration?  YES  NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, a voluntary forfeiture, a cease and desist order, a prohibition order, a consent order, or being placed on probation. "Involved" also includes the act of surrendering a license to resolve an administrative proceeding or action. "Involved" also means being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license or is related to the lack of such license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions or because of your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document that demonstrates the resolution of the charges and/or a final judgment.

3. Has any demand been made or judgment rendered against you or any business of which you are or were an owner, partner, officer or director, or member or manager of a Limited Liability Company, for overdue monies by a provider, an administrator, an insurer, an insured, or a producer?  YES  NO

Have you or any business of which you are or were an owner, partner, officer or director, or member or manager of a Limited Liability Company ever been subject to a bankruptcy proceeding?  YES  NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of the demand or judgment,
- b) a certified copy of the judgment, a copy of the demand, and copies of any other relevant documents,
- c) a certified copy of the official document that demonstrates the resolution of the demand or judgment,
- d) a written statement detailing the case number, type of bankruptcy, the court it was filed before, and summarizing the details of the indebtedness and arrangements for repayment,
- e) a certified copy of the "Notice of Bankruptcy" or its equivalent, and
- f) a certified copy of the "Order Discharging Debtor" or its equivalent.

4. Have you failed to pay state or federal income tax?  YES  NO

Have you failed to comply with an administrative or court order directing payment of state or federal income tax?  YES  NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each administrative or court order,
- b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.),
- c) a certified copy of each administrative or court order, judgment, and/or lien, and
- d) a certified copy of the official document that demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).

5. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?  YES  NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
- c) a certified copy of the official document that demonstrates the resolution of the charges and/or a final judgment.

**BACKGROUND INFORMATION**

6. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  YES  NO
- Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  YES  NO
- Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?  YES  NO
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a motor vehicle extended service contract producer license, and
  - b) copies of all relevant documents.
7. Do you currently have or have you had a child support obligation?  YES  NO
- If you answer yes:
- a) are you in arrearage?  YES  NO
  - b) by how many months are you in arrearage? \_\_\_\_\_ months
  - c) what is the total amount of your arrearage? \_\_\_\_\_
  - d) are you currently subject to a repayment agreement to cure the arrearage? (If you answer yes, provide documentation showing an approved repayment plan from the appropriate state child support agency.)  YES  NO
  - e) are you in compliance with said repayment agreement? (If you answer yes, provide documentation showing proof of current payments from the appropriate state child support agency.)  YES  NO
  - f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)  YES  NO
  - g) have you ever been convicted of a misdemeanor or felony for failure to pay child support?  YES  NO

**APPLICANT'S CERTIFICATION AND ATTESTATION**

37. The Applicant must read the following very carefully:
- 1. I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
  - 2. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
  - 3. I further certify, under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 36.4.
  - 4. I further certify, under penalty of perjury, that a) I have no child support obligation, b) I have a child support obligation and I am currently in compliance with that obligation, or c) I have a child support obligation that is in arrears, I am in compliance with a repayment plan to cure the arrears, and I have provided all information and documentation requested in Background Information Question 36.7.
  - 5. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
  - 6. I acknowledge that I understand and will comply with the self-service storage laws and regulations of Missouri and of any other jurisdiction to which I apply for licensure.
  - 7. Non-Resident License Applicants: I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from Missouri. (Applies only if Applicant's home state/resident state issues licenses that authorize the marketing of limited lines self-storage insurance.)

**APPLICANT'S CERTIFICATION AND ATTESTATION (CONTINUED)**

APPLICANT'S ORIGINAL SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

MONTH/DAY/YEAR

**NOTARY**

NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

**INSTRUCTIONS**

1. All applicants must submit a nonrefundable \$100 application fee in the form of a check or money order, made payable to DIFP - Insurance.
2. Mail completed application to: MO DIFP -- Insurance  
P.O. Box 4001  
Jefferson City, MO 65102-4001

*AUTHORITY: section 374.045, RSMo Supp. 2013, and section 379.1640, SS SCS HCS HB 2194, Second Regular Session, Ninety-eighth General Assembly, 2016. Emergency rule filed Aug. 18, 2016, effective Aug. 28, 2016, expires Feb. 23, 2017. Original rule filed Aug. 18, 2016.*

*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 cost private entities sixty thousand dollars (\$60,000) in the aggregate.*

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Insurance, Financial Institutions and Professional Registration, Attention: Mark Rachel, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on November 2, 2016, at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri.*

*SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-2619 at least five (5) working days prior to the hearing.*

**FISCAL NOTE**  
**PRIVATE COST**

**I. Department of Insurance, Financial Institutions and Professional Registration  
Division 700 – Insurance Licensing  
Chapter 1 – Insurance Producers**

<b>Rule Number and Title:</b>	20 CSR 700-1.170 Licensing Procedures and Standards for Limited Lines Self-Service Storage Insurance Producers
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
<b>600 Individuals</b>	<b>Individuals seeking to be licensed under state law as a limited lines self-service storage insurance producer.</b>	<b>\$60,000</b>

**III. WORKSHEET**

	<b>UNITS</b>	<b>APPLICATION FEE</b>	<b>TOTAL</b>
Limited Lines Self-Service Storage Insurance Producer	600	\$100.00	\$60,000.00
<b>TOTAL</b>			<b>\$60,000.00</b>

**IV. ASSUMPTIONS**

In the statute and the proposed rule, the fee of \$100 is established for a limited lines self-service storage insurance producer license. The Department estimates that approximately 600 individuals will submit applications for licensure in the first year after promulgation of the proposed rule. This estimate is based on informal research of the number of self-storage entities in Missouri.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2110—Missouri Dental Board  
Chapter 2—General Rules**

**PROPOSED AMENDMENT**

**20 CSR 2110-2.010 Licensure by Examination—Dentists.** The board is amending section (3).

*PURPOSE: The Missouri Dental Board no longer administers a clinical competency exam for licensure. As a result the board does not have a means to deny further examination to someone who has failed a clinical exam multiple times. Multiple failures of a clinical competency exam are evidence of incompetence. This proposed change to the rule will allow the board to deny an application for licensure based upon this evidence of incompetence.*

(3) Should an applicant fail a clinical competency examination twice, the board may require the applicant to complete remedial instruction in the deficient area(s) from an accredited dental school before further re-examination. If the applicant fails a third examination, the board may deny the [applicant further examination] application pursuant to section 332.321.2(5), RSMo. Before entering a program of remedial instruction, the applicant shall—

*AUTHORITY: sections 332.031, 332.141, and 332.151, RSMo 2000, and section 332.181, RSMo Supp. [2012] 2013. This rule originally filed as 4 CSR 110-2.010. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed Aug. 30, 2016.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2110—Missouri Dental Board  
Chapter 2—General Rules**

**PROPOSED AMENDMENT**

**20 CSR 2110-2.050 Licensure by Examination—Dental Hygienists.** The board is amending section (3).

*PURPOSE: The Missouri Dental Board no longer administers a clinical competency exam for licensure. As a result the board does not have a means to deny further examination to someone who has failed a clinical exam multiple times. Multiple failures of a clinical competency exam are evidence of incompetence. This proposed change to the rule will allow the board to deny an application for licensure based upon this evidence of incompetence.*

(3) Should an applicant fail a clinical competency examination twice, the board may require the applicant to complete remedial instruction in the deficient area(s) from an accredited dental hygiene school before further re-examination. If the applicant fails a third examination, the board may deny the [applicant further examination] application pursuant to section 332.321.2(5), RSMo. Before entering a program of remedial instruction, the applicant shall—

*AUTHORITY: sections 332.031, 332.231, 332.241, and 332.251, RSMo 2000, and section 332.261, RSMo Supp. [2012] 2013. This rule originally filed as 4 CSR 110-2.050. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed Aug. 30, 2016.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2150—State Board of Registration for the  
Healing Arts  
Chapter 2—Licensing of Physicians and Surgeons**

**PROPOSED RESCISSION**

**20 CSR 2150-2.080 Fees.** This rule established the various fees which the State Board of Registration for the Healing Arts was authorized to collect in administering Chapter 334, RSMo. Under the provisions of Chapter 334, RSMo, the board was directed to set by rule the amount of the fees which the chapter authorized not to exceed the cost and expense of administering the chapter.

*PURPOSE: The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo. Based on the board's five- (5-) year projections, the board finds it necessary to reduce fees. The board is also revising the structure of the rules to provide a more clear and concise schedule of fees.*

*AUTHORITY: sections 334.090.2 and 334.125, RSMo 2000. This rule originally filed as 4 CSR 150-2.080. Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 8, 1981. Original rule filed July 14, 1981, effective Oct. 11, 1981. For intervening history, please consult the Code of State Regulations. Emergency rescission filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded: Filed Sept. 1, 2016.*

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



aggregate.

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

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

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

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

**PROPOSED RULE**

**20 CSR 2150-2.080 Physician Licensure Fees**

*PURPOSE:* The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo.

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

(A) Physician

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

(B) General Fees

- |   |       |
|---|-------|
| 1. Continuing Medical Education Extension Fee | \$ 25 |
| 2. Duplicate License Fee                      | \$ 0  |
| 3. Endorsement of State Test Scores           | \$ 25 |
| 4. Late Renewal Fee (Delinquent Fee)          | \$ 25 |
| 5. Returned Check Fee                         | \$ 25 |
| 6. Verification of Licensure Fee              | \$ 0  |

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

*AUTHORITY:* section 334.090.2, RSMo Supp. 2013, and section 334.125, RSMo Supp. 2014. This rule originally filed as 4 CSR 150-2.080. Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 8, 1981. Original rule filed July 14, 1981, effective Oct. 11, 1981. For intervening history, please consult the *Code of State Regulations*. Emergency rescission and rule filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded and readopted: Filed Sept. 1, 2016.

