

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2005.

EXECUTIVE ORDER

06-04

WHEREAS, the Missouri Department of Insurance was created pursuant to Article IV, Section 36(b) of the Missouri Constitution and Section 374.010, RSMo; and

WHEREAS, the Division of Finance was created pursuant to Section 361.010 RSMo; and

WHEREAS, the State Banking Board was created pursuant to Section 361.092 RSMo; and

WHEREAS, the Division of Credit Unions was created pursuant to Section 620.010 RSMo; and

WHEREAS, the Division of Professional Registration was created pursuant to Section 620.010 RSMo; and

WHEREAS, the Department of Insurance is charged with the execution of all laws now in force, or which may be hereafter enacted, in relation to insurance and insurance companies doing business in this state; and

WHEREAS, the transfer of financial and professional regulation to one state department would better serve Missouri's citizens and is a component of the Governor's Executive Branch Reorganization Plan of 2006; and

WHEREAS, consolidation of these regulatory functions and programs would increase efficiencies and provide a more cohesive and coordinated approach to the regulation of financial entities and professional licensees; and

WHEREAS, I am committed to integrating executive branch operations to ensure that the state delivers quality services in the most accessible manner and at the lowest cost to taxpayers.

NOW THEREFORE, I, Matt Blunt, Governor of the State of Missouri, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, including Article IV, Section 12 of the Missouri Constitution, Chapter 26, RSMo, and the Omnibus State Reorganization Act of 1974, do hereby order the Missouri Department of Insurance and the Missouri Department of Economic Development to cooperate to:

1. Transfer all authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Division of Finance to the Department of Insurance by Type III transfer, as defined under the Reorganization Act of 1974; and

2. Transfer all authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the State Banking Board to the Department of Insurance by Type III transfer, as defined under the Reorganization Act of 1974; and
3. Transfer all authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Division of Credit Unions to the Department of Insurance by Type III transfer, as defined under the Reorganization Act of 1974; and
4. Transfer all authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Division of Professional Registration to the Department of Insurance by Type III transfer, as defined under the Reorganization Act of 1974; and
5. Develop mechanisms and processes necessary to effectively transfer all duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Division of Finance, State Banking Board, Division of Credit Unions and Division of Professional Registration to the Missouri Department of Insurance; and
6. Ensure that the reconstituted Department of Insurance is organized in a manner consistent with the structure provided in the Governor's Executive Branch Reorganization Plan of 2006; and
7. Take the steps necessary to maintain compliance with federal requirements, so as not to jeopardize federal financial participation with this consolidation.

The Missouri Department of Insurance shall henceforth be known as, the Missouri Department of Insurance, Financial Institutions and Professional Registration.

This Order shall become effective no sooner than August 28, 2006 unless disapproved within sixty days of its submission to the Second Regular Session of the 93rd General Assembly.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 1st day of February, 2006.

Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State

EXECUTIVE ORDER

06-05

WHEREAS, the Department of Social Services was established pursuant to Article IV, Section 37 of the Missouri Constitution; and

WHEREAS, the Department of Health and Senior Services was established pursuant to Section 192.005, RSMo; and

WHEREAS, the Missouri Rx Plan Advisory Commission ("Commission") was established by Section 208.792. 1, RSMo, and is currently assigned to the Department of Health and Senior Services; and

WHEREAS, the Commission provides advice on guidelines, policies, and procedures necessary to establish the Missouri Rx plan; educates Missouri residents on quality prescription drug programs and cost-containment strategies in medication therapy; and assists Missouri residents in enrolling or accessing prescription drug assistance programs for which they are eligible; and

WHEREAS, the Missouri Rx Plan was established pursuant to Section 208.782, RSMo and assigned to the Department of Social Services; and

WHEREAS, the purpose of the Missouri Rx Plan is to provide certain pharmaceutical benefits to certain elderly and disabled residents of this state, to facilitate coordination of benefits between the Missouri Rx plan and the federal Medicare Part D drug benefit program, as well as to enroll such individuals in said program; and

WHEREAS, consolidation of the Commission and the Missouri Rx Plan within one department would increase efficiencies and eliminate duplication of efforts and is a component of the Governor's Executive Branch Reorganization Plan of 2006; and

WHEREAS, I am committed to integrating executive branch operations to ensure that the state delivers quality services in the most accessible manner and at the lowest cost to taxpayers.

NOW, THEREFORE, I, MATT BLUNT, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the Laws of the State of Missouri, do hereby order the Missouri Department of Social Services and the Missouri Department of Health and Senior Services, to cooperate to:

1. Transfer all the authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Missouri Rx Plan Advisory Commission from the Department of Health and Senior Services to the Department of Social Services; and
2. Develop mechanisms and processes necessary to effectively transfer the Missouri Rx Plan Advisory Commission to the Department of Social Services; and

3. Take the steps necessary to maintain compliance with federal requirements, so as not to jeopardize federal financial participation with this consolidation.

This Order shall become effective no sooner than August 28, 2006 unless disapproved within sixty days of its submission to the Second Regular Session of the 93rd General Assembly.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson on this 1st day of February, 2006.



Matt Blunt
Governor

ATTEST:



Robin Carnahan
Secretary of State

EXECUTIVE ORDER

06-06

WHEREAS, the Missouri Office of Administration was created pursuant to Article IV, Section 12, of the Missouri Constitution and Chapter 37, RSMo; and

WHEREAS, the Department of Elementary and Secondary Education was authorized pursuant to Article IX of the Missouri Constitution and created pursuant to Section 161.020, RSMo; and

WHEREAS, Missouri is home to nearly one million persons with disabilities; and

WHEREAS, the Missouri Assistive Technology Advisory Council was established by Section 191.853, RSMo, and is currently assigned to the Office of Administration; and

WHEREAS, the Missouri Assistive Technology Advisory Council supports access to adaptive devices that increase the independence and productivity of Missourians with all types of disabilities; and

WHEREAS, the Missouri Assistive Technology Advisory Council provides training, technical assistance, and education and rehabilitation services for individuals with disabilities and employers; and

WHEREAS, the work of the Missouri Assistive Technology Advisory Council would be strengthened by a move to the Department of Elementary and Secondary Education where other vocational rehabilitation and special education services are provided; and

WHEREAS, the transfer of the Missouri Assistive Technology Advisory Council would better serve Missouri's citizens by increasing efficiencies and eliminating duplication of efforts and is a component of the Governor's Executive Branch Reorganization Plan of 2006; and

WHEREAS, I am committed to integrating executive branch operations to improve the way the state delivers services;

NOW, THEREFORE, I, MATT BLUNT, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the Laws of the State of Missouri, do hereby order the Missouri Office of Administration and the Missouri Department of Elementary and Secondary Education, to cooperate to:

1. Transfer all the authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Missouri Assistive Technology Advisory Council from the Office of Administration to the Department of Elementary and Secondary Education, by Type III transfer, as defined under the Reorganization Act of 1974; and
2. Develop mechanisms and processes necessary to effectively transfer the Missouri Assistive Technology Advisory Council to the Department of Elementary and Secondary Education; and

3. Take the steps necessary to maintain compliance with federal requirements, so as not to jeopardize federal financial participation with this consolidation.

This Executive Order rescinds certain provisions of Executive Order 04-08. Executive Order 04-08 shall remain effective as to all other provisions not specifically modified herein.

This Order shall become effective no sooner than August 28, 2006 unless disapproved within sixty days of its submission to the Second Regular Session of the 93rd General Assembly.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson on this 1st day of February, 2006.

Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State

**EXECUTIVE ORDER
06-07**

WHEREAS, the Missouri Office of Administration was authorized pursuant to Article IV, Section 12, of the Missouri Constitution and Chapter 37, RSMo; and

WHEREAS, the Department of Economic Development was authorized pursuant to Article IV, Section 12, of the Missouri Constitution and Chapter 620, RSMo; and

WHEREAS, the Missouri Life Sciences Research Board was created by section 196.1103, RSMo, and is currently assigned to the Office of Administration; and

WHEREAS, the Board is responsible for the management, governance, and control of moneys appropriated from the Life Sciences Research Trust Fund; and

WHEREAS, the Life Sciences Research Trust Fund was established to receive funds from the state's portion of the tobacco Master Settlement Agreement; and

WHEREAS, life sciences is a fast-emerging industry that is an integral part of Missouri's economy; and

WHEREAS, the work of the Missouri Life Sciences Research Board would be enhanced by a move to the Department of Economic Development where other state initiatives promoting life sciences in Missouri are located; and

WHEREAS, the transfer of the Missouri Life Sciences Research Board would better serve Missouri's citizens by increasing efficiencies and is a component of the Governor's Executive Branch Reorganization Plan of 2006; and

WHEREAS, I am committed to integrating executive branch operations to ensure that the state delivers quality services in the most accessible manner and at the lowest cost to taxpayers.

NOW, THEREFORE, I, MATT BLUNT, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the Laws of the State of Missouri, do hereby order the Missouri Office of Administration and the Missouri Department of Economic Development to cooperate to:

1. Transfer all the authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of Missouri Life Sciences Research Board from the Office of Administration to the Department of Economic Development, by Type III transfer, as defined under the Reorganization Act of 1974; and
2. Develop mechanisms and processes necessary to effectively transfer the Missouri Life Sciences Research Board to the Department of Economic Development; and
3. Transfer the responsibility for staff support for the Missouri Life Sciences Research Board from the Office of Administration to the Department of Economic Development; and

4. Take the steps necessary to maintain compliance with federal requirements, so as not to jeopardize federal financial participation with this consolidation.

This Order shall become effective no sooner than August 28, 2006 unless disapproved within sixty days of its submission to the Second Regular Session of the 93rd General Assembly.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson on this 1st day of February, 2006.

Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State

**EXECUTIVE ORDER
06-08**

WHEREAS, George Washington Carver was born into slavery near Diamond Grove, Missouri sometime between July 1861 and January 1864 and was a sickly baby, soon orphaned when his mother was abducted by slave-traders, and whose very survival beyond infancy defied the understanding and capabilities of the medical community at that time; and

WHEREAS, even absent a formal education, George Washington Carver's intellect and affinity for agriculture manifested themselves at an early age; and;

WHEREAS, at the age of 11, George Washington Carver informed his caretakers that he was going to move to Neosho so he could attend the school for African-American children and that he would find a place where he could sweep and wash clothes and do the other things in exchange for his board. He soon traveled to Neosho, alone, with nothing but the best of his rock collection, a clean shirt in a bundle slung over his shoulder, and a package of food under his arm; and

WHEREAS, by the end of 1876, George Washington Carver had learned everything the teacher at the school knew and everything in the books available to the school, and the teacher gave him a certificate of merit attesting to such fact; and

WHEREAS, George Washington Carver continued his education at various institutions in Kansas and Iowa, all the while taking whatever jobs allowed him to earn the money needed to continue his education, inspiring one professor to proclaim, "George Carver has come to us with a satchel full of poverty and a burning zeal to know everything"; and

WHEREAS, in 1896 Booker T. Washington pleaded with George Washington Carver to bring his intellect to Tuskegee Institute, which was founded by Washington to provide a college education for African-Americans. Booker T. Washington had come to realize that, since 85 percent of southern African-Americans were farmers, Tuskegee's greatest need was an Agricultural Department. George accepted, knowing that the work would be hard and the financial reward minimal; and

WHEREAS, George Washington Carver stressed to Tuskegee's students and the region's farmers that soil conservation through diversification of crops and crop rotation was the key to reviving soil that had become unproductive due to the long-term cultivation of cotton; and

WHEREAS, George Washington Carver advocated the use of legumes to replace minerals depleted from the soil by cotton-growing. He advised, "Plant peanuts. That'll keep the soil productive. And the boll weevils don't attack peanuts"; and

WHEREAS, solving the problem with unproductive soil resulted in an abundant peanut crop which could not be marketed profitably and for which there very little use or demand. George Washington Carver soon set about discovering nearly 300 valuable uses to which the peanut could be put and, during his lifetime, peanut crops developed an annual value of \$200 million; and

WHEREAS, George Washington Carver went on to develop various paint, dyes and medicinal treatments from peanuts, sweet potatoes and soybeans. He even developed a synthetic rubber, derived from goldenrod, for Henry Ford; and

WHEREAS, George Washington Carver steadfastly refused to accept an increase in his \$125/month salary at Tuskegee or offers of more lucrative positions, including one from Thomas Edison that reportedly paid \$100,000/year. He also declined to patent most of his discoveries believing that his intellect and industry were gifts from God that should be shared freely; and

WHEREAS, on July 14th, 1943, a mere six months after his death, George Washington Carver's birthplace near Diamond Grove was designated as a national monument; and

WHEREAS, George Washington Carver popularized agricultural extension programs at American universities; can be acknowledged as the father of modern plant science; and is recognized as one of the greatest scientific minds in American History; and

WHEREAS, George Washington Carver overcame enormous prejudice and poverty in his struggle from being identified merely as "Carver's George" to becoming the world renowned George Washington Carver, B.S., M.S., D.Sc., Ph.D., Fellow of the Royal Society of Arts, London, and Director of Research and Experiment at Tuskegee Institute, Alabama; and

WHEREAS, George Washington Carver accomplished all of his many great deeds without a trace of bitterness, with total indifference to personal fortune, and thought only to make the world, America in particular, a better place for all mankind; and

WHEREAS, George Washington Carver in his modesty once stated, "I am no great person. I am no great scientist. I have only been able to point the way in a few things. After me will come those who read and interpret the signs, the great of the world. I am only the trailblazer".

