

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

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 If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission.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

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

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

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

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

Proposed Amendment Text Reminder:
Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

**Title 1—OFFICE OF ADMINISTRATION
Division 20—Personnel Advisory Board and
Division of Personnel
Chapter 4—Appeals, Investigations, Hearings
and Grievances**

PROPOSED AMENDMENT

1 CSR 20-4.010 Appeals. The Personnel Advisory Board is amending paragraphs (3)(B)3. and 4. and renumbering the remaining paragraphs accordingly.

PURPOSE: This amendment is necessary to provide directions to the parties as to what will occur when the person who issued the decision is unavailable for the hearing on the appeal.

(3) Appeals Must be Submitted and Hearings Conducted Following the Procedures and Guides Provided in this Rule.

(B) Hearings Procedure. The conduct of hearings before the Personnel Advisory Board is subject to the following provisions:

1. Hearings will be held in the Office of the Personnel Advisory Board in Jefferson City, Missouri, unless a different location is specified by action of the board;

2. If no prehearing conference has been held, the board will make a determination of what questions are at issue based upon the notice of the disciplinary action and the appellant's contentions in the appeal prior to the taking of testimony. The hearing shall be confined to and come within the scope of law and facts that the board has determined to be at issue. The board may exclude evidence which is purely cumulative;

3. *[The board requires attendance at the hearing of the appeal of the person who imposed the discipline.]* **The person who imposed the discipline is to attend the hearing.** If that person is not the appointing authority, it must be the subordinate to whom authority has been delegated/;. **The person does not have to attend the hearing if:**

A. The appellant has waived his or her attendance;

B. The parties agree to present his or her testimony by other means such as stipulation, affidavit, or testimony over the telephone or if either party wishes to present the testimony by deposition;

C. He or she is unable to attend the hearing for a reason that is accepted as legitimate by the board and the absence of his or her testimony would not unduly prejudice the appellant;

4. If the person who imposed the discipline is legitimately unavailable to provide his or her testimony for the hearing and the board determines that not having this testimony unduly prejudices the appellant, then the board may disapprove the appellant's discipline;

[4.]5. The person conducting the hearing will read a statement citing the appropriate sections of the merit system law applicable to appeals;

[5.]6. The person conducting the hearing will read the charges of the appointing authority and the contentions of the appellant. By agreement these documents may be inserted in the record without reading before commencing the taking of testimony;

[6.]7. All witnesses will be sworn or affirmed. When possible, witnesses will stand to be sworn or affirmed;

[7.]8. The Personnel Advisory Board, on request of either party or on its own motion, may order that the witnesses be separated so as to preclude any witness, other than the parties and their attorneys, from hearing the testimony of other witnesses. When requested by the appellant, only one (1) person in addition to counsel shall remain in the room to represent the appointing authority;

[8.]9. The appointing authority will be required to present his/her case first. Experience has shown this method gives the board a clearer and quicker picture of the issues. This is not a shift of the burden of proof, but is only the burden of going ahead with the proof;

[9.]10. The Personnel Advisory Board may take notice of its rules, the class specifications, official records of the Personnel Division and the pay plan without the necessity of an offer in evidence;

[10.]11. The Personnel Advisory Board may fix the total time to be allowed for oral argument;

[11.]12. At the hearing the entire proceedings will be tape recorded. After the board announces its findings of fact, conclusions of law, decision and order, or at an earlier time if the board determines that the interest of efficient administration would be served, a copy of the recording, will be made available to either party. The board will not transcribe the record from aural to written form. The cost of a transcription will be borne by the requesting party. The transcription may be performed by any commercial business or agency selected by the requesting party. The board will forward directly to

the selected business or agency a copy of the aural recording;

[12.]13. No rehearing shall be granted from a final decision of the Personnel Advisory Board; however, at any time prior to issuance of the decision, the board may require the production of additional documents and records, the presentation of additional testimony after prior notification to both parties, or both;

[13.]14. An appeal set for hearing may be continued by the Personnel Advisory Board for cause deemed sufficient or by consent of both parties to the appeal. However, a continuance will not be granted except for compelling cause or to serve the ends of justice. If an appellant requests and is granted a continuance, the Personnel Advisory Board, in its discretion, may deny the appellant any compensation for that portion of time lost by reason of the continuance made at the request if the appellant's appeal is finally sustained. If an appeal scheduled for hearing is not reached, it shall be reset and given precedence over any subsequent appeal;

[14.]15. The finding of the board will be announced in writing subsequent to the hearing. Parties will be notified by letter sent by certified mail. The finding will be made as provided in section 36.390(5), RSMo; and

[15.]16. As appropriate and where no specific rule governs the issue, the Personnel Advisory Board will utilize the rules of the civil procedure for guidance.

AUTHORITY: sections 36.060 and 36.070, RSMo 2000. Original rule filed July 9, 1947, effective July 19, 1947. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Jan. 17, 2006.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing on this proposed amendment is scheduled at 1:00 p.m., Tuesday, April 11, 2006, in Room 500 of the Harry S Truman State Office Building, 301 West High Street, Jefferson City, Missouri. Comments must be received by 5:00 p.m. on April 11, 2006 and should be directed to the Director of Personnel, Office of Administration, PO Box 388, Jefferson City, MO 65102.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 115—State Committee of Dietitians
Chapter 1—General Rules**

PROPOSED AMENDMENT

4 CSR 115-1.040 Fees. The board is proposing to amend subsections (1)(A)–(1)(C) and add a new subsection (1)(I).

PURPOSE: The State Committee of Dietitians is statutorily obligated to enforce and administer the provisions of section 324.212, RSMo. Pursuant to section 324.212, RSMo, the committee shall set by rule the appropriate amount of fees so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the committee for administering the provisions of sections 324.200–324.228, RSMo. Therefore, the committee is reducing the fees associated with submitting and application and license renewal. The committee is also proposing an inactive license fee.

(1) The following fees are hereby established by the State Committee of Dietitians:

(A) Application Fee [~~\$150.00~~] **\$50.00**

(B) Reciprocity Fee [~~\$150.00~~] **\$50.00**
(C) Biennial Renewal Fee [~~\$150.00~~] **\$50.00**
(I) **Biennial Inactive License Fee** **\$25.00**

AUTHORITY: sections 324.212.4, RSMo Supp. [2003] 2005 and 324.228, RSMo 2000. Original rule filed March 15, 2000, effective Sept. 30, 2000. Amended: Filed June 16, 2003, effective Dec. 30, 2003. Amended: Filed Jan. 17, 2006.

PUBLIC COST: This proposed amendment will reduce the Dietitian Fund by approximately one hundred thirty-three thousand nine hundred dollars (\$133,900) biennially for the life of the rule. It is anticipated that the total reduction will recur biennially for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed amendment will save private entities an estimated one hundred thirty-three thousand nine hundred dollars (\$133,900) biennially with a continuous savings of ten thousand dollars (\$10,000) for the life of the rule. It is anticipated that the total savings will recur biennially for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Committee of Dietitians, Kristi Klamet, Executive Director, PO Box 1335, Jefferson City, MO 65102, by facsimile to (573) 526-3489 or via e-mail at diet@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 ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development

Division 115 - Dietitians

Chapter 1 - General Rules

Proposed Rule - 4 CSR 115-1.040 Fees

Prepared December 29, 2005 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue
State Committee of Dietitians	\$133,900
Total Loss of Revenue	
Biennially for the Life of the Rule	
	\$133,900

III. WORKSHEET

Based on FY05 actuals, the committee estimates approximately 40 applicants, 10 reciprocity applicants and 1289 currently licensed dietitians will save \$100 annually. Thereby, reducing the board's fund by \$133,900.

IV. ASSUMPTION

1. The State Committee of Dietitians is statutorily obligated to enforce and administer the provisions of sections 324.212, RSMo. Pursuant to section 324.212, RSMo, the committee shall set by rule the appropriate amount of fees so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the committee for administering the provisions of Chapter 324.200-324.228, RSMo. Therefore, the committees reducing the fees associated with license renewal.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development

Division 115 - Dietitians

Chapter 1 - General Rules

Proposed Rule - 4 CSR 115-1.040 Fees

Prepared December 29, 2005 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated biennial cost savings with compliance of the amendment by affected entities:
40	Applicants (Application Fee - \$100 Decrease)	\$4,000
10	Applicants (Reciprocity Fee - \$100 Decrease)	\$1,000
1,289	Licensees (Renewal Fee - \$100 Decrease)	\$128,900
Estimated Biennial Cost Savings of Compliance for the Life of the Rule		\$133,900 with a continuous biennial savings of \$10,000

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The figures listed above are based on FY05 actuals and FY06 and FY07 actuals. The committee anticipates an biennial growth rate of 100 licensees.
2. It is anticipated that the total savings will recur biennially for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 115—State Committee of Dietitians
Chapter 2—Licensure Requirements**

PROPOSED RULE

4 CSR 115-2.045 Inactive Status

PURPOSE: This rule outlines the process of requesting inactive status to maintain a license for a dietitian.

(1) An inactive license shall be renewed biennially. Failure to receive a renewal notice shall not relieve the licensee of the obligation to renew the inactive license and pay the required fee prior to the expiration date of the inactive license. Renewals shall be postmarked no later than the expiration date of the license to avoid the delinquent renewal fee as defined in rules promulgated by the committee.

(2) Each inactive licensee shall provide the committee, at the time of application for renewal of the inactive license, with a completed renewal form issued by the committee that shall contain updated information since the preceding application/renewal period.

(3) Pursuant to section 324.216, RSMo, a licensee shall not practice as a dietitian in the state of Missouri while the license is inactive.

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

(5) In addition to the requirements set forth in section (4) above, a licensee whose license is inactive for four (4) years or more shall be required to provide proof from the Commission on Dietetic Registration (CDR) that the licensee has a current registration prior to returning the license to active status.

AUTHORITY: section 324.216, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

PUBLIC COST: This proposed rule will reduce the Dietitian Fund by approximately six hundred fifty dollars (\$650) biennially for the life of the rule. It is anticipated that the total reduction will recur biennially for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will save private entities an estimated six hundred fifty dollars (\$650) biennially for the life of the rule. It is anticipated that the total savings will recur biennially for the life of the rule, may vary with inflation and is 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 Committee of Dietitians, Kristi Klamet, Executive Director, PO Box 1335, Jefferson City, MO 65102, by facsimile to (573) 526-3489 or via e-mail at diet@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 ENTITY FISCAL NOTE**I. RULE NUMBER****Title 4 -Department of Economic Development****Division 115 - Dietitians****Chapter 1 - General Rules****Proposed Rule - 4 CSR 115-2.045 Inactive Status**

Prepared December 29, 2005 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Loss of Revenue
State Committee of Dietitians	\$650

Total Loss of Revenue
Biennially for the Life of the Rule **\$650**

III. WORKSHEET

The figures listed above are based on FY05 actuals and FY06 and FY07 projections. The committee estimates 2% of the licensee population will choose to place their license on inactive status. Licensees will be charged the \$25 inactive license fee versus the \$50 renewal fee.

IV. ASSUMPTION

1. The State Committee of Dietitians is statutorily obligated to enforce and administer the provisions of sections 324.212, RSMo. Pursuant to section 324.212, RSMo, the committee shall set by rule the appropriate amount of fees so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the committee for administering the provisions of Chapter 324.200-324.228, RSMo.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development

Division 115 - Dietitians

Chapter 1 - General Rules

Proposed Rule - 4 CSR 115-2.045 Inactive Status

Prepared December 29, 2005 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated biennial cost savings with compliance of the amendment by affected entities:
26	Licensees (Inactive License Fee - \$25)	\$650
Estimated Biennial Cost Savings of Compliance for the Life of the Rule		\$650

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The figures listed above are based on FY05 actuals and FY06 and FY07 projections. The committee estimates 2% of the licensee population will choose to place their license on inactive status. Licensees will be charged the \$25 inactive license fee versus the \$50 renewal fee.
2. It is anticipated that the total savings will recur biennially for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
**Division 150—State Board of Registration for the
Healing Arts**
Chapter 9—Licensing of Anesthesiologist Assistants

PROPOSED RULE

4 CSR 150-9.010 Definitions

PURPOSE: This rule advises the public of the definitions which the board has adopted for certain terms which are used in Chapter 334, RSMo.

(1) The term "extenuating circumstances" as used in section 334.416.4, RSMo shall be defined as:

- (A) Death in the immediate family;
- (B) Illness documented by physician's statement;
- (C) Accident causing bodily injury;
- (D) Other exceptional causes as determined by the board.

(2) Failure to receive a renewal notice is not an extenuating circumstance.

AUTHORITY: sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
**Division 150—State Board of Registration for the
Healing Arts**
Chapter 9—Licensing of Anesthesiologist Assistants

PROPOSED RULE

4 CSR 150-9.020 Effective Date of Licensure

PURPOSE: This rule provides the time period for anesthesiologist assistants currently practicing in the state of Missouri to become licensed pursuant to sections 334.402 through 334.430, RSMo.

(1) Any anesthesiologist assistant practicing in the state of Missouri on the effective date of this rule shall obtain a license pursuant to this chapter within six (6) months of the effective date of this rule.

(2) Any currently practicing anesthesiologist assistant who does not obtain a license within six (6) months of the effective date of this rule shall cease practicing until such time as they obtain a certificate of licensure.

AUTHORITY: sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
**Division 150—State Board of Registration for the
Healing Arts**
Chapter 9—Licensing of Anesthesiologist Assistants

PROPOSED RULE

4 CSR 150-9.030 Applicants for Licensure

PURPOSE: This rule provides information regarding requirements to applicants desiring licensure in Missouri for practice as an anesthesiologist assistant.

(1) Applicants must present satisfactory evidence of completion of an anesthesiologist assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation, or its successor agency. A copy of the applicant's diploma shall be submitted as evidence of satisfactory completion.

(2) Applicants shall, upon a form provided by the board, designate any and all employers. A change of employer, for any reason, must be submitted to the board within fifteen (15) business days of such occurrence.

(3) Applicants shall have verification of passage of the certifying examination and active certification submitted to the board directly from the National Commission for Certification of Anesthesiologist Assistants.

(4) Applicants are required to make application upon forms prepared by the board.

(5) No application will be considered unless fully and completely made out on the specified form and properly attested pursuant to section 334.404, RSMo.

(6) Applicants shall attach to the application a recent unmounted photograph not larger than three and one-half inches by five inches (3 1/2" × 5").

(7) Applications shall be sent to the State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(8) Applicants shall submit the licensure application fee as defined in 4 CSR 150-9.080 in the form of a personal check, money order or cashier's check drawn on a United States bank and/or firm made payable to the State Board of Registration for the Healing Arts.

(9) Applicants shall have verification of licensure, registration and/or certification submitted from every state and/or country in which the applicants have ever held privileges to practice. This verification

must be submitted directly from the licensing agency and include the type of license, registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions. If the licensing agency refuses or fails to provide a verification, the board may consider other evidence of licensure.

(10) Applicants must submit a complete curriculum vitae from high school graduation to the date of application submission or for the previous ten (10) years whichever is most recent. This document shall include the name(s) and address(es) of all employers and supervisors, dates of employment, job title, and all professional and non-professional activities.

(11) When an applicant has filed an application and an appropriate fee and the application is denied by the board or subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of 4 CSR 150-9.080 and section 334.104.1, RSMo.

(12) The board may require the applicant to make a personal appearance before the board and/or advisory commission prior to rendering a final decision regarding licensure.

(13) An applicant may withdraw an application for licensure anytime prior to the board's vote on the applicant's candidacy for licensure.

AUTHORITY: sections 334.125, RSMo 2000 and 334.400, 334.404, 334.406 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

PUBLIC COST: This proposed rule will have a net increase on the Board of Registration for the Healing Arts fund by four thousand four hundred thirteen dollars and twenty-seven cents (\$4,413.27) annually for the life of the rule. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will cost private entities approximately five thousand twenty-six dollars and ninety-five cents (\$5,026.95) annually for the life of the rule. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development
Division 150 - State Board of Registration for the Healing Arts
Chapter 9 - Licensing of Anesthesiologist Assistants
Proposed Rule - 4 CSR 150-9.030 Applicants for Licensure
 Prepared January 4, 2006 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

State Board of Registration for the Healing Arts		Estimated Cost of Compliance	
		Total Increase in Revenue	\$5,000.00
		Estimated Cost of Compliance	-\$568.23
		Total Net Effect on Fund	\$4,431.77

III. WORKSHEET

The board anticipates 1 applicant apply for licensure annually.

CLASSIFICATION	Fee Amount	Number in Class	AGGREGATE COST
Letterhead	\$0.15	5	\$0.75
Forms (x4)	\$0.15	5	\$0.75
Envelopes	\$0.16	5	\$0.80
Postage	\$0.34	5	\$1.70
Total expense and equipment cost			\$4.00

STAFF	ANNUAL SALARY	SALARY TO INCLUDE FRINGE	HOURLY SALARY	TIME PER PROPOSAL	COST PER PROVIDER	TOTAL COST
Executive Director	\$69,144.00	\$102,948.50	\$49.49	3 minutes	\$1.48	\$7.42
Licensing Supervisor	\$29,784.00	\$44,345.40	\$21.32	15 minutes	\$3.20	\$15.99
Office Support Assistant	\$22,727.00	\$33,838.23	\$16.27	1 minute	\$0.16	\$0.81
Total personal service costs						\$24.23

It is estimated that the following staff time will be devoted on each application for the following duties:

Executive Director (3 minutes) - Review application for completeness and respond to verbal and written inquiries.

Licensing Supervisor (15 minutes) - Review application for completeness, update the division licensing system, prepare and send follow up letters, respond to telephone and email inquiries, process all documentation, prepare application for Executive Director review, and notify applicant of any deficiencies.

Office Support Assistant (1 minute) - Mail license.

Initial Licensure System and EDP Costs

Costs are calculated for designing, programming and implementing the licensure program for

18 hours for design, program and implement licensure program
 \$30 cost per hour
\$540 **Total Initial Licensure System Design, Program and Implementation**

IV. ASSUMPTIONS

1. The figures listed above are based on FY07, FY08 and FY09 projections.
2. The total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight commission.

NOTE: The public fiscal note for this rule only reflects the cost for this particular process. However, private entity fees are set at an amount to cover the total actual cost incurred by the board, which includes personal service, expense and equipment and transfers.

PUBLIC ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development
Division 150 - State Board of Registration for the Healing Arts
Chapter 9 - Licensing of Anesthesiologist Assistants
Proposed Rule - 4 CSR 150-9.030 Applicants for Licensure

Prepared January 4, 2006 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost with compliance of the rule by affected entities:
3	Applicants (Application Fee - \$1000)	\$3,000.00
2	Applicants (Reciprocity License Fee - \$1000)	\$2,000.00
5	Applicants (Notary - \$5.00)	\$25.00
5	Applicants (Postage - \$.39)	\$1.95
Estimated Cost for the Life of the Rule		\$5,026.95

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The figures listed above are based on FY07, FY08 and FY09 projections.
2. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

NOTE: The board is statutorily obligated to enforce and administer the provisions of Chapter 334.400-334.430, RSMo. Pursuant to Section 334.050, RSMo, the board shall by rule and regulation set the amount of fees authorized by Chapter 334.400-334.430, 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 Chapter 334.400-334.430, RSMo. The fees established by this rule support the expenditures necessary to enforce and administer the provisions of Chapter 334.400-334.430, RSMo, which will result in protection of the health, welfare, and safety of the public.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
**Division 150—State Board of Registration for the
Healing Arts**
Chapter 9—Licensing of Anesthesiologist Assistants

PROPOSED RULE

4 CSR 150-9.040 Anesthesiologist Assistant Supervision Agreements

PURPOSE: This rule defines the terms used throughout this rule as applicable to anesthesiologist assistants, specifies the requirements for supervision agreements and practice of an anesthesiologist assistant pursuant to a supervision agreement.