*PUBLIC COST:* This proposed rule will decrease revenue for state agencies or political subdivisions approximately one million two hundred fifty thousand eight hundred eighty dollars (\$1,250,880) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*PRIVATE COST:* This proposed rule will save private entities approximately one million two hundred fifty thousand eight hundred eighty dollars (\$1,250,880) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**PUBLIC FISCAL NOTE**

**I. RULE NUMBER**

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

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
State Board of Registration for the Healing Arts	<b>\$1,250,880</b>	
	<b>Total Loss of Revenue Annually for the Life of the Rule</b>	<b>\$1,250,880</b>

**III. WORKSHEET**

See Private Entity Fiscal Note

**IV. ASSUMPTIONS**

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in individual annual renewal fees for Board of Registration of Healing Arts licensees.
3. The above figures are based on FY 2015 actuals.

## PRIVATE FISCAL NOTE

## I. RULE NUMBER

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

## II. SUMMARY OF FISCAL IMPACT

Classification by types of the business entities which would likely be affected:	Current Fee	Proposed Fee	Estimate of the Number of Affected Entities	Estimated Cost Savings
Contiguous State Licensure Fee	\$ 30.00	\$ 25.00	137	\$ 685.00
Contiguous State Licensure Renewal Fee	\$ 30.00	\$ 25.00	163	\$ 815.00
Permanent Physician Examination Fee	\$ 300.00	\$ 75.00	1,645	\$ 370,125.00
Permanent Physician Reinstatement Fee	\$ 300.00	\$ 75.00	32	\$ 7,200.00
Permanent Physician Renewal Fee	\$ 135.00	\$ 100.00	24,206	\$ 847,210.00
Conditional Temporary License Fee	\$ 30.00	\$ 25.00	55	\$ 275.00
Temporary Physician License Fee	\$ 30.00	\$ 25.00	872	\$ 4,360.00
Temporary Physician License Renewal Fee	\$ 30.00	\$ 25.00	2,467	\$ 12,335.00
Visiting Professor License Fee	\$ 150.00	\$ 25.00	7	\$ 875.00
Visiting Professor Licensure Renewal Fee	\$ 75.00	\$ 25.00	7	\$ 350.00
Endorsement of State Test Scores	\$ 50.00	\$ 25.00	16	\$ 400.00
Late Renewal/Delinquent Fee	\$ 50.00	\$ 25.00	250	\$ 6,250.00
			<b>Estimated Annual Savings for the Life of the Rule</b>	<b>\$1,250,880</b>

## III. WORKSHEET

See Table Above

## IV. ASSUMPTIONS

1. The above figures are based on FY 2015 actuals.
2. Individual Board of Healing Arts licensees renew annually. This fiscal note shows the number expected to renew annually.
3. It is anticipated that the total fiscal savings will occur beginning in FY2017, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2150—State Board of Registration for the  
Healing Arts  
Chapter 3—Licensing of Physical Therapists and Physical  
Therapist Assistants**

**PROPOSED RESCISSION**

**20 CSR 2150-3.080 Fees.** This rule established the various fees which the State Board of Registration for the Healing Arts was authorized to collect in administering Chapter 334, RSMo. Under the provisions of Chapter 334, RSMo, the board was directed to set by rule the amount of fees which Chapter 334, RSMo, authorized not to exceed the cost and expense of administering Chapter 334, RSMo.

*PURPOSE:* The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo. Based on the board’s five- (5-) year projections, the board finds it necessary to reduce fees. The rescission and readoption of this rule also includes revising the structure of the rules to provide a more clear and concise schedule of fees; removing section (3) of the current rule with reference to money drawn on a United States bank, as this language in rule is unnecessary; and removing language that limits the type of payment that can be submitted.

*AUTHORITY:* sections 334.090, 334.125, and 334.580, RSMo 2000 and sections 334.540, 334.550, 334.560, and 334.687, RSMo Supp. 2008. This rule originally filed as 4 CSR 150-3.080. Original rule filed Aug. 10, 1983, effective Nov. 11, 1983. For intervening history, please consult the **Code of State Regulations**. Emergency rescission filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded: Filed Sept. 1, 2016.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2150—State Board of Registration for the  
Healing Arts  
Chapter 3—Licensing of Physical Therapists and Physical  
Therapist Assistants**

**PROPOSED RULE**

**20 CSR 2150-3.080 Physical Therapists Licensure Fees**

*PURPOSE:* The State Board of Registration for the Healing Arts is

statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo.

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

- (A) Physical Therapist
  - 1. Licensure by Examination Fee \$25
  - 2. Licensure by Reciprocity Fee \$25
  - 3. Temporary License Fee \$10
  - 4. Renewal Fee \$50
  - 5. Reinstatement of an Inactive License Fee \$25
- (B) General Fees
  - 1. Continuing Education Extension Fee \$25
  - 2. Duplicate License Fee \$ 0
  - 3. Endorsement of Board Scores \$25
  - 4. Late Renewal Fee (Delinquent Fee) \$25
  - 5. Return Check Fee \$25
  - 6. Verification of Licensure Fee \$ 0

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

*AUTHORITY:* section 334.580, RSMo 2000, sections 334.090, 334.540, 334.550, 334.560, and 334.687, RSMo Supp. 2013, and section 334.125, RSMo Supp. 2014. This rule originally filed as 4 CSR 150-3.080. Original rule filed Aug. 10, 1983, effective Nov. 11, 1983. For intervening history, please consult the **Code of State Regulations**. Emergency rescission and rule filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded and readopted: Filed Sept. 1, 2016.

*PUBLIC COST:* This proposed rule will decrease revenue for state agencies or political subdivisions approximately eight thousand one hundred twenty-five dollars (\$8,125) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*PRIVATE COST:* This proposed rule will save private entities approximately eight thousand one hundred twenty-five dollars (\$8,125) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

## PUBLIC FISCAL NOTE

## I. RULE NUMBER

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
Division 2150 - State Board of Registration for the Healing Arts  
Chapter 3 - Licensing of Physical Therapists and Physical Therapist Assistants  
Proposed Rule - 20 CSR 2150-3.080 Physical Therapists Licensure Fees**

## II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
State Board of Registration for the Healing Arts	<b>\$8,125</b>	
	<b>Total Loss of Revenue Biennially for the Life of the Rule</b>	<b>\$8,125</b>

## III. WORKSHEET

See Private Entity Fiscal Note

## IV. ASSUMPTIONS

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in individual biennial renewal fees for Board of Registration of Healing Arts licensees.
3. The above figures are based on FY 2015 actuals.

**PRIVATE FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
 Division 2150 - State Board of Registration for the Healing Arts  
 Chapter 3 - Licensing of Physical Therapists and Physical Therapist Assistants  
 Proposed Rule - 20 CSR 2150-3.080 Physical Therapy Licensure Fees**

**II. SUMMARY OF FISCAL IMPACT**

<b>Classification by types of the business entities which would likely be affected:</b>	<b>Current Fee</b>	<b>Proposed Fee</b>	<b>Estimate of the Number of Affected Entities</b>	<b>Estimated Cost Savings</b>
Licensure by Examination Fee	\$ 50.00	\$ 25.00	219	\$ 5,475.00
Reciprocity License Fee	\$ 50.00	\$ 25.00	101	\$ 2,525.00
Reinstatement of an Inactive	\$ 50.00	\$ 25.00	5	\$ 125.00
<b>Estimated Biennial Savings for the Life of the Rule</b>				<b>\$8,125</b>

**III. WORKSHEET**

See Table Above

**IV. ASSUMPTIONS**

1. The above figures are based on FY 2015 actuals.
2. Individual Board of Healing Arts licensees renew biennially. This fiscal note shows the number expected to renew biennially.
3. It is anticipated that the total fiscal savings will occur beginning in FY2017, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2150—State Board of Registration for the  
Healing Arts  
Chapter 3—Licensing of Physical Therapists and Physical  
Therapist Assistants**

**PROPOSED RESCISSION**

**20 CSR 2150-3.170 Physical Therapist Assistant Licensure Fees.** This rule established the fees the Missouri State Board of Registration for the Healing Arts was authorized to collect in administering Chapter 334, RSMo. Pursuant to Chapter 334, RSMo, the board was directed to set by rule the amount of fees which Chapter 334, RSMo authorized not to exceed the cost and expense of administering Chapter 334, RSMo.