NOW THEREFORE, I, Matt Blunt, Governor of Missouri, by virtue and authority vested in me by the Constitution and laws of the state of Missouri, do hereby dedicate and name the state office building, located at 1616 Missouri Boulevard, Jefferson City, Missouri, in honor of George Washington Carver; a great Missourian; a great American; a true humanitarian and a trailblazer in the field of agricultural science, technology and philanthropy.

1616 Missouri Boulevard shall henceforth be known as the George Washington Carver - State Office Building.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 7th day of February, 2006.

Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State

**EXECUTIVE ORDER
06-09**

WHEREAS, Executive Order 05-20, establishing the Homeland Security Advisory Council (the "Council"), was issued on July 21, 2005; and

WHEREAS, the Council was tasked with ensuring that proper homeland security plans and coordination are in place at the state and local level and that homeland security grant expenditures are done in a coordinated and efficient way; and

WHEREAS, Executive Order 05-20 provided that the Commission's work was to be completed by January 1, 2006, but that the Council could recommend that it continue some or all of its functions if authorized by the Governor; and

WHEREAS, the Chair of the Council has informed me that it has completed all the action items assigned to it by Executive Order 05-20, but that the Council should remain in existence to provide continuing guidance and assistance on homeland security issues and initiatives; and

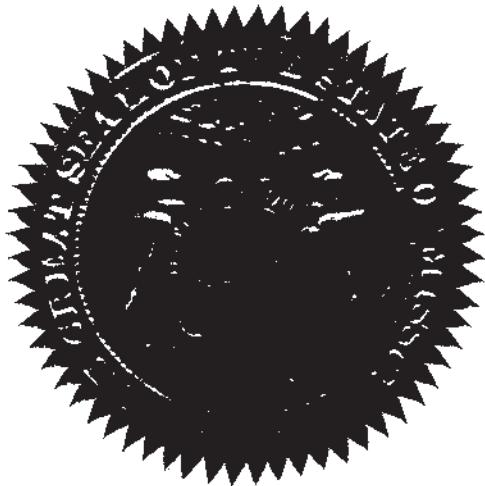
WHEREAS, it is also appropriate to update the structure of the homeland security function within the Department of Public Safety to reflect the current organization and operation.

NOW THEREFORE, I, Matt Blunt, Governor of the State of Missouri, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, hereby direct and order the following:

1. The Director of the Department of Public Safety is the Homeland Security Advisor to the Governor. To assist the Director, the Office of Homeland Security is established in the Department of Public Safety. The Director shall appoint a Homeland Security Coordinator to interact with and promote unity between federal, state and local agencies in implementing homeland security initiatives.
2. I hereby reauthorize the Homeland Security Advisory Council as a continuing advisory body. The Homeland Security Advisory Council membership shall continue as set out in Executive Order 05-20 except that the following members shall be added to the Council:
 - a. The Director of the Department of Mental Health; and
 - b. Any additional members appointed by the Governor.
3. The Council shall continue in existence unless abolished by future Executive Order. The additional duties and responsibilities of the Council shall be as follows:

- a. Produce an annual report due December 31 of each year highlighting the year's accomplishments and summarizing the homeland security grant funding activities; and
- b. Continue to create, develop and provide oversight to specific homeland security working groups and to dissolve such working groups when their missions are accomplished; and
- c. Work with and provide direction to regional homeland security oversight committees to establish strategies and priorities for Missouri homeland security grant funding programs and other homeland security initiatives; and
- d. Other duties as may be assigned from time to time by the Governor.

Executive Order 05-20 shall remain effective as to all other provisions not specifically modified herein.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 10th day of February, 2006.

Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State

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

Entirely new rules are printed without any special symbolology under the heading of 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.

incorporated by reference and made a part of this rule, as published by the [Office of the Federal Register, National Archives and Records Administration, PO Box 371954, Pittsburgh, PA 15250-7954. The] United States Superintendent of Documents, 732 N Capitol Street NW, Washington, DC 20402-0001, phone: toll-free (866) 512-1800; DC area (202) 512-1800, e-mail <http://bookstore.gpo.gov>. This rule does not incorporate any subsequent amendments or additions.

(3) The standards used for humane slaughter of livestock shall be those shown in Title 7, Chapter 48, the United States Code (U.S.C.), herein incorporated by reference and made a part of this rule, as published by the United States Superintendent of Documents, 732 N Capitol Street NW, Washington, DC 20402-0001, phone: toll-free (866) 512-1800; DC area (202) 512-1800, e-mail <http://bookstore.gpo.gov>. This rule does not incorporate any subsequent amendments or additions.

AUTHORITY: section 265.020, RSMo 2000. Original rule filed Sept. 14, 2000, effective March 30, 2001. Amended: Filed Nov. 10, 2004, effective May 30, 2005. Amended: Filed Feb. 6, 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 Agriculture, Shane Brookshire, D.V.M., State Veterinarian, PO Box 630 Jefferson City, MO 65102, by facsimile at (573) 751-6919 or via e-mail at Shane.Brookshire@mda.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 9—DEPARTMENT OF MENTAL HEALTH Division 50—Admission Criteria Chapter 2—Mental Health Services

PROPOSED AMENDMENT

9 CSR 50-2.010 Admissions to Children's Supported Community Living Services. The department proposes to delete sections (8), (9) and (14); to amend the Purpose section and sections (1) through (6); and to both amend and renumber sections (8), (10), (11), (12), (13), (15) and (16); and to remove the forms that currently follow this rule in the *Code of State Regulations*.

PURPOSE: The revisions in this amendment clarify the method of doing business from a centralized approach to a decentralized approach. It clarifies that the department will no longer provide clinical services but has contracted those to community providers. The department will provide fiscal management and quality assurance oversight of service delivery.

PURPOSE: This rule prescribes admissions criteria, the application process and placement procedures for Children's Supported Community Living Services of the Division of Comprehensive Psychiatric Services.

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

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

Title 2—DEPARTMENT OF AGRICULTURE Division 30—Animal Health Chapter 10—Food Safety and Meat Inspection

PROPOSED AMENDMENT

2 CSR 30-10.010 Inspection of Meat and Poultry. The director of the Department of Agriculture is amending section (2) and adding a new section (3).

PURPOSE: This amendment to section (2) incorporates changes made to Title 9, the Code of Federal Regulations and the addition of section (3) incorporates the slaughter and handling of livestock as stated in Title 7, Chapter 48, United States Code (U.S.C.).

(2) The standards used to inspect Missouri meat and poultry slaughter and processing shall be those shown in Part 300 to end of Title 9, the *Code of Federal Regulations* (January [2004] 2006), herein

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) Terms defined in sections 630.005 and 632.005, RSMo [are incorporated by reference in this rule] shall be used in the interpretation and enforcement of this rule. Unless the placement contract clearly requires otherwise, the following other terms, as used in this chapter, shall mean:

[(A) Applicant, a minor for whom placement services have been requested, in writing, including a person seeking readmission to Supported Community Living;

(B) Client, a minor placed under section 630.620, RSMo in any residential facility licensed or certified solely by the department or in conjunction with the Department of Social Services under Chapter 630, RSMo;]

(A) Administrative agent, contracted mental health provider of adult and children's services by the Division of Comprehensive Psychiatric Services (CPS) as defined in 9 CSR 25-2.005(2)(F).

(B) Acute, children and youth experiencing an acute psychiatric condition must have or can be given a DSM Axis I diagnosis, excepting an exclusive diagnosis of conduct disorder, mental retardation, developmental disability or substance abuse. The duration of an acute episode is not usually more than six (6) weeks. This may be extended for as long as the acute episode exists. In addition to the above one (1) or more of the following has to apply:

1. A danger to self or others, actively suicidal or actively homicidal due to a serious psychiatric disorder;

2. Acute psychotic episode in which the individual is responding to the environment in a manner that could place them or others at risk;

3. Out of control behavior/impulses that seriously impact family and social relationships and/or daily functioning due to a serious psychiatric disorder;

4. Acute crisis related to a stress disorder, i.e., flashbacks, severe nightmares, night terrors, and/or extreme anxiety that severely impairs daily functioning.

(C) [DSM IV,] DSM-IV-TR, *Diagnostic and Statistical Manual of Mental Disorders*, [(Fourth Edition) of the] Fourth Edition, Text Revision, (2000), by the American Psychiatric Association, 1400 K Street NW, Washington, DC 20005, which is incorporated herein by reference. This rule does not incorporate any subsequent amendment or additions.

[(E)] (D) Minor, any person under the age of eighteen (18) years; and].

[(D)] (E) Regional Supported Community Living, [an office which is responsible for the regional placement program and services and is the entry and exit for regional placement services and funding;] the Department of Mental Health (DMH) regional placement office responsible for fiscal oversight and contract compliance for children in residential placement.

[(F) Patient, an individual under observation, care, treatment or rehabilitation by any hospital or other mental health facility pursuant to the provisions of Chapter 632, RSMo.]

(2) [Application for placement shall be made by the applicant's parents, the applicant's guardian, a court of competent jurisdiction, or a state or private agency.] A request for placement shall be made by the minor's parents or guardian.

(3) [An applicant] A minor shall meet all of the following admission criteria to be eligible for Children's Supported Community Living services from the Division of Comprehensive Psychiatric Services:

(A) Be under the age of eighteen (18); and

(B) [Have received a DSM IV Axis I primary diagnosis of mental disorder or mental illness; may have a secondary

diagnosis of alcohol abuse, substance abuse or mental retardation; and] Meet the Serious Emotional Disorder (SED) criteria per checklist approved by CPS or the criteria for Comprehensive Psychiatric Rehabilitation and/or Targeted Case Management Program; and

[(C) Have, based upon sufficient documentation, a mental disorder or mental illness which constitutes substantial impairment in social role functioning and daily living skills to the extent that the client cannot function successfully outside a mental health facility without services. This substantial impairment may include, but not be limited to, the following behavioral characteristics:

1. Substantial impairment in impulse control and judgment in daily living skills;

2. History of aggressive/assaultive behaviors or self-abusive behaviors based on psychological disability;

3. Dysfunctional in school, home, community or a combination of these as a result of a mental disorder or mental illness to the extent that family and available community resources are not able to meet needs; and

4. Evidence of failure in less restrictive treatment environments.]

(C) Be currently receiving services from the administrative agent.

(4) [Department placement staff] A minor shall be considered [an applicant] ineligible for Supported Community Living services from the Division of Comprehensive Psychiatric Services if—

(C) [Impulses to harm self or others are not under control according to clinical judgment;] The minor's immediate presenting symptoms meet the DMH/CPS acute definition or the minor's impulses to harm self or others require a more restrictive level of care according to clinical judgment;

(D) [It has been] The administrative agent has established that appropriate services are [otherwise] available through alternative resources; or

(E) The application is submitted solely for the purpose of securing [residential] an educational placement for a school-aged child as defined in Chapter 162, RSMo to receive an appropriate education; or].

[(F) Child's symptoms meet acute definition.]

(5) [Supported Community Living offices or designee shall screen applicants for placement services to determine appropriateness of the referral, eligibility for services and placement need, if any. The Supported Community Living office may request additional information as necessary.] The administrative agent shall complete a full face-to-face assessment to determine the appropriate level of care. The assessment shall include the most current information pertaining to the child's cognitive functioning, Intelligence Quotient (IQ) level, psychosocial history, family functioning, diagnosis and the child's current psychiatric status.

(6) If the [Supported Community Living office] administrative agent makes a preliminary decision to accept a referral, it shall [obtain the following referral materials] be responsible for the following activities:

[(A) A comprehensive multidisciplinary evaluation including a psychosocial history, psychiatric evaluation/diagnosis, psychological evaluation/testing, performed within the past six (6) months; and information about the intellectual cognitive functioning of the youth;

(B) The psychiatric assessment (an evaluation which includes diagnosis shall be done by a psychiatrist or licensed clinical psychologist designated by the department);

(C) Current physical examination performed within the past ninety (90) days, laboratory tests and X-rays as ordered by physician;

(D) Background information which includes the youth's level of functioning including successes and failures in the school, home and community as well as in other placements;

(E) Any special procedures done in the diagnosis process or any special needs of the client;

(F) Information on medicines, allergies or other medical conditions;

(G) Information on legal status, including copies of guardianship, circuit or civil detention orders, if applicable;

(H) Completed and signed standard means test, 9 CSR 10-31.011;

(I) Achenbach Child Behavior Checklist;

(J) DMH Form 8311, Application for Supported Community Living Services for Minors; and

(K) Other demographic and pertinent information.]

(A) Obtaining the following materials for the clinical record:

1. An evaluation noting diagnosis, IQ testing, psychosocial history, level of functioning and recommendation of level of care within the past six (6) months, performed by the administrative agent mental health professional;

2. Educational evaluation/school records/IEP and/or cumulative record and diagnostic summary;

3. Immunization record;

4. Physical examination performed within the past six (6) months, laboratory tests and X-rays as ordered by a physician, or the annual Healthy Children and Youth (HCY) exam with a nursing assessment if the HCY exam is over six (6) months; and

5. Documentation of legal guardianship or copy of birth certificate, divorce decree or court order verifying custody.

(B) Sending the following information to the Supported Community Living Services Office to request supported community living services:

1. Information stating the family has been properly notified of the privacy of the information supplied in their request for supported community living services.

2. Information stating the family financial status has been reviewed in accordance with DMH policy and has received information as to their cost for supported community living services.

3. Information with demographic information for input into the DMH data system for tracking purposes.

4. Information that states that the parent or guardian agrees and consents to the receipt of supported community living services.

