

Volume 32, Number 16
Pages 1385-1458
August 15, 2007

SALUS POPULI SUPREMA LEX ESTO

"The welfare of the people shall be the supreme law."



ROBIN CARNAHAN
SECRETARY OF STATE

MISSOURI
REGISTER

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The *Missouri Register* is published semi-monthly by

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ISSN 0149-2942, USPS 320-630; periodical postage paid at Jefferson City, MO
Subscription fee: \$56.00 per year

POSTMASTER: Send change of address notices and undelivered copies to:

MISSOURI REGISTER
Office of the Secretary of State
Administrative Rules Division
PO Box 1767
Jefferson City, MO 65102

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

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HOW TO CITE RULES AND RSMo

RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

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

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation, i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2006.

EXECUTIVE ORDER 07-21

WHEREAS, the mission of Missouri state government is to provide essential services to Missouri citizens; and

WHEREAS, this mission requires each state employee to perform his or her job with a commitment to excellence; and

WHEREAS, all citizens of the State of Missouri will be best served by a standardized, automated system of performance evaluations that will hold state managers, supervisors, and employees accountable for continually reaching for the highest levels of performance; and

WHEREAS, the Director of the Division of Personnel is required to establish a system of service reports, which shall be used as follows: to consider the employee's conduct, performance, and output in order to determine salary increases and decreases within the limits established by law and by the pay plan; as a factor in examinations for promotion; as a factor in determining the order of layoff when forces must be reduced because of a lack of work or funds, as well as the order in which names are to be placed on reinstatement registers; and as a means of discovering employees who should be demoted, transferred, or dismissed; and

WHEREAS, all supervisors are responsible for accurately communicating performance standards and results to all employees they supervise.

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, do hereby order as follows:

- (1) All state agencies of the Executive Branch shall evaluate the performance of all employees pursuant to the procedures of the Division of Personnel within the Office of Administration.
- (2) All employees shall receive at least one annual performance evaluation, and such evaluation shall be recorded in the Productivity, Excellence and Results for Missouri (PERforM) State Employee Online Appraisal System.

(3) All employees with the responsibility to evaluate the performance of other employees shall be held accountable for conducting such ratings objectively among all employees, which shall be a factor in his or her own performance evaluation.



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 11th day of July, 2007.

Matt Blunt
Governor

ATTEST:

Robin Carnahan
Secretary of State

EXECUTIVE ORDER
07-22

Whereas, I have been advised by the Director of the State Emergency Management Agency that many communities are having difficulty recovering from the severe storm systems that impacted the western and central regions of the State of Missouri from June 4, 2007, and continuing; and

Whereas, those severe weather events continue to cause significant damages to public infrastructure as a result of heavy rains, flooding, flash flooding, high winds, and hail; and

Whereas, those damages have had an adverse affect on the abilities of those communities to provide for the health, safety, welfare, and property of the citizens of the State of Missouri beyond the capabilities of local and other established agencies; and

Whereas, the repetitive nature of disaster events over the past twelve months have created a significant impact on the abilities of the state and affected local governments to effectively and expeditiously recovery from those events; and

Whereas, the resources of the State of Missouri and the federal government will be needed to assist affected jurisdictions recover from these storms and to help relieve the condition of distress and hazard to the safety and welfare of our fellow Missourians; and

Whereas, protection of the safety and welfare of the citizens of the state requires an invocation of the provisions of Sections 44.100 and 44.110, RSMo.

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 Sections 44.100 and 44.110, RSMo, do hereby declare that a State of Emergency exists in the State of Missouri. I do hereby direct that the Missouri State Emergency Operations Plan be activated.

I further authorize the use of state agencies to provide assistance, as needed.

This order shall terminate on August 3, 2007, unless extended in whole or in part.



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 3rd day of July 2007.