(1) As used in this rule, unless specifically provided otherwise, the term—

(A) Anesthesiologist assistant supervision agreements shall mean written agreements, jointly agreed upon protocols, or standing orders between a supervising anesthesiologist and a licensed anesthesiologist assistant which provide for the delegation of health care services from a supervising anesthesiologist to a licensed anesthesiologist assistant and the review of such services;

(B) Assistance shall mean participation by a supervising anesthesiologist in patient care;

(C) Consultation shall mean the process of seeking a supervising anesthesiologist's input and guidance regarding patient care including, but not limited to, the methods specified in the anesthesiologist assistant supervision agreement;

(D) Intervention shall mean the direct management of a patient's care by a supervising anesthesiologist; and

(E) Supervising anesthesiologist shall mean a physician so designated in the anesthesiologist assistant supervision agreement who:

1. Has completed an anesthesiology residency approved by the American Board of Anesthesiology or the American Osteopathic Association;

2. Holds a permanent license to practice medicine in the state of Missouri; and

3. Is actively engaged in the practice of medicine, except that this shall not include physicians who hold a limited license pursuant to section 334.112, RSMo, or a temporary license pursuant to section 334.045 or 334.046, RSMo, or physicians who have retired from the practice of medicine.

(2) No anesthesiologist assistant shall practice pursuant to the provisions of sections 334.400 through 334.430, RSMo or to the provisions of this rule unless licensed and pursuant to a written anesthesiologist assistant supervision agreement.

(3) A licensed anesthesiologist assistant practicing pursuant to an anesthesiologist assistant supervision agreement shall work in the same facility as the supervising anesthesiologist.

(4) A supervising anesthesiologist as designated in the anesthesiologist assistant supervision agreement shall at all times be immediately available to the licensed anesthesiologist assistant for consultation, assistance, and intervention within the same facility. No anesthesiologist assistant shall practice without an anesthesiologist's supervision or in any location where a supervising anesthesiologist is not immediately available for consultation, assistance and intervention, except as otherwise defined by law.

(5) Upon entering into an anesthesiologist assistant supervision agreement, the supervising anesthesiologist shall be familiar with the level of skill, training and the competence of the licensed anesthesiologist assistant whom the anesthesiologist will be supervising. The provisions contained in the anesthesiologist assistant supervision

agreement between the licensed anesthesiologist assistant and the supervising anesthesiologist shall be within the scope of practice of the licensed anesthesiologist assistant and consistent with the licensed anesthesiologist assistant's skill, training and competence.

(6) The delegated health care services provided for in the anesthesiologist assistant supervision agreement shall be consistent with the scopes of practice of both the supervising anesthesiologist and licensed anesthesiologist assistant including, but not limited to, any restrictions placed upon the supervising anesthesiologist's practice or license.

(7) The anesthesiologist assistant supervision agreement between a supervising anesthesiologist and a licensed anesthesiologist assistant shall—

(A) Include the method and frequency of review of the licensed anesthesiologist assistant's practice activities;

(B) Be reviewed at least annually and revised as the supervising anesthesiologist deems necessary;

(C) Be maintained by the supervising anesthesiologist and licensed anesthesiologist assistant for a minimum of eight (8) years after the termination of the agreement;

(D) Be signed and dated by the supervising anesthesiologist and licensed anesthesiologist assistant prior to its implementation; and

(E) Contain the mechanisms for evaluation of serious or significant adverse outcomes to a patient or patients, and/or deviations from standard of care, as established by the practice or community based standards.

(8) The board may require any supervising anesthesiologist to appear before the board to answer questions regarding supervision agreements and/or annual reviews of an anesthesiologist assistant.

AUTHORITY: sections 334.125, RSMo 2000 and 334.400, 334.402, and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT**
**Division 150—State Board of Registration for the
Healing Arts**
Chapter 9—Licensing of Anesthesiologist Assistants

PROPOSED RULE

4 CSR 150-9.050 Applicants for Temporary Licensure

PURPOSE: This rule provides the requirements to apply for anesthesiologist assistant temporary licensure.

(1) A temporary license may be issued to an applicant for licensure who meets the qualifications of section 334.404, RSMo and has made application on forms prepared by the board. The temporary

license is valid until the results of the certifying examination are officially reported.

(2) No application will be considered unless fully and completely made out on the specified forms and properly attested pursuant to section 334.404, RSMo.

(3) Applications shall be sent to the State Board of Registration for the Healing Arts, PO. Box 4, Jefferson City, MO 65102.

(4) The fee shall be sent in the form of a personal check, money order or cashier's check drawn on a United States bank and/or firm payable to the State Board of Registration for the Healing Arts. No application will be processed until the licensure fee is received.

(5) All applicants shall attach to the application a recent photograph not larger than three and one-half inches by five inches (3 1/2" × 5").

(6) All applicants are required to submit satisfactory evidence of completion of an anesthesiologist assistant program accredited by the Committee on Allied Health, Education and Accreditation of the American Medical Association, or its successor, or a letter from their program director stating that the applicant will graduate and the anticipated graduation date. Applicants shall submit a copy of their diploma within two (2) weeks of their graduation.

(7) All applicants are required to submit verification of licensure, registration or certification from every state or territory in which the applicant is or has ever been licensed, registered or certified to practice as an anesthesiologist assistant; and all other professional licenses, registrations, or certifications issued to the applicant regardless of whether or not such license, registration or certification is current. If the licensing agency refuses or fails to provide a verification, the board may consider other evidence of licensure.

(8) All applicants shall submit a complete curriculum vitae from high school graduation to the date of application submission or for the previous ten (10) years whichever is most recent. This document must include the names and addresses of all previous employers, supervisors and job titles, from the date of high school graduation to the date of licensure application.

(9) Each applicant shall provide to the board a copy of the National Commission for Certification of Anesthesiologist Assistants' admission letter for the certification examination; such letter shall specify the date the applicant sat for the certification examination.

(10) Each applicant shall instruct the National Commission for Certification of Anesthesiologist Assistants to submit the applicant's certification examination results directly to the board.

(11) If the applicant passes the examination, the temporary license shall remain valid until a permanent license is issued or denied.

(12) The temporary license shall be valid until the examination results are received by the board, not to exceed three (3) weeks following the mailing of the results by the National Commission for Certification of Anesthesiologist Assistants. The temporary license shall automatically terminate if the temporary licensee fails the examination. The temporary licensee may apply for temporary licensure renewal pursuant to 4 CSR 150-9.051.

(13) Applicants who fail the certification examination, as determined by the National Commission for Certification of Anesthesiologist Assistants, are required to inform their employer, the same day they are notified of the results both verbally and in writing. A copy of this notification must be submitted to the board.

(14) When an applicant has filed his/her application and the appropriate fee for temporary licensure, and the applicant is denied by the board pursuant to the provisions of section 334.414, RSMo or is subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of 4 CSR 150-9.080 and section 334.101.1, RSMo.

(15) The board may require the applicant for temporary licensure to make a personal appearance before the advisory commission and/or board before a final decision regarding licensure is rendered.

(16) An applicant may withdraw his/her application for temporary licensure any time prior to the board's vote on his/her candidacy for licensure.

AUTHORITY: sections 334.125, RSMo 2000 and 334.406 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 9—Licensing of Anesthesiologist Assistants**

PROPOSED RULE

4 CSR 150-9.051 Applicants for Temporary Licensure Renewal

PURPOSE: This rule provides the requirements to apply for anesthesiologist assistant temporary licensure renewal.

(1) Anesthesiologist assistant temporary licensees who fail the National Commission for Certification of Anesthesiologist Assistants Examination on their first sitting may apply for temporary licensure renewal one (1) time. Temporary licensure renewal will be determined at the discretion of the board, on an individual basis.

(2) Applicants for temporary licensure renewal are required to make application on forms prepared by the board.

(3) No application will be considered unless fully and completely made out on the specified forms and properly attested pursuant to section 334.404, RSMo.

(4) Applications shall be sent to the State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(5) The fee shall be sent in the form of a personal check, cashier's check or money order drawn on a United States bank and/or firm, payable to the State Board of Registration for the Healing Arts. No application will be processed until the temporary licensure renewal fee is received.

(6) All applicants shall furnish an updated curriculum vitae detailing activities and employment since issuance of original temporary license.

(7) Each applicant shall instruct the National Commission for Certification of Anesthesiologist Assistants to submit the applicant's certification examination results directly to the board.

(8) The renewed temporary license shall be valid until the next scheduled examination results are received by the board, not to exceed three (3) weeks following the mailing of the results by the National Commission for Certification of Anesthesiologist Assistants. The board, solely in its discretion, may establish a time duration for which a temporary license is valid, on an individual basis.

(9) The renewed temporary license will automatically terminate if the licensee fails the examination or does not sit for the examination as scheduled. Applicants who fail the certification examination, as determined by the National Commission for Certification of Anesthesiologist Assistants, are required to inform their employer, the same day they are notified of the results both verbally and in writing. A copy of this notification must be submitted to the board.

(10) When an applicant has filed his/her application and the appropriate fee for temporary licensure renewal, and the applicant is deemed to be ineligible or denied by the board pursuant to the provisions of section 334.414, RSMo or is subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of 4 CSR 150-9.080.

(11) The board may require an applicant for temporary licensure renewal to make a personal appearance before the advisory commission and/or board prior to rendering a final decision regarding temporary licensure renewal.

(12) An applicant may withdraw his/her application for temporary licensure renewal anytime prior to the board's vote on the application.

AUTHORITY: sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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.

PURPOSE: This rule provides information to anesthesiologist assistants licensed in Missouri regarding renewal of licensure.

(1) A license shall be renewed on or before January 31 of the year the license is due for renewal, by submitting the renewal application and fee to the board. The license renewal fee shall be established in 4 CSR 150-9.080.

(2) The failure to mail the application form or the failure to receive the licensure registration renewal application form does not relieve any licensee of the duty to renew the license and pay the renewal fee, nor shall it exempt any licensee from the penalties provided in sections 334.402 to 334.428, RSMo for failure to renew.

(3) Licensure renewal forms sent to the board on February 1 or after will be considered delinquent, however, should January 31 fall on a Saturday, Sunday or legal holiday, renewal forms sent to the board on the next business day will not be considered delinquent. The date the renewal form was sent or if sent by common carrier, the date received shown on the shipping bill by the carrier will be considered the date of the postmark.

AUTHORITY: sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

PUBLIC COST: This proposed rule will have a net increase to the Board of Registration for the Healing Arts fund of two thousand five hundred dollars (\$2,500) biennially for the life of the rule. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will cost private entities approximately two thousand five hundred dollars and seventy-eight cents (\$2,500.78) biennially for the life of the rule. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 9—Licensing of Anesthesiologist Assistants**

PROPOSED RULE

PUBLIC ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development

Division 150 - State Board of Registration for the Healing Arts

Chapter 9 - Licensing of Anesthesiologist Assistants

Proposed Rule - 4 CSR 150-9.060 Licensure Renewal

Prepared January 4, 2006 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Biennial Increase of Revenue
State Board of Registration for the Healing Arts	\$2,500
Total Biennially Increase for the Life of the Rule	\$2,500

III. WORKSHEET

IV. ASSUMPTIONS

1. The figures listed above are based on FY07, FY08 and FY09 projections.
2. Applications for renewal are processed by the division's central process unit. However, cost associated with these renewal are not figured into the fiscal note cost due to low estimated licensee counts.
3. The total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight commission.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER**Title 4 -Department of Economic Development****Division 150 - State Board of Registration for the Healing Arts****Chapter 9 - Licensing of Anesthesiologist Assistants****Proposed Rule - 4 CSR 150-9.060 Licensure Renewal**

Prepared January 4, 2006 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost with compliance of the rule by affected entities:
5	Licensees (Renewal Fee - \$500)	\$2,500.00
2	Applicants (Postage - \$.39)	\$0.78
	Estimated Cost for the Life of the Rule	\$2,500.78

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The figures listed above are based on FY07, FY08 and FY09 projections.
2. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight commission.

NOTE: The board is statutorily obligated to enforce and administer the provisions of Chapter 334.400-334.430, RSMo. Pursuant to Section 334.050, RSMo, the board shall by rule and regulation set the amount of fees authorized by Chapter 334.400-334.430, 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 Chapter 334.400-334.430, RSMo. The fees established by this rule support the expenditures necessary to enforce and administer the provisions of Chapter 334.400-334.430, RSMo, which will result in protection of the health, welfare, and safety of the public.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 9—Licensing of Anesthesiologist Assistants**

PROPOSED RULE

4 CSR 150-9.070 Continuing Education

PURPOSE: This rule details the board's minimum requirements for continuing education.

(1) Each licensee shall complete and report at least forty (40) hours of continuing education each renewal period. The board shall not issue a renewal of a licensee's certificate of registration unless the licensee demonstrates active certification by the National Commission for Certification of Anesthesiologist Assistants and completion of forty (40) hours of continuing education accredited by the National Commission for Certification of Anesthesiologist Assistants or the American Academy of Anesthesiologist Assistants. The period for completion of the continuing education requirements shall be the twenty-four (24)-month period prior to the expiration of their license. A licensee who has failed to obtain and report, in a timely fashion, forty (40) hours of continuing education shall not engage in practice as an anesthesiologist assistant unless an extension is obtained pursuant to section (4) of this rule.

(2) Each licensee shall certify by attestation, under penalty of perjury, that s/he has completed the required hours of continuing education listed by him/her on the renewal form.

(3) Each licensee shall retain records documenting his/her attendance at and completion of the required hours of continuing education for a minimum of three (3) years after the reporting period in which the continuing education was completed. The records shall document the titles of the courses taken, dates, locations, course sponsors and number of hours earned. The board may conduct an audit of licensees to verify compliance with the continuing education requirement. Licensees shall assist the board in its audit by providing timely and complete responses to the board's inquiries.

(4) A licensee who cannot complete the required hours of continuing education because of personal illness, military service or other circumstances beyond the licensee's control which the board deems to be sufficient to impose an insurmountable hardship may apply for an extension of time to complete the continuing education requirements. Any extension of time to complete the continuing education requirements will be granted solely in the discretion of the board. The licensee must make a written application for extension of time prior to the deadline for completion of the continuing education requirement. The application for extension shall be accompanied by a processing fee as required in 4 CSR 150-9.080. The licensee shall provide full and complete written documentation of the grounds supporting the reasons for which an extension is sought.

(A) Pursuant to section 41.946, RSMo licensees in the military are exempt from obtaining continuing medical education if they are called to active duty under competent orders for at least a majority of the reporting period due to his/her military service commitment. At a minimum, the licensee must submit written documentation from the appropriate military authorities verifying the licensee's military service commitment.

(B) Illness extensions may be granted only to a licensee who has suffered a personal illness or personal disability of a nature as to prevent him/her from engaging in the active practice for at least a majority of the reporting period. At a minimum, the licensee shall provide the board with written documentation from the licensee's treating physician stating the nature of the illness or disability, the period of

the illness or disability, any limitations on the licensee's activities which resulted from the illness or disability. The licensee shall notify the board of the number of hours earned in the reporting year and a plan for completing the balance of the requirement.

(C) The board, solely in its discretion, may grant an extension based on unforeseeable circumstances beyond the licensee's control which impose an insurmountable hardship precluding the licensee from obtaining the required continuing education. At a minimum, the licensee must provide written documentation explaining specifically and in detail the nature of the circumstances, why the circumstances were unforeseeable and beyond the licensee's control, the period during which the circumstances were in existence, the number of continuing education credits earned in the reporting period and the licensee's plan for completing the balance of the requirements. The board, in its discretion, shall determine if the situation described in the licensee's application constitutes unforeseeable circumstances beyond the licensee's control which impose an insurmountable hardship precluding the licensee from obtaining the required continuing education.

(D) A licensee who is granted an extension of time shall complete the balance of his/her continuing education requirements no later than April 30 immediately following the end of the reporting period for which an extension was sought and shall provide the board with written documentation of his/her completion of the continuing education requirements no later than May 10 immediately following the end of the reporting period for which an extension was sought. Failure to complete the continuing education requirements by April 30 or to file the documentation with the board by May 10 shall constitute a violation of section 334.420, RSMo and this rule.

(E) An extension of time shall not be granted to any licensee who obtained an extension in the immediately preceding reporting period in which the licensee held an active license.

(9) For purposes of section 334.420, RSMo concerning waiver of the continuing education requirements for retired anesthesiologist assistants, a retired anesthesiologist assistant is one who has neither engaged in active practice as an anesthesiologist assistant nor held him/herself out as an active practicing anesthesiologist assistant and, pursuant to section 334.410, RSMo, has executed and filed with the board a retirement affidavit. A retired anesthesiologist assistant may keep his/her wall-hanging certificate after execution of a retirement affidavit but shall surrender, upon retirement, all other indicia of licensure.

AUTHORITY: sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 approximately three thousand five hundred dollars (\$3,500) biennially for the life of the rule. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER**Title 4 -Department of Economic Development****Division 150 - State Board of Registration for the Healing Arts****Proposed Rule - 4 CSR 150-9.070 Continuing Education**

Prepared January 4, 2006 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated cost with compliance of the rule by affected entities:
5	Licensees (Continuing Education Course - \$700)	\$3,500
	Estimated Cost for the Life of the Rule	\$3,500

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The figures listed above are based on FY07, FY08 and FY09 projections.
2. The board estimates that the cost of continuing education courses will cost approximately \$350-700 per course to obtain 22 hours. For the purpose of this fiscal note the committee estimates the average cost of a continuing education course is \$350. In order to meet the requirements of the rule, licensees will have to attend 2 courses biennially. Therefore, the committee estimates each licensee will spend an average of \$700 biennially for continuing education courses.
3. It is not possible to estimate all costs (i.e., mileage, meals, and lodging) that a licensee could incur in obtaining the required continuing education.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 9—Licensing of Anesthesiologist Assistants**

PROPOSED RULE

4 CSR 150-9.080 Fees

PURPOSE: This rule establishes the various fees which the State Board of Registration for the Healing Arts is authorized to collect in administering Chapter 334, RSMo. Under the provisions of Chapter 334, RSMo, the board is directed to set by rule the amount of fees which Chapter 334, RSMo authorizes not to exceed the cost and expense of administering Chapter 334, 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) Licensure by Examination Fee	\$1,000
(B) Reciprocity License Fee	\$1,000
(C) Temporary License Fee	\$ 50
(D) Renewal of Certificate of Registration Fee	\$ 500
(E) Delinquency Fee (failure to timely file application for renewal of certificate of registration)	\$ 100
(F) Continuing Education Extension Fee	\$ 50
(G) Returned Check Fee	\$ 25
(H) Duplicate License Fee	\$ 30
(I) Reinstatement Fee	\$ 500

(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, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 9—Licensing of Anesthesiologist Assistants**

PROPOSED RULE

4 CSR 150-9.090 Late Registration

PURPOSE: This rule provides information to anesthesiologist assistants licensed in Missouri regarding penalty of not renewing.