[[7] Within five (5) working days after receipt of the referral information, the Supported Community Living office shall mail the applicant a report or overview on the status of the application, including a list of the items missing. Within fourteen (14) working days after receipt of the complete referral information, the Supported Community Living office shall indicate the disposition of the referral, in writing, by registered/certified mail, return receipt requested. If the applicant does not meet criteria for acceptance, the department, in the registered/certified letter, shall notify the agency or person who made application for the applicant of—

(A) The reasons for rejection;

(B) The deadline for appealing the decision;

(C) The name, address and telephone number of the person to whom the appeal should be directed; and

(D) The name, address and telephone number of a Department of Mental Health staff person who is qualified to provide information about the services offered by the Division of Comprehensive Psychiatric Services.]

[[8] (7) Appeals. [If the agency or person making application for the applicant disagrees with the rejection s/he may appeal, in writing, within thirty (30) days after receipt of the notice to the children's area director. Within fifteen (15) days of receiving the appeal, the Children's Area Director shall

review the applicant's referral materials along with a copy of the rejection letter and shall notify the applicant and the agency or person who made application for the applicant, in writing, by registered/certified letter of his/her decision on the appeal. If the agency or person making application disagrees with the decision of the head of the department's mental health facility, s/he may appeal, in writing, within fifteen (15) days of receipt of the decision to the Children and Youth Services director. The children and youth director shall review the applicant's referral materials along with a copy of the rejection letter and notify the applicant and the agency or person making application, in writing by certified/registered letter, of his/her decision on the appeal within fifteen (15) days of its receipt. The decision of the children and youth director shall be final.] **If placement is denied, the parent or guardian of the minor may appeal to the administrative agent within thirty (30) working days. The administrative agent shall respond in writing to the appeal within fifteen (15) working days. If the appeal is denied, the parent or guardian may appeal to the area director for children and youth services within fifteen (15) working days. The area director for children and youth services shall respond to the parent or guardian within fifteen (15) working days of receipt of the request to appeal. The decision of the area director for children and youth services on behalf of the department is final.**

[[9] If the decision is to accept the applicant into the Supported Community Living Program, Supported Community Living office staff shall follow departmental procedures for client admission.]

[[10] (8) Before placing any [person] minor in the Supported Community Living [Program] Services, the [department] administrative agent shall consider each of the following:

(A) **The [B]best interest of the [patient or resident] minor and family;**

(B) **The [L]least restrictive environment for care and treatment consistent with needs and conditions of the [patient or resident] minor and family;**

(C) Ability to provide necessary care and treatment for the [patient or resident] minor and family which is of comparable quality to existing care and treatment based upon investigation of the alternative [facility and its] program of care and treatment; and

(D) **The [R]relationship of the [patient or resident] minor to their family, guardian or friends so as to maintain cultural and emotional relationships and encourage visits beneficial to the [patient or resident] minor.**

[[11] (9) The [Supported Community Living office staff] administrative agent shall notify the [agency or person making application, in writing] parent or guardian requesting placement, to schedule a [special staffing with applicant] Family Support Team meeting, when clinically indicated, with the parent or guardian and other interested/responsible persons to determine all appropriate placement resources and to designate responsibility for procuring and making the placement.

[[12] (10) [Supported Community Living/designee staff] **The administrative agent** shall obtain appropriate releases of referral information signed by parent or guardian. The referral information shall include appropriate psychiatric, medical and social information. The referral information shall [also] include[.] **the application packet provided by the administrative agent.**

[[A] Treatment needs, including strengths and weaknesses; and

[[B] Legal status.]

[[13] (11) The proposed Supported Community Living vendor (DMH/CPS contracted residential facility) shall indicate

acceptance or rejection to the [regional placement office,] **administrative agent**, which shall document that response in the client file and inform the agency or person making application of the response.

[(14) Consent for Placement.

(A) If the applicant is a minor or has a legal guardian, the department shall obtain consent of the parent or guardian before placement.

(B) If the applicant is an involuntary patient/client under Chapter 211 or 632, RSMo, the department shall notify the court of competent jurisdiction of the proposed placement and allow ten (10) working days for the court to object.

(C) For patients committed under Chapter 552, RSMo, the department shall follow procedures set out in section 552.040, RSMo for obtaining conditional release and subsequent placement.

(D) If a patient in a mental health facility, his/her parent, if s/he is a minor, or his/her legal guardian refuses to consent to the proposed placement, the department shall follow the procedure set out in section 630.635, RSMo.]

[(15)] (12) Funding will be approved by the [area director, Children's Services, or designee] **administrative agent** for an applicant based on: [the—]

(A) [Applicant's] The minor's acceptance by a proposed Supported Community Living vendor; [and]

[(B) Availability of funds.]

(B) The out-of-home placement is determined to be clinically appropriate and the least restrictive treatment intervention by the administrative agent; and

(C) The availability of funds.

[(16)] (13) Applicants for whom placement is being sought [will], but funding is not readily available, shall have their names placed on a list of those eligible for funding. Their status [will] shall be reviewed weekly by [Supported Community Living office staff. Area directors will determine priorities for funding allocations within their regions] the administrative agent.

AUTHORITY: sections 630.050 and 630.705, RSMo [1994] 2000. Original rule filed Feb. 29, 1988, effective July 25, 1988. Amended: Filed March 30, 1992, effective Jan. 15, 1993. Amended: Filed July 17, 1995, effective March 30, 1996. Amended: Filed Jan. 31, 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 Department of Mental Health, Attn: Dora Cole, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty (30) days after publication in the Missouri Register. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH
Division 50—Admission Criteria
Chapter 2—Mental Health Services**

PROPOSED AMENDMENT

9 CSR 50-2.020 Guidelines for Conditional Release. The department proposes to amend sections (1) through (10).

PURPOSE: The purpose of this amendment is to bring the rule up to date with actual practice recognizing that mental health coordinators are no longer employed by the department.

PURPOSE: This rule sets guidelines for implementation of [House Bill 971,] section 632.385, RSMo and applies to all department facilities and private mental health facilities certified by the Division of Comprehensive Psychiatric Services to provide outpatient treatment.

(1) The head of a mental health facility or designee may conditionally release a [patient] **client** who is involuntarily detained pursuant to Chapter 632, RSMo for twenty-one (21) days, ninety (90) days or one (1) year, for a period[,] not to exceed one (1) year, under written conditions provided by the facility. The facility shall have a continuing responsibility to assist the client in following the written conditions and, as provided in section (6) of this rule, may revoke the [patient's] **client's** conditional release and return the [patient] **client** to the facility for further inpatient treatment.

(2) The head of the facility or designee shall develop written conditions for the [patient's] **client's** release. These conditions may include, but are not limited to, the following:

(A) Where the [patient] **client** will reside;

(B) What medications the [patient] **client** must take to treat the mental illness;

(C) When and where the [patient] **client** will receive required psychotherapy, day treatment, [community placement] supported community living services or other required care and treatment necessary to continue the [patient] **client** on conditional release;

(D) Which behaviors the [patient] **client** is expected to exhibit or avoid; and

(E) Any other conditions necessary for the [patient] **client** to comply with to reasonably assure success.

(3) The [patient] **client**, the head of the facility or designee and the persons providing services to the [patient] **client** while on conditional release shall agree to the conditions of the release agreement.

(4) The head of the releasing facility or designee may modify the [patient's] **client's** conditions for release when s/he believes that these changes are in the best interest of the [patient] **client**. Suggested modifications to the conditional release agreement may be made to the head of the releasing facility or designee by the [patient] **client** or the persons providing services. Any modifications shall be given to the [patient] **client** in writing and as required in sections (3) and (5) of this rule.

(5) The signed conditional release shall be filed by the head of the facility or designee with the probate division of the circuit court that committed the [patient] **client**. Copies of the conditional release shall be given to—

(A) The [patient] **client**;

(B) The facility that conditionally released the [patient] **client**;

[(D) The mental health coordinator;]

[(E)] (D) The [patient's] **client's** last attorney of record; and

[(F)] (E) The prosecuting attorney, county counselor or circuit attorney, as appropriate.

(6) If the [patient] **client** violates one (1) or more conditions of the release, the head of the facility or designee that conditionally released the [patient] **client** shall be notified. After review the head of the facility or designee may revoke the [patient] **client** conditional release and return the [patient] **client** to the hospital if there is reason to believe that—

(A) The [patient] **client** has violated one (1) or more of the conditions of release;

(B) The *[patient] client* requires resumption of full-time hospitalization; or

(C) The safety of the *[patient] client* or public may be in jeopardy if the *[patient] client* is not hospitalized.

(7) If a decision to revoke the *[patient's] client's* conditional release is made by the head of the facility or designee, s/he shall notify and give written notice as to the conditions that were violated, how they were violated and reasons for returning the *[patient] client* to inpatient hospitalization within ninety-six (96) hours of the *[patient's] client's* return to the mental health facility to the following:

(A) The *[patient] client*;

[(D)] *The mental health coordinator;*

[(E)] (D) The *[patient's] client's* last attorney of record; and

[(F)] (E) The prosecuting attorney, county counselor or circuit attorney, as appropriate.

(8) If, after given notice, the *[patient] client* refuses to return to the facility, the head of the facility or designee may take the written notice to the probate division of the circuit court where the conditional release was filed and request that the probate division of the circuit court issue a warrant for the *[patient's] client's* apprehension and return to the facility. The court may consider the request on an *ex parte* basis. Any court costs related to revocation shall be paid as provided in section 632.415, RSMo.

(9) When the *[patient] client* is returned to the facility, the head of the facility or designee shall give written notification to the *[patient] client* that if the *[patient] client* disagrees with the revocation that the *[patient] client* may ask the court to hold a hearing on the matter. Upon readmission to the facility, the *[patient] client* shall be given notice of his/her commitment rights as if s/he were detained for the initial ninety-six (96)-hour period and be given the name and phone number of his/her attorney who represented him/her in the last commitment hearing. The attorney who represented the *[patient] client* on the last commitment hearing shall continue to be the attorney of record unless the *[patient] client* has obtained other legal counsel. If the attorney of record is unable to represent the *[patient] client*, a new attorney shall be designated by the facility from the list of attorneys. *[The mental health coordinator shall be given notice as to the patient's revocation and return to inpatient hospitalization.]*

(10) The period of inpatient hospitalization shall not exceed the period of time left on the previous commitment without further hearings for the next appropriate period of commitment. The head of the facility placing the *[patient] client* on conditional release shall keep adequate records to assure that the *[patient] client* is not involuntarily treated as an inpatient for a longer period than necessary while on conditional release.

AUTHORITY: section 630.050, RSMo [1986] 2000. Original rule filed Aug. 4, 1988, effective Jan. 13, 1989. Amended: Filed Jan. 31, 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 Department of Mental Health, Attn: Dora Cole, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must

be received within thirty (30) days after publication in the *Missouri Register*. No public hearing is scheduled.

Title 9—DEPARTMENT OF MENTAL HEALTH Division 50—Admission Criteria Chapter 2—Mental Health Services

PROPOSED AMENDMENT

9 CSR 50-2.510 Admissions to Adult Placement Program. The department proposes to amend sections (1) and (4)–(15) and add a new section (16).

PURPOSE: *The revisions under this amendment reflect a change in administering this service and program. The department will fiscally administer and monitor for quality of services while contracted providers will be responsible for the clinical aspect of the service.*

(1) Terms defined in sections 630.005 and 632.005, RSMo *[are incorporated by reference in this rule]* shall be used in the interpretation and enforcement of this rule. Unless the residential services contract clearly requires otherwise, the following other terms, as used in this chapter, shall mean:

(A) **Administrative agents, contracted mental health provider of adult and children's services by the Division of Comprehensive Psychiatric Services as defined in 9 CSR 25-2.005(2)(F).**

(B) **Affiliate, an organization linked to the department through operation of a certified community psychiatric rehabilitation center (CPRC) and/or a contract with one (1) or more administrative agents.**

[(A)] (C) Applicant, a person for whom placement services have been requested in writing, including a person seeking readmission to the community placement program;/.

[(B)] (D) Client, a person placed under section 630.620, RSMo in any residential facility licensed or certified solely by the department or in conjunction with the Department of Social Services under Chapter 630, RSMo.

[(C)] (E) *[DSM IV,] DSM-IV-TR, Diagnostic and Statistical Manual of Mental Disorders, [(Fourth Edition) of the] Fourth Edition, Text Revision, (2000), by the American Psychiatric Association, 1400 K Street NW, Washington, DC 20005, which is incorporated herein by reference. This rule does not incorporate any subsequent amendment or additions.*

[(D)] (F) Forensic client, a person who is a client of the Division of Comprehensive Psychiatric Services pursuant to Chapter 552, RSMo; and].