*PURPOSE: The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo. Based on the board’s five- (5-) year projections, the board finds it necessary to reduce fees. The rescission and readoption of this rule also includes revising the structure of the rules to provide a more clear and concise schedule of fees; removing section (3) of the current rule with reference to money drawn on a United States bank, as this language in the rule is unnecessary; and removing language that limits the type of payment that can be submitted.*

*AUTHORITY: section 334.125, RSMo 2000 and sections 334.655, 334.660, 334.670, and 334.687, RSMo Supp. 2008. This rule originally filed as 4 CSR 150-3.170. Original rule filed Sept. 4, 1997, effective March 30, 1998. For intervening history, please consult the Code of State Regulations. Emergency rescission filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded: Filed Sept. 1, 2016.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2150—State Board of Registration for the  
Healing Arts  
Chapter 3—Licensing of Physical Therapists and Physical  
Therapist Assistants**

**PROPOSED RULE**

**20 CSR 2150-3.170 Physical Therapist Assistant Licensure Fees**

*PURPOSE: The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo.*

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

(A) Physical Therapist Assistant	
1. Licensure by Examination Fee	\$25
2. Licensure by Reciprocity Fee	\$25
3. Temporary License Fee	\$10
4. Renewal Fee	\$50
5. Reinstatement of an Inactive License Fee	\$25
(B) General Fees	
1. Continuing Education Extension Fee	\$25
2. Duplicate License Fee	\$ 0
3. Endorsement of Board Scores	\$25
4. Late Renewal Fee (Delinquent Fee)	\$25
5. Return Check Fee	\$25
6. Verification of Licensure Fee	\$ 0

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

*AUTHORITY: sections 334.655, 334.660, 334.670, and 334.687, RSMo Supp. 2013, and section 334.125, RSMo Supp. 2014. This rule originally filed as 4 CSR 150-3.170. Original rule filed Sept. 4, 1997, effective March 30, 1998. For intervening history, please consult the Code of State Regulations. Emergency rescission and rule filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded and readopted: Filed Sept. 1, 2016.*

*PUBLIC COST: This proposed rule will decrease revenue for state agencies or political subdivisions approximately nine thousand four hundred fifty dollars (\$9,450) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*PRIVATE COST: This proposed rule will save private entities approximately nine thousand four hundred fifty dollars (\$9,450) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**PUBLIC FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
Division 2150 - State Board of Registration for the Healing Arts  
Chapter 3 - Licensing of Physical Therapists and Physical Therapist Assistants  
Proposed Rule - 20 CSR 2150-3.170 Physical Therapist Assistant Licensure Fees**

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
State Board of Registration for the Healing Arts		<b>\$9,450</b>
	<b>Total Loss of Revenue Biennially for the Life of the Rule</b>	<b>\$9,450</b>

**III. WORKSHEET**

See Private Entity Fiscal Note

**IV. ASSUMPTIONS**

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in individual annual renewal fees for Board of Registration of Healing Arts licensees.
3. The above figures are based on FY 2015 actuals.



## PRIVATE FISCAL NOTE

## I. RULE NUMBER

Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
 Division 2150 - State Board of Registration for the Healing Arts  
 Chapter 3 -Licensing of Physical Therapists and Physical Therapist Assistants  
 Proposed Rule - 20 CSR 2150-3.170 Physical Therapist Assistant Licensure Fees

## II. SUMMARY OF FISCAL IMPACT

Classification by types of the business entities which would likely be affected:	Current Fee	Proposed Fee	Estimate of the Number of Affected Entities	Estimated Cost Savings
Licensure by Examination Fee	\$ 50.00	\$ 25.00	269	\$ 6,725.00
Reciprocity License Fee	\$ 50.00	\$ 25.00	103	\$ 2,575.00
Reinstatement of an Inactive License Fee	\$ 50.00	\$ 25.00	6	\$ 150.00
			<b>Estimated Biennial Savings for the Life of the Rule</b>	<b>\$9,450</b>

## III. WORKSHEET

See Table Above

## IV. ASSUMPTIONS

1. The above figures are based on FY 2015 actuals.
2. Individual Board of Healing Arts licensees renew annually. This fiscal note shows the number expected to renew biennially.
3. It is anticipated that the total fiscal savings will occur beginning in FY2017, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

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

**Division 2150—State Board of Registration for the  
Healing Arts  
Chapter 4—Licensing of Speech-Language Pathologists  
and Audiologists**

**PROPOSED RESCISSION**

**20 CSR 2150-4.060 Fees.** This rule established the fees for speech pathologists or audiologists, or both.

*PURPOSE:* The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo. Based on the board’s five- (5-) year projections, the board finds it necessary to reduce fees. The rescission and readoption of this rule also includes revising the structure of the rules to provide a more clear and concise schedule of fees and removing language that limits the type of payment that can be submitted. Additionally, due to the implementation of SB107 of the 98th General Assembly (2015), fees related to the provisional licensure are being rescinded.

*AUTHORITY:* sections 345.015, 345.022, 345.030, 345.045, and 345.055, RSMo Supp. 2007 and section 345.051, RSMo 2000. This rule originally filed as 4 CSR 150-4.060. Original rule filed July 1, 1988, effective Oct. 27, 1988. For intervening history, please consult the **Code of State Regulations**. Emergency rescission filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded: Filed Sept. 1, 2016.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

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

**Division 2150—State Board of Registration for the  
Healing Arts  
Chapter 4—Licensing of Speech-Language Pathologists  
and Audiologists**

**PROPOSED RULE**

**20 CSR 2150-4.060 Speech-Language Pathology and Audiology Licensure Fees**

*PURPOSE:* The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sec-

tions 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo.

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

(A) Speech-Language Pathologist and Audiologist	
1. Licensure Fee	\$25
2. Reinstatement Fee	\$25
3. Renewal Fee	\$50
(B) Speech-Language Pathology and Audiology Aide	
1. Registration Fee	\$25
2. Reinstatement Fee	\$25
3. Renewal Fee	\$20
(C) Speech-Language Pathology Assistant	
1. Registration Fee	\$25
2. Reinstatement Fee	\$25
3. Renewal Fee	\$20
(D) General Fees	
1. Continuing Education Extension Fee	\$25
2. Duplicate License Fee	\$ 0
3. Return Check Fee	\$25
4. Verification of Licensure Fee	\$ 0

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

*AUTHORITY:* sections 345.015 and 345.051, RSMo Supp. 2015, and sections 345.030, 345.045, and 345.055, RSMo Supp. 2013. This rule originally filed as 4 CSR 150-4.060. Original rule filed July 1, 1988, effective Oct. 27, 1988. For intervening history, please consult the **Code of State Regulations**. Emergency rescission and rule filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded and readopted: Filed Sept. 1, 2016.

*PUBLIC COST:* This proposed rule will decrease revenue for state agencies or political subdivisions approximately eighty-six thousand eight hundred ninety-three dollars (\$86,893) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*PRIVATE COST:* This proposed rule will save private entities approximately eighty-six thousand eight hundred ninety-three dollars (\$86,893) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

## PUBLIC FISCAL NOTE

## I. RULE NUMBER

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
Division 2150 - State Board of Registration for the Healing Arts  
Chapter 4 - Licensing of Speech Language Pathologists and Audiologists  
Proposed Rule - 20 CSR 2150-4.060 Speech Language Pathology and Audiology Licensure Fees**

## II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
State Board of Registration for the Healing Arts		<b>\$86,893</b>
	<b>Total Loss of Revenue Biennially for the Life of the Rule</b>	<b>\$86,893</b>

## III. WORKSHEET

See Private Entity Fiscal Note

## IV. ASSUMPTIONS

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in individual biennial renewal fees for Board of Registration of Healing Arts licensees.
3. The above figures are based on FY 2015 actuals.

**PRIVATE FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
 Division 2150 - State Board of Registration for the Healing Arts  
 Chapter 4 - Licensing of Speech Language Pathologists and Audiologists  
 Proposed Rule - 20 CSR 2150-4.060 Speech Language Pathology and Audiology Licensure Fees**

**II. SUMMARY OF FISCAL IMPACT**

Classification by types of the business entities which would likely be affected:	Current Fee	Proposed Fee	Estimate of the Number of Affected Entities	Estimated Cost Savings
Licensure by Application Processing	\$ 50.00	\$ 25.00	285	\$ 7,125.00
Audiologist Biennial Licensure	\$ 233.00	\$ 50.00	436	\$ 79,788.00
Continuing Education Extension Fee	\$ 15.00	\$ 25.00	2	\$ (20.00)
<b>Estimated Biennial Savings for the Life of the Rule</b>				<b>\$86,893</b>

**III. WORKSHEET**

See Table Above

**IV. ASSUMPTIONS**

1. The above figures are based on FY 2015 actuals.
2. Individual Board of Healing Arts licensees renew biennially. This fiscal note shows the number expected to renew biennially.
3. It is anticipated that the total fiscal savings will occur beginning in FY2017, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

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

**Division 2150—State Board of Registration for the  
Healing Arts  
Chapter 6—Licensure of Athletic Trainers**

**PROPOSED RESCISSION**

**20 CSR 2150-6.050 Fees.** This rule established the various fees which the State Board of Registration for the Healing Arts charged pursuant to Chapter 334, RSMo.

*PURPOSE:* The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo. Based on the board's five- (5-) year projections, the board finds it necessary to reduce fees. The rescission and readoption of this rule also includes revising the structure of the rules to provide a more clear and concise schedule of fees.

*AUTHORITY:* section 334.125, RSMo 2000 and section 334.706.3(2), RSMo Supp. 2007. This rule originally filed as 4 CSR 150-6.050. Emergency rule filed April 5, 1985, effective April 15, 1985, expired Aug. 13, 1985. Original rule filed May 3, 1985, effective Aug. 15, 1985. For intervening history, please consult the **Code of State Regulations**. Emergency rescission filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded: Filed Sept. 1, 2016.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

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

**Division 2150—State Board of Registration for the  
Healing Arts  
Chapter 6—Licensure of Athletic Trainers**

**PROPOSED RULE**

**20 CSR 2150-6.050 Athletic Trainer Licensure Fees**

*PURPOSE:* The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–

334.749, RSMo.