Matt Blunt, Governor

Robin Carnahan, Secretary of State

EXECUTIVE ORDER
07-23

Whereas, I have been advised by the Director of the State Emergency Management Agency that many communities are having difficulty recovering from the severe storm systems that impacted the western and central regions of the State of Missouri from June 4, 2007, and continuing; and

Whereas, those severe weather events continue to cause significant damages to public infrastructure as a result of heavy rains, flooding, flash flooding, high winds, and hail; and

Whereas, those damages have had an adverse affect on the abilities of those communities to provide for the health, safety, welfare, and property of the citizens of the State of Missouri beyond the capabilities of local and other established agencies; and

Whereas, the repetitive nature of disaster events over the past twelve months have created a significant impact on the abilities of the state and affected local governments to effectively and expeditiously recovery from those events; and

Whereas, the resources of the State of Missouri and the federal government will be needed to assist affected jurisdictions recover from these storms and to help relieve the condition of distress and hazard to the safety and welfare of our fellow Missourians; and

NOW, THEREFORE, I MATT BLUNT, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the Constitution and Laws of the State of Missouri, including Section 41.480.2, RSMo, order and direct the Adjutant General of the State of Missouri, or his designee, to call forthwith and order into active service such portions of the organized militia as he deems necessary to aid the executive officials of Missouri and to protect life and property. It is further ordered and directed that the Adjutant General or his designee, through him, the commanding officer of any unit or other organization of such organized militia so called into active service take such action and employ such equipment as may be necessary in support of civilian authorities, and provide such assistance as may be authorized and directed by the Governor of this State.

This order shall terminate on August 3, 2007, unless extended in whole or in part.



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 3rd day of July 2007.


Matt Blunt, Governor


Robin Carnahan, Secretary of State

**EXECUTIVE ORDER
07-24**

WHEREAS, the mission of Missouri state government is to provide essential services to Missouri citizens; and

WHEREAS, this mission requires state agencies to procure goods and services and disburse funds to eligible recipients; and

WHEREAS, Missouri state government must be accountable to its citizens; and

WHEREAS, on September 26, 2006, President Bush signed the Federal Funding Accountability and Transparency Act creating an internet site for the public to freely search and access information about government spending, grants, and contracts; and

WHEREAS, it is equally important for Missourians to know how Missouri state tax dollars are spent; and

WHEREAS, open access to government spending will reduce costs and promote efficiency in Missouri state government;

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, do hereby order as follows:

The Commissioner of Administration shall establish the Missouri Accountability Portal as a free, internet-based tool allowing citizens to demand fiscal discipline and responsibility.

The Missouri Accountability Portal shall be an easy-to-search database of financial transactions related to the purchase of goods and services and the distribution of funds for state programs.

The Missouri Accountability Portal shall be updated each state business day and maintained as the primary source of information about the activity of Missouri's government.



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
11th day of July, 2007.

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.

Proposed Amendment Text Reminder:
Boldface text indicates new matter.
[Bracketed text indicates matter being deleted.]

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 15—Hospital Program**

PROPOSED AMENDMENT

13 CSR 70-15.030 Limitations on Payment for Inpatient Hospital Care. The division is amending subparagraph (1)(A)2.B.

PURPOSE: This amendment removes the diagnosis codes as they may change yearly with ICD updates.

(1) For inpatient hospital admissions that have been certified under 13 CSR 70-15.020 and for admissions that do not require certification, the number of days which Medicaid will cover for each admission and continuous period of hospitalization shall be limited to the lowest of subsection (1)(A), (B) or (C).

(A) The number of days indicated as appropriate in accordance with the length-of-stay schedule as set forth in paragraph (1)(A)1. with the exception of those specific diagnoses for which a length-of-stay schedule has been developed by the Medicaid agency as set forth in paragraphs (1)(A)2. and 3., or as stated in paragraph (1)(A)4., or as established in 13 CSR 70-15.020 and as stated in paragraph (1)(A)5.

1. For the diagnosis at the 75th percentile average length-of-stay in the 1988 edition of the *Length of Stay by Diagnosis for the United States, North Central Region* for claims and adjustments processed for payment on or after January 1, 1990.