[(E)] (G) *[Regional Placement Program, an area Supported Community Living (SCL) office] Supported Community Living (SCL), offices subject to supervision by the division director or any other entity designated by the division director with responsibility for the regional placement program and services.*

(4) An applicant who does not meet the criteria of section (2) or (3) shall meet all of the following admission criteria to be eligible for adult placement services from the Division of Comprehensive Psychiatric Services:

(B) Have a *[currently valid DSM-IV Axis I diagnosis limited to one (1) of the following list of mental disorders:] current diagnosis that qualifies for the Comprehensive Psychiatric Rehabilitation Program under the DSM-IV-TR.*

1. Schizophrenic disorder (295.10, 295.20, 295.30, 295.60 or 205.90);

2. Delusional (paranoid) disorder (297.1X);

3. Schizoaffective disorder (295.70);

4. Bipolar disorder (296.XX);

5. Atypical psychosis (298.9X);

6. Major depression, recurrent (296.3X);
7. Obsessive compulsive disorder (300.30);
8. Post-traumatic stress disorder (309.81);
9. Borderline personality disorder (301.83);
10. Dissociative identity disorder (300.14);
11. Generalized anxiety disorder (300.02); or
12. Panic disorder with agoraphobia, agoraphobia without history of panic disorder and social phobia (300.21, 300.22 or 300.23); and/

(C) Based upon sufficient documentation, have a mental disorder [which] that constitutes substantial impairment in social role functioning and daily living skills to the extent that, based upon the [department's] administrative agent/affiliate's clinical judgment, the client cannot function successfully outside a mental health facility without placement services. Substantial impairment may include, but not be limited to, the following behavioral characteristics:

1. Substantial need for mental health treatment and social services;
2. History of inability or unwillingness to comply with treatment plans, including taking medications;
3. Inadequate living skills to provide for basic necessities of food, clothing, shelter, safety, personal and health care without assistance;
4. Poor social skills, which may be exhibited in aggressive or withdrawn behavior;
5. Frequent personal crises requiring emergency treatment or support and assistance;
6. Inability to effectively access community services;
7. Lack of a personal support system (for example, family or friends) to assist in accessing services; and
8. Inability to sustain employment.

(5) [Department placement] Administrative agent/affiliates staff shall consider an applicant ineligible for placement services from the Division of Comprehensive Psychiatric Services if—

(6) [Regional placement programs] Administrative agents/affiliates shall screen applicants for placement services to determine the following: appropriateness of the referral, eligibility for services and placement need, if any. The referring agency or person shall provide a preliminary screening information summary on a form designated by the regional placement program. The regional placement program may request additional information as necessary. [Regional placement programs] Administrative agents/affiliates shall conduct screenings in appropriate settings.

(7) If the [regional placement program] administrative agent/affiliate makes a preliminary decision to accept a referral, it shall obtain the following materials:

[(A) Psychiatric assessment (an evaluation which includes diagnosis);]

[(B)] (A) Current physical examination, if available, necessary laboratory tests and X-rays as indicated; and

[(C) Background information and social history;

[(D) Any special procedures done in the diagnosis process or any special needs of the client, such as diet, information on medicines, allergies or other medical conditions; and

[(E) Copies of guardianship, circuit or civil detention orders, conditional release order, if applicable.]

(B) Additional information as necessary to verify eligibility.

(8) Within fourteen (14) working days after receipt of the referral information, the [regional placement program] administrative agent/affiliate shall indicate the disposition of the referral in writing.

(A) If the applicant does not meet criteria for acceptance, the [department] administrative agent/affiliate shall notify the referring agency or applicant by [registered] certified mail, return

receipt requested, of the reasons for rejection, including in the notice information on the deadline for appealing the decision and to whom the appeal is to be sent.

1. If the applicant disagrees with the rejection, s/he may appeal in writing within thirty (30) days after receipt of the notice and may request to meet with the head of the mental health facility to present his/her case in person as well as in writing.

2. If the referring agency disagrees with the rejection, it may appeal in writing within thirty (30) days after receipt of the notice.

3. Appeals shall be addressed to the head of the department's mental health facility.

4. Within thirty (30) days of receiving the appeal, the head of the facility shall notify the applicant and the referring agency or person in writing of his/her decision on the appeal.

5. If the referring agency or applicant disagrees with the decision of the head of the department's mental health facility, s/he may appeal in writing within fifteen (15) days of receipt of the decision to the director of the Division of Comprehensive Psychiatric Services.

6. The division director shall notify the applicant and the referring agency or person in writing of his/her decision on the appeal within thirty (30) days of its receipt. The decision of the division director shall be final.

(B) If the applicant meets criteria for placement services based upon the clinical judgement of the administrative agent/affiliate, the [department] administrative agent/affiliate shall notify the referring agency or applicant of tentative placement plans.

(9) If the decision is to accept the applicant into the placement program, [placement] administrative agent/affiliate staff shall follow department procedures for client admission.

(10) Before placing any person in a residential facility or program, the [department] administrative agent/affiliate shall consider each of the following:

(A) The choices and requests of the [patient or resident] client;

(B) Least restrictive environment for care and treatment consistent with needs and conditions of the [patient or resident] client;

(C) Ability of the facility or program to provide necessary care and treatment for the [patient or resident] client; and

(D) Relationship of the [patient or resident] client to family, guardian or friends so as to maintain relationships and encourage visits beneficial to the [patient or resident] client.

(11) [Regional placement program] The administrative agent/affiliate staff shall consider a variety of placement options consistent with an individual client's clinical needs. When a proposed residential facility or program is determined appropriate, the [regional placement program] administrative agent/affiliate shall provide to the following persons written reasons that the proposed placement is appropriate under section 630.615, RSMo:

(A) The [patient or resident] client;

(B) A parent, if the [patient or resident] client is a minor;

(C) The legal guardian; and

[(D) The referring court, state, private agency or facility; and]

[(E)] (D) The [patient's or resident's] client's next of kin if applicable and with appropriate release of information.

(12) [Regional placement program] The administrative agent/affiliate staff shall obtain appropriate releases of referral information signed by the [patient or resident] client, his/her parent, if a minor, or guardian. The [placement staff] administrative agent/affiliate staff shall submit the referral information to the proposed residential facility or program. The referral information shall include appropriate psychiatric, medical and social information. The referral information shall also include:

(13) The proposed residential facility or program shall indicate acceptance or rejection to the [regional placement office] **administrative agent/affiliate** which shall document that response in the client file and inform the referring party of the response. If the [patient or resident] **client** is competent to give informed consent, the [department] **administrative agent/affiliate** shall allow ten (10) working days to obtain his/her consent before making a placement. If the [patient or resident] **client** is a minor or has a legal guardian, the [department] **administrative agent/affiliate** shall obtain consent of the parent or guardian before placement. If the [patient or resident] **client** is an involuntary [patient or resident] **client** under Chapter 211 or 632, RSMo, the [department] **administrative agent/affiliate** shall notify the court of competent jurisdiction of the proposed placement and allow ten (10) working days for the court to object. For [patients or residents] **clients** committed under Chapter 552, RSMo, the department shall follow procedures set out in section 552.040, RSMo for obtaining conditional release and subsequent placement. If a [patient] **client** in a mental health facility, his/her parent, if s/he is a minor, or his/her legal guardian refuses to consent to the proposed placement, the [department] **administrative agent/affiliate** shall follow the procedure set out in section 630.635, RSMo.

(14) At the time of placement, the [department] **administrative agent/affiliate** shall include the following information in the residential facility placement packet, which shall accompany the client:

- (A) Psychiatric evaluation;
 - (B) Psychological evaluation, if applicable;
 - (C) Social history and assessment;
 - (D) Initial treatment plan;
 - (E) A statement of financial resources;
 - (F) Name of guardian, if applicable;
 - (G) Commitment status;
 - (H) Medical evaluation, including current physical examination, diet, medication and special problems or needs;
 - (I) Burial plan information; and
 - (J) Discharge plan, if from an inpatient setting.]
- (A) Social history and assessment, if available; and
(B) Medical evaluation, if available, including current physical examination, diet, medication and special problems or needs.

(15) At the time of placement [T/the [department also] **administrative agent/affiliate** shall provide [the following items, which shall accompany the client at the time of placement:] a fourteen (14)-day supply of the client's prescription medication, unless less is requested by the placement facility, or the written prescription(s).

- (A) Prescriptions for, or a fourteen (14)-day supply of, medication;
- (B) Initial personal spending monies, if available; and
- (C) Sufficient and appropriate clothing and personal items.]

(16) The **administrative agent/affiliate** shall notify the supported community living office of the placement date.

AUTHORITY: section 630.050, RSMo [1994] 2000. Original rule filed July 3, 1986, effective Dec. 15, 1986. Amended: Filed July 17, 1995, effective March 30, 1996. Amended: Filed Jan. 31, 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 Department of Mental Health, Attn: Dora Cole, Division of Comprehensive Psychiatric Services, PO Box 687, Jefferson City, MO 65102. To be considered comments must be in writing and must be received within thirty (30) days after publication in the Missouri Register. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—Division of Medical Services Chapter 6—Emergency Ambulance Program

PROPOSED RULE

13 CSR 70-6.010 Emergency Ambulance Program

PURPOSE: This rule establishes the regulatory basis for the administration of the emergency ambulance program. This rule provides for such methods and procedures relating to the utilization of, and the payment for, care and services available under the Medicaid program as may be necessary to safeguard against unnecessary utilization of such care and services and to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area. Specific details of provider participation, criteria and methodology for provider reimbursement, recipient eligibility, and amount, duration and scope of services covered are included in the ambulance program manual, which is incorporated by reference in this rule and available at the website.

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) Administration. The Missouri Medicaid ambulance program shall be administered by the Department of Social Services, Division of Medical Services. The ambulance program services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the Division of Medical Services and shall be included in the ambulance program provider manual, which is incorporated by reference in this rule and made part of this rule as published by the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109, at its website at www.dss.mo.gov/dms, February 10, 2006. This rule does not incorporate any subsequent amendments or additions.

(2) Eligible Providers. To be eligible for participation in Missouri Medicaid, the following requirements shall be met:

(A) Ground Ambulance.

1. The provider must be licensed by the Missouri Department of Health and Senior Services if located in Missouri or licensed by the state regulating authority if located outside the state of Missouri.

2. The provider must be certified to participate in the Title XVIII Medicare program and have a signed and accepted Participation Agreement in effect with the Missouri Department of Social Services, Division of Medical Services; and

(B) Air Ambulance. Air ambulance is defined as any privately or publicly owned conventional air service, rotary wing specially designed, constructed or modified, maintained or equipped with the

intent to be used for the transportation of patients as defined in Federal Aviation Regulations, Part 135.

1. The air ambulance provider must have a current valid air ambulance license, be licensed by the state regulating authority if located outside of Missouri, have submitted a copy of the current Federal Aviation Regulations, Part 135, (FFA) Air Carrier Certificate issued by the United States Department of Transportation.

2. The air ambulance provider must have a signed and accepted Participation Agreement for the air ambulance program in effect with the Missouri Department of Social Services, Division of Medical Services.

(3) Recipient Eligibility. The ambulance provider must ascertain the patient's Medicaid status before billing for services. The recipient's Medicaid/MC+ eligibility is determined by the Family Support Division. The recipient must be eligible for Medicaid on the date that a service is provided in order for a provider to receive Medicaid reimbursement. It is the provider's responsibility to determine the coverage benefits for a recipient based on their type of assistance as outlined in the ambulance program manual. The recipient's eligibility shall be verified in accordance with methodology outlined in the ambulance program manual.

(4) Prior Authorization. Emergency ambulance services do not require prior authorization. All non-emergency, Medicaid covered services that are to be performed or furnished out-of-state for eligible Missouri Medicaid recipients and for which Missouri Medicaid is to be billed, must be prior authorized before the out-of-state services are provided. A prior authorization is not required for out-of-state emergency services.

(5) Services Covered and Service Limitations. The Medicaid ambulance manual shall provide the detailed listing of procedure codes and pricing information covered by the Missouri Medicaid ambulance program.

(A) Ambulance services are covered if they are emergency services and transportation is made to the nearest appropriate hospital.

(B) Emergency services are services required when there is a sudden or unforeseen situation or occurrence or a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Nearest appropriate hospital is the hospital that is equipped and staffed to provide the needed care for the illness or injury involved. Medicaid does not allow transportation to a more distant hospital solely to avail a patient of the services of a specific physician or family or personal preference when considering the nearest appropriate facility.

(C) Exceptions to Emergency Services.

1. Missouri Medicaid covers medically necessary ambulance services for recipients under twenty-one (21) years of age through the Healthy Children and Youth (EPSDT/HCY) program. The Omnibus Budget Reconciliation Act of 1989 (OBRA 89) expanded medically necessary services for children under the age of twenty-one (21) through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, also known as the Healthy Children and Youth (HCY) program. Transport by ambulance is covered if it is medically necessary and any other method of transportation would endanger the child's health.

2. Transportation to and from one hospital to another and return for specialized testing and/or treatment is covered.

3. Medicaid covers transportation from the point of pickup to two (2) different hospitals made on the same day by the same ambulance provider when it is medically necessary.

4. Ground ambulance transfers of patients from one hospital to another hospital to receive medically necessary inpatient services not

available at the first facility shall be covered by Missouri Medicaid. Hospital transfers shall be covered when the patient has been stabilized at the first hospital, but needs a higher level of care available only at the second hospital.

(D) Missouri Medicaid covers emergency air ambulance only when transportation by ground ambulance is contraindicated and when the patient's medical condition is such that immediate and rapid ambulance transportation is essential and cannot be provided by ground ambulance, great distances or other obstacles are involved in getting the patient to the nearest hospital with appropriate facilities, the patient's medical condition is such that the time needed to transport by land, or the instability of transportation by land poses a threat to the patient's survival or seriously endangers the patient's health, the point of pickup is inaccessible by land vehicle, and all other Medicaid requirements for coverage are met.

(6) Services Not Covered.