(1) Whenever a licensed anesthesiologist assistant fails to renew his/her license before the license expiration date, his/her application for renewal of license shall be denied unless it is accompanied by all fees required by statute and rule. This application shall be completed upon forms provided by the board and shall be made by the applicant under oath.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) All applications shall be sent to the Missouri State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(4) All applicants shall submit the renewal fee along with the delinquent fee pursuant to 4 CSR 150-9.080. This fee shall be submitted in the form of a personal check, cashier's check or money order drawn on a United States bank and/or firm made payable to the State Board of Registration for the Healing Arts.

(5) All applicants shall submit proof of active certification in compliance with 4 CSR 150-9.070.

AUTHORITY: sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 9—Licensing of Anesthesiologist Assistants**

PROPOSED RULE

4 CSR 150-9.100 Minimum Requirements for Reinstatement of Licensure

PURPOSE: This rule provides information to anesthesiologist assistants licensed in Missouri regarding reinstatement of licensure.

(1) Each applicant seeking to restore to good standing a license, certificate or permit issued under Chapter 334, RSMo, which has been revoked, suspended or inactive for any reason shall complete an application, under oath, on forms provided by the board.

(2) All applications shall be sent to the Missouri State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(3) All applicants shall submit the reinstatement fee. This fee shall be submitted in the form of a personal check, cashier's check or money order drawn on a United States bank and/or firm made payable to the State Board of Registration for the Healing Arts.

(4) All applicants shall have verification of licensure, registration and/or certification submitted from every state and/or country in which the applicants have ever held privileges to practice. This verification must be submitted directly from the licensing agency and include the type of license, registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions. If the licensing agency refuses or fails to provide a verification, the board may consider other evidence of licensure.

(5) All applicants shall have verification of active certification submitted to the board directly from the National Commission for Certification of Anesthesiologist Assistants.

(6) Applicants whose license has been revoked, suspended or inactive shall submit any other documentation requested by the board necessary to verify that the licensee is competent to practice as evidenced by continuing education hours, reexamination, or other applicable documentation acceptable and approved by the board.

(7) The board may require an applicant to make a personal appearance before the board and/or advisory commission prior to rendering a final decision regarding license reinstatement.

(8) An applicant may withdraw his/her application for license anytime prior to the board's vote on the applicant's candidacy for license renewal/reinstatement.

AUTHORITY: sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 150—State Board of Registration for the Healing Arts Chapter 9—Licensing of Anesthesiologist Assistants

PROPOSED RULE

4 CSR 150-9.110 Employment, Name and Address Change Requirements, Retirement Affidavits

PURPOSE: This rule provides the requirements and time frames licensees must follow in reporting a change in employer, name and/or address change, or to document retirement from practice.

(1) Licensed anesthesiologist assistants who have a change of employer must submit written notification to the board within fifteen (15) business days of such occurrence.

(2) Licensed anesthesiologist assistants must submit written notification of any address change to the board within fifteen (15) business days of such occurrence.

(3) Licensed anesthesiologist assistants whose names have changed since licensure was issued must submit a copy of the legal document verifying the name change to the board, within fifteen (15) business days of such occurrence.

(4) Licensed anesthesiologist assistants who retire from practice as an anesthesiologist assistant shall file an affidavit, on a form furnished by the board, stating the date of retirement. The licensee shall submit any other documentation requested by the board to verify retirement. Licensees who reengage in practice as an anesthesiologist assistant after submitting an affidavit of retirement shall reapply for licensure as required in section 334.404, RSMo.

AUTHORITY: sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 State Board of Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

Division 150—State Board of Registration for the Healing Arts Chapter 9—Licensing of Anesthesiologist Assistants

PROPOSED RULE

4 CSR 150-9.120 Duplicate Licenses

PURPOSE: This rule provides the requirements licensees must follow to request a duplicate license.

(1) Within the board's discretion a duplicate license may be issued upon receipt of a statement requesting the duplicate license and stating the reason the duplicate license is being requested. The statement shall be accompanied by an appropriate fee to be established by the board.

(2) Each duplicate license shall have the term "reissued" and the reissued date placed upon it.

AUTHORITY: sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 State Board of Registration for the Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 9—Licensing of Anesthesiologist Assistants**

PROPOSED RULE

4 CSR 150-9.130 Code of Ethics of the Anesthesiologist Assistant Profession

PURPOSE: The following principles delineate the standards governing the conduct of anesthesiologist assistants in their professional interactions with patients, colleagues, other health professionals and the general public. While no code can encompass all ethical responsibilities of an anesthesiologist assistant, this enumeration of obligations in the Code of Ethics is not comprehensive and does not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned. The anesthesiologist assistant is unique in that he or she is educated as a member of a team and not as an autonomous professional. The physician, not the anesthesiologist assistant, assumes ultimate responsibility for decisions regarding care of the patient. In this relationship, it is possible that ethical principles of the anesthesiologist assistant may sometimes differ from those of the supervising physician. The following principles are intended as guidelines to be used as a resource when trying to decide the morally proper behavior in a given situation. The anesthesiologist assistant should demonstrate respect for the dignity and individuality of his or her patients, colleagues, and other members of the health professions. Above all the anesthesiologist assistant must maintain the utmost respect for human life.

(1) Anesthesiologist assistants shall:

(A) Be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare, and dignity of all patients;

(B) Deliver needed health care services to patients without regard to sex, age, race, creed, socioeconomic and political status, or sexual orientation;

(C) Adhere to all state and federal laws governing informed consent concerning the patient's health care;

(D) Seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation. Supervision should include ongoing communication between the physician and the anesthesiologist assistant regarding the care of all patients;

(E) Take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their profession;

(F) Provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process;

(G) Not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services;

(H) Uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community;

(I) Strive to maintain and increase the quality of individual health care service through individual study and continuing education;

(J) Have the duty to respect the law, to uphold the dignity of the profession and to accept its ethical principles. Anesthesiologist assistants shall not participate in or conceal any activity that will bring discredit or dishonor to the anesthesiologist assistants profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession;

(K) Use the knowledge and experience acquired as professionals to contribute to an improved community; and

(L) Place service before material gain and must carefully guard against conflicts of professional interest.

AUTHORITY: sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

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 State Board of Registration for the Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 150—State Board of Registration for the
Healing Arts
Chapter 9—Licensing of Anesthesiologist Assistants**

PROPOSED RULE

4 CSR 150-9.140 Advisory Commission for Anesthesiologist Assistants

PURPOSE: This rule establishes the per diem amount for members of the Advisory Commission for Anesthesiologist Assistants pursuant to section 334.430, RSMo.

(1) Based on the authority granted by the legislature in House Bill 390 of the 92nd General Assembly, there is hereby created an Advisory Commission for Anesthesiologist Assistants to be composed of five (5) members to be appointed by the governor with the advice and consent of the senate.

(2) Each member of the commission shall receive as compensation the sum of fifty dollars (\$50) for each day that member devotes to the affairs of the board.

(3) In addition to the compensation fixed in this rule, each member is entitled to reimbursement of his/her expenses necessarily incurred in the discharge of his/her official duties.

(4) No request for the compensation provided in this rule shall be processed for payment unless sufficient funds are available for that purpose within the appropriations for this board.

AUTHORITY: sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005. Original rule filed Jan. 17, 2006.

PUBLIC COST: This proposed rule will cost the State Board of Registration for the Healing Arts an estimated eleven thousand three hundred twenty-seven dollars (\$11,327) during the first year of implementation of the rule and an estimated seven thousand eight hundred fifty-eight dollars (\$7,858) annually thereafter for the life of the rule. It is anticipated that the total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE 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 State Board of Registration for the Healing Arts, Attn: Tina Steinman, Executive Director, 3605 Missouri Blvd., PO Box 4, Jefferson City, MO 65102 or 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 ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 - Department of Economic Development
Division 150 - State Board of Registration for the Healing Arts
Chapter 9 - Licensing of Anesthesiologist Assistants
Proposed Rule - 4 CSR 150-9.140 Advisory Commission for Anesthesiologist Assistants
 Prepared January 4, 2006 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance
State Board of Registration for the Healing Arts	\$19,185
Expenses Incurred During First Year of Implementation	\$11,327
Expenses Incurred Following First Year of Implementation	\$7,858

III. WORKSHEET

Express Mailings		
Express and Freight Services (UPS)	\$47.25	
Per Diem Reimbursement		
Per Diem	\$50	
Mileage Reimbursement Rate		
Mileage Reimbursement	\$0.415	
Average Number of Miles	240	
Mileage Reimbursement	\$100	
Meal Reimbursement (Based on Consus Rate)		
Lunch	\$14	
Total Meeting Expenses	\$211	
Number of Board Members	5	
Cost Per Meeting	\$1,054	

Personal Service

- \$2,977 The executive director will serve as the senior executive officer of the licensing agency. It is estimated that 5% of the executive director's current salary will be devoted to this licensing group.
- \$1,413 The administrative office support assistant will be responsible for assisting the executive director: assisting with board meetings, and complaints and discipline as well as responding to inquiries relating to licensure laws or rules and regulations. It is estimated that 5% of the administrative office support assistant's current salary will be devoted to this licensing group.
- \$680 The board attorney will provide support to the commission by assisting with board meetings, Attorney General opinions, promulgation of rules and regulations, interpretation of legislation, and litigation, etc. It is estimated that the attorney will be paid \$85 per hour for a total of \$680 per meeting.

First Year of Implementation of the Rule

Cost Per Meeting	\$1,054
Number of Meetings	4
Total Meeting Costs	\$4,217
Personal Service Costs	
Executive Director	\$2,977
Admin. Office Support Assistant	\$1,413
Legal Counsel	
(\$65 - 8 per meeting/4 meetings)	\$2,720
	\$7,110

Expenses Incurred During First Year of Implementation **\$11,327**

Cost Per Meeting	\$1.054
Number of Meetings	<u>2</u>
Total Meeting Costs	\$2.109

Personal Service Costs	
Executive Director	\$2,977
Admin. Office Support Assistant	\$1,413
Legal Counsel	
(\$65 - 8 per meeting/4 meetings)	<u>\$1,360</u>
	\$5,750

Expenses Incurred Following First Year of Implementation **\$7,858**

IV. ASSUMPTIONS

1. The figures listed above are based on FY07, FY08 and FY09 projections.
2. The total cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight commission.

NOTE: The public fiscal note for this rule only reflects the cost for this particular process. However, private entity fees are set at an amount to cover the total actual cost incurred by the board, which includes personal service, expense and equipment and transfers.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 263—State Committee for Social Workers
Chapter 2—Licensure Requirements**

PROPOSED RESCISSION

4 CSR 263-2.082 Continuing Education. This rule set continuing education requirements for renewal of licenses to practice as a licensed social worker and established the basic continuing education standards.

PURPOSE: This rule is being rescinded and readopted to provide more clarity to licensees with regard to continuing education requirements.

AUTHORITY: sections 337.600, 337.612, 337.618, 337.650, 337.662, 337.668 and 337.677, RSMo Supp. 2003 and 337.627, RSMo 2000. Original rule filed June 25, 2004, effective Dec. 30, 2004. Rescinded: Filed Jan. 17, 2006.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the State Committee for Social Workers, Attention: Vanessa Beauchamp, PO Box 1335, Jefferson City, MO 65102, by faxing (573) 526-3489 or via e-mail at lcsww@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 263—State Committee for Social Workers
Chapter 2—Licensure Requirements**

PROPOSED RULE

4 CSR 263-2.082 Continuing Education

PURPOSE: This rule sets continuing education requirements for renewal of licenses to practice as a licensed social worker and establishes the basic continuing education standards. The goal of continuing education is to ensure quality social work services to clients. The requirements for continuing education are grounded in the ethical principle to develop and enhance professional expertise and increase competence in service and delivery.

(1) As a condition for renewing a license to practice, all licensed social workers shall be required to have completed acceptable continuing professional education courses prior to the renewal of the license.

(A) For the purpose of this rule, hours are considered the same as clock hours.

(B) Baccalaureate social workers shall annually complete fifteen (15) hours of continuing education units.

(C) The annual periods for baccalaureate social workers are—

1. The twelve (12)-month period immediately preceding the license renewal date (the first day of which is the renewal midpoint date), but not including any time prior to licensure; and

2. The twelve (12)-month period immediately preceding the renewal midpoint date, if licensed during this period.

(D) All other licensed social workers shall complete thirty (30) clock hours of acceptable continuing professional education courses prior to the renewal of their license.

(2) As part of the thirty (30) continuing education hours required for each renewal cycle, each applicant for renewal or reinstatement of a license shall complete three (3) clock hours of ethics presented by a social worker who has graduated from an accredited school of social work or by a professional who has knowledge of ethics as it relates to the practice of clinical or baccalaureate social work.

(3) The committee shall have authority to make exceptions to the continuing professional education requirement for reasons of health, military service, foreign residency or other good cause.

(4) The overriding consideration in determining whether a specific activity is acceptable is that it shall be a formal curriculum of learning which contributes directly to the advancement, extension and enhancement of professional skills and scientific knowledge of a licensed individual.

(5) A licensee who is not a baccalaureate social worker or becomes licensed during a renewal cycle shall be required to obtain continuing education at the rate computed by the following formula:

(A) Formula: Number of months licensed during renewal cycle divided by the total number of months in the reporting cycle then multiplied by the number of continuing education required for renewal during the reporting cycle resulting in the total number of continuing education hours required to complete for renewal this reporting cycle. When applicable, this total will then be rounded to the nearest whole number by applying the following rounding rule: round down to the nearest whole number if the digit to the right of the decimal is four (4) or less, round up to the nearest whole number if the digit to the right of the decimal is five (5) or more.

1. Example: A social worker becomes licensed on January 1, 2005, the reporting cycle is twenty-four (24) months, ending September 30, 2005, and thirty (30) hours of continuing education is required. (Note: Licensed baccalaureate social workers annual requirement is fifteen (15) hours per year.)

$8 \text{ months} \div 24 \text{ months} \times 30 = 9.9$ or round up to ten (10) hours (Licensee must have completed ten (10) continuing education hours to renew.)

(6) The required continuing education hours may be satisfied through any combination of the following activities:

(A) University or college courses that the licensee successfully completes for credit. Each semester hour credit shall equal fifteen (15) hours of continuing education and each quarter-hour credit shall equal ten (10) hours. Non-credit hours shall be measured in classroom hours;

(B) A maximum of fifteen (15) hours for the completion of self-study programs (i.e., audio or video recordings, electronic, computer or interactive materials or programs);

(C) Three (3) hours for the publication of an article in a non-peer reviewed publication;

(D) Five (5) hours for publication of an article in a peer-reviewed professional publication;

(E) Five (5) hours for the publication of one chapter in a social work related professional book;

(F) Ten (10) hours for the publication of an entire book related to the practice of clinical or baccalaureate social work;

(G) A maximum of five (5) hours for the initial one (1)-time preparation and presentation of a social work course, seminar or workshop during a renewal period. Credit for preparation and presentation shall not be granted for repetitious presentations;

(H) A maximum of three (3) hours during a renewal period for supervision performed for any of the following: social work applicants, impaired licensees, licensees under disciplinary sanction or

peer review of another licensee's therapy skills which includes consultation, conference and critique; undergraduate and graduate practicum students; or specialty applicants; or

(I) Attending workshops or seminars approved by or sponsored by the following:

1. National Association of Social Workers (NASW);
2. Social service agency and/or organizational staff development unit (i.e., hospitals, nursing homes, residential treatment facility, etc.);
3. Professional Associations in the human services including but not limited to the—
 - A. American Psychological Association (APA)
 - B. Missouri Psychological Association (MOPA)
 - C. American Association for Marriage and Family Therapy (AAMFT)
 - D. Missouri Association for Marriage and Family Therapy (MAMFT)
 - E. American Counseling Association of Missouri (ACAM)
 - F. American Counselors Association (ACA)
 - G. American Mental Health Counseling Association (AMHCA)
 - (H) Missouri Mental Health Counseling Association (MMHCA)
4. Association of Social Work Boards (ASWB) or its successor—Approved Continuing Education (ACE);
5. Accredited college or university;
6. Continuing education hours used to satisfy the continuing education requirements of another state may be submitted to fulfill the requirements of this state if the other state's continuing education requirements are substantially equal to or greater than the requirements of this state.

(7) Continuing education hours cannot be carried over into another or the next reporting period and shall not be awarded for regular work activities, administrative staff meetings, case staffing or reporting, membership in or holding office in, or participation on boards or committees, business meetings of professional organizations, or training specifically related to policies and procedures of an agency.

(8) Continuing education activities shall—

(A) Be presented by a qualified individual who is an instructor, consultant or trainer whose documented background, training, education or experience is appropriate for leading a discussion on the subject matter;

(B) Specify the level of knowledge participants should have upon entering (basic, intermediate, advanced) and the educational objectives obtained upon completing the activity; and

(C) Provide a mechanism for evaluation by the participants. The evaluation may be completed on-site immediately following the activity or an evaluation questionnaire may be distributed to participants to be completed and returned by mail.

(9) With the exception of any of the previously mentioned organizations in section (6), any other organized group that wants to sponsor a workshop or seminar shall submit an application for approval at least thirty (30) days prior to the date of the program. Applications shall be submitted on forms provided by the committee. The committee shall notify the sponsor in writing of approval or denial. The committee will not consider requests for approval of any program submitted after it has already been presented.

(10) Once an application for approval has been granted by the committee, reapproval shall not be required for each subsequent presentation of the educational activity so long as the educational activity has not changed. If any portion of the activity has changed, reapplication must be made.

(11) A licensee shall be responsible for maintaining records of continuing education activities. Each licensee shall retain documentation of the continuing education verified on the renewal form for two (2) years following license renewal. The committee may conduct an audit of licensees to verify compliance with the continuing education requirements.

(12) Upon request of the committee, the licensee shall provide all documentation of completion of continuing education activities. Failure to provide the committee with the proof of compliance with the continuing education requirement when requested will be considered a violation of the practice act and shall be cause for discipline. Documentation of continuing education may consist of—

- (A) Certificates or affidavits provided by the program/sponsor;
- (B) Receipts for fees paid to the sponsor;
- (C) Educational transcripts;
- (D) Written verification from the university practicum instructor that the licensee provided supervision of undergraduate or graduate students;
- (E) Copy of publication and letter from editor/publisher;
- (F) A written announcement of a presentation schedule and/or brochure specifically identifying the licensee as the presenter of a course/seminar/program.

(13) Continuing education required by the committee as part of discipline imposed on a licensee shall not count toward compliance with the continuing education requirement of this rule.

AUTHORITY: sections 337.627, RSMo 2000 and 337.677 and 337.668, RSMo Supp. 2005. Original rule filed June 25, 2004, effective Dec. 30, 2004. Rescinded and readopted: Filed Jan. 17, 2006.