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

(A) Athletic Trainer	
1. Licensure Fee	\$25
2. Renewal Fee	\$25
(B) General Fees	
1. Duplicate License Fee	\$ 0
2. Late Renewal Fee (Delinquent Fee)	\$25
3. Return Check Fee	\$25
4. Verification of Licensure Fee	\$ 0

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

*AUTHORITY:* section 334.125, RSMo Supp. 2014, and section 334.706.3(2), RSMo Supp. 2013. This rule originally filed as 4 CSR 150-6.050. Emergency rule filed April 5, 1985, effective April 15, 1985, expired Aug. 13, 1985. Original rule filed May 3, 1985, effective Aug. 15, 1985. For intervening history, please consult the **Code of State Regulations**. Emergency rescission and rule filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded and readopted: Filed Sept. 1, 2016.

*PUBLIC COST:* This proposed rule will decrease revenue for state agencies or political subdivisions approximately thirty-four thousand seven hundred thirty dollars (\$34,730) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*PRIVATE COST:* This proposed rule will save private entities approximately thirty-four thousand seven hundred thirty dollars (\$34,730) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**PUBLIC FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 - Department of Insurance, Financial Institutions and Professional Registration  
Division 2150 - State Board of Registration for the Healing Arts  
Chapter 6 - Licensure of Athletic Trainers  
Proposed Rule - 20 CSR 2150-6.050 Athletic Trainer Licensure Fees**

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
State Board of Registration for the Healing Arts	<b>\$34,730</b>	
	<b>Total Loss of Revenue Annually for the Life of the Rule</b>	<b>\$34,730</b>

**III. WORKSHEET**

See Private Entity Fiscal Note

**IV. ASSUMPTIONS**

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in individual annual renewal fees for Board of Registration of Healing
3. The above figures are based on FY 2015 actuals.

## PRIVATE FISCAL NOTE

## I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional  
 Division 2150 - State Board of Registration for the Healing Arts  
 Chapter 6 - Licensure of Athletic Trainers  
 Proposed Rule - 20 CSR 2150-6.050 Athletic Trainer Licensure Fees

## II. SUMMARY OF FISCAL IMPACT

Classification by types of the business entities which would likely be affected:	Current Fee	Proposed Fee	Estimate of the Number of Affected Entities	Estimated Cost Savings
Licensure Fee	\$ 100.00	\$ 25.00	157	\$ 11,775.00
Renewal Fee	\$ 50.00	\$ 25.00	929	\$ 23,225.00
Reinstatement Fee	\$ 10.00	\$ 25.00	18	\$ (270.00)
<b>Estimated Annual Savings for the Life of the Rule</b>				<b>\$34,730</b>

## III. WORKSHEET

See Table Above

## IV. ASSUMPTIONS

1. The above figures are based on FY 2015 actuals.
2. Individual Board of Healing Arts licensees renew annually. This fiscal note shows the number expected to renew annually.
3. It is anticipated that the total fiscal savings will occur beginning in FY2017, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

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

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

**Chapter 7—Licensing of Physician Assistants**

**PROPOSED RESCISSION**

**20 CSR 2150-7.200 Fees.** This rule established the various fees which the State Board of Registration for the Healing Arts was authorized to collect in administering Chapter 334, RSMo. Under the provisions of Chapter 334, RSMo, the board was directed to set by rule the amount of the fees which Chapter 334, RSMo, authorized not to exceed the cost and expense of administering that chapter.

*PURPOSE:* The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo. Based on the board’s five- (5-) year projections, the board finds it necessary to reduce fees. The rescission and readoption of this rule also includes revising the structure of the rules to provide a more clear and concise schedule of fees.

*AUTHORITY:* sections 334.125, 334.736, 334.738, and 334.743, RSMo 2000 and section 334.735, RSMo Supp. 2010. This rule originally filed as 4 CSR 150-7.200. Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. For intervening history, please consult the **Code of State Regulations**. Emergency rescission filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded: Filed Sept. 1, 2016.

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

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

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rescission with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

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

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

**Chapter 7—Licensing of Physician Assistants**

**PROPOSED RULE**

**20 CSR 2150-7.200 Physician Assistant Licensure Fees**

*PURPOSE:* The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees autho-

riized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo.

(1) The following fees are established by the Missouri State Board of Registration for the Healing Arts in conjunction with the director of the Division of Professional Registration:

(A) Physician Assistant	
1. Licensure Fee	\$25
2. Renewal Fee	\$25
3. Temporary Licensure Fee	\$25
4. Temporary Licensure Renewal Fee	\$25
5. Certificate of Controlled Substance Prescriptive Authority Fee	\$25
(B) General Fees	
1. Duplicate License Fee	\$ 0
2. Late Renewal Fee (Delinquent Fee)	\$25
3. Return Check Fee	\$25
4. Verification of Licensure Fee	\$ 0

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

*AUTHORITY:* sections 334.125 and 334.735, RSMo Supp. 2014, and sections 334.736, 334.738, and 334.743, RSMo 2000. This rule originally filed as 4 CSR 150-7.200. Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. For intervening history, please consult the **Code of State Regulations**. Emergency rescission and rule filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded and readopted: Filed Sept. 1, 2016.

*PUBLIC COST:* This proposed rule will decrease revenue for state agencies or political subdivisions approximately forty-seven thousand six hundred seventy-five dollars (\$47,675) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*PRIVATE COST:* This proposed rule will save private entities approximately forty-seven thousand six hundred seventy-five dollars (\$47,675) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at [healingarts@pr.mo.gov](mailto:healingarts@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.



## PUBLIC FISCAL NOTE

## I. RULE NUMBER

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration**  
**Division 2150 - State Board of Registration for the Healing Arts**  
**Chapter 7 - Licensing of Physician Assistants**  
**Proposed Rule - 20 CSR 2150-7.200 Physician Assistant Licensure Fees**

## II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
State Board of Registration for the Healing Arts		\$47,675
	<b>Total Loss of Revenue Annually for the Life of the Rule</b>	<b>\$47,675</b>

## III. WORKSHEET

See Private Entity Fiscal Note

## IV. ASSUMPTIONS

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in individual annual renewal fees for Board of Registration of Healing Arts licensees.
3. The above figures are based on FY 2015 actuals.

**PRIVATE FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
 Division 2150 - State Board of Registration for the Healing Arts  
 Chapter 7 - Licensing of Physician Assistants  
 Proposed Rule - 20 CSR 2150-7.200 Physician Assistant Licensure Fees**

**II. SUMMARY OF FISCAL IMPACT**

Classification by types of the business entities which would likely be affected:	Current Fee	Proposed Fee	Estimate of the Number of Affected Entities	Estimated Cost Savings
Licensure Application Fee	\$ 195.00	\$ 25.00	135	\$ 22,950.00
Renewal Fee	\$ 50.00	\$ 25.00	935	\$ 23,375.00
Reinstatement Fee	\$ 75.00	\$ 25.00	4	\$ 200.00
Temporary Licensure Fee	\$ 50.00	\$ 25.00	3	\$ 75.00
Certificate of Controlled Substance Prescriptive Authority Fee	\$ 50.00	\$ 25.00	43	\$ 1,075.00
			<b>Estimated annual Savings for the Life of the Rule</b>	<b>\$47,675</b>

**III. WORKSHEET**

See Table Above

**IV. ASSUMPTIONS**

1. The above figures are based on FY 2015 actuals.
2. Individual Board of Healing Arts licensees renew annually. This fiscal note shows the number expected to renew annually.
3. It is anticipated that the total fiscal savings will occur beginning in FY2017, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

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

**Division 2150—State Board of Registration for the  
Healing Arts  
Chapter 8—Licensing of Clinical Perfusionists**

**PROPOSED RESCISSION**

**20 CSR 2150-8.060 Fees.** This rule established the various fees which the State Board of Registration for the Healing Arts was authorized to collect in administering Chapter 324, RSMo. Under the provisions of Chapter 324, RSMo, the board was directed to set by rule the amount of fees, which Chapter 324, RSMo, authorized not to exceed the cost and expense of administering Chapter 324, RSMo.