2. A length-of-stay schedule, as developed by the Medicaid agency, for limited categories of rehabilitation diagnoses provided in facilities which meet the following criteria:

A. Medicare certification of ten (10) beds or more as a rehabilitation hospital or a rehabilitation distinct part which is exempt from the Medicare prospective rate-setting system; or

B. Certification of ten (10) beds or more by the Commission for Accreditation of Rehabilitation Facilities.

Diagnosis Description[, Code] and Days

- Spinal cord injury—quadriplegia—[Code SC1—]thirty (30) days
 - Spinal cord injury—cervical fracture—[Code SC2—]twenty-five (25) days
 - Spinal cord injury—paraplegia—[Code SC3—]thirty (30) days
 - Spinal cord injury—hemiplegia—[Code SC4—]twenty-five (25) days
 - Cerebral vascular accident—[Code CVA—]twenty-nine (29) days
 - Head trauma—[Code HT1—]thirty-five (35) days
 - Muscular dystrophy—[Code MUD—]twenty (20) days
 - Orthopedic trauma—arm—[Code OT1—]twenty-nine (29) days
 - Orthopedic trauma—leg—[Code OT2—]twenty-nine (29) days
 - Late effect of injury to the nervous system—[Code ENS—]thirty (30) days
 - Degenerative joint disease—[Code DJD—]twenty (20) days.
3. An average length-of-stay schedule, as developed by the Medicaid agency, for liveborn infants according to type of birth.

Diagnosis Description, Code and Days

- V3000, V3900
 - Single diagnosis, not operated—three (3) days
 - Single diagnosis, operated—four (4) days
 - Multiple diagnosis, not operated—four (4) days
 - Multiple diagnosis, operated—ten (10) days
- V3001, V3101, V3201, V3301, V3401, V3501, V3601, V3701, V3901
 - Single diagnosis, not operated—three (3) days
 - Single diagnosis, operated—three (3) days
 - Multiple diagnosis, not operated—five (5) days
 - Multiple diagnosis, operated—fifteen (15) days
- V3100, V3200, V3300, V3400, V3500, V3600, V3700
 - Single diagnosis, not operated—four (4) days
 - Single diagnosis, operated—four (4) days
 - Multiple diagnosis, not operated—seven (7) days
 - Multiple diagnosis, operated—twelve (12) days
- V301, V311, V321, V331, V341, V351, V361, V371, V391
 - Single diagnosis, not operated—two (2) days
 - Single diagnosis, operated—two (2) days
 - Multiple diagnosis, not operated—four (4) days
 - Multiple diagnosis, operated—fifteen (15) days

Any liveborn low birthweight (under two thousand grams (2,000 g)) born in a hospital or before admission to a hospital, single or multiple diagnosis, operated or not operated, may be billed under the code

GRO. All inpatient days to and including the day on which the infant reaches two thousand grams (2,000 g) weight will be paid. Use of this code will require attachment to the claim of medical chart progress notes which show the date on which this weight is attained.

4. For infants who are less than one (1) year of age at admission, all medically necessary days will be paid at any hospital. For children who are less than six (6) years of age at admission and who receive services from a disproportionate share hospital, all medically necessary days will be paid.

5. Continued stay reviews will be performed for alcohol and drug abuse detoxification services to determine the days that are medically necessary and appropriate for inpatient hospital care.

AUTHORITY: sections 208.153 [208.162] and 208.201, RSMo 2000 and 208.152, RSMo Supp. 2006. This rule was previously filed as 13 CSR 40-81.051. Emergency rule filed April 7, 1981, effective April 20, 1981, expired July 10, 1981. Original rule filed April 7, 1981, effective July 11, 1981. For intervening history please consult the Code of State Regulations. Amended: Filed July 16, 2007.