PUBLIC COST: This proposed rule will cost public entities approximately two thousand nine hundred seventy-four (\$2,974) annually for the life of the rule. It is anticipated that the cost will recur annually for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will cost private entities approximately \$1,402,080 biennially with a continuous biennial growth rate of seven thousand ten dollars (\$7,010) for the life of the rule. It is anticipated that the cost will recur for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the State Committee for Social Workers, Attention: Vanessa Beauchamp, PO Box 1335, Jefferson City, MO 65102, by faxing (573) 526-3489 or via e-mail at lcsw@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

PUBLIC ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development
Division 263 - State Committee of Social Workers
Chapter 2 - Licensure Requirements
Proposed Rule - 4 CSR 263-2.082 Continuing Education
 Prepared January 10, 2006 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Biennial Cost of Compliance
State Committee for Social Workers	\$2,974

Total Biennial Cost of Compliance for the Life of the Rule **\$2,974**

III. WORKSHEET

- The committee estimates that approximately 2,208 licensees will be required to submit proof of continuing education annually. Based on section (11) of the rule, the committee will conduct a random audit of its licensees to ensure compliance with continuing education requirements. The committee anticipates auditing 5% of its licensees, therefore, the committee staff will follow up with approximately 110 licensees annually to request documentation of continuing education requirements. The number of individuals by class are based on FY05 actual and FY06-FY08 projected figures. The board estimates 10 education reviews will be conducted annually.
- The division's central processing unit will process the renewal form. The Executive Director will request and monitor receipt of the continuing education. The Licensing Tech. II's will prepare letters requesting licensees to submit information, assist with monitoring their receipt, update the computer licensing system and mail the information to members of the board.
- The salary of the Executive Director and one Licensing Technician II are shared with other boards within the division. One License Technician II is supported solely by the committee. The figures below represent the personal service costs supported by the State Committee for Social Workers.

STAFF	ANNUAL SALARY	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER APPLICATION	COST PER APPLICATION	TOTAL COST EACH BIENNIAL RENEWAL PERIOD
Executive Director	\$23,085	\$34,371.26	\$16.52	\$0.28	30 minutes	\$8.26	\$952.23
Licensing Tech. II	\$16,809	\$25,026.92	\$12.03	\$0.20	30 minutes	\$6.02	\$693.35
Licensing Tech. II	\$26,292	\$39,146.16	\$18.82	\$0.31	30 minutes	\$9.41	\$1,084.52

Three members of the board will review for approval all continuing education received. The board estimates each member will receive up to \$70 per day for this review. It is estimated that board members will spend 1 day a year reviewing the licensee's continuing education documentation. Based on these assumptions, it is estimated the board will pay \$210 annually for this review. Because other board correspondence may be mailed to the members of the board with continuing education audits, the cost for this mailing was not calculated into the fiscal note. \$210.00

Total Personal Service Costs **\$2,940.10**

CLASSIFICATION	Fee Amount	Number in Class	AGGREGATE COST
Letterhead Printing Cost	\$0.15	110	\$16.56
Envelope for Mailing Letter Requesting Verification of Continuing Education Hours	\$0.16	110	\$17.67

Total Expense and Equipment Costs **\$34.23**

IV. ASSUMPTION

1. In order to even out the board's cash flow, the board implemented a biennial split renewal. Licenses are generally renewed for a 2 year period depending on the year of issuance (even or odd). The board will be conducting audits annually based on the split biennial renewal cycles.
2. Employees' salaries were calculated using their annual salary multiplied by 48.89% for fringe benefits and then were divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications/renewals. The total cost was based on the cost per application/renewal multiplied by the estimated number applications or renewals.
3. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 4 -Department of Economic Development

Division 263 - State Committee for Social Workers

Chapter 2 - Licensure Requirements

Proposed Rule - 4 CSR 263-2.082 Continuing Education

Prepared January 20, 2006 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimated cost of compliance with the rule by affected entities:
2,208	Licensees (CE courses - \$635)	\$1,402,080.00
	Estimated Biennial Cost for the Life of the Rule	\$1,402,080 with a continuous biennial growth rate of \$7,010

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The committee estimates that approximately 2,208 licensees will be required to meet the continuing education requirements in order to renew their license. The committee further estimates a 5% growth rate in the number of licensees which will result in a continuous biennial increase of \$7,010 for licensees.
2. The committee estimates that the cost of continuing education courses will cost approximately \$55-\$200 per course to obtain 6 credit hours. For the purpose of this fiscal note the committee estimates the average cost of a continuing education course is \$127. In order to meet the requirements of the rule, licensees will have to attend 5 courses biennially. Therefore, the committee estimates licensees will spend an average of \$635 biennially for continuing education courses.
3. It is not possible to estimate all costs (i.e., mileage, meals, and lodging) that a licensee could incur in obtaining the required continuing education.

Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation
Commission
Chapter 14—Adopt-A-Highway Program

PROPOSED AMENDMENT

7 CSR 10-14.010 Purpose. The commission is amending section (1).

PURPOSE: This proposed amendment changes the term “anti-litter” to “litter prevention.”

(1) The purpose of the Adopt-A-Highway Program is to provide volunteer community support for *[anti-]*litter **prevention** and highway beautification programs with the potential for a cost savings to the Missouri Department of Transportation for use for other highway purposes.

AUTHORITY: section 227.030, RSMo [1994] 2000. Original rule filed Feb. 15, 1995, effective July 30, 1995. Amended: Filed July 10, 2000, effective Jan. 30, 2001. Amended: Filed Jan. 12, 2006.

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 Transportation, Mari Ann Winters, Secretary to the Commission, PO Box 270, 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation
Commission
Chapter 14—Adopt-A-Highway Program

PROPOSED AMENDMENT

7 CSR 10-14.020 Definitions. The commission is amending section (7), adding new sections (11) and (12) and renumbering old sections (11)–(17).

PURPOSE: This proposed amendment updates job titles to reflect the current department management structure.

(7) Chief *[operating]* **financial and administrative** officer means the chief *[operating]* **financial and administrative** officer of the Missouri Department of Transportation or his/her authorized representative.

(11) **Director of system management** means the **director of system management of the Missouri Department of Transportation or his/her authorized representative.**

(12) **District engineer** means the **district engineer of the Missouri Department of Transportation or his/her authorized representative.**

[(11)](13) Litter means any unsightly matter that may include, but is not limited to, disposable packaging, containers, cans, bottles, paper and cigar or cigarette butts. Litter does not include hazardous, heavy or large items.

[(12)](14) Participant means any individual, including individuals within a group, who will be participating in the program activity.

[(13)](15) Program means the Adopt-A-Highway Program.

[(14)](16) Program activity means litter pickup and/or beautification and/or mowing.

[(15)](17) Signs mean the Adopt-A-Highway signs provided by the department.

[(16)](18) State maintenance engineer means the state maintenance engineer of the Missouri Department of Transportation or his/her authorized representative.

[(17)](19) Violent criminal activity means any offense having as an element the use, attempted use, or threatened use of physical force against the person or property of another or any offense involving weapons.

AUTHORITY: sections 226.130 and 227.030, RSMo 2000. Original rule filed Feb. 15, 1995, effective July 30, 1995. Emergency amendment filed Feb. 8, 2000, effective Feb. 18, 2000, expired Aug. 15, 2000. Amended: Filed July 10, 2000, effective Jan. 30, 2001. Amended: Filed Jan. 7, 2002, effective Aug. 30, 2002. Amended: Filed Jan. 12, 2006.

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 Transportation, Mari Ann Winters, Secretary to the Commission, PO Box 270, 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation
Commission
Chapter 14—Adopt-A-Highway Program

PROPOSED AMENDMENT

7 CSR 10-14.030 Application for Participation. The commission is amending sections (1), (2) and (4).

PURPOSE: This proposed amendment removes adoption eligibility restrictions concerning discriminatory membership policies and judicially noticed histories of violence, and clarifies highway sponsorship prohibitions regarding violent criminal activity. This proposed amendment also updates the job titles with authority to deny program participation to reflect the current department management structure.

(1) The adopter or adopter representative of a group who desires to participate in the program shall submit an application to the commission on a form provided by the commission.

[(B) The adopter representative will certify on the application form that the group or organization does not deny membership on the basis of race, color, or national origin.]

(2) *[Eligible Adopters. Eligible adopters include civic Adoption Eligibility. Civic and nonprofit organizations, commercial and private enterprises and individuals may be eligible to adopt. Applicants who do not meet the eligibility requirements will be denied participation in the program, and adopters who no longer meet the applicant eligibility requirements may be removed from the program. The commission reserves the right to limit the number of adoptions for a single group. The following applicants are not eligible to adopt:*

(A) *[Who] Individuals who have [not] been convicted of, or pled guilty or no contest to, a violent criminal activity, [except as provided below] unless ten (10) years have passed since completion of the latest incarceration, probation or parole for violent criminal activity; or*

(B) *[Whose] Organizations and enterprises with any program participants who have [not] been convicted of, or pled guilty or no contest to, a violent criminal activity, [except as provided below;] unless ten (10) years have passed since completion of the latest incarceration, probation or parole for violent criminal activity.*

(C) *For whom state or federal courts have not taken judicial notice of a history of violence; or*

(D) *Who do not deny membership on the basis of race, color, or national origin. Any individual adopter or participant may be eligible ten (10) years after the completion of any incarceration, probation or parole. Applicants who do not meet the eligibility requirements will be denied participation in the program. The commission reserves the right to limit the number of adoptions for a single group.]*

(4) Denial of Application. The director, chief engineer, chief *[operating] financial and administrative officer, director of system management, and state maintenance engineer are authorized to deny requests for participation in the program.*

(A) A request for participation in the program may be denied if the applicant does not meet the eligibility requirements or has submitted false statement(s) of a material fact or has practiced or attempted to practice any fraud or deception in an application. Material facts include statements regarding convictions of violent criminal activity *[or membership qualifications]*.

AUTHORITY: sections 226.130 and 227.030, RSMo 2000. Original rule filed Feb. 15, 1995, effective July 30, 1995. Emergency amendment filed Feb. 8, 2000, effective Feb. 18, 2000, expired Aug. 15, 2000. Amended: Filed July 10, 2000, effective Jan. 30, 2001. Amended: Filed Jan. 7, 2002, effective Aug. 30, 2002. Amended: Filed Jan. 12, 2006.

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 Transportation, Mari Ann Winters, Secretary to the Commission, PO Box 270, 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation
Commission
Chapter 14—Adopt-A-Highway Program

PROPOSED AMENDMENT

7 CSR 10-14.040 Agreement; Responsibilities of Adopter and Commission. The commission is amending section (2).

PURPOSE: This proposed amendment: 1) allows verbal name and address updates; 2) removes the participant form requirement; 3) increases the minimum participant age from six to ten (6–10) years; 4) changes the mandatory litter collection frequency from twice every six (6) months to four (4) times a year; 5) provides for indemnification of the commission as provided by law; 6) requires prompt notification of litter pickup completion; 7) updates the activity report, permitting its submission through the program website; and 8) eliminates the prerequisite of written commission approval prior to subcontracting or assigning sponsorship responsibilities, and instead requires only that the subcontractor or assignee is also eligible to adopt.

(2) Responsibilities of Adopter. The adopter shall—

(B) Provide to the commission~~], in writing,~~ the name and complete mailing address, including street address, of the adopter representative and notify the commission within thirty (30) days of any change of the adopter representative's name or address;

[(F) Have the adopter or adopter representative submit to the commission, in writing on a form provided by the department, the following information: 1) the name and street address of each participant; 2) a release of liability signed by each participant or parent or legal guardian of the participant if participant is a minor; 3) the participant's acknowledgment that he/she has attended a safety meeting and has viewed the safety video; and 4) if the participant is not a minor, the participant's statement that he/she has not been convicted of, or pled guilty or no contest to, a violent criminal activity;]

[(G)](F) Properly use all safety equipment provided by the department and perform the work in a safe, responsible, and professional manner;

[(H)](G) Provide one (1) adult supervisor for every eight (8) participants between thirteen and seventeen (13–17) years of age and one (1) adult supervisor for every four (4) participants between ~~[six] ten~~ and twelve ~~[6/10–12]~~ years of age. No one under the age of ~~[six (6)] ten (10)~~ will be allowed to participate in the program;

[(I)](H) Adopt a section of highway right-of-way for a minimum of three (3) years and submit a new application every three (3) years if the adopter wants to continue participation in the program;

[(J)](I) Collect litter along the adopted section ~~[a minimum of twice every six (6) months] four (4) times a year~~, or as required by the commission;

[(K)](J) Adopt for litter pickup a minimum of two (2) miles in rural areas and one-half (1/2) mile in urban areas. Shorter lengths may be permissible in special circumstances;

[(L) Provide prior notice, as required by the commission before performing any program activity;]

[(M)](K) Restrict program activities to the areas of right-of-way outside the pavement and shoulder areas;

[(N)](L) Perform program activity between the hours of one (1) hour after sunrise to one (1) hour before sunset and not during inclement weather;

[(O)](M) Prohibit participants from possessing, consuming, or being under the influence of alcohol or drugs while participating in the program activity;

[(P)](N) Place litter in trash bags provided by the department and place filled trash bags at a designated location;

~~[(Q)]~~~~(O)~~ Separate tires, batteries and other trash as needed for proper disposal according to local landfill requirements;

~~[(R)]~~~~(P)~~ Indemnify and hold harmless the commission and department and their officers, employees and agents from any claim, lawsuit or liability which may arise from adopter's participation in the program or as provided by the law;

~~(Q)~~ Notify the commission for disposal of filled litter bags as soon as possible after litter pickup;

~~[(S)]~~~~(R)~~ Submit to the commission within five (5) working days of any program activity, the following information: 1) the adopter's name; 2) the date of the program activity; 3) the total hours involved in the program activity; ~~[and]~~ 4) total volunteers involved in activity; and 5) the total number of bags of trash picked up. This information can be provided by calling or e-mailing the commission representative identified on the agreement, or by filling out and mailing the activity report form provided by the department or posting the activity report on the website. This information will enable the department to monitor the program's success;

~~[(T)]~~~~(S)~~ Not subcontract or assign its responsibilities under this program to any other enterprise, organization, or individual unless assignee is also ~~[an]~~ eligible to adopt~~er and written approval has been given by the commission~~; and

~~[(U)]~~~~(T)~~ Not decorate or alter the signs.

AUTHORITY: sections 226.130 and 227.030, RSMo 2000. Original rule filed Feb. 15, 1995, effective July 30, 1995. Emergency amendment filed Feb. 8, 2000, effective Feb. 18, 2000, expired Aug. 15, 2000. Amended: Filed July 10, 2000, effective Jan. 30, 2001. Amended: Filed Jan. 7, 2002, effective Aug. 30, 2002. Amended: Filed Jan. 12, 2006.

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 Transportation, Mari Ann Winters, Secretary to the Commission, PO Box 270, 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation
Commission
Chapter 14—Adopt-A-Highway Program**

PROPOSED AMENDMENT

7 CSR 10-14.050 Sign. The commission is amending sections (1) and (5).

PURPOSE: This proposed amendment adds dates to the prohibited sign verbiage and clarifies the conditions and procedures for sign replacement.

(1) The signs shall—

(C) Have the actual name of the adopter, or individual in whose memory the adoption is being made, with no telephone numbers, logos, slogans, dates or addresses, including Internet addresses, with verbiage kept to a minimum.

(5) The erection of a sign is not a requirement for participation in the program. If, during the length of the agreement, a sign is damaged, destroyed, stolen, or removed from its foundation by an act of vandalism, the department will *[provide and]* erect a single replacement sign at department cost. **The repair and reinstallation of a removed sign is counted as a replacement sign erection.** If the replacement sign is damaged, destroyed, stolen or removed from its foundation by an act of vandalism, the department will *[provide and]* erect a second replacement sign at department cost. If the second replacement sign is damaged, destroyed, stolen, or removed from its foundation by an act of vandalism, **the department will remove the sign from the premises if still present, and no further sign will be *[provided or]* erected.**

AUTHORITY: sections 226.130 and 227.030, RSMo 2000. Original rule filed Feb. 15, 1995, effective July 30, 1995. Emergency amendment filed July 10, 2000, effective July 20, 2000, expired Nov. 17, 2000. Amended: Filed July 10, 2000, effective Jan. 30, 2001. Amended: Filed Jan. 7, 2002, effective Aug. 30, 2002. Amended: Filed Jan. 12, 2006.

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 Transportation, Mari Ann Winters, Secretary to the Commission, PO Box 270, 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation
Commission
Chapter 14—Adopt-A-Highway Program**

PROPOSED AMENDMENT

7 CSR 10-14.060 Modification or Termination of the Agreement. The commission is amending sections (1)–(3).

PURPOSE: This proposed amendment updates the job titles with authority to modify or terminate program agreements to reflect the current department management structure. This proposed amendment also allows adopters to terminate the program agreement by verbal notification.

(1) The agreement may be modified or terminated at the discretion of the director, chief engineer, chief *[operating]* financial and administrative officer, director of system management, or state maintenance engineer.

(2) The director, chief engineer, chief *[operating]* financial and administrative officer, director of system management, and state maintenance engineer reserve the right to terminate the program agreement and remove the signs when it is found that:

(3) After three (3) years of participation in the program, an adopter may terminate the agreement upon *[written]* notice to the commission.

AUTHORITY: sections 226.130 and 227.030, RSMo 2000. Original rule filed July 10, 2000, effective Jan. 30, 2001. Amended: Filed Jan. 7, 2002, effective Aug. 30, 2002. Amended: Filed Jan. 12, 2006.

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 Transportation, Mari Ann Winters, Secretary to the Commission, PO Box 270, 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation
Commission
Chapter 26—Arbitration and Mediation of
Construction Disputes**

PROPOSED AMENDMENT

7 CSR 10-26.010 Selection of Arbitrator in Arbitration Proceeding. The Department of Transportation is amending sections (1)–(3).

PURPOSE: This proposed amendment will eliminate the need to file an amendment each year to update the rule regarding the cap on contract claims eligible for mandatory binding arbitration in accordance with the Implicit Price Deflator for Personal Consumption Expenditures as calculated pursuant to subsection 5 of section 537.610, RSMo.

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

(1) *[Demands for arbitration] Claims arbitrable under section 226.096, RSMo, relating to any controversy or claim under the contract with Missouri Highways and Transportation Commission (Section 105.16 of the Missouri Standard Specifications for Highway Construction [or its revisions] 2004, General Provisions and Supplemental Specifications to 2004, which is incorporated herein by reference and made a part of this rule as published by the Missouri Highways and Transportation Commission, Construction and Materials Division, 1617 Missouri Boulevard, Jefferson City, MO 65109 on April 1, 2005) when the claim [exceeds twenty-five thousand dollars (\$25,000) but] does not exceed seventy-five thousand dollars (\$75,000)[,] shall have appointed one (1) arbitrator using the "Fast Track Procedures" set forth in the [American Arbitration Association,] American Arbitration Association's Construction Industry Arbitration Rules and Mediation Procedures, which is incorporated by reference and made a part of this rule as published by the American Arbitration Association, Corporate Headquarters, 335 Madison Avenue, 10th Floor, New York, NY 10017-4605 on September 15,*

2005, effective on the date the demand for arbitration is filed. This rule does not incorporate any subsequent amendments or additions to either the Missouri Standard Specifications for Highway Construction 2004 or the Construction Industry Arbitration Rules and Mediation Procedures.