*PURPOSE: The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo. Based on the board’s five- (5-) year projections, the board finds it necessary to reduce fees. The rescission and readoption of this rule also includes revising the structure of the rules to provide a more clear and concise schedule of fees.*

*AUTHORITY: section 324.159, RSMo 2000. This rule originally filed as 4 CSR 150-8.060. Original rule filed Dec. 2, 1998, effective June 30, 1999. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed April 30, 2002, effective Nov. 30, 2002. Moved to 20 CSR 2150-8.060, effective Aug. 28, 2006. Emergency rescission filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded: Filed Sept. 1, 2016.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

**Division 2150—State Board of Registration for the  
Healing Arts  
Chapter 8—Licensing of Clinical Perfusionists**

**PROPOSED RULE**

**20 CSR 2150-8.060 Clinical Perfusionists Licensure Fees**

*PURPOSE: The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue pro-*

*duced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo.*

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

(A) Perfusionist	
1. Licensure by Examination Fee	\$25
2. Licensure by Grandfather Clause Fee	\$25
3. Licensure by Reciprocity Fee	\$25
4. Provisional License Fee	\$25
5. Provisional License Renewal	\$25
6. Renewal Fee	\$25
(B) General Fees	
1. Continuing Education Extension Fee	\$25
2. Duplicate License Fee	\$ 0
3. Late Renewal Fee (Delinquent Fee)	\$25
4. Return Check Fee	\$25
5. Verification of Licensure Fee	\$ 0

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

*AUTHORITY: section 324.159, RSMo Supp. 2013. This rule originally filed as 4 CSR 150-8.060. Original rule filed Dec. 2, 1998, effective June 30, 1999. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed April 30, 2002, effective Nov. 30, 2002. Moved to 20 CSR 2150-8.060, effective Aug. 28, 2006. Emergency rescission and rule filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded and readopted: Filed Sept. 1, 2016.*

*PUBLIC COST: This proposed rule will decrease revenue for state agencies or political subdivisions approximately twenty-one thousand five hundred fifty dollars (\$21,550) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*PRIVATE COST: This proposed rule will save private entities approximately twenty-one thousand five hundred fifty dollars (\$21,550) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**PUBLIC FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
Division 2150 - State Board of Registration for the Healing Arts  
Chapter 8 - Licensing of Clinical Perfusionists  
Proposed Rule - 20 CSR 2150-8.060 Clinical Perfusionists Licensure Fees**

**II. SUMMARY OF FISCAL IMPACT**

<b>Affected Agency or Political Subdivision</b>	<b>Estimated Loss of Revenue</b>	
State Board of Registration for the Healing Arts	<b>\$21,550</b>	
	<b>Total Loss of Revenue Annually for the Life of the Rule</b>	<b>\$21,550</b>

**III. WORKSHEET**

See Private Entity Fiscal Note

**IV. ASSUMPTIONS**

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in individual annual renewal fees for Board of Registration of Healing Arts licensees.
3. The above figures are based on FY 2015 actuals.

## PRIVATE FISCAL NOTE

## I. RULE NUMBER

**Title 20 -Department of Insurance, Financial Institutions and Professional  
Division 2150 - State Board of Registration for the Healing Arts  
Chapter 8 - Licensing of Clinical Perfusionists  
Proposed Rule - 20 CSR 2150-8.060 Clinical Perfusionists Licensure Fees**

## II. SUMMARY OF FISCAL IMPACT

Classification by types of the business entities which would likely be affected:	Current Fee	Proposed Fee	Estimate of the Number of Affected Entities	Estimated Cost Savings
Licensure Application Fee	\$ 300.00	\$ 25.00	2	\$ 550.00
Licensure by Examination	\$ 300.00	\$ 25.00	24	\$ 6,600.00
Provisional License Fee	\$ 50.00	\$ 25.00	8	\$ 200.00
Renewal Fee	\$ 125.00	\$ 25.00	142	\$ 14,200.00
			<b>Estimated Annual Savings for the Life of the Rule</b>	<b>\$21,550</b>

## III. WORKSHEET

See Table Above

## IV. ASSUMPTIONS

1. The above figures are based on FY 2015 actuals.
2. Individual Board of Healing Arts licenses renew annually. This fiscal note shows the number expected to renew annually.
3. It is anticipated that the total fiscal savings will occur beginning in FY2017, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

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

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

**Chapter 9—Licensing of Anesthesiologist Assistants**

**PROPOSED RESCISSION**

**20 CSR 2150-9.080 Fees.** This rule established the various fees which the State Board of Registration for the Healing Arts was authorized to collect in administering Chapter 334, RSMo. Under the provisions of Chapter 334, RSMo, the board was directed to set by rule the amount of fees which Chapter 334, RSMo, authorized, not to exceed the cost and expense of administering Chapter 334, RSMo.

*PURPOSE: The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo. Based on the board’s five- (5-) year projections, the board finds it necessary to reduce fees. The rescission and readoption of this rule also includes revising the structure of the rules to provide a more clear and concise schedule of fees.*

*AUTHORITY: section 334.125, RSMo 2000, and section 334.414, RSMo Supp. 2013. This rule originally filed as 4 CSR 150-9.080. Original rule filed Jan. 17, 2006, effective Aug. 30, 2006. Moved to 20 CSR 2150-9.080, effective Aug. 28, 2006. Amended: Filed July 1, 2014, effective Oct. 30, 2014. Emergency rescission filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded: Filed Sept. 1, 2016.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

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

**Chapter 9—Licensing of Anesthesiologist Assistants**

**PROPOSED RULE**

**20 CSR 2150-9.080 Anesthesiologist Assistant Licensure Fees**

*PURPOSE: The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue pro-*

*duced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo.*

(1) The following fees are established by the State Board of Registration for the Healing Arts and are payable in the form of a personal check, cashier’s check, or money order:

- (A) Anesthesiologist Assistant
  - 1. Licensure by Examination Fee \$25
  - 2. Licensure by Reciprocity Fee \$25
  - 3. Reinstatement Fee \$25
  - 4. Temporary License Fee \$25
  - 5. Renewal Fee \$25
- (B) General Fees
  - 1. Continuing Education Extension Fee \$25
  - 2. Duplicate License Fee \$ 0
  - 3. Late Renewal Fee (Delinquent Fee) \$25
  - 4. Return Check Fee \$25
  - 5. Verification of Licensure Fee \$ 0

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

*AUTHORITY: section 334.125, RSMo Supp. 2014, and section 334.414, RSMo Supp. 2013. This rule originally filed as 4 CSR 150-9.080. Original rule filed Jan. 17, 2006, effective Aug. 30, 2006. Moved to 20 CSR 2150-9.080, effective Aug. 28, 2006. Amended: Filed July 1, 2014, effective Oct. 30, 2014. Emergency rescission and rule filed Sept. 1, 2016, effective Sept. 11, 2016, expires March 9, 2017. Rescinded and readopted: Filed Sept. 1, 2016.*

*PUBLIC COST: This proposed rule will decrease revenue for state agencies or political subdivisions approximately twelve thousand three hundred seventy-five dollars (\$12,375) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*PRIVATE COST: This proposed rule will save private entities approximately twelve thousand three hundred seventy-five dollars (\$12,375) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

## PUBLIC FISCAL NOTE

**I. RULE NUMBER**

**Title 20 - Department of Insurance, Financial Institutions and Professional Registration**  
**Division 2150 - State Board of Registration for the Healing Arts**  
**Chapter 9 - Licensing of Anesthesiologist Assistants**  
**Proposed Rule - 20 CSR 2150-9.080 Anesthesiologist Assistant Licensure Fees**

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Loss of Revenue	
State Board of Registration for the Healing Arts	<b>\$12,375</b>	
	<b>Total Loss of Revenue Annually for the Life of the Rule</b>	<b>\$12,375</b>

**III. WORKSHEET**

See Private Entity Fiscal Note

**IV. ASSUMPTIONS**

1. The total loss of revenue is based on the cost savings to private entities reflected in the Private Fiscal Note filed with this rule.
2. The board utilizes a rolling five-year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five-year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five-year analysis, the board voted on a reduction in individual annual renewal fees for Board of Registration of Healing
3. The above figures are based on FY 2015 actuals.

**PRIVATE FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration  
 Division 2150 - State Board of Registration for the Healing Arts  
 Chapter 9 - Licensing of Anesthesiologist Assistants  
 Proposed Rule - 20 CSR 2150-9.080 Anesthesiologist Assistant Licensure Fees**

**II. SUMMARY OF FISCAL IMPACT**

Classification by types of the business entities which would likely be affected:	Current Fee	Proposed Fee	Estimate of the Number of Affected Entities	Estimated Cost Savings
Licensure by Examination Fee	\$ 300.00	\$ 25.00	27	\$ 7,425.00
Renewal of Certificate of Registration Fee	\$ 200.00	\$ 50.00	33	\$ 4,950.00
			<b>Estimated Annual Savings for the Life of the Rule</b>	<b>\$12,375</b>

**III. WORKSHEET**

See Table Above

**IV. ASSUMPTIONS**

1. The above figures are based on FY 2015 actuals.
2. Individual Board of Healing Arts licensees renew annually. This fiscal note shows the number expected to renew annually.
3. It is anticipated that the total fiscal savings will occur beginning in FY2017, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.



**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2220—State Board of Pharmacy  
Chapter 2—General Rules**

**PROPOSED RULE**

**20 CSR 2220-2.095 Collection of Non-Controlled Medication for Destruction**

*PURPOSE: The purpose of this rule is to authorize pharmacies to collect medication for purposes of destruction and to establish requirements for medication collection programs.*

(1) The provisions of this rule shall apply to the collection of non-controlled medication from the public for destruction. Participation in a medication return or destruction program is voluntary. This rule shall not be construed to require that a licensee or permit holder participate in or establish a return/destruction program. Pharmacies collecting controlled substances must comply with all applicable state and federal controlled substance laws.

(2) Definitions. The following definitions shall apply for purposes of this rule:

(A) "Mail"- Mail shall include mailing via the United States Postal Service or shipping via a common carrier; and

(B) "Nonretrievable"- For the purposes of destruction, a condition or state to which medication is rendered after undergoing a process that permanently alters the medication's physical condition or state through irreversible means and thereby renders the medication unavailable and unusable for all practical purposes.

(3) Pharmacies may maintain a collection receptacle or establish an authorized mail-back program to collect non-controlled medication from the general public for destruction. Collection receptacles may not be used to dispose of unused/unwanted medication in the pharmacy's inventory (e.g., outdated drugs, medical waste). Collected medication shall not be resold or reused.