(A) Ground Ambulance. The following services are not covered under the ground ambulance program:

1. Ambulance transportation to a physician's office, a dentist's office, a nursing home, or a patient's home except for recipients under twenty-one (21) (except ME codes 76-79) through the EPSDT/HCY program;

2. Ambulance services to a hospital for the first stage of labor;

3. Non-emergency ambulance trips are not covered with the exceptions of those services listed above;

4. If a recipient is pronounced dead before the ambulance is called, no Medicaid payment is made; or

5. Ancillary services and supplies are not covered when the patient is not transported.

(B) Air Ambulance. The following services are not covered under the air ambulance program:

1. Air ambulance trip for the patient's personal preference;

2. Patient not transported to the nearest hospital with appropriate facilities;

3. Transports by fixed-wing aircraft;

4. Ambulance trips ordered by the Veteran's Administration Hospital;

5. Transport of medical team (or other medical professionals) to meet a patient;

6. Ground mileage;

7. Transport to a facility that is not an acute care hospital, such as a nursing facility or physician's office;

8. If a recipient is pronounced dead before the air ambulance is called; or

9. Ancillary services and supplies are not covered when the patient is not transported.

(C) When individuals are transported by ambulance to an emergency room and are subsequently treated and released without admission to the hospital, the return trip is not covered under the emergency ambulance program.

(7) General Regulations. General regulations of the Missouri Medicaid program apply to the ambulance program.

(8) Reimbursement. Payment will be made in accordance with the fee per unit of service as defined and determined by the Division of Medical Services. Providers must bill their usual and customary charge for ambulance services. Reimbursement will not exceed the lesser of the maximum allowed or the provider's billed charges. Ambulance program services are only payable to the enrolled, eligible, participating provider. The Medicaid program cannot reimburse for services performed by non-enrolled providers.

(9) Other Source Payment. The Medicaid payment for ambulance services cannot duplicate or replace benefits available to the recipient from any other source, public or private. A settlement received from private insurance or litigation as the result of an accident must

be used toward payment of the ambulance bill. Medicaid shall be the last source of payment on any claim. Any payment received from a private insurance carrier or other acceptable source shall be listed on the claim form. If the settlement received is equal to or exceeds the fee that could be allowed by Medicaid, no payment shall be made by Medicaid.

(10) Documentation Requirements for Emergency Ambulance Program. All services must be adequately documented in the medical record. Adequate documentation means documentation from which services rendered and the amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty. Documentation includes the Missouri Ambulance Reporting Form (trip ticket). In addition to the above documentation requirements, each licensee of an air ambulance must maintain accurate records that contain information concerning the air transportation of each patient. The patient record shall be maintained and shall accurately document the patient care rendered by the medical flight crew and the disposition of the patient at the receiving facility. The documentation of the emergency air ambulance flight record (trip ticket) must contain a description of the patient's medical condition with sufficient detail to demonstrate the need for emergency air ambulance.

(11) Records Retention. The enrolled Medicaid ambulance provider shall agree to keep any records necessary to disclose the extent of services the provider furnishes to recipients. These records must be retained for five (5) years from the date of service. Fiscal and medical records coincide with and fully document services billed to the Medicaid agency. Providers must furnish or make the records available for inspection or audit by the Department of Social Services or its representative upon request. Failure to furnish, reveal or retain adequate documentation for services billed to the Medicaid program, as specified above, is a violation of this regulation.

AUTHORITY: sections 208.152, RSMo Supp. 2005, and 208.201, RSMo 2000. Original rule filed Feb. 10, 2006.

PUBLIC COST: This proposed rule is expected to cost state agencies or political subdivisions \$16,298,454 annually over the life of the program.

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE

PUBLIC COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-6.010 Emergency Ambulance Program
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services, Division of Medical Services	\$16,298,454

III. WORKSHEET

	Projected State Fiscal Year 2006		
	General Revenue	Federal	Total
Title XIX	\$6,059,142	\$9,777,613	\$15,836,755
State Medical	270,161	0	\$270,161
1115 Waiver Children	50,282	137,476	\$187,758
1115 Waiver Adults	1,446	2,334	\$3,780
Total	\$6,381,031	\$9,917,423	\$16,298,454

IV. ASSUMPTIONS

The proposed rule defines coverage of ambulance services for the Medicaid eligible population.

Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 9—Uniform Counting Standards

PROPOSED RESCISSION

15 CSR 30-9.020 Uniform Counting Standards—Optical Scan Voting Systems. This rule provided for standards to be used by election authorities when counting ballots cast using optical scan voting systems.

PURPOSE: This rule is being rescinded to be replaced with updated counting standards to be used by election authorities when counting ballots cast using optical scan voting systems.

AUTHORITY: section 115.225, RSMo 2000. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission and rule filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. Rescinded: Filed Feb. 2, 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 Office of the Secretary of State, Elections Division, Betsy Byers, Co-Director, PO Box 1767, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 9—Uniform Counting Standards

PROPOSED RULE

15 CSR 30-9.020 Uniform Counting Standards—Optical Scan Voting Systems

PURPOSE: This rule provides for standards to be used by election authorities when counting ballots cast using optical scan voting systems.

(1) The election authority shall be responsible for insuring that the standards provided for in this rule are followed when counting ballots cast using optical scan voting systems.

(2) Prior to tabulating ballots all machines shall be programmed to reject blank ballots where no votes are recorded, or where an over-vote is registered in any race.

(A) In jurisdictions using precinct-based tabulators, the voter who cast the ballot shall review the ballot if rejected, to determine if he/she wishes to make any changes to the ballot or if he/she would like to spoil their ballot and receive another ballot.

(B) In jurisdictions using centrally based tabulators, if a ballot is so rejected, it shall be reviewed by a bipartisan team using the following criteria:

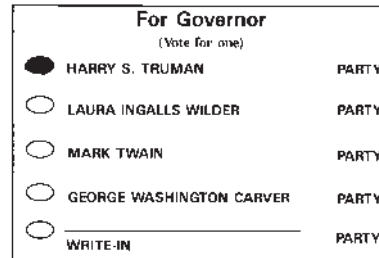
1. If a ballot is determined to be damaged, the bipartisan team shall spoil the original ballot and duplicate the voter's intent on the new ballot, provided that there is an undisputed method of matching

the duplicate card with its original after it has been placed with the remainder of the ballot cards from that precinct; and

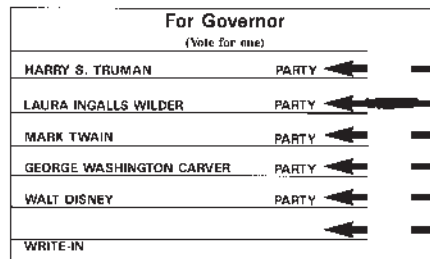
2. The provisions of sections (3), (4), (5) and (6) of this rule.

(3) The following marks shall be considered expressions of voter intent:

(A) Any ballot which is properly marked in the target area, as specified by the ballot instructions.



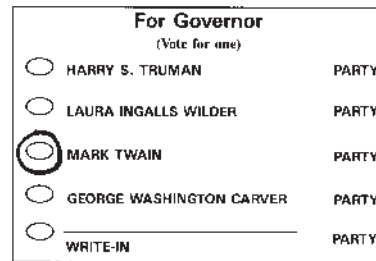
This constitutes a vote for Harry S. Truman



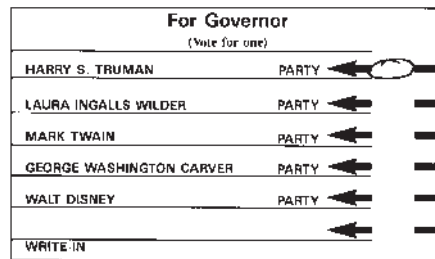
This constitutes a vote for Laura Ingalls Wilder

(B) Any ballot that is properly marked with any device other than the approved marking device which prevents a machine count shall be counted as a vote.

(C) The target area next to a candidate or issue preference is circled.



This constitutes a vote for Mark Twain



This constitutes a vote for Harry S. Truman

(D) There is a distinguishing mark in the target area next to a candidate or issue preference including but not limited to the following examples:

For Governor
(Vote for one)

<input checked="" type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor
(Vote for one)

HARRY S. TRUMAN	PARTY	←	█
LAURA INGALLS WILDER	PARTY	←	█
MARK TWAIN	PARTY	←	█
GEORGE WASHINGTON CARVER	PARTY	←	█
WALT DISNEY	PARTY	←	█
WRITE-IN		←	█

This constitutes a vote for Harry S. Truman

For Governor
(Vote for one)

HARRY S. TRUMAN	PARTY	←	X
LAURA INGALLS WILDER	PARTY	←	█
MARK TWAIN	PARTY	←	█
GEORGE WASHINGTON CARVER	PARTY	←	█
WALT DISNEY	PARTY	←	█
WRITE-IN		←	█

This constitutes a vote for Harry S. Truman

For Governor
(Vote for one)

<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

For Governor
(Vote for one)

<input checked="" type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor
(Vote for one)

HARRY S. TRUMAN	PARTY	←	█
LAURA INGALLS WILDER	PARTY	←	█
MARK TWAIN	PARTY	←	█
GEORGE WASHINGTON CARVER	PARTY	←	█
WALT DISNEY	PARTY	←	█
WRITE-IN		←	█

This constitutes a vote for Laura Ingalls Wilder

(F) The party abbreviation associated with a candidate's name is circled.

For Governor
(Vote for one)

HARRY S. TRUMAN	PARTY	←	█
LAURA INGALLS WILDER	PARTY	←	█
MARK TWAIN	PARTY	←	█
GEORGE WASHINGTON CARVER	PARTY	←	█
WALT DISNEY	PARTY	←	█
WRITE-IN		←	█

This constitutes a vote for Walt Disney

For Governor
(Vote for one)

<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Mark Twain

(E) The name of a candidate or issue preference is circled or underlined.

For Governor
(Vote for one)

<input type="radio"/>	<u>HARRY S. TRUMAN</u>	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	WRITE-IN	PARTY

This constitutes a vote for Harry S. Truman

For Governor
(Vote for one)

HARRY S. TRUMAN	PARTY	←	█
LAURA INGALLS WILDER	PARTY	←	█
MARK TWAIN	PARTY	←	█
GEORGE WASHINGTON CARVER	PARTY	←	█
WALT DISNEY	PARTY	←	█
WRITE-IN		←	█

This constitutes a vote for Mark Twain

(G) If a voter marked each choice by crossing out the names of candidate or issue preference not chosen, such expressions of intent shall constitute a valid vote for such candidate or issue preference not crossed out.

For Governor
(Vote for one)

HARRY S. TRUMAN PARTY

LAURA INGALLS WILDER PARTY

MARK TWAIN PARTY

GEORGE WASHINGTON CARVER PARTY

WRITE-IN PARTY

This constitutes a vote for Harry S. Truman

For Governor
(Vote for one)

HARRY S. TRUMAN PARTY

LAURA INGALLS WILDER PARTY

MARK TWAIN PARTY

GEORGE WASHINGTON CARVER PARTY

WALT DISNEY PARTY

WRITE-IN

This constitutes an undervote

For Governor
(Vote for one)

HARRY S. TRUMAN PARTY

LAURA INGALLS WILDER PARTY

MARK TWAIN PARTY

GEORGE WASHINGTON CARVER PARTY

WALT DISNEY PARTY

WRITE-IN

This constitutes a vote for Mark Twain

(H) In the event that there are distinguishing marks for two (2) or more candidates, clarified by an additional mark or marks that appear to indicate support, the ballot shall be counted as a vote for the candidate with the additional, clarifying marks.

For Governor
(Vote for one)

this one
 HARRY S. TRUMAN PARTY

LAURA INGALLS WILDER PARTY

MARK TWAIN PARTY

GEORGE WASHINGTON CARVER PARTY

WRITE-IN PARTY

This constitutes a vote for Harry S. Truman

For Governor
(Vote for one)

HARRY S. TRUMAN PARTY

LAURA INGALLS WILDER PARTY

MARK TWAIN PARTY

GEORGE WASHINGTON CARVER PARTY

WRITE-IN PARTY

This constitutes an overvote

For Governor
(Vote for one)

HARRY S. TRUMAN PARTY

LAURA INGALLS WILDER PARTY

MARK TWAIN PARTY

GEORGE WASHINGTON CARVER PARTY

WALT DISNEY PARTY

WRITE-IN

This constitutes an overvote

(C) If a voter marks more candidates than there are positions to be elected for that office, the marks do not constitute a valid vote for any candidate in that race.

For Governor
(Vote for one)

HARRY S. TRUMAN PARTY

LAURA INGALLS WILDER PARTY

MARK TWAIN PARTY

GEORGE WASHINGTON CARVER PARTY

WALT DISNEY PARTY

WRITE-IN

not this one

This constitutes a vote for Harry S. Truman

For Governor
(Vote for one)

HARRY S. TRUMAN PARTY

LAURA INGALLS WILDER PARTY

MARK TWAIN PARTY

GEORGE WASHINGTON CARVER PARTY

WRITE-IN PARTY

This constitutes an overvote

(4) The following shall not be considered expressions of voter intent:

(A) Hesitation or stray marks.

For Governor
(Vote for one)

HARRY S. TRUMAN PARTY

LAURA INGALLS WILDER PARTY

MARK TWAIN PARTY

GEORGE WASHINGTON CARVER PARTY

WRITE-IN PARTY

This constitutes an undervote

For School Board
(Vote for three)

HARRY S. TRUMAN PARTY

LAURA INGALLS WILDER PARTY

MARK TWAIN PARTY

GEORGE WASHINGTON CARVER PARTY

WALT DISNEY PARTY

WRITE-IN

This constitutes an overvote

(5) In jurisdictions using optical scan systems, a valid vote for a write-in candidate must include the following:

(A) The name of a qualified write-in candidate. If the name of the candidate, as written by the voter, is substantially as declared by the candidate it shall be counted, or in those circumstances where the names of candidates are similar, the names of candidates as shown on voter registration records shall be counted; and

(B) The name of the office for which the candidate is to be elected.