(2) *[Demands for arbitration] Claims arbitrable under section 226.096, RSMo, relating to any controversy or claim under the contract with Missouri Highways and Transportation Commission (Section 105.16 of the Missouri Standard Specifications for Highway Construction [or its revisions] 2004, General Provisions and Supplemental Specifications to 2004) when the claim exceeds seventy-five thousand dollars (\$75,000)[, but is less than three hundred twenty-seven thousand dollars (\$327,000) as adjusted as provided in section 226.096, RSMo (L. 2003, HB 668),] shall have appointed one (1) arbitrator using the "Regular Track Procedures" set forth in the American Arbitration Association's [rules] Construction Industry Arbitration Rules and Mediation Procedures, effective on the date the demand for arbitration is filed.*

(3) The arbitrator shall be selected according to the procedures provided by the American Arbitration Association's *[rules] Construction Industry Arbitration Rules and Mediation Procedures*, except as otherwise provided in this rule.

AUTHORITY: sections 226.096, RSMo Supp. [2003] 2005 and 226.130 and 536.016, RSMo 2000. Original rule filed Nov. 5, 2003, effective June 30, 2004. Amended: Filed Jan. 12, 2006.

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

PRIVATE COST: This proposed amendment will not cost private entities including small businesses 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 Transportation, Mari Ann Winters, Secretary to the Commission, PO Box 270, 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 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation
Commission
Chapter 26—Arbitration and Mediation of
Construction Disputes**

PROPOSED AMENDMENT

7 CSR 10-26.020 Mediation. The Department of Transportation is amending sections (1) and (2).

PURPOSE: This proposed amendment will eliminate the need to file an amendment each year to update the rule regarding the cap on contract claims eligible for mediation in accordance with the Implicit Price Deflator for Personal Consumption Expenditures as calculated pursuant to subsection 5 of section 537.610, RSMo.

(1) *[If a] Mediation of claims [which exceeds twenty-five thousand dollars (\$25,000), but is less than three hundred twenty-seven thousand dollars (\$327,000) as adjusted as provided in] relating to any controversy or claim under a contract with Missouri Highways and Transportation Commission under section 226.096, RSMo [(L. 2003, HB 668), arises on a contract awarded by the Missouri Department of Transportation, mediation of such claims] shall be initiated if agreed to by both parties.*

(2) The mediation procedures used shall be the procedures provided in the *[American Arbitration Association,] Construction Industry Arbitration Rules and Mediation Procedures, which is incorporated by reference and made a part of this rule as published by the American Arbitration Association, Corporate Headquarters, 335 Madison Avenue, 10th Floor, New York, NY 10017-4605 on September 15, 2005, effective on the date [mediation was agreed upon] the demand for arbitration is filed. This rule does not incorporate any subsequent amendments or additions.*

AUTHORITY: sections 226.096, RSMo Supp. [2003] 2005 and 226.130 and 536.016, RSMo 2000. Original rule filed Nov. 5, 2003, effective June 30, 2004. Amended: Filed Jan. 12, 2006.

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

PRIVATE COST: This proposed amendment will not cost private entities including small businesses 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 Transportation, Mari Ann Winters, Secretary to the Commission, PO Box 270, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 11—DEPARTMENT OF PUBLIC SAFETY

Division 40—Division of Fire Safety

Chapter 2—Boiler and Pressure Vessel Safety Rules

PROPOSED AMENDMENT

11 CSR 40-2.010 Definitions. The Boiler and Pressure Vessel Board is amending sections (3), (31), (33) and (40) and adding a new definition between section (10) and (11) and renumbering existing definitions (11) through (42).

PURPOSE: This amendment clarifies definitions (3), (31), (33) and (40) and adds a new definition due to the state adopting a new code of construction for gas piping.

(3) Alteration—*[As defined in the latest National Board Inspection Code adopted by the board.] Any change in the item described on the original manufacturer's data report which affects the pressure containing capability of the pressure retaining item. Non-physical changes such as an increase in the maximum allowable working pressure (internal or external), increase in design pressure, or a reduction in minimum temperature of a pressure retaining item.*

(11) CSD-1—Code for Control and Safety Devices for Automatically Fired Boilers published by the American Society for Mechanical Engineers (ASME).

[(11)] (12) Deputy inspector—Any inspector appointed and employed by the director under the provisions of this Act.

[(12)] (13) Director—The state fire marshal or appointed designee.

[(13)] (14) Existing installation—Includes any boiler, water heater or pressure vessel constructed, installed, placed in operation, or under contract, on or before November 12, 1986.

[(14)] (15) Fittings and appliances—Include but not limited to pressure relief devices, low water protection, pressure controls, temperature controls, thermometers, gages, expansion tanks, pipe, pipe fittings, pipe valves, etc., within the scope of the Act and these rules.

[(15)] (16) Hobby boiler—A boiler operated as a personal hobby and not used for commercial gain.

[(16)] (17) Hot water heating boiler—A boiler in which no steam is generated, from which hot water is circulated for heating purposes and then returned to the boiler, and which operates at a pressure not exceeding one hundred sixty (160) pounds per square inch (psi) and/or a temperature of two hundred fifty degrees Fahrenheit (250°F) at or near the boiler outlet.

[(17)] (18) Hot water supply boiler—A boiler completely filled with water that furnishes hot water to be used externally to itself at pressures not exceeding one hundred sixty (160) psi or at temperatures not exceeding two hundred fifty degrees Fahrenheit (250° F) at or near the boiler outlet.

[(18)] (19) Inspection certificate—A certificate issued by the chief inspector for the operation of a boiler, water heater, or pressure vessel as required by the Act and these rules.

[(19)] (20) Inspector—The chief inspector, deputy inspector, special inspector or owner-user inspector authorized to perform certificate inspections in Missouri.

[(20)] (21) International Mechanical Code—International Code Council, Inc.

[(21)] (22) Jacketed steam kettle—A gas fired or electrically heated kettle with jacket(s), operating at pressure not exceeding fifty (50) psi.

[(22)] (23) MAWP—Maximum allowable working pressure.

[(23)] (24) National Board (NB)—The National Board of Boiler and Pressure Vessel Inspectors.

[(24)] (25) National Board Commission—The commission issued to an inspector by the National Board of Boiler and Pressure Vessel Inspectors.

[(25)] (26) National Board Inspection Code (NBIC)—The edition and addenda of ANSI/NB-23 currently adopted by the board.

[(26)] (27) New installation—Includes all boilers, water heaters or pressure vessels constructed, installed, placed in operation, or under contract, on or after November 12, 1986.

[(27)] (28) Nonstandard boiler, water heater or pressure vessel—A boiler, water heater or pressure vessel that does not bear the ASME stamp.

[(28)] (29) Object—A boiler, water heater, or pressure vessel.

[(29)] (30) Owner or user—Any person, firm or corporation legally responsible for the safe installation, operation and maintenance of any boiler, water heater or pressure vessel within the state of Missouri.

[(30)] (31) Power boiler—A boiler in which steam or other vapor is generated at a pressure of more than fifteen (15) psi or a water (or other liquid) boiler intended for operation at pressures in excess of one hundred sixty (160) psi and/or temperatures in excess of two hundred fifty degrees Fahrenheit (250°F).

[(31)] *Pressure vessel—A vessel for the containment of pressure, either internal or external. The pressure may be obtained from an external source or by the application of heat from a direct or indirect source, or any combination thereof.*

(32) **Pressure vessel—A vessel in which the pressure is obtained from an external source or by the application of heat from an indirect source, other than those vessels defined as boilers.**

[(32)] (33) Reinstalled boiler, water heater or pressure vessel—A boiler, water heater or pressure vessel removed from its original setting and reinstalled at the same location or at a new location without change of ownership.

[(33)] *Repair—As defined in the National Board Inspection Code.*

(34) **Repair—The process of restoring a component or system to a safe and satisfactory condition such that the existing design conditions are met.**

[(34)] (35) Second-hand boiler, water heater or pressure vessel—A boiler, water heater or pressure vessel which has changed both location and ownership.

[(35)] (36) Special inspector—Any inspector commissioned by the chief inspector who is employed by an insurance company authorized to provide boiler and pressure vessel insurance in this state or an inspector who is employed by a company that maintains an inspection department whose organization and inspection procedures meet the requirements of the National Board for an Owner-User Inspection Agency and are acceptable to the chief inspector.

[(36)] (37) Standard boiler, water heater or pressure vessel—A boiler, water heater or pressure vessel that bears the ASME stamp.

[(37)] (38) State special—A boiler, water heater, or pressure vessel of special construction, or which is designed or constructed to other than the ASME code and is not inconsistent with the spirit and safety objectives of the ASME code.

[(38)] (39) Steam heating boiler—A steam or vapor boiler operating at pressures not exceeding fifteen (15) psi.

[(39)] (40) Waste heat boiler—An unfired pressure vessel intended for operation in excess of fifteen (15) psi steam for the purpose of producing and controlling an output of thermal energy.

[(40)] (41) Water heater—A fired pressurized vessel in which water is heated by electricity, or by the combustion of solid, liquid, or gaseous fuels and withdrawn for use external to the heater at pressures not exceeding one hundred sixty (160) psi and temperatures not exceeding two hundred ten degrees Fahrenheit (210°F). Water heaters include service water heaters, domestic water heaters,

potable water heaters, **pool heaters and car wash hot water supply boilers**. The term water heater does not include vessels used solely for closed loop hot water heating service.

[(41)] (42) Variance—An exception to the Act or these rules authorized by the board for the installation, inspection, repair, or alteration of a boiler, water heater, or pressure vessel.

AUTHORITY: section 650.215, RSMo 2000. Original rule filed May 12, 1986, effective Oct. 27, 1986. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 12, 2006.

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 Division of Fire Safety, PO Box 844, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 40—Division of Fire Safety
Chapter 2—Boiler and Pressure Vessel Safety Rules**

PROPOSED AMENDMENT

11 CSR 40-2.015 Code/Standards Adopted by Board. The Boiler and Pressure Vessel Board is amending subsections (1)(A) and (B), subsections (2)(A) and (B), section (3) and adding NFPA 54-*Natural Fuel Gas Code*, 2002 Edition and renumbering existing code sections (6) through (8).

PURPOSE: This amendment changes the code book years currently adopted by the Boiler and Pressure Vessel Board and adds NFPA 54.

(1) *ASME Boiler and Pressure Vessel Code of the American Society of Mechanical Engineers[.]*, **ASME Boiler and Pressure Vessel Code** is published by the American Society of Mechanical Engineers. A copy of this code can be obtained from The American Society of Mechanical Engineers, Three Park Ave, New York, NY, 10015-5990 or Internet: www.asme.org, Phone: 1 (800) 843-2763. This regulation does not include any later amendments or additions to the **ASME Boiler and Pressure Vessel Code**:

- (A) [2001] 2004 ASME Boiler and Pressure Vessel Code;
- (B) [2002] 2005 Addendum;
- (C) Sections III and XI are exempt from state regulation.

(2) National Board Inspection Code, **The National Board Inspection Code** is published by The National Board. A copy of this code may be obtained from The National Board, 1055 Crupper Ave, Columbus, OH 43229-1183 or Internet www.nationalboard.org, Phone: (614) 888-8320. This regulation does not include any later amendments or additions to the **National Board Inspection Code**. NB-23. *Manual for Boiler and Pressure Vessel Inspectors*:

- (A) [2001] 2004 Edition; and
- (B) [2001] 2004 Addendum.

(3) *ASME Code for Power Piping, B31.1 of the American Society of Mechanical Engineers, [2001] 2004 Edition. ASME Boiler and Pressure Vessel Code is published by the American Society of Mechanical Engineers. A copy of this code can be obtained from The American Society of Mechanical Engineers, Three Park Ave, New York, NY, 10015-5990 or Internet: www.asme.org, Phone: 1 (800) 843-2763. This regulation does not include any later amendments or additions to the ASME Boiler and Pressure Vessel Code.*

(4) *Code for Controls and Safety Devices for Automatically Fired Boilers CSD-1-1998 Edition of the American Society of Mechanical Engineers. The Code for Controls and Safety Devices for Automatically Fired Boilers CSD-1-1998 edition is published by the American Society of Mechanical Engineers. A copy of this code may be obtained from Global Engineering Documents, 15 Inverness Way East, Englewood, CO 80112 or Internet http://www.ihf.com/, Phone: 1 (800) 854-7179. This regulation does not include any later amendments or additions to the Code for Controls and Safety Devices for Automatically Fired Boilers CSD-1-1998.*

(5) *NFPA 85—Boiler and Combustion Systems Hazards Code, 2001 Edition. The Boiler and Combustion Systems Hazards Code NFPA 85 2001 Edition is published by the National Fire Protection Agency. A copy of this code may be obtained from National Fire Protection Agency, 1 Battery Park, Quincy, MA 02169-7471, Internet www.nfpa.org, Phone: 1 (617) 770-3000. This regulation does not include any later amendments or additions to the Boiler and Combustion Systems Hazards Code NFPA 85 2001 Edition.*

(6) *NFPA 54—National Fuel Gas Code, 2002 Edition. The National Fuel Gas Code NFPA 54 2002 Edition is published by the National Fire Protection Agency. A copy of this code may be obtained from National Fire Protection Agency, 1 Battery Park, Quincy, MA 02169-7471, Internet www.nfpa.org, Phone: 1 (617) 770-3000. This regulation does not include any later amendments or additions to the National Fuel Gas Code NFPA 54 2002 Edition.*

[[6]] (7) *Pressure Vessel Inspection Code, API-510 of the American Petroleum Institute, 1997 Edition. The American Petroleum Institute 510 is published by the American Petroleum Institute. A copy of this code may be obtained from The American Petroleum Institute, 1220 L Street NW, Washington DC, 20005-4070, Internet http://api-ec.api.org/frontpage.cfm, Phone: (202) 682-8000. This regulation does not include any later amendments or additions to the American Petroleum Institute 510.*

[[7]] (8) *International Mechanical Code, 2000. The International Mechanical Code is published by the International Codes Council. A copy of this code may be obtained from Global Engineering Documents, 15 Inverness Way East, Englewood CO 80112 or Internet http://www.ihf.com/, Phone: 1 (800) 854-7179. This regulation does not include any later amendments or additions to the International Mechanics Code 2000 edition.*

AUTHORITY: section 650.215, RSMo 2000. Original rule filed Sept. 25, 2002, effective May 30, 2003. Amended: Filed Jan. 12, 2006.

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 Division of Fire Safety, PO Box 844, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 40—Division of Fire Safety
Chapter 2—Boiler and Pressure Vessel Safety Rules**

PROPOSED AMENDMENT

11 CSR 40-2.030 Power Boilers. The Boiler and Pressure Vessel Board is amending subsection (5)(A) to include a statement for boilers to comply with the requirements of NFPA 54.

PURPOSE: This amendment adds the statement for boilers to comply with gas piping code NFPA 54.

(5) General Requirements for Power Boilers.

(A) Boilers with heat input of 12,500,000 British thermal units per hour (Btu/hr) or less contracted [for] after January 1, 2004 shall meet the requirements of ASME CSD-1. Fuel gas piping for these boilers shall comply with the requirements of National Fire Protection Association (NFPA) 54. Single unit boilers with heat input greater than 12,500,000 Btu/hr shall meet the requirements of [National Fire Protection Association (NFPA)] 85. Existing installations are exempt from these rules except that any modification or replacements to the controls after January 1, 2004 shall meet the requirements for new installations.

AUTHORITY: section 650.215, RSMo 2000. Original rule filed May 12, 1986, effective Oct. 27, 1986. Amended: Filed Dec. 1, 1987, effective Feb. 11, 1988. Amended: Filed Sept. 27, 1990, effective Feb. 14, 1991. Amended: Filed Oct. 3, 1995, effective April 30, 1996. Rescinded: Filed March 10, 2003, effective Aug. 30, 2003. Readopted: Filed Sept. 25, 2002, effective May 30, 2003. Amended: Filed Jan. 12, 2006.

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 Division of Fire Safety, PO Box 844, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 40—Division of Fire Safety
Chapter 2—Boiler and Pressure Vessel Safety Rules**

PROPOSED AMENDMENT

11 CSR 40-2.040 Heating Boiler. The Boiler and Pressure Vessel Board is amending subsections (3)(B) and (4)(B) by adding a statement concerning nonstandard boilers and a statement concerning gas piping in accordance with the requirements of NFPA 54.

PURPOSE: This amendment adds a rule concerning nonstandard boilers and requirements for gas piping under NFPA 54.

(3) Heating Boilers, Water Heaters and Fired Jacketed Steam Kettles Contracted [for] after November 12, 1986.

(B) Reinstalled boilers may be of standard or nonstandard construction and shall be installed in accordance with the requirements of the ASME Code and these rules, **non-standard heating boilers cannot be reinstalled in Missouri except when relocating from one location to another location within Missouri.** Approval of the chief inspector shall be obtained prior to reinstalling a nonstandard boiler.

(4) General Requirements for Heating Boilers, Water Heaters and Jacketed Steam Kettles.

(B) Heating boilers with a heat input of 12,500,000 British thermal units per hour (Btu/hr) or less, contracted [for] after January 1, 2004, shall meet the requirements of ASME CSD-1. **Fuel gas piping for these boilers shall comply with the requirements of National Fire Protection Association (NFPA) 54.** Single unit boilers with a heat input greater than 12,500,000 Btu/hr shall meet the requirements of the [National Fire Protection Association (NFPA 85)]. Existing installations are exempt from these requirements except that any alteration to the controls after January 1, 2004, shall meet the requirements for new installations.

AUTHORITY: section 650.215, RSMo 2000. Original rule filed May 12, 1986, effective Oct. 27, 1986. Amended: Filed Sept. 27, 1990, effective Feb. 14, 1991. Amended: Filed Oct. 3, 1995, effective April 30, 1996. Rescinded: Filed March 10, 2003, effective Aug. 30, 2003. Readopted: Filed Sept. 25, 2002, effective May 30, 2003. Amended: Filed Jan. 12, 2006.

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 Division of Fire Safety, PO Box 844, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 70—Division of [Liquor] Alcohol and
Tobacco Control
Chapter 2—Rules and Regulations**

PROPOSED RULE

11 CSR 70-2.280 Guidelines for Using Minors in Intoxicating Liquor or Nonintoxicating Beer Investigations

PURPOSE: This rule establishes guidelines for the use of minors in intoxicating liquor or nonintoxicating beer investigations by a state, county, municipal or other local law enforcement authority.