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 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.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 500—Property and Casualty
Chapter 5—Professional Malpractice**

PROPOSED RULE

20 CSR 500-5.020 Medical Malpractice Insurance Rate Filings

PURPOSE: This rule effectuates the provisions of sections 383.203, RSMo, by prescribing the form and manner of filing of rates, and 383.206, RSMo, regarding definitions of terms used in the rules in this chapter.

(1) For purposes of the rules in this chapter and except as specifically provided in another rule in this chapter:

(A) “Base prospective loss costs” means that portion of a base rate that does not include provisions for expenses (other than loss adjustment expenses), investment income or profit, and are based on historical aggregate losses and loss adjustment expenses adjusted through development through trending to a future point in time;

(B) “Base rate” means the cost of insurance per exposure unit prior to any application of individual risk variations based on loss or expense considerations;

(C) “Classification” means the grouping of insurance risks according to a classification system used by an insurer;

(D) “Classification system” means a schedule of classifications and a rule or set of rules used by an insurer for determining the classification applicable to an insured;

(E) “Prospective administrative expenses” means that portion of a rate that provides for expenses (other than loss adjustment expenses and investment expenses). Prospective administrative expenses include the following:

1. Acquisition costs, general expenses, taxes, licenses and fees;
2. The net cost of reinsurance, which consists of the amount to be paid to the reinsurer, less ceding commissions or allowances and expected reinsurance recoveries, and which considers other relevant information specifically relating to cost of reinsurance, such as a retro-prospective profit-sharing agreement, commutation provisions, and reinstatement premiums between the reinsured and the reinsurer; and
3. Any other reasonable expenses if found by the director to be warranted under the circumstances;

(F) “Prospective investment income” means the expected income associated with the investment of insurance cash flows, net of taxes and investment expenses, and expressed as a percentage of premium;

(G) “Rate” means the cost of insurance per exposure unit;

(H) “Rating plan” means a rule or set of rules used by an insurer to calculate premium for an insured, and the parameter values used in such calculation, after application of classification premium rates to units of exposure;

(I) “Rating system” means a collection of rating plans to be used by an insurer, rules for determining which rating plans are applicable to an insured, a classification system, and other rules used by an insurer for determining contractual consideration for insured;

(J) “Schedule rating plan” means any rating plan or system whereby a base rate is adjusted or modified based upon a schedule of debits and credits reflecting observable rating characteristics, not reflected in the base rate itself, expected to affect an individual insured’s future loss exposure or expenses;

(K) “Supplementary rate information” means any manual, minimum premium, rating plan, rating schedule or plan of policy writing rules, rating rules, classification system, schedule rating plan, territory codes and descriptions, rating plans and any other similar information needed to determine the applicable premium for an insured. Supplementary rating information includes factors and relativities, such as increased limits factors, classification relativities, deductible relativities or similar factors;

(L) “Supporting actuarial data” consists of:

1. The premium, loss and loss adjustment experience and judgment of the insurer and the premium, loss and loss adjustment experience or data of other insurers or rating organizations relied upon by the insurer, including:

- A. Identifying Missouri premium resulting from the insurer’s filed base rates;
- B. Identifying premium resulting from schedule rating adjustments;
- C. Identifying premium resulting from other rating adjustments;
- D. Identifying premium resulting from consent to rate surcharges in excess of the insurer’s filed rates;
- E. Identifying total collected premium;
- F. Identifying and explaining adjustments needed to bring historical premium to current rates;
- G. Identifying whether the loss and loss adjustment experience is Missouri experience and whether such experience is the insurance company’s or the insurance industry’s experience; and
- H. Explaining how the experience was used in developing such rates;

2. The interpretation of any statistical data relied upon by the insurer;

3. Descriptions of methods used in making the rates;

4. The provisions included in the rate for the insurer’s investment income and investment losses and administrative costs (including acquisition costs, general expenses, taxes, licenses and fees and other expenses) and explanations of how such investment income and losses and administrative costs:

- A. Were considered in developing such rates; and

- B. Were allocated to the state of Missouri;
5. The extent to which the locale in which a health care practice is occurring affects such rates;
 6. The extent to which inflation, including a description of the type of inflation, affects such rates;
 7. A description of any rate of return on investment for the owners or shareholders of the insurer, including a comparison of the rate of return on similar investments;
 8. Base prospective loss costs for each base rate filed;
 9. Prospective administrative expenses;
 10. Prospective investment income; and
 11. A description of any other factors used in developing the rates.