(6) If a voter designates a vote for a named candidate on the ballot and also provides for a write-in candidate in the same race it shall be treated as follows:

(A) If a voter designates a vote for a named candidate on the ballot and writes in the same candidate in the write-in area, the vote shall count for that candidate.

For Governor (Vote for one)		
<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input checked="" type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	<u>George W. Carver</u>	WRITE-IN

This constitutes a vote for George Washington Carver

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
<u>Laura Ingalls Wilder</u>	WRITE-IN	←

This constitutes a vote for Laura Ingalls Wilder

(B) If a voter designates a vote for a named candidate on the ballot and writes in the name of a qualified write-in candidate or the name of a different named candidate on the ballot in that race, it shall be considered an overvote with neither candidate receiving credit for the vote.

For Governor (Vote for one)		
<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input type="radio"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	<u>Harry S. Truman</u>	WRITE-IN

This constitutes an overvote

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
<u>Walt Disney</u>	WRITE-IN	←

This constitutes an overvote

(C) If a voter designates a vote for a named candidate on the ballot and writes in the name of a person who is not a qualified write-in candidate and not a named candidate on the ballot in that race, it shall be considered an overvote with no candidate receiving credit for the vote.

For Governor (Vote for one)		
<input type="radio"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="radio"/>	LAURA INGALLS WILDER	PARTY
<input type="radio"/>	MARK TWAIN	PARTY
<input type="radio"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="radio"/>	<u>Albert Einstein</u>	WRITE-IN

This constitutes an overvote

For Governor (Vote for one)		
HARRY S. TRUMAN	PARTY	←
LAURA INGALLS WILDER	PARTY	←
MARK TWAIN	PARTY	←
GEORGE WASHINGTON CARVER	PARTY	←
WALT DISNEY	PARTY	←
<u>Michael Douglas</u>	WRITE-IN	←

This constitutes an overvote

(7) Whenever a hand recount of votes of optical scan ballots is ordered, the provisions of this rule shall be used to determine voter intent.

AUTHORITY: section 115.225, RSMo Supp. 2005. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission and rule filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. Rescinded and readopted: Filed Feb. 2, 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 Office of the Secretary of State, Elections Division, Betsy Byers, Co-Director, PO Box 1767, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 9—Uniform Counting Standards**

PROPOSED RESCISSION

15 CSR 30-9.030 Uniform Counting Standards—Paper Ballots. This rule provided for standards to be used by election authorities when counting ballots cast using paper ballots.

PURPOSE: This rule is being rescinded to be replaced with improved counting standards to be used by election authorities when counting ballots cast using paper ballots.

AUTHORITY: section 115.225, RSMo 2000. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission and rule filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. Rescinded: Filed Feb. 2, 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 Office of the Secretary of State, Elections Division, Betsy Byers, Co-Director, PO Box 1767, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 15—ELECTED OFFICIALS
Division 30—Secretary of State
Chapter 9—Uniform Counting Standards**

PROPOSED RULE

15 CSR 30-9.030 Uniform Counting Standards—Paper Ballots

PURPOSE: This rule provides for standards to be used by election authorities when counting ballots cast using paper ballots.

(1) The election authority shall be responsible for insuring that the standards provided for in this rule are followed when counting ballots cast using paper ballots.

(2) The following marks shall be considered expressions of voter intent:

(A) Any ballot which is properly marked, as specified by the ballot instructions, in the target area.

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN _____	PARTY

This constitutes a vote for Harry S. Truman

(B) The target area next to a candidate or issue preference is circled.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN _____	PARTY

This constitutes a vote for Mark Twain

(C) There is a distinguishing mark in the target area next to a candidate or issue preference including but not limited to the following examples:

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN _____	PARTY

This constitutes a vote for Harry S. Truman

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN _____	PARTY

This constitutes a vote for Harry S. Truman

(D) The name of a candidate or issue preference is circled or underlined.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN _____	PARTY

This constitutes a vote for Laura Ingalls Wilder

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN _____	PARTY

This constitutes a vote for Laura Ingalls Wilder

(E) The party abbreviation associated with a candidate's name is circled.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN _____	PARTY

This constitutes a vote for George Washington Carver

(F) If a voter consistently marked each choice by crossing out the names of candidate not chosen, such expressions of intent shall constitute a valid vote for such candidate or issue preference not crossed out.

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Mark Twain

(G) In the event that there are distinguishing marks for two (2) or more candidates, clarified by an additional mark or marks that appear to indicate support, the ballot shall be counted as a vote for the candidate with the additional, clarifying marks.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This one ←

This constitutes a vote for Laura Ingalls Wilder

(3) The following shall not be considered expressions of voter intent:

(A) Hesitation or stray marks.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

(B) In the event that there are distinguishing marks for two (2) or more candidates, without additional clarifying marks, the ballot shall be deemed an overvote.

For Governor (Vote for one)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

(C) If a voter marks more candidates than there are positions to be elected for that office, the marks do not constitute a valid vote for any candidate in that race.

For School Board (Vote for three)		
<input checked="" type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="checkbox"/>	MARK TWAIN	PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input checked="" type="checkbox"/>	WALT DISNEY	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

(4) In jurisdictions using paper ballots, a valid vote for a write-in candidate must include the following:

(A) The name of a qualified write-in candidate. If the name of the candidate, as written by the voter, is substantially as declared by the candidate it shall be counted, or in those circumstances where the names of candidates are similar, the names of candidates as shown on voter registration records shall be counted.

(B) The name of the office for which the candidate is to be elected.

(5) If a voter designates a vote for a named candidate on the ballot and also provides for a write-in candidate in the same race it shall be treated as follows:

(A) If a voter designates a vote for a named candidate on the ballot and writes in the same candidate in the write-in area, the vote shall count for that candidate.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input checked="" type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input checked="" type="checkbox"/>	<i>Laura Ingalls Wilder</i>	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes a vote for Laura Ingalls Wilder

(B) If a voter designates a vote for a named candidate on the ballot and writes in the name of a qualified write-in candidate or the name of a different named candidate on the ballot in that race, it shall be considered an overvote with neither candidate receiving credit for the vote.

For Governor (Vote for one)		
<input type="checkbox"/>	HARRY S. TRUMAN	PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER	PARTY
<input checked="" type="checkbox"/>	MARK TWAIN	PARTY
<input type="checkbox"/>	GEORGE WASHINGTON CARVER	PARTY
<input checked="" type="checkbox"/>	<i>Harry S. Truman</i>	PARTY
<input type="checkbox"/>	WRITE-IN	PARTY

This constitutes an overvote

(C) If a voter designates a vote for a named candidate on the ballot and writes in the name of a person who is not a qualified write-in candidate and not a named candidate on the ballot in that race, it shall be considered an overvote with no candidate receiving credit for the vote.

For Governor	
(Vote for one)	
<input type="checkbox"/>	HARRY S. TRUMAN PARTY
<input type="checkbox"/>	LAURA INGALLS WILDER PARTY
<input type="checkbox"/>	MARK TWAIN PARTY
<input checked="" type="checkbox"/>	GEORGE WASHINGTON CARVER PARTY
<input type="checkbox"/>	<i>Gertrude Steen</i> PARTY
WRITE-IN PARTY	

This constitutes an overvote

(6) Whenever a hand recount of votes of paper ballots is ordered, the provisions of this rule shall be used to determine voter intent.

AUTHORITY: section 115.225, RSMo Supp. 2005. Original rule filed Aug. 8, 2001, effective March 1, 2002. Emergency rescission and rule filed Feb. 2, 2006, effective Feb. 18, 2006, expires Aug. 16, 2006. Rescinded and readopted: Filed Feb. 2, 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 Office of the Secretary of State, Elections Division, Betsy Byers, Co-Director, PO Box 1767, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 20—Division of [Environmental Health and Communicable Disease Prevention] Community and Public Health Chapter 20—Communicable Diseases

PROPOSED AMENDMENT

19 CSR 20-20.010 Definitions Relating to Communicable, Environmental and Occupational Diseases. The Department of Health and Senior Services proposes to add two (2) sections and renumber sections (19)–(39).

PURPOSE: This amendment adds definitions for “immediately reportable” and “invasive disease.”

(19) Immediately reportable diseases are those diseases or findings listed in 19 CSR 20-20.020(1)(A)–(C) and shall be reported at once, without delay and with a sense of urgency by means of rapid communication to the Missouri Department of Health and Senior Services or to the local public health agency, regardless of the day or hour.

[(19)] (20) Immunization is a treatment which renders an individual less susceptible to the pathologic effects of a disease or provides a measure of protection against the disease.

[(20)] (21) Infectious waste is waste capable of producing an infectious disease. For a waste to be infectious, it must contain pathogens with sufficient virulence and quantity so that exposure to the waste by a susceptible host could result in an infectious disease. Infectious

waste generated by small quantity generators shall include the following categories:

(A) Sharps—all discarded sharps including hypodermic needles, syringes and scalpel blades. Broken glass or other sharp items that have come in contact with material defined as infectious are included;

(B) Cultures and stocks of infectious agents and associated biologicals—included in this category are all cultures and stocks of infectious organisms as well as culture dishes and devices used to transfer, inoculate and mix cultures; and

(C) Other wastes—those wastes designated by the medical authority responsible (physician, podiatrist, dentist, veterinarian) for the care of the patient which may be capable of producing an infectious disease.

[(21)] (22) Institution is any public or private hospital, nursing home, clinic, mental health facility, home health agency, or medical or professional corporation composed of health care workers.

(23) Invasive disease is caused by a pathogen that invades the bloodstream and/or normally sterile bodily fluids and has the potential to cause severe morbidity and/or mortality. Culturing organisms from blood, cerebrospinal fluid, joint fluid, or pleural fluid identifies invasive diseases. Examples of conditions caused by invasive organisms include:

(A) *Haemophilus influenzae*—meningitis, occult febrile bacteremia, epiglottitis, septic arthritis, pericarditis, abscesses, empyema, and osteomyelitis;

(B) *Streptococcus pneumoniae*—bacteremia, and meningitis;

(C) *Neisseria meningitidis*—meningitis with or without meningococemia, septicemia (purpura fulminans), bacteremia, pericarditis, myocarditis, arthritis, and epididymitis;

(D) *Streptococcus pyogenes* (group A)—bacteremia associated with cutaneous infection, deep soft tissue infection (necrotizing fasciitis), meningitis, peritonitis, osteomyelitis, septic arthritis, postpartum sepsis, neonatal sepsis, and non-focal bacteremia.

[(22)] (24) Isolation is the separation for the period of communicability of infected individuals and animals from other individuals and animals, in places and under conditions as will prevent the direct or indirect transmission of the infectious agent from infected individuals or animals to other individuals or animals who are susceptible or who may spread the agent to others.

[(23)] (25) Laboratory means a facility for the biological, microbiological, serological, chemical, immuno-hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of a human. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered laboratories. Laboratory includes hand-held testing equipment. All testing laboratories must be certified under the Clinical Laboratories Improvement Amendment of 1988 (CLIA—42 CFR part 493).

[(24)] (26) Local health authority is the city or county health officer, director of an organized health department or of a local board of health within a given jurisdiction. In those counties where a local health authority does not exist, the health officer or administrator of the Department of Health and Senior Services district in which the county is located shall serve as a local health authority.

[[25]] (27) Local public health agency is a legally constituted body provided by a city, county or group of counties to protect the public health of the city, county or group of counties.

[[26]] (28) Methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant *Enterococci* (VRE), and nosocomial infection are:

(A) MRSA shall be defined as *S. aureus* strains that are resistant to oxacillin, nafcillin and methicillin; historically termed MRSA. These organisms are resistant to all β -lactam agents, including cephalosporins and carbapenems. (NOTE: MRSA isolates are often resistant to other multiple, commonly used classes of antimicrobial agents, including erythromycin, clindamycin, and tetracycline.)

(B) VRE shall be defined as *Enterococci* that possess intrinsic or acquired resistance to vancomycin. Several genes, including *vanA*, *vanB*, *vanC*, *vanD*, and *vanE*, contribute to resistance to vancomycin in *Enterococci*.

(C) Nosocomial infection shall be defined by the national Centers for Disease Control and Prevention and applied to infections within hospitals, ambulatory surgical centers, and other facilities.

[[27]] (29) Outbreak or epidemic is the occurrence in a community or region of an illness(es) similar in nature, clearly in excess of normal expectancy and derived from a common or a propagated source.

[[28]] (30) Period of communicability is the period of time during which an etiologic agent may be transferred, directly or indirectly, from an infected person to another person or from an infected animal to a person.

[[29]] (31) Person is any individual, partnership, corporation, association, institution, city, county, other political subdivision authority, state agency or institution or federal agency or institution.

[[30]] (32) Pesticide poisoning means human disturbance of function, damage to structure or illness, which results from the inhalation, absorption or ingestion of any pesticide.

[[31]] (33) Poisoning means injury, illness or death caused by chemical means.

[[32]] (34) Quarantine is a period of detention for persons or animals that may have been exposed to a reportable disease. The period of time will not be longer than the longest period of communicability of the disease. The purpose of quarantine is to prevent effective contact with the general population.

(A) Complete quarantine is a limitation of freedom of movement of persons or animals exposed to a reportable disease, for a period of time not longer than the longest period of communicability of the disease, in order to prevent effective contact with the general population.

(B) Modified quarantine is a selective, partial limitation of freedom of movement of persons or animals determined on the basis of differences in susceptibility or danger of disease transmission. Modified quarantine is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the closure of schools and places of public or private assembly and the prohibition or restriction of those exposed to a communicable disease from engaging in a particular occupation.