(1) The following shall constitute guidelines for the use of minors in intoxicating liquor or nonintoxicating beer investigations by a state, county, municipal or other local law enforcement authority:

(A) The minor shall be eighteen (18) or nineteen (19) years of age;

(B) The minor shall have a youthful appearance and the minor, if a male, shall not have facial hair or a receding hairline; if a female,

shall not wear excessive makeup or excessive jewelry. The minor, male or female, shall not wear headgear that will obstruct a clear view of the face or hairline;

(C) The minor shall carry his or her own identification showing the minor's correct date of birth and shall, upon request, produce such identification to the seller of the intoxicating liquor or nonintoxicating beer at the licensed establishment; and the state, county, municipal or other local law enforcement agency shall search the minor prior to the operation to ensure that the minor is not in possession of any other valid or fictitious identification;

(D) The minor shall answer truthfully any questions about his or her age and shall not remain silent when asked questions regarding his or her age, nor misrepresent anything in order to induce a sale of intoxicating liquor or nonintoxicating beer;

(E) The state, county, municipal or other local law enforcement agency shall make a photocopy of the minor's valid identification showing the minor's correct date of birth;

(F) Any attempt by such minor to purchase intoxicating liquor or nonintoxicating beer products shall be videotaped or audiotaped with equipment sufficient to record all statements made by the minor and the seller of the intoxicating liquor or nonintoxicating beer product;

(G) The minor shall not be employed by the state, county, municipal or other local law enforcement agency on an incentive or quota basis;

(H) If a violation occurs, the state, county, municipal or other local law enforcement agency shall, within two (2) hours, make reasonable efforts to confront the seller with the minor, if practical, and further, within forty-eight (48) hours, contact or take all reasonable steps to contact the owner or manager of the establishment;

(I) The state, county, municipal or other local law enforcement agency shall maintain records of each visit to an establishment where a minor is used by the state, county, municipal or other local law enforcement agency for a period of at least one (1) year following the incident, regardless of whether a violation occurs at each visit, and such records shall, at a minimum, include the following information:

1. A photograph of the minor taken immediately prior to the operation;

2. A photocopy of the minor's valid identification, showing the minor's correct date of birth;

3. An Information and Consent document, included herein, completed by the minor in advance of the operation in the following form;

Minor Information and Consent

State of Missouri)
COUNTY of _____)

Before me, the undersigned authority, on this _____ day of _____, 20____, personally appeared _____, who by me is known and who after being by me first duly sworn did depose and state:

1. I am _____, a minor, and was born on the _____ day of _____, 19____.
My address is _____.
My driver's license number is _____ in the State of _____.
My Social Security number is _____.
My parents'/legal guardians' names are _____.
My home telephone number is _____.
2. I do hereby agree to assist the _____ in the investigation of offenses involving the unlawful sale of intoxicating liquor or nonintoxicating beer products in this state. I understand that I will be entering locations, in which intoxicating liquor or nonintoxicating beer products are sold and that I will attempt to purchase intoxicating liquor or nonintoxicating beer products, but only under the direction and supervision of agents of the _____.
3. I understand that I may wear an audio recording or transmitting device, which will record or transmit oral conversations, while I am attempting the purchase of intoxicating liquor or nonintoxicating beer products, and I consent to wearing such. I also consent to the video recording of my activities during these attempts.
4. I understand and agree that I may be required to appear and testify in court and/or in an administrative proceeding concerning the purchase of intoxicating liquor or nonintoxicating beer products or other criminal or administrative violations and that said appearance and testimony may be required in Jefferson City or another location in this state.

Signature

Print Name

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

4. The name of each establishment visited by the minor, and the date and time of each visit;
5. The audiotape or videotape specified in subsection (1)(G) above; and
6. A written Minor Report in the following form:

Minor Report	
Date of Purchase: _____	Time of Purchase: _____ a.m./p.m.
Name of Establishment: _____	
Address: (street and city) _____ (County) _____	
Approximate Age of Seller: _____	Sex of Seller: _____
Hair Color of Seller: _____	Clothing of Seller: _____
Seller's Actions (did or did not ask for I.D.): _____	
Description of Product and Brand Purchased: _____	
Quantity: _____	Price: _____
Conversation with Seller: _____	

Other Details: _____	

Minor's Signature _____	

(J) The state, county, municipal or other local law enforcement agency must provide pre-recorded currency to the minor, to be used in the operation, and, if a violation occurs, must make all reasonable efforts to retrieve the pre-recorded currency. If a violation occurs, said agency shall further secure and inventory any intoxicating liquor or nonintoxicating beer products purchased; and

(M) The state, county, municipal or other local law enforcement agency must, in advance of the operation, train the minor who will be used in the operation, which training shall, at a minimum, include i) instruction to enter the designated establishment and to proceed immediately to attempt to purchase intoxicating liquor or nonintoxicating beer products; ii) instruction to provide the minor's valid identification upon a request for identification by the seller; iii) instruction to answer truthfully all questions about age; iv) instruction not to lie to the seller to induce a sale of intoxicating liquor or nonintoxicating beer products; v) instruction on the use of pre-recorded currency; and vi) instruction on the other matters set out in this regulation.

(2) The supervisor of alcohol and tobacco control shall not participate with any state, county, municipal, or other local law enforcement agency, nor discipline any licensed establishment when any state, county, municipal, or other law enforcement agency chooses not to follow the supervisor's permissive standards.

AUTHORITY: section 311.722, RSMo Supp. 2005. Original rule filed Jan. 13, 2006.

PUBLIC COST: The cost of this proposed rule to this agency, any other agency of state government or any political subdivision thereof, is less than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: The cost of this proposed rule to private entities is less 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 Division of Alcohol and Tobacco Control, Attn: Karen Gaut, PO Box 837, Jefferson City, MO 65102. Fax: (573) 526-4540, Phone: (573) 751-5443, e-mail: karen.gaut@dps.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 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES**
**Division 30—Division of [Health Standards] Regulation
and Licensure**
Chapter 20—Hospitals

PROPOSED AMENDMENT

19 CSR 30-20.021 Organization and Management for Hospitals.

The department proposes to amend (2)(B)13., (3)(E)20., (3)(G)7., (3)(G)20., (3)(G)34., (5)(B)1., (5)(B)2., and (5)(B)3.; add (3)(E)8. and (3)(F)15.; and renumber and reletter for consistency.

PURPOSE: This amendment sets forth the amended hospital requirements regarding: 1) infection control imposed by the Missouri Nosocomial Infection Control Act of 2004 as included in Senate Bill No. 1279 passed by the Second Regular Session of the 92nd General Assembly; 2) establishment of a tobacco-free environment; 3) administration of influenza and pneumococcal vaccinations to patients; 4) overtime for nurses; and 5) security of medication storage areas.

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.

(2) Governing Body, Administration and Medical Staff.

(B) Administration, Chief Executive Officer.

1. The chief executive officer shall be the direct representative of the governing body and shall be responsible for management of the hospital commensurate with the authority delegated by the governing body in its bylaws.

2. The chief executive officer shall be responsible for maintaining liaison among the governing body, medical staff and all departments of the hospital.

3. The chief executive officer shall organize the administrative functions of the hospital through appropriate departmentalization and delegation of duties and shall establish a system of authorization, record procedures and internal controls.

4. The chief executive officer shall be responsible for the recruitment and employment of qualified personnel to staff the various departments of the hospital and shall insure that written personnel policies and job descriptions are available to all employees.

5. The chief executive officer shall be responsible for the development and enforcement of written policies and procedures governing visitors to all areas of the hospital.

6. The chief executive officer shall be responsible for establishing effective security measures to protect patients, employees and visitors.

7. The chief executive officer shall maintain policies protecting children admitted to or discharged from the hospital. Policies shall provide for at least the following:

A. A child shall not be released to anyone other than the child's parent(s), legal guardian or custodian;

B. The social work service personnel shall have knowledge of available social services for unmarried mothers and for the placement of children;

C. Adoption placements shall comply with section 453.010, RSMo; and

D. The reporting of suspected incidences of child abuse shall be made to the Division of Family Services as established under section 210.120, RSMo.

8. The chief executive officer shall be responsible for developing a written emergency preparedness plan. The plan shall include procedures which provide for safe and orderly evacuation of patients, visitors and personnel in the event of fire, explosion or other internal disaster. The plan shall also include procedures for caring for mass casualties resulting from any external disaster in the region.

9. The emergency plan in paragraph (2)(B)8. of this rule shall be readily available to all personnel. The chief executive officer is responsible for ensuring all employees shall be instructed regarding their responsibilities during an emergency. Drills for internal disasters, such as fires, shall be held at least quarterly for each shift and shall include the simulated use of fire alarm signals and simulation of emergency fire conditions. Annual drills for external disasters shall be held in coordination with representatives of local emergency preparedness offices. The movement of hospital patients is not required as a part of the drills.

10. The chief executive officer shall be responsible for carrying out policies of the governing body to ensure that patients are admitted to the hospital only by members of the medical staff and that each patient's general medical condition shall be the primary responsibility of a physician member of the medical staff.

11. The chief executive officer shall bring to the attention of the chief of the medical staff and governing body failure by members of that staff to conform with established hospital policies regarding administrative matters, professional standards or the timely preparation and completion of each patient's clinical record.

12. The chief executive officer shall be responsible for developing and maintaining a hospital environment which provides for efficient care and safety of patients, employees and visitors.

13. The chief executive officer shall be responsible for the development and enforcement of written policies and procedures which prohibit *[smoking] the use of tobacco products* throughout the hospital *[except specific designated areas where smoking may be permitted. Lobbies and dining rooms having an area of at least one thousand (1,000) square feet which are enclosed and separated from the access to exit corridor systems may have a designated smoking area. This designated smoking area may not exceed twenty percent (20%) of the total area of the room and shall be located to minimize the spread of smoke into the nonsmoking areas. Lobbies, dining rooms and other rooms of less than one thousand (1,000) square feet which are enclosed and separated from the access to exit corridor systems may be designated smoking areas provided one hundred percent (100%) of the air supplied to the room is exhausted. Individual patients may be permitted to smoke in their rooms with the consent of any other patients occupying the room and with the permission of his/her attending physician. If a patient is confined to bed or classified as not being responsible, smoking is permitted only under the direct supervision of an authorized individual. Modification of the patient room ventilation system is not required to permit occasional authorized smoking by a patient.]* and its facilities. At a minimum, such policies and procedures shall include a description of the area encompassed by the tobacco-free policy; how employees, patients and visitors will be educated and informed about the tobacco-free policy; who is responsible for enforcing the tobacco-free policy and how the tobacco-free policy will be enforced; how the hospital will address an employee's, patient's, or visitor's failure to comply with the tobacco-free policy; and how the hospital, if subject to Medicare Conditions of Participation for Long-Term Care Facilities, will comply with 42 CFR 483.15(b)(3). The chief executive officer shall enforce compliance with the written policies and procedures prohibiting the use of tobacco products throughout the hospital and its facilities beginning one (1) year from the effective date of this amendment.

14. An annual licensing survey for each fiscal year shall be filed with the department on the survey document provided by the Department of Health and Senior Services. The survey shall be due within two (2) months after the hospital's receipt of the survey.

15. The chief executive officer shall be responsible for establishing and implementing a mechanism which will assure that patient services provide care or an appropriate referral that is commensurate with the patient's needs. If services are provided by contract, the contractor shall furnish services that permit the hospital to comply with all applicable hospital licensing requirements.

16. The chief executive officer shall be responsible for establishing and implementing a mechanism to assure that all equipment and physical facilities used by the hospital to provide patient services, including those services provided by a contractor, comply with applicable hospital licensing requirements.

17. The chief executive officer shall be responsible for establishing and implementing a mechanism to assure that patients' rights are protected. At a minimum, the mechanism shall include the following:

A. The patient has the right to be free from abuse, neglect or harassment;

B. The patient has the right to be treated with consideration and respect;

C. The patient has the right to protective oversight while a patient in the hospital;

D. The patient or his/her designated representative has the right to be informed regarding the hospital's plan of care for the patient;

E. The patient or his/her designated representative has the right to be informed, upon request, regarding general information pertaining to services received by the patient;

F. The patient or his/her designated representative has the right to review the patient's medical record and to receive copies of the record at a reasonable photocopy fee;

G. The patient or his/her designated representative has the right to participate in the patient's discharge planning, including being informed of service options that are available to the patient and a choice of agencies which provide the service;

H. When a patient has brought personal possessions to the hospital, s/he has the right to have these possessions reasonably protected;

I. The patient has the right to accept medical care or to refuse it to the extent permitted by law and to be informed of the medical consequences of refusal. The patient has the right to appoint a surrogate to make health care decisions on his/her behalf to the extent permitted by law;

J. The patient, responsible party or designee has the right to participate in treatment decisions and the care planning process;

K. The patient has the right to be informed of the hospital's patient grievance policies and procedures, including who to contact and how; and

L. The patient has the right to file a formal or informal verbal or written grievance and to expect a prompt resolution of the grievance, including a timely written notice of the resolution. The grievance may be made by a patient or the patient's representative. Any patient service or care issue that cannot be resolved promptly by staff present will be considered a grievance for purposes of this requirement. The written notice of the resolution should include information on the steps taken on behalf of the patient to investigate the grievance, the results of the investigation, and the date the investigation was completed. If the corrective action is still being evaluated, the hospital's response should state that the hospital is still working to resolve the grievance and the hospital will follow/-/ up with another written response when the investigation is complete or within a specified time frame.

(3) Required Patient Care Services. Each hospital shall provide the following: central services, dietary services, emergency services,

medical records, nursing services, pathology and medical laboratory services, pharmaceutical services, radiology services, social work services and an inpatient care unit.

(E) Nursing Services.

1. The nursing service shall be integrated and identified within the total hospital organizational structure.

2. The nursing service shall have a written organizational structure that indicates lines of authority, accountability and communication.

3. The organization of the nursing service shall conform with the variety of patient care services offered and the range of nursing care activities.

4. Nursing policies and standards of practice describing patient care shall be in writing and be kept current.

5. Policies shall provide for the collaboration of nursing personnel with members of the medical staff and other health care disciplines regarding patient care issues.

6. Nursing service policies shall establish an appropriate committee structure to oversee and assist in the provision of quality nursing care. The purpose and function of each committee shall be defined and a record of its activities shall be maintained.

7. Policies shall make provision for nursing personnel to be participants of hospital committees concerned with patient care activities.

8. Policies shall be developed regarding the use of overtime. The policies shall be based on the following standards:

A. Overtime shall not be mandated for any licensed nursing personnel except when an unexpected nurse staffing shortage arises that involves a substantial risk to patient safety, in which case a reasonable effort must be applied to secure safe staffing before requiring the on-duty licensed nursing personnel to work overtime. Reasonable efforts undertaken shall be verified by the hospital. Reasonable efforts shall include pursuing all of the following:

(I) Reassigning on-duty staff;

(II) Seeking volunteers to work extra time from all available qualified nursing staff who are presently working;

(III) Contacting qualified off-duty employees who have made themselves available to work extra time, per diem staff, float pool and flex team nurses; and

(IV) Seeking personnel from a contracted temporary agency or agencies when such staffing is permitted by law or an applicable collective bargaining agreement and when the employer regularly uses the contracted temporary agency or agencies;

B. In the absence of nurse volunteers, float pool nurses, flex team nurses or contracted temporary agency staff secured by the reasonable efforts as described in subparagraph (3)(E)8.A. and if qualified reassignments cannot be made, the hospital may require the nurse currently providing the patient care to fulfill his or her obligations based on the Missouri Nurse Practice Act by performing the patient care which is required;

C. The prohibition of mandatory overtime does not apply to overtime work that occurs because of an unforeseeable emergency or when a hospital and a subsection of nurses commit, in writing, to a set, predetermined staffing schedule or prescheduled on-call time. An unforeseeable emergency is defined as a period of unusual, unpredictable or unforeseeable circumstances such as, but not limited to, an act of terrorism, a disease outbreak, adverse weather conditions, or natural disasters which impact patient care and which prevent replacement staff from reporting for duty;

D. The facility is prohibited from requiring a nurse to work additional consecutive hours and from taking action against a nurse on the grounds that a nurse failed to work the additional hours or when a nurse declines to work additional consecutive hours beyond the nurse's predetermined schedule of hours because doing so may, in the nurse's judgement, jeopardize patient safety;

E. Subparagraph (3)(E)8.D. is not applicable if overtime is permitted under subparagraphs (3)(E)8.A., B., and C.

F. Nurses required to work more than twelve (12) consecutive hours under subparagraphs (3)(E)8.A., B., or C. shall be provided the option to have at least ten (10) consecutive hours of uninterrupted off-duty time immediately following the worked time.

[8.] 9. The nursing service shall be administered and directed by a qualified registered professional nurse with appropriate education, experience and demonstrated ability in nursing practice and management.

[9.] 10. The nursing service administrator shall be responsible to the chief executive officer or chief operating officer.

[10.] 11. The nursing service administrator shall be a full-time employee and shall have the authority and be accountable for assuring the provision of quality nursing care for those patient areas delineated in the organizational structure.

[11.] 12. The nursing service administrator shall participate in the formulation of hospital policies and the development of long-range plans relating to patient care.

[12.] 13. The nursing service administrator, or designee, shall represent nursing at all appropriate meetings of the medical staff and governing board of the hospital.

[13.] 14. The nursing service administrator shall be accountable for the selection, promotion and termination of all nursing personnel under the authority of nursing service.

[14.] 15. The nursing service administrator shall have sufficient time to perform the necessary managerial duties and functions of the position.

[15.] 16. A qualified registered professional nurse shall be designated and authorized to act in the absence of the nursing service administrator.

[16.] 17. Nursing personnel shall hold a valid and current license in accordance with sections 335.011-335.096, RSMo.

[17.] 18. There shall be a job description for each classification of nursing personnel which delineates the specific qualifications, licensure, certification, authority, responsibilities, functions and performance standards for that classification. Job descriptions shall be reviewed annually and revised as necessary to reflect current job requirements.

[18.] 19. There shall be scheduled annual evaluations of job performance for all classifications of nursing personnel.

[19.] 20. All nursing personnel shall be oriented to the hospital, nursing services *[and to]*, their position classification **and the use of overtime**. The orientation shall be of sufficient length and content to prepare nursing personnel for their specified duties and responsibilities. Competency shall be validated prior to assuming independent performance in actual patient situation.

[20.] 21. For specialized nursing units and those units providing specific clinical services, written policies and procedures, including standards of practice, shall be available and current.

[21.] 22. Nursing personnel meetings shall be conducted at intervals necessary for leadership and to communicate management information. Separate meetings for the various job classifications of personnel may be conducted. Minutes of all meetings shall be maintained and reflect attendance, scope of discussion and action(s) taken. The minutes shall be filed according to hospital policy.

[22.] 23. Each facility shall develop and utilize a methodology which ensures adequate nurse staffing that will meet the needs of the patients. At a minimum, on duty at all times there shall be a sufficient number of registered professional nurses to provide patient care requiring the judgment and skills of a registered professional nurse and to supervise the activities of all nursing personnel.

[23.] 24. There shall be sufficient licensed and ancillary nursing personnel on duty on each nursing unit to meet the needs of each patient in accordance with accepted standards of nursing practice.

[24.] 25. Patient care assignments shall be consistent with the qualifications of the nursing personnel and the identified patient needs.

[25.] 26. Documentation in the patient's medical record shall reflect use of the nursing process in the delivery of care throughout the patient's hospitalization.