(A) Pharmacies collecting medication under this rule shall develop and implement written policies and procedures governing medication collection which must include, but not be limited to, authorized destruction procedures and methods.

(B) This rule does not preempt or modify return/reuse of medication as authorized by 20 CSR 2220-3.040, the provisions of Chapter 196, RSMo, governing the Prescription Drug Repository Program, or any provision of state or federal law governing controlled substances or the destruction, handling, or transporting of medical or pharmaceutical waste.

(4) Collection Receptacles. Pharmacies that maintain a collection receptacle to collect non-controlled medication for destruction must comply with the following:

(A) Collection receptacles must be securely placed and maintained inside the physical building of the pharmacy in a manner that prevents theft, diversion, or unauthorized removal. Receptacles must be securely fastened to a permanent structure. The receptacle must be visible to pharmacy staff at all times and shall not be located in or near exit doors;

(B) The receptacle must be a securely locked, substantially constructed container with a permanent outer container, and must contain an inner liner that complies with this rule. The receptacle must have an opening that allows medication to be added to the inner liner but does not allow the contents of the inner liner to be removed. The opening must be locked or otherwise made inaccessible to the public so that drugs cannot be deposited into the collection receptacle when the pharmacy is closed for business;

(C) A sign must be prominently displayed on the outer container of the receptacle indicating that only non-controlled substances may

be deposited into the receptacle. If the receptacle is also used to collect controlled substances, the required sign must comply with state and federal controlled substance laws;

(D) Inner liners must be removable, waterproof, tamper-evident, and tear resistant and must bear a permanent, unique identification number or identifier that enables the inner liner to be tracked. The contents of the inner liner shall not be viewable from the outside;

(E) Inner liners must be installed or removed from a collection receptacle by or under the supervision of at least two (2) board licensees or registrants. Inner liners must be immediately sealed once removed from the receptacle; the sealed inner liner shall not be opened, x-rayed, analyzed, or otherwise penetrated by the pharmacy or pharmacy staff. After removal, sealed inner liners pending destruction may be stored at the pharmacy in a securely locked, substantially constructed cabinet or in a securely locked room or area with controlled access for no more than thirty (30) business days; and

(F) Pharmacies must report any theft or diversion of or from a collection receptacle to the board in writing within fourteen (14) days in a manner designated by the board.

(5) Mail-Back Programs. Pharmacies may provide mail-back packages to the public for the purpose of mailing medication to a collector that is authorized by the Drug Enforcement Administration or federal law to receive prescription medication for destruction ("an authorized collector"). Packages may be provided directly by the pharmacy or the pharmacy's authorized designee, provided the pharmacy is responsible for ensuring compliance with this section.

(A) Mail-back packages must be preaddressed with the address of the authorized collector. The cost of shipping the package shall be postage or otherwise prepaid. Licensees/permit holders shall not accept any returned mail-back packages. Packages must be mailed directly to the authorized collector by the consumer or his/her agent.

(B) Mail-back packages must be nondescript and shall not include any markings or other information that might indicate that the package contains medication. Packages must be water-proof, spill-proof, tamper-evident, tear-resistant, and sealable.

(C) Mail-back packages must be provided with instructions for mailing, notice that packages may only be mailed from within the fifty (50) United States or US territories, and notice that only packages provided by or on behalf of the pharmacy may be used to mail medication.

(D) Senders shall not be required to provide any personally identifiable information when mailing back medication.

(E) Mail-back packages must include a unique identification number or other unique identifier that enables the package to be tracked.

(6) Long-Term Care Facilities. Pharmacies may provide and maintain a collection receptacle at a long-term care facility to collect medication from the public or facility residents for destruction. This section does not apply to medication collected for return and reuse as authorized by 20 CSR 2220-3.040.

(A) Collection receptacles must be securely placed and maintained inside the physical building of the long-term care facility in a manner that prevents theft, diversion, or unauthorized removal. Receptacles must be securely fastened to a permanent structure and must be visible to the facility's staff at all times. In lieu of fastening to a permanent structure, receptacles that are not accessible to the public or residents may be stored in a securely locked room or area with controlled access that is restricted to facility staff/personnel until transfer to the pharmacy. Collection receptacles shall not be located in or near exit doors.

(B) Collection receptacles must be a securely locked, substantially constructed container with a permanent outer container, and must contain an inner liner that complies with subsections (4)(D) and (E) of this rule. The receptacle must have an opening that allows medication to be added to the inner liner but does not allow the contents of the inner liner to be removed. The opening must be locked or otherwise made inaccessible to the public so that drugs cannot be deposited into the collection receptacle when the facility is closed for business.

(C) If the receptacle is accessible to the public or residents, a sign must be prominently displayed on the outer container of the receptacle indicating that only non-controlled substances may be deposited into the receptacle. The required sign must comply with state and federal controlled substance laws if the receptacle is also used to collect controlled substances.

(D) The pharmacy shall be responsible for installing, managing, and maintaining the receptacle and for the removal, sealing, transfer, and storage of inner liners and receptacle contents.

(E) Inner liners may only be installed, removed, and transferred either: 1) by or under the supervision of two (2) board licensees or registrants acting on behalf of the pharmacy; or 2) by or under the supervision of a board licensee/registrant and an employee/staff member of the long-term care facility designated by the pharmacy (e.g., a supervisory charge nurse).

(F) After removal, sealed inner liners may be stored at the facility in a securely locked, substantially constructed cabinet or in a securely locked room or area with controlled access for no more than three (3) business days.

(7) Destruction Methods. Medication collected for destruction shall be rendered nonretrievable and destroyed in compliance with all applicable federal and state laws. Medication shall be destroyed in one (1) of the following ways:

(A) On-site Destruction: Medication may be destroyed on the physical premises of the pharmacy, provided two (2) board licensees or registrants must personally witness the destruction of the medication and handle or observe the handling of the medication until the substance is rendered non-retrievable; or

(B) Transfer to an Authorized Entity: Collected medication may be mailed, shipped, or transferred to an entity authorized to destroy the medication offsite, provided two (2) board licensees or registrants must witness or observe the mailing, shipping, or transfer. If medication is transported by the pharmacy to the offsite location, the medication must be constantly moving towards its final location. Unnecessary and unrelated stops and stops of an extended duration shall not occur.

(8) Records. Except as otherwise provided herein, pharmacies shall maintain a complete and accurate record of the following for two (2) years:

(A) Inventories. Pharmacies shall conduct an inventory every twelve (12) months of inner-liners that are present at the pharmacy or at a long-term care facility that are unused or awaiting destruction. The inventory shall be documented in writing and must include:

1. The date of the inventory;
2. The number of inner liners present on the date of the inventory and the size of any inner liners (e.g., five (5) ten- (10-) gallon liners, etc.);
3. The unique identification number/identifier of each inner liner, whether unused or awaiting destruction;

(B) Inner Liners. The pharmacy must maintain the following written records for inner liners:

1. The unique identification number/identifier and the size of each unused inner liner (e.g., five- (5-) gallon, ten- (10-) gallon, etc.);
2. The date each inner liner is installed, the address of the location where each liner is installed, the unique identification number/identifier and size of each installed inner liner, and the names and signatures of the two (2) required witnesses for each installation; and
3. The date each inner liner is removed and sealed, the unique identification number/identifier of each removed inner liner, and the names and signatures of the two (2) required witnesses for each removal; and

(C) Destruction. The pharmacy must maintain the following written records:

1. For medication destroyed on-site of the pharmacy, the date

and method of destruction, the unique identification number/identifier of each inner liner destroyed, and the names and signatures of the two (2) required witnesses of the destruction.

2. For medication destroyed off-site, the date each inner liner was transferred for destruction, the name and address of each entity to whom each sealed inner liner was transferred for destruction, the unique identification number/identifier of each inner liner transferred for destruction, and the name of the two (2) required witnesses for medication transfer or transport.

(9) Law Enforcement Return Programs. Licensees/permitholders shall be exempt from compliance with this rule when participating in medication collection programs conducted by local, state, or federal law enforcement agencies provided—

(A) Collected medication is placed into a collection container or area that is under the supervision of law enforcement personnel at all times;

(B) Law enforcement personnel are present whenever drugs are collected or on-site; and

(C) The licensee/permitholder does not take possession of the collected medications. Collected medications must remain under the control of, and must be removed by, law enforcement.