(2) Each insurer shall file its rates in the following form and manner:

(A) Rates and supplementary rate information shall be provided under cover of Form TD-2 or such other form approved by the director. Rates and supplementary rate information filed shall include the following information:

1. Each base rate filed, including the description of which classification of health care provider such base rate applies to;
2. A complete description of any charge, credit, debit or discount to any base rate, including the maximum positive, if any, and maximum negative, if any, allowable values of the annual aggregate schedule rating adjustments that may be credited or debited to all health care providers within a given classification (if the insurer fails or refuses to provide such values, the maximum positive value will be presumed to be the maximum annual individual amount of schedule rating debits and the maximum negative value will be presumed to be the maximum annual individual amount of schedule rating credits, as stated in the insurance company's rate filing); and

(B) A certification by an officer of the insurer that the insurer's records contain actuarial support for each criteria used in a schedule rating plan and supporting actuarial data for each of the insurer's rates and for the insurer's rating plan and rating system.

(3) An insurer shall file upon request of the director its supporting actuarial data or such part or parts of its supporting actuarial data as requested by the director. If an insurer's rate has been in effect for more than one (1) year, an insurer shall file upon request of the director updated supporting actuarial data or such part or parts of its supporting actuarial data as requested by the director to demonstrate continued compliance.

(4) If the director determines that an insurer's rate filing does not comply with the form and manner of this rule then the director shall notify the insurer within thirty (30) days after filing that the filing has not been made in the form and manner required by this rule, what the insurer must do in order to make the filing comply with this rule, and within what time (not less than twenty (20) days from the date the director sent the notice) the insurer must make the filing comply with this rule. The absence of such notification by the director shall not mean that the rates and supplementary rate information provided in the filing meet the requirements of other rules in this chapter. With respect to an insurer which has received the notice from the director referred to in this section and does not make its rate filing comply with the requirements of such notice within such period as the director may allow, the director may use all remedies provided by law to require the insurer not to use the rates in such filing.

(5) Public Records.

(A) All rates and supplementary rate information shall, as soon as filed, be open to public inspection at any reasonable time.

(B) Copies may be obtained by any person on request and upon payment of a reasonable charge.

(C) Information filed pursuant to this rule other than rates and supplementary rate information may be treated as confidential if filed pursuant to the procedure set forth in 20 CSR 10-2.400(8).

(D) The insurer shall file the original and one (1) copy of all rates, supplementary information and other information filed pursuant to this rule.

AUTHORITY: section 383.206, RSMo Supp. 2006. Emergency rule filed Feb. 1, 2007, effective Feb. 13, 2007, expired Aug. 10, 2007. Original rule filed July 16, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions less than five hundred dollars (\$500) in the aggregate. The 1.5 FTE accounted for in Proposed Rule 20 CSR 600-1.030 Medical Malpractice Data Reporting, which was filed May 18, 2007, will be used to implement this proposed rule, however no further costs will be incurred by state agencies or political subdivisions as a result of this rule.