[26.] 27. A registered professional nurse shall assess the patient's needs for nursing care in all settings where nursing care is provided. A nursing assessment shall be completed within twenty-four (24) hours of admission as an inpatient. The registered professional nurse may be assisted in the process by other qualified nursing staff members.

[27.] 28. Patient education and discharge needs shall be addressed and appropriately documented in the medical records.

[28.] 29. The necessary types and quantities of supplies and equipment shall be available to meet the current needs of each patient. Reference materials pertinent to patient care shall be readily accessible.

(F) Pathology and Medical Laboratory Services.

1. Provision shall be made, either on the premises or by contract with a reference laboratory, for the prompt performance of adequate examinations in the fields of hematology, clinical chemistry, urinalysis, microbiology, immunology, anatomic pathology, cytology and immuno-hematology.

2. The director of the pathology and medical laboratory services shall be a physician who is a member of the medical staff and appointed by the governing body. If the director is not a pathologist, a pathologist shall be retained on a part-time basis as a consultant on-site. Consultation shall be provided no less than monthly. A written report of the consultant's evaluation and recommendations shall be submitted after each visit.

3. Pathology and medical laboratory services shall be integrated with other hospital services. The pathologist(s) shall have an active role in in-service educational programs and in medical staff functions, the laboratory quality assurance program and shall participate in committees that review tissue, infection control and blood usage.

4. Laboratory technologists shall have graduated from a medical technology program approved by a nationally recognized body or have documented equivalent education, training and experience. There shall be sufficient qualified laboratory technologists and supportive technical staff currently competent in their field to perform the tests required. Laboratory personnel shall have the opportunity for continuing education.

5. The laboratory shall perform tests and examine specimens from hospital in-patients only on the order of a medical staff member. The laboratory shall perform tests and examine specimens from any other source only on written request. Test requests received by the laboratory shall clearly identify the patient, the source of the request, the tests required and the date. Requests for examinations of surgical specimens shall contain necessary clinical information.

6. The laboratory shall maintain complete written instructions for specimen collection and processing, storage, testing and reporting of results. The instructions shall include, but not be limited to, a step-by-step description of the testing procedure, reagent use and storage, control and calibration procedures and pertinent literature references.

7. Dated reports of all laboratory examinations shall become a part of the patient's medical record. If the original report from a reference laboratory is not part of the patient's record, the original shall be retained and retrievable for a period of not less than two (2) years. Dated reports of tests on outpatients and from referring laboratories shall be sent promptly to the individual or facility ordering the test. Copies of all laboratory tests and examinations shall be retained and retrievable for at least two (2) years.

8. Instruments and equipment shall be evaluated to insure that they function properly at all times. Records shall be maintained for each piece of equipment, showing the date of inspection, calibration, performance evaluation and action taken to correct deficiencies. Temperatures shall be recorded daily for all temperature-controlled instruments.

9. Each section of the pathology and medical laboratory shall have a written quality control program to verify accuracy, measure precision and detect error. Quality control results shall be documented and retained for at least two (2) years.

10. The hospital laboratory shall successfully participate in a proficiency testing program covering all anatomical and clinical specialties in which the laboratory performs tests and in which proficiency testing is available. Records of proficiency testing shall be maintained for at least two (2) years.

11. All specimens, except for teeth and foreign objects, removed during a surgical, diagnostic, or other procedure shall be submitted for pathologic examination, except for specimens that have been previously determined to be exempt. Specimens submitted for pathological examination shall be accompanied by pertinent clinical information. Specimens exempted from pathologic examination shall be those for which examination does not add to the diagnosis, treatment or prognosis, shall be determined by the medical staff in consultation with the pathologist, and shall be documented in writing. When the specimen is not submitted for pathological examination, a report of the removal must be present in the patient's medical record. Specimens requiring only a gross description and diagnosis shall be determined by the medical staff in consultation with the pathologist and shall be documented in writing.

12. An autopsy service shall be available to meet the needs of the hospital. Each autopsy shall be performed by, or under the supervision of, a pathologist or a physician whose credentials document his/her qualifications in anatomical pathology. All microscopic interpretations shall be made by a pathologist who is qualified in anatomical pathology.

13. At all times there shall be an established procedure for obtaining a supply of blood and blood components. Facilities for the safekeeping and safe administration of blood and blood products shall be provided. Positive patient identification shall be provided through an armband that displays a number or other unique identifying symbol. This armband shall be on the patient before or at the time of drawing the first tube of blood used for transfusion preparation. The refrigerator used for the routine storage of blood for transfusion shall maintain a temperature between one degree and six degrees Celsius (1°-6° C) and this temperature shall be verified by an outside recording thermometer. This refrigerator shall be constantly monitored by an audible and visible alarm that is located in an area that is staffed at all times. The alarm shall be battery-operated or powered by a circuit different from the one supplying the refrigerator. This refrigerator shall be on the power line supplied by the emergency generator.

14. The hospital shall provide safety equipment for laboratory employees that includes, but is not limited to, gloves. No food, drink, tobacco or personal care items shall be in the laboratory testing area.

15. The hospital shall provide reports to the department as required by 19 CSR 10-33.050 and section 192.131, RSMo.

(G) Pharmacy Services and Medication Management.

1. Pharmacy services shall be identified and integrated within the total hospital organizational plan. Pharmacy services shall be directed by a pharmacist who is currently licensed in Missouri and qualified by education and experience. The director of pharmacy services shall be responsible for the provision of all services required in subsection (4)(G) of this rule and shall be a participant in all decisions made by pharmacy services or committees regarding the use of medications. With the assistance of medical, nursing and administrative staff, the director of pharmacy services shall develop standards

for the selection, distribution and safe and effective use of medications throughout the hospital.

2. Additional professional and supportive personnel shall be available for services provided. Pharmacists shall be currently licensed in Missouri and all personnel shall possess the education and training necessary for their responsibilities.

3. Support pharmacy personnel shall work under the supervision of a pharmacist and shall not be assigned duties that by law must be performed by a pharmacist. Interpreting medication orders, selecting, compounding, packaging, labeling and the dispensing of medications by pharmacy staff shall be performed by or under the supervision of a pharmacist. Interpretation of medication orders by support personnel shall be limited to order processing and shall not be of a clinical nature.

4. Hours shall be established for the provision of pharmacy services. A pharmacist shall be available to provide required pharmacy services during hours appropriate for necessary contact with medical and nursing staff. A pharmacist shall be on call at all other times.

5. Space, equipment and supplies shall be available according to the scope of pharmacy services provided. Office or other work space shall be available for administrative, clerical, clinical and other professional services provided. All areas shall meet standards to maintain the safety of personnel and the security and stability of medications stored, handled and dispensed.

6. The pharmacy and its medication storage areas shall have proper conditions of sanitation, temperature, light, moisture, ventilation and segregation. Refrigerated medication shall be stored separate from food and other substances. The pharmacy and its medication storage area shall be locked and accessible only to authorized pharmacy and supervisory nursing personnel. The director of pharmacy services, in conjunction with nursing and administration, shall be responsible for the authorization of access to the pharmacy by supervisory nursing personnel to obtain doses for administering when pharmacy services are unavailable.

7. Medication storage areas outside of the pharmacy shall have proper conditions of sanitation, temperature, light, moisture, ventilation and segregation. Refrigerated medications shall be stored in a sealed compartment separate from food and laboratory materials. Medication storage areas shall be *locked and* accessible only to authorized personnel **and locked when appropriate**.

8. The evaluation, selection, source of supply and acquisition of medications shall occur according to the hospital's policies and procedures. Medications and supplies needed on an emergency basis and necessary medications not included in the hospital formulary shall be acquired according to the hospital's policies and procedures.

9. Records shall be maintained of medication transactions, including: acquisition, compounding, repackaging, dispensing or other distribution, administration and controlled substance disposal. Persons involved in compounding, repackaging, dispensing, administration and controlled substance disposal shall be identified and the records shall be retrievable. Retention time for records of bulk compounding, repackaging, administration, and all controlled substance transactions shall be a minimum of two (2) years. Retention time for records of dispensing and extemporaneous compounding, including sterile medications, shall be a minimum of six (6) months.

10. Security and record keeping procedures in all areas shall ensure the accountability of all controlled substances, shall address accountability for other medications subject to theft and abuse and shall be in compliance with 19 CSR 30-1.030(3). Inventories of Schedule II controlled substances shall be routinely reconciled. Inventories of Schedule III-V controlled substances outside of the pharmacy shall be routinely reconciled. Records shall be maintained so that inventories of Schedule III-V controlled substances in the pharmacy shall be reconcilable.

11. Controlled substance storage areas in the pharmacy shall be separately locked and accessible only to authorized pharmacy staff. Reserve supplies of all controlled substances in the pharmacy shall be locked. Controlled substance storage areas outside the pharmacy

shall be separately locked and accessible only to persons authorized to administer them and to authorized pharmacy staff.

12. Authorization of access to controlled substance storage areas outside of the pharmacy shall be established by the director of pharmacy services in conjunction with nursing and administration. The distribution and accountability of keys, magnetic cards, electronic codes or other mechanical and electronic devices shall occur according to the hospital's policies and procedures.

13. All variances involving controlled substances—including inventory, security, record keeping, administration and disposal—shall be reported to the director of pharmacy services for review and investigation. Loss, diversion, abuse or misuse of medications shall be reported to the director of pharmacy services, administration, and local, state and federal authorities as appropriate.

14. The provision of pharmacy services in the event of a disaster, removal from use of medications subject to product recall and reporting of manufacturer drug problems shall occur according to the hospital's policies and procedures.

15. Compounding and repackaging of medications in the pharmacy shall be done by pharmacy personnel under the supervision of a pharmacist. Those medications shall be labeled with the medication name, strength, lot number, expiration date and other pertinent information. Record keeping and quality control, including end-product testing when appropriate, shall occur according to the hospital's policies and procedures.

16. Compounding, repackaging or relabeling of medications by nonpharmacy personnel shall occur according to the hospital's policies and procedures. Medications shall be administered routinely by the person who prepared them, and preparation shall occur just prior to administration except in circumstances approved by the director of pharmacy, nursing and administration. Compounded sterile medications for parenteral administration prepared by nonpharmacy personnel shall not be administered beyond twenty-four (24) hours of preparation. Labeling shall include the patient's name, where appropriate, medication name, strength, beyond use date, identity of the person preparing and other pertinent information.

17. Compounded sterile medications shall be routinely prepared in a suitably segregated area in a Class 100 environment by pharmacy personnel. Preparation by nonpharmacy personnel shall occur only in specific areas or in situations when immediate preparation is necessary and pharmacy personnel are unavailable and shall occur according to policies and procedures. All compounded cytotoxic/hazardous medications shall be prepared in a suitably segregated area in a Class II biological safety cabinet or vertical airflow hood. The preparation, handling, administration and disposal of sterile or cytotoxic/hazardous medications shall occur according to policies and procedures including: orientation and training of personnel, aseptic technique, equipment, operating requirements, environmental considerations, attire, preparation of parenteral medications, preparation of cytotoxic/hazardous medications, access to emergency spill supplies, special procedures/products, sterilization, extemporaneous preparations and quality control.

18. Radiopharmaceuticals shall be acquired, stored, handled, prepared, packaged, labeled, administered and disposed of according to the hospital's policies and procedures and only by or under the supervision of personnel who are certified by the Nuclear Regulatory Commission.

19. A medication profile for each patient shall be maintained and reviewed by the pharmacist and shall be reviewed by the pharmacist upon receiving a new medication order prior to dispensing the medication. The pharmacist shall review the prescriber's order or a direct copy prior to the administration of the initial dose, except in an emergency or when the pharmacist is unavailable, in which case the order shall be reviewed within seventy-two (72) hours.

20. Medications shall be dispensed only upon the order of an authorized prescriber **with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy/protocol after an assessment for contraindications**, and only dispensed by or under the supervision of the pharmacist.

21. All medications dispensed for administration to a specific patient shall be labeled with the patient name, drug name, strength, expiration date and, when applicable, the lot number and other pertinent information.

22. The medication distribution system shall provide safety and accountability for all medications, include unit of use and ready to administer packaging, and meet current standards of practice.

23. To prevent unnecessary entry to the pharmacy, a locked supply of routinely used medications shall be available for access by authorized personnel when the pharmacist is unavailable. Removal of medications from the pharmacy by authorized supervisory nursing personnel, documentation of medications removed, restricted and unrestricted medication removal, later review of medication orders by the pharmacist, and documented audits of medications removal shall occur according to the hospital's policies and procedures. The nurse shall remove only amounts necessary for administering until the pharmacist is available.

24. Floorstock medications shall be limited to emergency and nonemergency medications which are authorized by the director of pharmacy services in conjunction with nursing and administration. The criteria, utilization and monitoring of emergency and nonemergency floorstock medications shall occur according to the hospital's policies and procedures. Supplies of emergency medications shall be available in designated areas.

25. All medication storage areas in the hospital shall be inspected at least monthly by a pharmacist or designee according to the hospital's policies and procedures.

26. The pharmacist shall be responsible for the acquisition, inventory control, dispensing, distribution and related documentation requirements of investigational medications according to the hospital's policies and procedures. A copy of the investigational protocol shall be available in the pharmacy to all health care providers who prescribe or administer investigational medications. The identity of all recipients of investigational medications shall be readily retrievable.

27. Sample medications shall be received and distributed by the pharmacy according to the hospital's policies and procedures.

28. Dispensing of medications by the pharmacist to patients who are discharged from the hospital or who are outpatients shall be in compliance with 4 CSR 220.

29. Persons other than the pharmacist may provide medications to patients leaving the hospital only when prescription services from a pharmacy are not reasonably available. Medications shall be provided according to the hospital's policies and procedures, including: circumstances when medications may be provided, practitioners authorized to order, specific medications and limited quantities, prepackaging and labeling by the pharmacist, final labeling to facilitate correct administration, delivery, counseling and a transaction record. Final labeling, delivery and counseling shall be performed by the prescriber or a registered nurse.

30. Current medication information resources shall be maintained in the pharmacy and patient care areas. The pharmacist shall provide medication information to the hospital staff as requested.

31. The director of pharmacy services shall be an active member of the pharmacy and therapeutics committee or its equivalent, which shall advise the medical staff on all medication matters. A formulary shall be established which includes medications based on an objective evaluation of their relative therapeutic merits, safety and cost and shall be reviewed and revised on a continual basis. A medication use evaluation program shall be established which evaluates

the use of selected medications to ensure that they are used appropriately, safely and effectively. Follow-up educational information shall be provided in response to evaluation findings.

32. The pharmacist shall be available to participate with medical and nursing staff regarding decisions about medication use for individual patients, including: not to use medication therapy; medication selection, dosages, routes and methods of administration; medication therapy monitoring; provision of medication-related information; and counseling to individual patients. The pharmacist or designee shall personally offer to provide medication counseling when discharge or outpatient prescriptions are filled. The pharmacist shall provide requested counseling.

33. Medication orders shall be initiated or modified only by practitioners who have independent statutory authority to prescribe or who are legally given authority to order medications. That authority may be given through an arrangement with a practitioner who has independent statutory authority to prescribe and who is a medical staff member. The authority may include collaborative practice agreements, protocols or standing orders and shall not exceed the practitioner's scope of practice. Practitioners given this authority who are not hospital employees shall be approved through the hospital credentialing process. When hospital-based agreements, protocols or standing orders are used, they shall be approved by the pharmacy and therapeutics or equivalent committee.

34. All medication orders shall be written in the medical record and signed by the ordering practitioner./ with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved hospital policy/protocol after an assessment for contraindications. When medication therapy is based on a protocol or standing order and a specific medication order is not written, a signed copy of the protocol or of an abbreviated protocol containing the medication order parameters or of the standing order shall be placed in the medical record./ with the exception of physician-approved policies/protocols for the administration of influenza and pneumococcal polysaccharide vaccines after an assessment for contraindications. The assessment for contraindications shall be dated and signed by the registered nurse performing the assessment and placed in the medical record. Telephone or verbal orders shall be accepted only by authorized staff, immediately written and identified as such in the medical record and signed by the ordering practitioner within a time frame defined by the medical staff.

35. Medication orders shall be written according to policies and procedures and those written by persons who do not have independent statutory authority to prescribe shall be included in the quality improvement program.

36. Automatic stop orders for all medications shall be established and shall include a procedure to notify the prescriber of an impending stop order. A maximum stop order shall be effective for all medications which do not have a shorter stop order. Automatic stop orders are not required when the pharmacist continuously monitors medications to ensure that they are not inappropriately continued.

37. Medications shall be administered only by persons who have statutory authority to administer or who have been trained in each pharmacological category of medication they administer, and administration shall be limited to the scope of their practice. Persons who do not have statutory authority to administer shall not administer parenteral medications, controlled substances or medications that require professional assessment at the time of administration. A person who has statutory authority to administer shall be readily available at the time of administration. Training for persons who do not have statutory authority to administer shall be documented and administration by those persons shall be included in the quality improvement program. Medications shall be administered only upon the order of a person authorized to prescribe or order medications. Administration by all persons shall occur according to the hospital's policies and procedures.

38. Medications brought to the hospital by patients shall be handled according to policies and procedures. They shall not be administered unless so ordered by the prescriber and identified by the pharmacist or the prescriber.

39. Medications shall be self-administered or administered by a responsible party only upon the order of the prescriber and according to policies and procedures.

40. Medication incidents, including medication errors shall be reported to the prescriber and the appropriate manager. Medication incidents shall be reported to the appropriate committee. Adverse medication reactions shall be reported to the prescriber and the director of the pharmacy services. The medication administered and medication reaction shall be recorded in the patient's medical record. Adverse medication reactions shall be reviewed by the pharmacy and therapeutics committee and other medical or administrative committees when appropriate.

(5) Environmental and Support Services. Each hospital shall have an organized service which maintains a clean and safe environment.

(B) Infection Control.

1. There shall be an active multidisciplinary infection control committee responsible for implementing and monitoring the infection control program. The committee shall include, but not be limited to, **the infection control officer**, a member of the medical staff, registered professional nursing staff, **quality improvement staff** and administration. This program shall include measures for preventing, identifying, and investigating./ **healthcare-associated infections and shall establish procedures for: collecting data, conducting root cause analysis, reporting sentinel events, and [controlling infections] implementing corrective actions. These measures and procedures shall be applied throughout the hospital, including as a part of the employee health program.**

2. The infection control committee *[or its designated infection control practitioner]* shall conduct an ongoing review and analysis of *[nosocomial]* **healthcare-associated infections (HAI)** data and risk factors. *[The infection control practitioner shall be a physician, registered nurse, have a bachelor's degree in laboratory science or have similar qualifications and have additional training or education preparation in infection control, infectious diseases, epidemiology and principles of quality improvement.]* **Priorities and goals related to preventing the acquisition and transmission of potentially infectious agents will be established based on risks identified.**

3. **Hospitals shall implement [W]ritten policies and procedures outlining infection control measures[, aseptic techniques, cleaning, disinfection and sterilization and a mechanism for reporting and monitoring patient and employee infections shall be developed]** for all patient care and support departments *[in the hospital]*. **These measures shall include, but are not limited to, a hospital-wide hand hygiene program that complies with the October 25, 2002 Centers for Disease Control and Prevention (CDC) Guideline for Hand Hygiene in Health-Care Settings, which is incorporated by reference in this rule. A copy of the CDC Guideline for Hand Hygiene in Health-Care Settings may be obtained from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402-9371; telephone: (202) 512-1800. This rule does not incorporate any subsequent amendments or additions. At a minimum, the program shall require every health care worker to properly wash or sanitize his or her hands immediately before and immediately after each and every episode of patient care. Procedures shall include, at a minimum, requirements for the facility's infection control program to conduct surveillance of personnel in accordance with section 197.150, RSMo. Surveillance procedures may also include monitoring the employees' and medical staff's use of hand hygiene products. A mechanism approved by the hospital infection control committee for reporting and monitoring patient**

and employee infections shall be developed for all patient care and support departments in the hospital.