[[33]] (35) Reportable disease is any disease or condition for which an official report is required. Any unusual expression of illness in a group of individuals, which may be of public health concern, is reportable and shall be reported to the local health department, local health authority or the Department of Health and Senior Services by the quickest means.

[[34]] (36) Small quantity generator of infectious waste is any person generating one hundred kilograms (100 kg) or less of infectious waste per month and as regulated in 10 CSR 80.

[[35]] (37) Terrorist event is the unlawful use of force or violence committed by a group or individual against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives. Terrorist attacks are classified as chemical, biological, or radiological.

(A) Chemical means any weapon that is designed or intended to cause widespread death or serious bodily injury through the release, dissemination, or impact of toxic or poisonous chemicals or precursors of toxic or poisonous chemicals.

(B) Biological means any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product.

(C) Radiological means any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.

[[36]] (38) Toxic substance is any substance, including any raw materials, intermediate products, catalysts, final products or by-products of any manufacturing operation conducted in a commercial establishment that has the capacity through its physical, chemical or biological properties to pose a substantial risk of death or impairment, either immediately or later, to the normal functions of humans, aquatic organisms or any other animal.

[[37]] (39) Unusual diseases—Examples include, but are not limited to, the following:

(A) Diseases uncommon to a geographic area, age group, or anatomic site;

(B) Cases of violent illness resulting in respiratory failure;

(C) Absence of a competent natural vector for a disease; or

(D) Occurrence of hemorrhagic illness.

[[38]] (40) Unusual manifestation of illness—Examples include, but are not limited to, the following:

(A) Multiple persons presenting with a similar clinical syndrome at a steady or increasing rate;

(B) Large numbers of rapidly fatal cases, with or without recognizable signs and symptoms;

(C) Two (2) or more persons, without a previous medical history, presenting with convulsions;

(D) Persons presenting with grayish colored tissue damage; or

(E) Adults under the age of fifty (50) years, without previous medical history, presenting with adult respiratory distress syndrome (ARDS).

[[39]] (41) Varicella (Chickenpox) severity of illness shall include the following categories:

(A) Mild—less than fifty (50) lesions (able to count lesions within thirty (30) seconds);

(B) Moderate—fifty to five hundred (50–500) lesions (anything in between mild and severe); and

(C) Severe—more than five hundred (500) lesions (difficult to see the skin) or lesions with complications.

AUTHORITY: sections 192.006 and 260.203, RSMo 2000 and 192.020, RSMo Supp. [2004] 2005. This rule was previously filed as 13 CSR 50-101.010. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 15, 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 Glenda Miller, Director, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102-0570, Phone (573) 751-6080. 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 20—Division of [Environmental Health and Communicable Disease Prevention] Community and Public Health

Chapter 20—Communicable Diseases

PROPOSED AMENDMENT

19 CSR 20-20.020 Reporting Communicable, Environmental and Occupational Diseases. The Department of Health and Senior Services proposes to add a new section (1), amend existing sections (1)–(7) and (9) and renumber throughout.

PURPOSE: This amendment adds an immediately reportable disease category as required by the Centers for Disease Control and Prevention (CDC) Public Health Preparedness and Emergency Response for Bioterrorism Cooperative Agreement. The amendment also rearranges the existing categories into immediately reportable, reportable within one (1) calendar day and reportable within three (3) calendar days. The amendment adds a number of diseases/conditions to the list of those that are required to be reported to the department or local health authority and modifies several diseases/conditions currently required to be reported.

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) The diseases within the immediately reportable disease category pose a risk to national security because they: can be easily disseminated or transmitted from person to person; result in high mortality rates and have the potential for major public health impact; might cause public panic and social disruption; and require special action for public health preparedness. Immediately reportable diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services immediately upon knowledge or suspicion by telephone (1 (800) 392-0272), facsimile or other rapid communication. Immediately reportable diseases or findings are—

(A) Selected high priority diseases, findings or agents that occur naturally, from accidental exposure, or as the result of a bioterrorism event:

Anthrax
Botulism
Plague

Rabies (Human)
Ricin toxin
Severe Acute Respiratory syndrome-associated Coronavirus (SARS-CoV) Disease
Smallpox
Tularemia (pneumonic)
Viral hemorrhagic fevers (filoviruses (e.g., Ebola, Marburg) and arenaviruses (e.g., Lassa, Machupo))

(B) Instances, clusters, or outbreaks of unusual diseases or manifestations of illness and clusters or instances of unexplained deaths which appear to be a result of a terrorist act or the intentional or deliberate release of biological, chemical, radiological, or physical agents, including exposures through food, water, or air.

(C) Instances, clusters, or outbreaks of unusual, novel, and/or emerging diseases or findings not otherwise named in this rule, appearing to be naturally occurring, but posing a substantial risk to public health and/or social and economic stability due to their ease of dissemination or transmittal, associated mortality rates, or the need for special public health actions to control.

[(1)] (2) [Category I] Reportable within one (1) day diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services within [twenty-four (24) hours] one (1) calendar day of first knowledge or suspicion by telephone, facsimile or other rapid communication. [Category II] Reportable within one (1) day diseases or findings are—

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

Acute respiratory distress syndrome (ARDS) in patients under fifty (50) years of age

Animal (mammal) bite, wound, humans

Brucellosis

Cholera

Dengue fever

Diphtheria

[*Escherichia coli* O157:H7]

[*Escherichia coli*, shiga toxin positive, serogroup non-O157:H7]

Glanders

Haemophilus influenzae, invasive disease

Hantavirus pulmonary syndrome

Hemolytic uremic syndrome (HUS), post-diarrheal

Hepatitis A

Influenza—associated public and/or private school closures

Lead (blood) level greater than or equal to forty-five micrograms per deciliter (≥ 45 ug/dl) in any person equal to or less than seventy-two (≤ 72) months of age

Measles (rubeola)

Meningococcal disease, invasive

Outbreaks (including nosocomial) or epidemics of any illness, disease or condition that may be of public health concern, including any illness in a food handler that is potentially transmissible through food

Pertussis

Poliomyelitis

Q fever

Rabies[,] (animal) [or human]

Rubella, including congenital syndrome

[Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) Disease]

Shiga toxin-producing *Escherichia coli* (STEC)

Shiga toxin positive, unknown organism

Shigellosis

Staphylococcal enterotoxin B

Streptococcus pneumoniae, drug resistant invasive disease

Syphilis, including congenital syphilis

T-2 mycotoxins

Tetanus

Tuberculosis disease

Tularemia (non-pneumonic)

Typhoid fever (*Salmonella typhi*)

Vancomycin-intermediate *Staphylococcus aureus* (VISA), and
Vancomycin-resistant *Staphylococcus aureus* (VRSA)

Venezuelan equine encephalitis virus neuroinvasive disease

Venezuelan equine encephalitis virus non-neuroinvasive disease

Yellow fever

[(B) Diseases, findings or agents that occur naturally or that might result from a terrorist attack involving biological, radiological, or chemical weapons:

Adult respiratory distress syndrome (ARDS) in patients under 50 years of age (without a contributing medical history)

Anthrax

Botulism

Brucellosis

Cholera

Encephalitis/meningitis, Venezuelan equine

Glanders

Hemorrhagic fever (e.g., dengue, yellow fever)

Plague

Q fever

Ricin

Smallpox (variola)

Staphylococcal enterotoxin B

T-2 mycotoxins

Tularemia]

[(C)] (B) Diseases, findings or adverse reactions that occur as a result of inoculation to prevent smallpox, including but not limited to the following:

Accidental administration

[Accidental implantation (inadvertent auto-inoculation)]

[Bacterial infection of site of inoculation]

[Congenital vaccinia]

Contact [vaccinia] transmission (i.e., vaccinia virus infection in a contact of a smallpox vaccinee)

Eczema vaccinatum

Erythema multiforme (roseola vaccinia, toxic urticaria)

Fetal vaccinia (congenital vaccinia)

Generalized vaccinia

Inadvertent autoinoculation (accidental implantation)

Myocarditis, pericarditis, or myopericarditis

Ocular vaccinia (can include keratitis, conjunctivitis, or blepharitis)

Post-vaccinial encephalitis or encephalomyelitis

Progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia)

Pyogenic infection of the vaccination site

Stevens-Johnson Syndrome

[Vaccinia keratitis]

[(2)] (3) [Category II diseases or findings and their reporting requirements are—

(A) Category IIA] Reportable within three (3) days diseases or findings shall be reported to the local health authority or the Department of Health and Senior Services within three (3) calendar days of first knowledge or suspicion. [Category IIA] These diseases or findings are—

Acquired immunodeficiency syndrome (AIDS)

Arsenic poisoning

Blastomycosis

California serogroup [viral encephalitis/meningitis] virus neuroinvasive disease

California serogroup virus non-neuroinvasive disease

Campylobacteriosis

Carbon monoxide poisoning

CD4+ T cell count

Chancroid

Chemical poisoning, acute, as defined in the most current ATSDR CERCLA Priority List of Hazardous Substances; if terrorism is suspected, refer to subsection (1)(B)

Chlamydia trachomatis, infections

Coccidioidomycosis

Creutzfeldt-Jakob disease

Cryptosporidiosis

Cyclosporiasis

Eastern equine [viral] encephalitis/[meningitis] virus neuroinvasive disease

Eastern equine encephalitis virus non-neuroinvasive disease

Ehrlichiosis, human granulocytic, monocytic, or other/unspecified agent

Giardiasis

Gonorrhea

Hansen's disease (Leprosy)

Heavy metal poisoning including, but not limited to, cadmium and mercury

Hepatitis B, acute

Hepatitis B, chronic

Hepatitis B surface antigen (prenatal HBsAg) in pregnant women

Hepatitis B Virus Infection, perinatal (HBsAg positivity in any infant aged equal to or less than twenty-four (≤24) months who was born to an HBsAg-positive mother)

Hepatitis C, acute

Hepatitis C, chronic

Hepatitis non-A, non-B, non-C

Human immunodeficiency virus (HIV)-exposed newborn infant (i.e., newborn infant whose mother is infected with HIV)

Human immunodeficiency virus (HIV) infection, as indicated by HIV antibody testing (reactive screening test followed by a positive confirmatory test), HIV antigen testing (reactive screening test followed by a positive confirmatory test), detection of HIV nucleic acid (RNA or DNA), HIV viral culture, or other testing that indicates HIV infection

Human immunodeficiency virus (HIV) test results (including both positive and negative results) for children less than two (2) years of age whose mothers are infected with HIV

Human immunodeficiency virus (HIV) viral load measurement (including non-detectable results)

Hyperthermia

Hypothermia

Lead (blood) level less than forty-five micrograms per deciliter (<45 ug/dl) in any person equal to or less than seventy-two (≤72) months of age and any lead (blood) level in persons older than seventy-two (>72) months of age

Legionellosis

Leptospirosis

Listeriosis

Lyme disease

Malaria

Methemoglobinemia, environmentally-induced

Mumps

Mycobacterial disease other than tuberculosis (MOTT)

Occupational lung diseases including silicosis, asbestosis, byssinosis, farmer's lung and toxic organic dust syndrome

Pesticide poisoning

Powassan [viral encephalitis/meningitis] virus neuroinvasive disease

Powassan virus non-neuroinvasive disease

Psittacosis

Rabies Post-Exposure Prophylaxis (Initiated)

Respiratory diseases triggered by environmental contaminants

including environmentally or occupationally induced asthma and bronchitis

Rocky Mountain spotted fever

Saint Louis [*viral*] encephalitis [*meningitis*] **virus neuroinvasive disease**

Saint Louis encephalitis virus non-neuroinvasive disease

Salmonellosis

Streptococcal disease, invasive, Group A

Streptococcus pneumoniae, invasive in children less than five

(5) years

Toxic shock syndrome, staphylococcal or streptococcal

[*Trichinosis*] **Trichinellosis**

Tuberculosis infection

Varicella (Chickenpox)

Varicella deaths

West Nile [*fever*] **virus neuroinvasive disease**

West Nile [*viral encephalitis/meningitis*] **virus non-neuroinvasive disease**

Western equine [*viral*] encephalitis [*meningitis*] **virus neuroinvasive disease**

Western equine encephalitis virus non-neuroinvasive disease

Yersiniosis

[[B]] (4) [*Category IIB*] **Reportable weekly** diseases or findings shall be reported directly to the Department of Health and Senior Services weekly. [*Category IIB*] **These** diseases or findings are:

Influenza, laboratory-confirmed

[[C]] (5) [*Category IIC*] **Reportable quarterly** diseases or findings shall be reported directly to the Department of Health and Senior Services quarterly. [*Category IIC*] **These** diseases or findings are:

Methicillin-resistant *Staphylococcus aureus* (MRSA), nosocomial

Vancomycin-resistant enterococci (VRE), nosocomial

[[3]] *The occurrence of an outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through food. This also includes public health threats that could result from terrorist activities such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local health authority or the Department of Health and Senior Services by telephone, facsimile, or other rapid communications within twenty-four (24) hours of first knowledge or suspicion.*

[[4]] (6) A physician, physician's assistant, nurse, hospital, clinic, or other private or public institution providing diagnostic testing, screening or care to any patient with any disease, condition or finding listed in sections (1)–[[3]] (4) of this rule [*with the exception of Methicillin-resistant Staphylococcus aureus (MRSA), nosocomial and Vancomycin-resistant Enterococci (VRE), nosocomial,*] or who is suspected of having any of these diseases, conditions or findings shall make a case report to the local health authority or the Department of Health and Senior Services, or cause a case report to be made by their designee, within the specified time.