*AUTHORITY: sections 338.140, 338.240, and 338.315, RSMo Supp. 2013, and section 338.280, RSMo 2000. Original rule filed Aug. 30, 2016.*

*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 cost private entities voluntarily electing to establish a medication return program an estimated three hundred six thousand four hundred dollars (\$306,400) during the first year of implementation and thirty-five thousand four hundred seventy-three dollars and forty-six cents (\$35,473.46) annually over the life of the rule as the result of the proposed rule.*

*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](mailto:pharmacy@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this rule in the Missouri Register. No public hearing is scheduled.*

**FISCAL NOTE  
PRIVATE COST**

**I. RULE NUMBER**

**Title 20:** Department of Insurance, Financial Institutions and Professional Registration  
**Division 2220** - State Board of Pharmacy  
**Chapter 2** - Pharmaceutical Care Standards  
**Proposed Rule** - 20 CSR 2220-2.095 Collection of Non-Controlled Medication for Destruction

**II. SUMMARY OF FISCAL IMPACT**

<i>Estimate of the number of entities by class which would likely be affected by the adoption of the rule:</i>	<i>Classification by types of the business entities which would likely be affected:</i>	<i>Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:</i>
383	Pharmacies opting to establish a drug return program	\$ 306,400 <i>Y1 Implementation</i>
383	Pharmacies opting to establish a drug return program	\$ 35,473.46 <i>Y1 Implementation &amp; Recurring annually for the life of the rule</i>

**III. WORKSHEET**

**YEAR 1 IMPLEMENTATION COSTS**

<i>Estimated number of Pharmacies</i>	<i>Description of Costs</i>	<i>Calculation of Estimates</i>	<i>Estimated costs for compliance with the rule by affected entities:</i>
383	Collection Receptacle	(383 pharmacies x \$800 per receptacle- one time cost)	\$ 306,400

**ADDITIONAL YEAR 1 COSTS AND RECURRING ANNUAL COSTS**

<i>Estimated number of Pharmacies</i>	<i>Description of Costs</i>	<i>Calculation of Estimates</i>	<i>Estimated costs for compliance with the rule by affected entities:</i>
383	Required Inventory, Record-Keeping, Administrative Tasks	(383 pharmacies x \$14.62 pharmacy technician hourly wage x 1 hour per year)	\$ 5,599.46
383	Inner Liners	(383 pharmacies x \$1.50 per liner x 52 liners per year)	\$ 29,874
<b>TOTAL ANNUAL RECURRING COSTS</b>			<b>\$ 35,473.46</b>

**IV. ASSUMPTIONS**

1. The U.S. Drug Enforcement Administration (DEA) authorized drug return programs in 2014. At this time, data on participants and participation costs is not readily available. The Board made a good faith attempt to estimate costs to ensure compliance with Chapter 536, RSMo.
2. The proposed drug return program is voluntary and not mandatory. Pharmacies are not required to participate. Additionally, complimentary mail back receptacles and materials are currently available. The rule does not prohibit pharmacies from assessing consumer costs/fees; potential costs may be offset by any costs/fees imposed.
3. After consultation with other states and review of other state materials, the Board estimates approximately 25% of Missouri pharmacies (or 383 pharmacies) will establish a drug return program. Costs for collection receptacles were estimated at \$800 per receptacle based on currently available sales information. Costs for inner liners were estimated at \$1.50 per liner with an estimated 52 liners required per year (an estimated weekly removal). The Board estimates these numbers will remain consistent over the life of the rule. Licensing data was based on all Missouri licensed pharmacies at the end of FY 15.
4. The Board estimates approximately 1-hour per year will be required to conduct the inventory, record-keeping, and administrative tasks in the proposed rule which may be performed by a pharmacy technician. Accordingly, an estimated pharmacy technician hourly salary of \$14.62 was used to estimate costs based on the United States Bureau of Labor Statistics Occupational Employment and Wages data for December 2015.
5. The Board estimates medication may be disposed by the average pharmacy in-house without any related costs.

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

**PROPOSED RESCISSION**

**22 CSR 10-2.094 Tobacco-Free Incentive Provisions and Limitations**

*PURPOSE: This rule is being rescinded and readopted to include detailed language to clarify Tobacco-Free Incentive Provisions and Limitations.*

*AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Nov. 1, 2011, effective Nov. 25, 2011, expired May 22, 2012. Original rule filed Nov. 1, 2011, effective April 30, 2012. For intervening history, please consult the Code of State Regulations. Emergency rescission filed Aug. 26, 2016, effective Oct. 1, 2016, expires March 29, 2017. Rescinded: Filed Aug. 26, 2016.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

**PROPOSED RULE**

**22 CSR 10-2.094 Tobacco-Free Incentive Provisions and Limitations**

*PURPOSE: The rule establishes the policy of the board of trustees in regards to the Strive for Wellness<sup>®</sup> Tobacco-Free Incentive and the method and timeframes in which the requirements of the incentive must be completed and submitted.*

(1) Strive for Wellness<sup>®</sup> Tobacco-Free Incentive—The Tobacco-Free Incentive is a voluntary program that eligible members may elect to participate in to earn a reduction in premium. Eligible members are responsible for completing requirements.

(2) Tobacco-Free Incentive—The Strive for Wellness<sup>®</sup> Tobacco-Free Incentive is a reduction in premium of forty dollars (\$40) per month per eligible participant who is compliant with this rule.

(3) Eligibility—The following members enrolled in a Missouri Consolidated Health Care Plan (MCHCP), Preferred Provider Organization (PPO), or Health Savings Account (HSA) Plan are eligible to participate in the Tobacco-Free Incentive:

- (A) Active employee subscribers;
- (B) Non-Medicare spouses covered by a Tobacco-Free Incentive eligible subscriber and Medicare primary spouses of active employee subscribers; and

(C) Non-Medicare subscribers.

(4) Limitations and exclusions—The following members are not eligible to participate in the Tobacco-Free Incentive:

- (A) Members under the age of eighteen (18) years;
- (B) Dependent children;
- (C) Subscriber (with the exception of active employee subscriber) who has Medicare as primary coverage;
- (D) Spouse (with the exception of spouse of active employee subscriber) who has Medicare as primary coverage;
- (E) TRICARE Supplement Plan subscriber;
- (F) Spouse covered by ineligible subscriber; and
- (G) The subscriber and/or spouse will become ineligible to continue to participate the first day of the month in which Medicare becomes his/her primary payer.

(5) 2016 Participation.

- (A) Each eligible member must participate separately.
- (B) In order to receive the Tobacco-Free Incentive, eligible members must complete one (1) of the following for the incentive to be effective the first day of the second month after MCHCP receives the Tobacco Promise form and the applicable requirements are completed:
  1. Submit a 2016 Tobacco-Free Promise form; or
  2. Submit a 2016 Quit Tobacco Promise form, enroll in an MCHCP-approved quit tobacco program or course, and complete one (1) one-on-one call with the quit tobacco program coach or attend one (1) class of a Strive for Wellness<sup>®</sup> quit tobacco course. Quit tobacco programs completed prior to December 1, 2015 shall not qualify for the 2016 incentive.

(C) Eligible members adding medical coverage with an effective date on or after December 1, 2015 must complete one (1) of the following within thirty-one (31) days of his/her medical coverage effective date (unless otherwise specified) for the incentive to be effective the first day his/her medical coverage is effective:

- 1. Submit a 2016 Tobacco-Free Promise form; or
- 2. Submit a 2016 Quit Tobacco Promise form, enroll in an MCHCP-approved quit tobacco program or course, and complete one (1) one-on-one call with the quit tobacco program coach or attend one (1) class of a Strive for Wellness<sup>®</sup> quit tobacco course.

(D) All forms can be completed through the eligible member's myMCHCP account or downloaded from MCHCP's website and printed for completion. Completed printed forms must be submitted to MCHCP by fax, mail, or uploaded to the eligible member's myMCHCP account.

(E) Eligible members participating in an MCHCP-approved quit tobacco program on the date MCHCP receives your Quit Tobacco Promise form, must complete one (1) one-on-one call with the quit tobacco program coach or attend one (1) class of a Strive for Wellness<sup>®</sup> quit tobacco course for the incentive to begin the first day of the second month following the completed coaching call or class.

(F) Eligible members participating in the Tobacco-Free Incentive whose coverage ends due to the subscriber's termination of all employment with the state and who then regains coverage effective in the same plan year because the subscriber is rehired as a new state employee, will receive the Tobacco-Free Incentive effective the first day his/her medical coverage is effective after the subscriber is rehired if one (1) of the following is completed:

- 1. Eligible members with a Tobacco-Free Promise form submitted in the same plan year have no further requirements;
- 2. Eligible members with a Quit Tobacco Promise form submitted in the same plan year, but who did not complete an MCHCP-approved quit tobacco program prior to the date the medical coverage terminated, must re-enroll in a quit tobacco program and complete one (1) one-on-one call with the quit tobacco program coach or attend one (1) class of a Strive for Wellness<sup>®</sup> quit tobacco course within thirty-one (31) days of his/her medical coverage effective date after the subscriber is rehired.

(G) MCHCP-approved quit tobacco programs include:

1. Quit tobacco coaching program provided by MCHCP's vendor; or
2. Strive for Wellness<sup>®</sup> quit tobacco course (when available, for active employee subscribers only).

(H) An eligible member will lose the Tobacco-Free Incentive for the remainder of the plan year effective the first day of the second month after MCHCP learns the eligible member failed to remain tobacco-free or failed to complete an MCHCP-approved quit tobacco program or course. Failure to complete an MCHCP-approved quit tobacco program or course means the eligible member failed to—

1. Complete six (6) progressive quit tobacco program coaching calls; or
2. Attend six (6) Strive for Wellness<sup>®</sup> quit tobacco course classes during the scheduled course timeframe.

(I) Eligible members who completed the Tobacco-Free Promise form and who, thereafter, use a tobacco product, must notify MCHCP by phone, fax, or mail the next business day.

(J) The 2016 Tobacco Free Incentive shall begin January 1, 2016 and end December 31, 2016.

(K) MCHCP will verify an eligible member's quit tobacco program or course participation.

(L) Eligible members who first complete a Quit Tobacco Promise form, November 1, 2016 through December 31, 2016, do not have to enroll in an MCHCP-approved quit tobacco program or course. The date in which they complete their Quit Tobacco Promise form will be used as completing all requirements to receive the incentive in accordance with the applicable timeline.

(6) 2017 Participation.

(A) Each eligible member must participate separately.