4. Orientation and ongoing education shall be provided to all patient care and patient-care support personnel on the cause, effect, transmission, prevention and elimination of infections. Records of employee attendance shall be retained and available for inspection. A mechanism for monitoring compliance with infection control policies and procedures shall be coordinated with administrative staff, personnel staff and the quality improvement program.

5. Infection control committee meetings shall be held quarterly. Minutes shall be retained.

6. There shall be an annual review and evaluation of the quality of the infection control program.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000 and 197.154, RSMo Supp. 2005. This rule was previously filed as 13 CSR 50-20.021 and 19 CSR 10-20.021. Original rule filed June 2, 1982, effective Nov. 11, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 1, 2006.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions an annual cost of three hundred fifty-four thousand eight hundred ninety-four dollars (\$354,894) and a one time cost of four hundred one thousand five hundred dollars (\$401,500) in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities an annual cost of \$1,171,319 and a one time cost of \$1,272,500 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 Health and Senior Services, Division of Regulation and Licensure, David S. Durbin, 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 ENTITY COST

I. RULE NUMBER

Title: 19 – Department of Health and Senior Services

Division: 30 – Division of Regulation and Licensure

Chapter: 20 – Hospitals

Type of Rule Making: Proposed Amendment

Rule Number and Name: 19 CSR 30-20.021 – Organization and Management for Hospitals

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
33 State Licensed Hospitals operated by Counties, Cities, or Hospital Districts	\$698,300 (\$401,500 + \$296,800) the first year and \$296,800 annually thereafter
Department of Health and Senior Services	\$58,094 annually

III. WORKSHEET

HOSPITAL COSTS:

Type of Cost	# of Hospitals Affected	Cost per Hospital	One-time Cost	Annual Cost
Nosocomial Infections:				
Develop/revise policies/procedures & education	33	\$2,500	\$82,500	--
Compensation/education of infection control officer	33	\$7,500	--	\$247,500
Conducting root cause analysis	17	\$500	--	\$8,500
Monitoring hand-washing compliance	33	--	--	\$40,800
Influenza and Pneumococcal Vaccinations	25	\$2,500	\$62,500	--
Tobacco-Free Environment	32	\$7,500	\$240,000	--
Overtime for Nurses	33	\$500	\$16,500	--
Security of Medication Storage Areas	--	--	--	--
TOTAL		--	\$401,500	\$296,800

DEPARTMENT OF HEALTH AND SENIOR SERVICES COSTS

143 Licensed Hospitals X 13 additional hours per inspection X \$31.25 hourly rate for inspection staff (includes fringe) = \$58,094 annually

IV. ASSUMPTIONS**HOSPITAL COSTS**

The Department of Health and Senior Services worked with the Missouri Hospital Association to obtain information with which to estimate costs of this proposed amendment.

The proposed amendment includes four components:

1. Nosocomial infection requirements:**One-time costs:**

Hospitals would incur a one-time cost to develop and/or revise policies and procedures to meet the requirements of the amended rule as well as educate staff and physicians about the changes. We estimate these costs would average \$2,500 per facility.

Annual costs:

Hospitals would incur annual costs related to compensation and education for an infection control officer and for additional infection control staff to conduct root cause analysis and monitor compliance with hand washing requirements.

Additional compensation and education for an infection control officer: We estimate the cost at \$7,500 per year per hospital.

Conducting root cause analysis: Some hospitals are already doing this. We estimate that half the hospitals (33 hospitals X .5 = 17 hospitals) would need additional training on root cause analysis at a cost of approximately \$500 annually per hospital. The actual root cause analysis function would be performed by the infection control officer and the infection control committee. The infection control committee was a regulatory requirement prior to this proposed amendment and the additional infection control officer costs are included above.

Monitoring compliance with hand washing requirements: The 2004 annual hospital survey indicated there were 137,000 hospital employees and 22,000 physicians with staff privileges. If 50 percent $((137,000 + 22,000) \times .5) = 79,500$ observed staff) were observed once during the year for 10 minutes each, an estimated 13,250 additional staff hours $((79,500 \text{ observed staff} \times 10 \text{ minutes}) / 60 \text{ minutes per hour})$ would be required to conduct hand washing surveillance. The average hourly rate for a staff RN, per MHA's 2004 annual compensation survey is \$21.80; including an additional 25 percent for benefits would give an hourly rate of \$27.25 for a total of \$361,063 for all hospitals $(13,250 \text{ staff hours} \times \$27.25 \text{ hourly rate})$. In order to split this amount between private (110) and public (33) hospitals, a ratio of licensed beds was used. As of July 26, 2005, there is a total of 23,466 licensed beds at all hospitals; 20,723 beds are in private facilities and 2,743 beds are in public facilities. This is a ratio of 88.3% in private facilities and 11.7% in public facilities. Applying the 11.7% to the \$361,063 handwashing monitoring total results in \$40,800 of the cost being attributed to public facilities.

2. Influenza and pneumococcal vaccinations:

For hospitals that chose to permit the administration of influenza and pneumococcal vaccines with a physician-approved policy there would be a one-time cost to develop policies and procedures and educate staff and physicians on the new policies. We estimate an average cost of \$2,500 per facility to accomplish this. We estimate that 75 percent of the hospitals (33 hospitals X 75% = 25 hospitals) would develop such policies. Some hospitals, primarily very small ones, would likely opt to continue to require a physician order and a few hospitals have already developed similar policies which would just be extended to cover vaccinations. Further, we believe that the costs to implement the proposed amendment would be more than offset by the benefits of increased immunization rates such as fewer hospitalizations due to influenza and pneumonia. The proposed amendment will also potentially result in cost savings because the vaccinations will be able to be given after an assessment for contraindications by a registered nurse, rather than requiring an intervention by a physician to sign an order. Labor cost for a nurse is less than for a physician, thus resulting in a savings. One-time costs are estimated at \$62,500 (25 hospitals X \$2,500)

3. **Tobacco-free environment:**

MHA has agreed to provide templates for signage, policies, procedures and educational materials for staff, patients, visitors and the community. Hospitals will incur a one-time cost of refining the policy and procedure templates to meet their individual situations and to educate staff, patients, visitors and the community. Per MHA, there is 1 hospital that is currently implementing a tobacco-free policy campus wide and would not incur costs related to the proposed amendment. The one-time cost for the remaining 32 hospitals (33 hospitals - 1 hospital with policies already) is estimated at \$7,500 per facility.

4. **Overtime for nurses:**

Hospitals are already required under 19 CSR 30-20.021 to ensure adequate staffing. According to MHA's 2005 Workforce Report, hospitals responding reported spending \$57 million on agency staff registered nurses in 2004. The amount of compensation paid by hospitals for overtime of the registered nurses employed by hospitals is not known, but is believed to exceed the \$57 million amount. It is believed that the cost to meet the requirements specified in the rule, whether through the hospitals own staff or through staffing agencies, is already being incurred by hospitals.

Hospitals would incur a one-time cost to revise their nursing policies regarding overtime and to educate staff in order to comply with the proposed amendment. We estimate a one-time average cost of \$500 per hospital.

5. **Security of medication storage areas:**

The amendment allows for non-pharmacy medication storage areas to be locked when appropriate, rather than requiring them to be locked. The change results in a less stringent rule, therefore there is no cost associated with the amendment.

DEPARTMENT OF HEALTH AND SENIOR SERVICES COSTS

The DHSS estimates that these regulatory changes would result in adding an average of 13 additional hours of inspection time for each of the 143 hospitals. This additional time for inspections includes write-up and follow-up time in addition to the additional time at the facility. These changes will result in the need for an additional 1,859 hours of employee time. The estimated hourly rate of inspection staff is \$21.95. Factoring in fringe benefits at 42.38% gives an hourly rate of \$31.25. Additional inspection costs are therefore estimated at \$58,094.

This estimate does not include the investigation of any complaints that might be reported as a result of the regulatory changes. It is impossible to estimate the number of possible complaints or the amount of time they might take to investigate.

PRIVATE ENTITY COST

I. RULE NUMBER

Title: 19 – Department of Health and Senior Services

Division: 30 – Division of Regulation and Licensure

Chapter: 20 – Hospitals

Type of Rule Making: Proposed Amendment

Rule Number and Name: 19 CSR 30-20.021 – Organization and Management for Hospitals

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 type 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.
110	State licensed hospitals	\$2,443,819 (\$1,272,500 + \$1,171,319) the first year and \$1,171,319 annually thereafter

III. WORKSHEET

Type of Cost	# of Hospitals Affected	Cost per Hospital	One-time Cost	Annual Cost
Nosocomial Infections:				
Develop/revise policies/procedures & education	110	\$2,500	\$275,000	--
Compensation/education of infection control officer	110	\$7,500	--	\$825,000
Conducting root cause analysis	55	\$500	--	\$27,500
Monitoring hand-washing compliance	110		--	\$318,819
Influenza and Pneumococcal Vaccinations	83	\$2,500	\$207,500	--
Tobacco-Free Environment	98	\$7,500	\$735,000	--
Overtime for Nurses	110	\$500	\$55,000	--
Security of Medication Storage Areas	--	--	--	--
TOTAL			\$1,272,500	\$1,171,319

IV. ASSUMPTIONS

The Department of Health and Senior Services worked with the Missouri Hospital Association to obtain information with which to estimate costs of this proposed amendment.

The proposed amendment includes four components:

1. **Nosocomial infection requirements:**

One-time costs:

Hospitals would incur a one-time cost to develop and/or revise policies and procedures to meet the requirements of the amended rule as well as educate staff and physicians about the changes. We estimate these costs would average \$2,500 per facility.

Annual costs:

Hospitals would incur annual costs related to compensation and education for an infection control officer and for additional infection control staff to conduct root cause analysis and monitor compliance with hand washing requirements.

Additional compensation and education for an infection control officer: We estimate the cost at \$7,500 per year per hospital/

Conducting root cause analysis: Some hospitals are already doing this. We estimate that half the hospitals (110 hospitals X .5 = 55 hospitals) would need additional training on root cause analysis at a cost of approximately \$500 annually per hospital. The actual root cause analysis function would be performed by the infection control officer and the infection control committee. The infection control committee was a regulatory requirement prior to this proposed amendment and the additional infection control officer costs are included above.

Monitoring compliance with hand washing requirements: The 2004 annual hospital survey indicated there were 137,000 hospital employees and 22,000 physicians with staff privileges (includes both private and public entities). If 50 percent $((137,000 + 22,000) \times .5) = 79,500$ observed staff were observed once during the year for 10 minutes each, an estimated 13,250 additional staff hours $((79,500 \text{ observed staff} \times 10 \text{ minutes})/60 \text{ minutes per hour})$ would be required to conduct hand washing surveillance. The average hourly rate for a staff RN, per MHA's 2004 annual compensation survey is \$21.80; including an additional 25 percent for benefits would give an hourly rate of \$27.25 for a total of \$361,063 for all hospitals $(13,250 \text{ staff hours} \times \$27.25 \text{ hourly rate})$. In order to split this amount between private (110) and public (33) hospitals, a ratio of licensed beds was used. As of July 26, 2005, there is a total of 23,466 licensed beds at all hospitals; 20,723 beds are in private facilities and 2,743 beds are in public facilities. This is a ratio of 88.3% in private facilities and 11.7% in public facilities. Applying the 88.3% to the \$361,063 handwashing monitoring total results in \$318,819 of the cost being attributed to private facilities.

2. **Influenza and pneumococcal vaccinations:**

For hospitals that chose to permit the administration of influenza and pneumococcal vaccines with a physician-approved policy there would be a one-time cost to develop policies and procedures and educate staff and physicians on the new policies. We estimates an average cost of \$2,500 per facility to accomplish this. We estimate that 75 percent of the hospitals (110 hospitals X 75% = 83 hospitals) would develop such policies. Some hospitals, primarily very small ones, would likely opt to continue to require a physician order and a few hospitals have already developed similar policies which would just be extended to cover vaccinations. Further, we believe that the costs to implement the proposed amendment would be more than offset by the benefits of increased immunization rates such as fewer hospitalizations due to influenza and pneumonia. The proposed

amendment will also potentially result in cost savings because the vaccinations will be able to be given after an assessment for contraindications by a registered nurse, rather than requiring an intervention by a physician to sign an order. Labor cost for a nurse is less than for a physician, thus resulting in a savings. One-time costs are estimated at \$207,500 (83 hospitals X \$2,500)

3. **Tobacco-free environment:**

MHA has agreed to provide templates for signage, policies, procedures and educational materials for staff, patients, visitors and the community. Hospitals will incur a one-time cost of refining the policy and procedure templates to meet their individual situations and to educate staff, patients, visitors and the community. Per MHA, there are approximately 12 hospitals that have already instituted tobacco-free policies campus wide and would not incur costs related to the proposed amendment. The one-time cost for the remaining 98 hospitals (110 hospitals – 12 hospitals with policies already) was estimated at \$7,500 per facility.

4. **Overtime for nurses:**

Hospitals are already required under 19 CSR 30-20.021 to ensure adequate staffing. According to MHA's 2005 Workforce Report hospitals who responded reported spending \$57 million on agency staff registered nurses in 2004. The amount of compensation paid by hospitals for overtime of the registered nurses employed by hospitals is not known, but is believed to exceed the \$57 million amount. It is believed that the cost to meet the requirements specified in the rule, whether through the hospitals own staff or through staffing agencies, is already being incurred by hospitals.

Hospitals would incur a one-time cost to revise their nursing policies regarding overtime and to educate staff in order to comply with the proposed amendment. We estimate a one-time average cost of \$500 per hospital.

5. **Security of medication storage areas:**

The amendment allows for non-pharmacy medication storage areas to be locked when appropriate, rather than requiring them to be locked. The change results in a less stringent rule, therefore there is no cost associated with the amendment.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**Title 2—DEPARTMENT OF AGRICULTURE
Division 70—Plant Industries
Chapter 13—Boll Weevil Eradication**

ORDER OF RULEMAKING

By the authority vested in the Department of Agriculture under sections 263.505, 263.512, 263.517, 263.527, RSMo 2000 and 263.534, RSMo Supp. 2005, the department amends a rule as follows:

2 CSR 70-13.030 Program Participation, Fee Payment and Penalties is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2005 (30 MoReg 2240). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 2—DEPARTMENT OF AGRICULTURE
Division 70—Plant Industries
Chapter 13—Boll Weevil Eradication**

ORDER OF RULEMAKING

By the authority vested in the Department of Agriculture under sections 263.505, RSMo 2000, the department amends a rule as follows:

2 CSR 70-13.040 Cotton Stalk Destruction is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2005 (30 MoReg 2240-2241). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 50—Missouri State Highway Patrol
Chapter 2—Motor Vehicle Inspection Division**

ORDER OF RULEMAKING

By the authority vested in the superintendent of the Missouri State Highway Patrol under section 307.360, RSMo 2000, the superintendent hereby amends a rule as follows:

11 CSR 50-2.160 Brake Components is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2005 (30 MoReg 2296-2297). No changes have been made in the text of the proposed amendment, so it is not reprinted here. The proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 50—Missouri State Highway Patrol
Chapter 2—Motor Vehicle Inspection Division**

ORDER OF RULEMAKING

By the authority vested in the superintendent of the Missouri State Highway Patrol under section 307.360, RSMo 2000, the superintendent hereby amends a rule as follows:

11 CSR 50-2.200 Steering Mechanisms is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2005 (30 MoReg 2297). No changes have been made in the text of the proposed amendment, so it is not reprinted here. The proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 50—Missouri State Highway Patrol
Chapter 2—Motor Vehicle Inspection Division**

ORDER OF RULEMAKING

By the authority vested in the superintendent of the Missouri State Highway Patrol under sections 307.360.2, RSMo 2000 and 307.375 RSMo Supp. 2005, the superintendent hereby amends a rule as follows:

11 CSR 50-2.320 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2005 (30 MoReg 2297-2298). The section with changes is reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: While no comments were received, the final order is being amended due to the Missouri State Highway Patrol becoming aware of the receipt of errant date information during their research of this rule change. As a result of the errant information, a manufacture date of July 1, 1993 was written into this rule. This error in date creates an unnecessary financial burden for any owner of a school bus manufactured between the dates of July 1, 1993 and June 30, 1997. Following a hearing of the Joint Committee on Administrative Rules on February 9, 2006, the original final order of rulemaking is disallowed; therefore, we are amending our final order of rulemaking to read as follows.

11 CSR 50-2.320 School Bus Inspection

(2) Lighting Equipment and Signalling Devices.

(E) Turn Signals. All school buses shall be equipped with front turn signals as originally equipped by the manufacturer. If additional turn signal lamps are provided (front of body below windshield or top of fender), they shall be connected to the turn signal system without removal or disconnection of originally equipped front turn signals. All buses manufactured after July 1, 1997, shall be equipped with amber side-mounted turn signal lights. The turn signal lamp on the left side shall be mounted rearward of the stop signal arm, and the turn signal lamp on the right side shall be mounted rearward of the service door. Rear turn signals on Type A-2, B, C and D buses must be amber in color and at least seven inches (7") in diameter or, if a shape other than round, a minimum of thirty-eight (38) square inches of illuminated area. Rear turn signals on all Type A-1 conversion buses must be at least twenty-one (21) square inches in lens area and must be in the manufacturer's standard color.

Title 15—ELECTED OFFICIALS Division 30—Secretary of State

Chapter 54—Exemptions and Federal Covered Securities

ORDER OF RULEMAKING

By the authority vested in the commissioner of securities under section 409.6-605, RSMo Supp. 2005, the commissioner amends a rule as follows:

15 CSR 30-54.215 Missouri Accredited Investor Exemption is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on November 1, 2005 (30 MoReg 2308). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 20—DEPARTMENT OF INSURANCE Division 700—Licensing Chapter 1—Insurance Producers

ORDER OF RULEMAKING

By the authority vested in the director of the Missouri Department of Insurance under section 374.045, RSMo 2000, the director adopts a rule as follows:

20 CSR 700-1.145 Standards of Commercial Honor and Principles of Trade in Variable Life and Variable Annuity Sales is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 1, 2005 (30 MoReg 2308). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received one comment on the proposed rule.

COMMENT: The department received a suggestion that the words "with insignificant benefit to the consumer" as used in paragraph (1)(A)1. be replaced with the words "that is not in the best interest of the customer."

RESPONSE: The department believes the language proposed as a whole does establish a clear standard for which discipline may be sought and has not made any changes to the proposed rule.