(A) A physician, physician's assistant, or nurse providing care in an institution to any patient with any disease, condition or finding listed in sections (1)–[[3]] (4) of this rule may authorize, in writing, the administrator or designee of the institution to submit case reports on patients attended by the physician, physician's assistant, or nurse at the institution. But under no other circumstances shall the physician, physician's assistant, or nurse be relieved of this reporting responsibility.

(B) Duplicate reporting of the same case by health care providers in the same institution is not required.

[[5]] (7) Except for influenza, laboratory-confirmed and Varicella (Chickenpox); a case report as required in section [[4]] (6) of this rule shall include the patient's name, home address with zip code, date of birth, age, sex, race, home phone number, name of the disease, condition or finding diagnosed or suspected, the date of onset of the illness, name and address of the treating facility (if any) and the attending physician, any appropriate laboratory results, name and address of the reporter, treatment information for sexually transmitted diseases, and the date of report.

(A) A report of an outbreak or epidemic as required in subsections [[3]] (1)(B) and (1)(C) of this rule shall include the diagnosis or principal symptoms, the approximate number of cases, the local health authority jurisdiction within which the cases occurred, the identity of any cases known to the reporter, and the name and address of the reporter.

(B) Influenza, laboratory-confirmed reporting as required in section (4) of this rule shall include the patient's age group (i.e., 0–4, 5–24, 25–64, and 65+ years) and serology/serotype (i.e., A, B, and unknown), the local health authority jurisdiction within which the cases occurred, and the date of report. Aggregate patient data shall be reported weekly.

(C) Varicella (Chickenpox) reporting as required in section [[4]] (3) of this rule shall include the patient's name, date of birth, vaccination history, and severity of illness; the local health authority jurisdiction within which the cases occurred, and the date of report.

[[6]] (8) Any person in charge of a public or private school, summer camp or child or adult care facility shall report to the local health authority or the Department of Health and Senior Services the presence or suspected presence of any diseases or findings listed in sections (1)–[[3]] (4) of this rule according to the specified time frames.

[[7]] (9) All local health authorities shall forward to the Department of Health and Senior Services reports of all diseases or findings listed in sections (1)–[[3]] (4) of this rule. All reports shall be forwarded [*within twenty-four (24) hours after being received,*] according to procedures established by the Department of Health and Senior Services director as listed in sections (1)–(4). Reports will be forwarded [*as expeditiously as possible*] immediately if a terrorist event is suspected or confirmed. The local health authority shall retain from the original report any information necessary to carry out the required duties in 19 CSR 20-20.040(2) and (3).

[[8]] (10) Information from patient medical records received by local public health agencies or the Department of Health and Senior Services in compliance with this rule is to be considered confidential records and not public records.

[[9]] (11) Reporters specified in section [[4]] (6) of this rule will not be held liable for reports made in good faith in compliance with this rule.

[[10]] (12) The following material is incorporated into this rule by reference:

(A) 2005 Agency for Toxic Substances and Disease Registry (ATSDR) 1825 Century Blvd., Atlanta, GA 30345, Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) Priority List of Hazardous Substances, [<http://www.atsdr.cdc.gov:8080/97list.html>] available at: <http://www.atsdr.cdc.gov/cercla>. **This rule does not incorporate any subsequent amendments or additions.**

[[11]] (13) Each hospital and ambulatory surgical center shall report on a quarterly basis antibiogram data for infection, not colonization, from all body sites monitored by that health care facility. Antibiogram data to be reported shall include nosocomial methicillin sensitive *Staphylococcus aureus* (*S. aureus*), nosocomial *S. aureus*, nosocomial vancomycin sensitive enterococci, and nosocomial enterococci isolates. Data shall be reported directly to the Department

of Health and Senior Services. Reporting shall include only a patient's first diagnostic nosocomial isolate per admission of *Staphylococcus aureus* (*S. aureus*) and enterococci and the isolates corresponding methicillin or vancomycin sensitivity; irrespective of location or of other antimicrobial sensitivity(ies). Intermediate methicillin or vancomycin sensitivity shall be reported as resistant (i.e., methicillin-resistant *Staphylococcus aureus* (MRSA) or vancomycin-resistant enterococci (VRE), respectively).

(A) Isolates from cultures performed for routine surveillance purposes are excluded from the requirement to report. Methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant enterococci (VRE) nosocomial infections to be reported to the Department of Health and Senior Services are limited to those body sites monitored by the individual hospital or ambulatory surgical center.

(B) Aggregate antibiogram data for patients' non-duplicative isolates, per admission, of nosocomial MRSA and VRE infections shall reflect susceptibility patterns and shall be reported as the:

1. Number of nosocomial isolates of *S. aureus* sensitive to methicillin (oxacillin, etc.);
2. Number of nosocomial isolates *S. aureus*;
3. Number of nosocomial isolates of enterococci sensitive to vancomycin; and
4. Number of nosocomial isolates enterococci.

(C) Aggregate data shall be reported for the quarters January–March, April–June, July–September, and October–December within ten (10) days of the end of the quarter. Each quarter's aggregate report shall include only those data that are available within a ten (10)-day reporting period from the end of that quarter.

AUTHORITY: sections 192.006, 192.139, 210.040 and 210.050, RSMo 2000 and 192.020, RSMo Supp. [2004] 2005. This rule was previously filed as 13 CSR 50-101.020. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the Code of State Regulations. Amended: Filed Feb. 15, 2006.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions one thousand two hundred forty dollars (\$1,240) annually in the aggregate.

PRIVATE COST: This proposed amendment will cost private entities five thousand ninety-four dollars (\$5,094) annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Glenda Miller, Director, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102-0570, Phone (573) 751-6080. 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: 20 Environmental Health and Communicable Disease Prevention

Chapter: 20 - Communicable Diseases

Type of Rule Making: Proposed Amendment

Rule Number and Name: 19 CSR 20-20.020 Reporting Communicable, Environmental and Occupational Diseases

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
State Public Health Laboratory, public hospital laboratories, county/district health agencies, and public schools.	\$1,240.00 annually
	Total = \$1,240.00 annually

III. WORKSHEET

PUBLIC ENTITY COST TO REPORT RABIES POST-EXPOSURE PROPHYLAXIS = \$1,240.00

Public entity cost is calculated by: (a) 25% of reports received by MDHSS come from public sources; (b) it takes about 20 minutes to report each case, or 0.3 of the hourly salary of a Community Health Nurse II with a typical salary of \$36,960 (\$17.50 hour); and (c) postage of \$0.37 to mail each report, which overstates the expense since many reports will be sent electronically. The annual public entity cost in the aggregate is:

(c1)	(c2)	(c3)	(c4)	(c5)	(c6)
Number of Cases per Year	0.3 times the Hourly \$ Rate	Total Salary Expense	Postage Rate	Total Postage Rate	Total Expense
.25 of 800		= c1 x c2		= c1 x c4	= c3 + c5
200	\$5.83	\$1166.00	0.37¢	\$74.00	\$1,240.00

IV. ASSUMPTIONS

CDC estimates that 40,000 people in the US receive Rabies Post-Exposure Prophylaxis (Initiated) annually. Assuming Missouri has 1/50 of these patients, the number of events reported would be approximately 800 annually.

Rabies Post-Exposure Prophylaxis (PEP) is expensive, costing approximately \$3,000 per patient. It is estimated that PEP is provided to 800 Missourians annually, with a total cost of \$2,400,000.00. Tracking significant healthcare expenditures such as these aids in cost containment.

Vaccine and immunoglobulin (IG) used for rabies PEP are sometimes available only in limited supply. It is essential to track the number of persons receiving PEP so that available vaccine and IG are used as efficiently as possible.

Documenting the high cost of providing rabies PEP to patients provides justification for low cost measures that could keep people from having to receive PEP (e.g., vaccination of pets against rabies, implementation of animal control ordinances, organization of animal control offices and animal quarantine facilities).

In general, about 25% of communicable disease reports received by MDHSS come from public sources, such as the State Public Health Laboratory, public hospital laboratories, county/district health agencies, and public schools. The remaining 75% of reports come from private sources, such as hospitals, hospital laboratories, private laboratories, private providers, and private schools.

**FISCAL NOTE
PRIVATE ENTITY COST**

I. RULE NUMBER

Title: 19 - Department of Health and Senior Services

Division: 20 - Environmental Health and Communicable Disease Prevention

Chapter: 20 - Communicable Diseases

Type of Rule Making: Proposed Amendment

Rule Number and Name: 19 CSR 20-20.020 Reporting Communicable, Environmental and Occupational Diseases

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Hospitals, hospital laboratories, private laboratories, private providers, and private schools.	\$5,094.00 annually
	Total = \$5,094.00 annually

III. WORKSHEET

PRIVATE ENTITY COST TO REPORT RABIES POST-EXPOSURE PROPHYLAXIS = \$5,094.00

Private entity cost is calculated by: (a) 75% of reports received by MDHSS come from private sources; (b) it takes about 20 minutes to report each case, or 0.3 of the hourly salary of a Hospital Staff Nurse with a typical salary of \$50,648 (\$24.35 hour); and (c) postage of \$0.37 to mail each report, which overstates the expense since many reports will be sent electronically. The annual private entity cost in the aggregate is:

(c1)	(c2)	(c3)	(c4)	(c5)	(c6)
Number of Cases per Year	0.3 times the Hourly \$ Rate	Total Salary Expense	Postage Rate	Total Postage Rate	Total Expense
75 of 800		c1 x c2		= c1 x c4	= c3 + c5
600	\$8.12	\$4,872.00	0.37¢	\$222.00	\$5,094.00

IV. ASSUMPTIONS

CDC estimates that 40,000 people in the US receive Rabies Post-Exposure Prophylaxis (Initiated) annually. Assuming Missouri has 1/50 of these patients, the number of events reported would be approximately 800 annually.

Rabies Post-Exposure Prophylaxis (PEP) is expensive, costing approximately \$3,000 per patient. It is estimated that PEP is provided to 800 Missourians annually, with a total cost of \$2,400,000.00. Tracking significant healthcare expenditures such as these aids in cost containment.

Vaccine and immunoglobulin (IG) used for rabies PEP are sometimes available only in limited supply. It is essential to track the number of persons receiving PEP so that available vaccine and IG are used as efficiently as possible.

Documenting the high cost of providing rabies PEP to patients provides justification for low cost measures that could keep people from having to receive PEP (e.g., vaccination of pets against rabies, implementation of animal control ordinances, organization of animal control offices and animal quarantine facilities).

In general, about 25% of communicable disease reports received by MDHSS come from public sources, such as the State Public Health Laboratory, public hospital laboratories, county/district health agencies, and public schools. The remaining 75% of reports come from private sources, such as hospitals, hospital laboratories, private laboratories, private providers, and private schools.

**Title 19—DEPARTMENT OF HEALTH
AND SENIOR SERVICES**

**Division 20—Division of [Environmental Health
and Communicable Disease Prevention] Community
and Public Health**

Chapter 20—Communicable Diseases

PROPOSED AMENDMENT

19 CSR 20-20.080 Duties of Laboratories. The department proposes to amend section (3) and add section (4).

PURPOSE: This amendment modifies the requirement to report results of tests for five (5) diseases/conditions, adds the requirement to report results of tests and to submit isolates/specimens for two (2) additional diseases/conditions, and adds the requirement to annually report culture and sensitivity testing results.

(3) Isolates or specimens positive for the following reportable diseases or conditions must be submitted to the State Public Health Laboratory for epidemiological or confirmation purposes:

Anthrax (*Bacillus anthracis*)
Campylobacter[iosis] species
Cholera (*Vibrio cholerae*)
Diphtheria (*Corynebacterium diphtheriae*)
[Enteric] Escherichia coli [infection (*E.coli*) O157:H7]]
Haemophilus influenzae, invasive disease
Influenza **Virus-associated pediatric mortality**
Malaria (*Plasmodium species*)
Measles (rubeola)
Mycobacterium tuberculosis
Neisseria meningitidis, invasive disease
Orthopoxvirus (smallpox/cowpox-vaccinia/monkeypox)
Other Shiga Toxin positive organisms
Pertussis (*Bordetella pertussis*)
Plague (*Yersinia pestis*)
[Salmonellosis (all *Salmonella*) **Salmonella species**]
Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
[Shigellosis (all *Shigella*) **Shigella species**]
Tularemia, pneumonic
Vancomycin-intermediate *Staphylococcus aureus* (VISA)
Vancomycin Resistant *Staphylococcus aureus*

(4) Every laboratory performing culture and sensitivity testing on human specimens in Missouri for health care facilities shall annually report these results to the Missouri Department of Health and Senior Services (MDHSS) for each facility provided this service. The data submitted should be in the format of antibiograms as defined by the Clinical and Laboratory Standards Institute (CLSI), M39-A2, Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data. Only data from the first unique isolate from each patient should be included. Duplicate cultures must be excluded when compiling these antibiograms. The antibiograms for the preceding year are to be sent to MDHSS by July 1 of the following year (ex: 2006 data, January 1, 2006–December 31, 2006, will be due on July 1, 2007).

AUTHORITY: sections 192.006, RSMo 2000, 192.020 and 192.131 RSMo Supp. [2004] 2005. This rule was previously filed as 13 CSR 50-101.090. Original rule filed July 15, 1948, effective Sept. 13, 1948. For intervening history, please consult the **Code of State Regulations**. Emergency amendment filed Jan. 4, 2006, effective Jan. 14, 2006, expires July 3, 2006. Amended: Filed Feb. 15, 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 Glenda Miller, Director, Division of Community and Public Health, PO Box 570, Jefferson City, MO 65102-0570, Phone (573) 751-6080. 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.