(B) In order to receive the Tobacco-Free Incentive, eligible members must complete one (1) of the following for the incentive to be effective the first day of the second month after MCHCP receives the Tobacco Promise form and applicable requirements are completed:

1. Submit a 2017 Tobacco-Free Promise form; or
2. Submit a 2017 Quit Tobacco Promise form and agree to receive the Quit Tobacco Road Map.

(C) Eligible members adding medical coverage with an effective date on or after December 1, 2016 must complete one (1) of the following within thirty-one (31) days of his/her medical coverage effective date (unless otherwise specified) for the incentive to be effective the first day his/her medical coverage is effective:

1. Submit a 2017 Tobacco-Free Promise form; or
2. Submit a 2017 Quit Tobacco Promise form and agree to receive the Quit Tobacco Road Map.

(D) All forms can be completed through the eligible member's myMCHCP account or downloaded from MCHCP's website and printed for completion. Completed printed forms must be submitted to MCHCP by fax, mail, in person, or uploaded to the eligible member's myMCHCP account.

(E) Eligible members participating in the Tobacco-Free Incentive whose coverage ends due to the subscriber's termination of all employment with the state and who then regains coverage effective in the same plan year because the subscriber is rehired as a new state employee, will receive the Tobacco-Free Incentive effective the first day his/her medical coverage is effective after the subscriber is rehired.

(F) Eligible members who completed the Tobacco-Free Promise form and who, thereafter, use a tobacco product, must notify MCHCP by phone, fax, or mail the next business day and MCHCP will mail the Quit Tobacco Road Map.

(G) The 2017 Tobacco Free Incentive shall begin January 1, 2017 and end December 31, 2017.

(7) A waiver may be granted if an eligible member requests a waiver in writing along with a provider's written certification that it is medically inadvisable for the eligible member to quit tobacco.

(8) MCHCP and/or its vendor may audit participation information for accuracy. Misrepresentation or fraud could lead to loss of the Tobacco-Free Incentive and/or prosecution.

(9) MCHCP and/or its vendor may utilize participation data for purposes of offering additional programs in accordance with the MCHCP privacy policy.

*AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Nov. 1, 2011, effective Nov. 25, 2011, expired May 22, 2012. Original rule filed Nov. 1, 2011, effective April 30, 2012. For intervening history, please consult the Code of State Regulations. Emergency rescission and rule filed Aug. 26, 2016, effective Oct. 1, 2016, expires March 29, 2017. Rescinded and readopted: Filed Aug. 26, 2016.*

*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 Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

**PROPOSED RESCISSION**

**22 CSR 10-2.120 Partnership Incentive Provisions and Limitations**

*PURPOSE: This rule is being rescinded and readopted to include detailed language to clarify Strive for Wellness<sup>®</sup> Partnership Incentive Provisions and Limitations.*

*AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Aug. 28, 2012, effective Oct. 1, 2012, terminated Feb. 27, 2013. Original rule filed Aug. 28, 2012, effective Feb. 28, 2013. For intervening history, please consult the Code of State Regulations. Emergency rescission filed Aug. 26, 2016, effective Oct. 1, 2016, expires March 29, 2017. Rescinded: Filed Aug. 26, 2016.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

**PROPOSED RULE**

**22 CSR 10-2.120 Partnership Incentive Provisions and Limitations**

*PURPOSE: This rule establishes the policy of the board of trustees in regards to the Strive for Wellness® Partnership Incentive and the method and timeframes in which the requirements of the incentive must be completed and submitted.*

(1) Strive for Wellness® Partnership Incentive—The Partnership Incentive is a voluntary program that eligible members may elect to participate in to earn a reduction in premium. Eligible members are responsible for completing requirements.

(2) Partnership Incentive—The Strive for Wellness® Partnership Incentive is a reduction in premium of twenty-five dollars (\$25) per month per eligible member who is compliant with this rule.

(3) Eligibility—The following members enrolled in a Missouri Consolidated Health Care Plan (MCHCP), Preferred Provider Organization (PPO), or Health Savings Account (HSA) Plan are eligible to participate in the Partnership Incentive:

- (A) Active employee subscribers; and
- (B) Non-Medicare subscribers.

(4) Limitations and exclusions—The following members are not eligible to participate in the Partnership Incentive:

- (A) Subscribers under the age of eighteen (18) years;
- (B) Dependents;
- (C) TRICARE Supplement Plan subscribers;
- (D) Subscriber (with the exception of active employee subscriber) who has Medicare as primary coverage; and

(E) When Medicare becomes a subscriber's primary insurance payer, the subscriber (with the exception of active employee subscriber) is no longer eligible to participate and will lose the partnership incentive the first day of the month in which Medicare becomes primary.

(5) 2016 Participation.

(A) In order to receive the Partnership Incentive, eligible members must complete all of the following for the incentive to be effective the first day of the second month after the requirements are completed:

- 1. The Partnership Promise; and
- 2. The Health Assessment.

(B) The requirements must be completed through the member's myMCHCP account.

(C) Eligible members adding medical coverage with an effective date on or after December 1, 2015 must complete all of the following within thirty-one (31) days of his/her medical coverage effective date (unless otherwise specified) for the incentive to be effective the first day his/her medical coverage is effective:

- 1. The Partnership Promise; and
- 2. The Health Assessment.

(D) An employee earning the Partnership Incentive who then terminates all employment with the state and is rehired as a new state employee with medical coverage effective in the same plan year, will receive the Partnership Incentive effective the first day his/her medical coverage is effective after s/he is rehired.

(E) Eligible members who have earned the incentive may earn a *de minimis* gift for completing one (1) or more of the following MCHCP-approved health actions. An eligible member must report the completion of the health action to MCHCP by December 31,

2016 and may receive only one (1) gift per year. MCHCP-approved health actions are as follows:

1. Receiving a preventive lab screening such as cholesterol and blood sugar;
2. Receiving an annual preventive exam;
3. Attending two (2) online health education webinars provided by Strive for Wellness®;
4. Attending two (2) lunch-and-learn health education sessions provided by Strive for Wellness®;
5. Participating in a virtual health coaching program through the website of the MCHCP wellness vendor and achieving at least one (1) milestone;
6. Participating in physical activity such as walking, jogging, Zumba, yoga, or weight-training for one hundred fifty (150) minutes each week for three (3) months;
7. Standing for at least two (2) hours during each workday for three (3) months;
8. Complete the Governor's 100 Missouri Miles Challenge; or
9. Walking one (1) million steps.

(F) The 2016 Partnership Incentive shall begin January 1, 2016 and end December 31, 2016.

(G) Eligible members who first complete the 2016 Partnership Incentive requirements, October 1, 2016 through December 31, 2016, do not have to complete two (2) Health Assessments. The date in which they complete their Health Assessment will be used as meeting the requirement to complete a Health Assessment to receive the incentive for both 2016 and 2017 in accordance with the applicable timeline.

(6) 2017 Participation.

(A) In order to receive the Partnership Incentive, eligible members must complete all of the following for the incentive to be effective the first day of the second month after the requirements are completed:

1. The Partnership Promise;
2. The Health Assessment; and
3. The Health Education Quiz. A series of questions administered by MCHCP designed to measure understanding of MCHCP benefits and/or general health knowledge.

(B) The requirements must be completed through the member's myMCHCP account.

(C) Eligible members adding medical coverage with an effective date on or after December 1, 2016 must complete all of the following within thirty-one (31) days of his/her medical coverage effective date (unless otherwise specified) for the incentive to be effective the first day his/her medical coverage is effective:

1. The Partnership Promise;
2. The Health Assessment; and
3. The Health Education Quiz.

(D) An employee earning the Partnership Incentive who then terminates all employment with the state and is rehired as a new state employee with medical coverage effective in the same plan year, will receive the Partnership Incentive effective the first day his/her medical coverage is effective after s/he is rehired.

(E) Eligible members who have earned the incentive may earn a *de minimis* gift for completing one (1) or more of the following MCHCP-approved health actions. An eligible member must report the completion of the health action to MCHCP by December 31, 2017 and may receive only one (1) gift per year. MCHCP-approved health actions are as follows:

1. Receiving a preventive lab screening such as cholesterol and blood sugar;
2. Receiving an annual preventive exam;
3. Attending three (3) Strive for Wellness® sponsored health education or physical activity events;
4. Participating in physical activity such as walking, jogging, Zumba, yoga, or weight-training for one hundred fifty (150) minutes each week for three (3) months;

5. Standing for at least two (2) hours during each workday for three (3) months; or

6. Walking one (1) million steps.

(F) The 2017 Partnership Incentive shall begin January 1, 2017 and end December 31, 2017.

(7) A waiver may be granted, in whole or in part, for the applicable plan year if a member requests a waiver of a requirement(s) in writing along with a provider's written certification that it is medically inadvisable for the member to participate in the applicable requirement(s).

(8) MCHCP and/or its vendor may audit participation information for accuracy. Misrepresentation or fraud could lead to loss of the Partnership Incentive and/or prosecution.

(9) MCHCP and/or its vendor may utilize participation data for purposes of offering additional programs in accordance with MCHCP's privacy policy.

*AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Aug. 28, 2012, effective Oct. 1, 2012, terminated Feb. 27, 2013. Original rule filed Aug. 28, 2012, effective Feb. 28, 2013. For intervening history, please consult the **Code of State Regulations**. Emergency rescission and rule filed Aug. 26, 2016, effective Oct. 1, 2016, expires March 29, 2017. Rescinded and readopted: Filed Aug. 26, 2016.*

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