PRIVATE COST: This proposed rule will cost private entities in excess of five hundred dollars (\$500) annually. Initial compliance will cost insurers four thousand nine hundred twenty-three dollars (\$4,923) per entity and ongoing compliance will cost insurers nine hundred sixty-two dollars (\$962) per entity annually.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10 a.m. on October 1, 2007. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule, until 5:00 p.m. on October 1, 2007. Written statements shall be sent to Tamara A. Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65101.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

FISCAL NOTE
PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	20 CSR 500-5.020 Medical Malpractice Insurance Rate Filings
Type of Rulemaking	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classifications by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
38	Estimated number individual medical malpractice insurers or medical malpractice insurers that operate as a group that will likely be affected.	Initial Cost per Entity: \$4,923 Initial Industry Cost: \$177,231 Ongoing Cost per year per entity: \$962 Ongoing Cost per year Industry Total: \$34,625

III. WORKSHEET

The following tables summarize the department's estimate of the additional cost insurers will incur due to the proposed rules. The costs are expressed per "entity" and for the entire industry and for Missouri small businesses. Some insurers operate as a group and a single unit within the group prepares the rate filings for all of the companies in the group. For this reason we consider each such group to be a single entity.

Overall Estimated Compliance Cost

	<u>Per Entity</u>	<u>Industry Total</u>
Initial Cost	\$ 4,923	\$ 177,231
Ongoing Cost per Year	\$ 962	\$ 34,615
2006 MO Medical Malpractice Written Premium	\$ 5,343,039	\$192,349,402
Initial Percent of WP		0.09%
Ongoing Percent of WP		0.02%

Missouri Small Business Estimated Compliance Cost

	<u>Per Entity</u>	<u>Industry Total</u>
Initial Cost	\$ 4,808	\$ 33,654
Ongoing Cost per Year	\$ 1,538	\$ 10,769
2006 MO Medical Malpractice Written Premium	\$ 15,260,079	\$106,820,552
Initial Percent of WP		0.03%
Ongoing Percent of WP		0.01%

IV. ASSUMPTIONS**Limitations and Admonitions**

The estimates set forth in this memo are forecasts of future costs. These estimates depend upon such factors the current insurance company staffing and cost structure, and the amount and cost of additional resources needed for compliance. Rate filings vary a great deal in complexity and costs vary accordingly. Although the estimates discussed herein reflect our actuary's best professional judgment, substantial variance of actual results from the projections is possible.

Although the estimates are made and presented per entity, the cost for any particular insurer or insurer group could be much different from the average. For example, some insurers use high-cost consulting actuaries to prepare rate filings and others have in-house actuaries and support staff.

Data Methods and Assumptions

Cost estimates are documented in the attached Exhibit 1. Compliance cost equals the estimated hours of additional work needed for compliance times the hourly rate times the filings per entity times the number of entities.

	Additional hours of work per filing needed for compliance
X	Hourly rate
X	Filings per entity
X	Number of Entities

Cost of Compliance

The hours of additional work needed to comply with the proposed regulation are estimated separately for initial compliance and on an ongoing basis. These estimates are based on the department actuary's experience preparing rate filings, providing actuarial consulting services and reviewing rate filings. The number and type of filings per entity is based on past medical malpractice filings submitted by insurers in Missouri. Our actuary assumes that the number of filings will not change materially due to this rule but that the difficulty of preparing the filings will increase. The number of entities subject to the rule is based on data reported by the insurers to the National Association of Insurance Commissioners.

The department estimates that initial compliance cost will take an additional week, or 5 eight-hour work days for the first filing. This initial work is assumed to involve an extensive overall rate review. Ongoing compliance is estimated to require two additional eight-hour work days per rate filing. Many ongoing rate filings are minor adjustments and do not require very much additional work to comply with the proposed rule. Updating the initial overall rate filing is expected to require much less additional work.

The hourly rates are estimated for initial compliance and on an ongoing basis. The initial hourly rate is based on an annual cost of \$160,000 per year per person. This is intended to reflect salary, benefits and overhead (including IT systems and clerical support). According to the Bureau of Labor Statistics, the current average annual wage for actuaries is \$92,000 and the 75th percentile is \$115,000. The department estimates overhead to be 50% of salary, resulting in an average cost of \$138,000 and a 75th percentile cost of \$173,000 per year. The department estimates that an annual cost of \$160,000 per worker (including benefits and overhead) fairly represents the initial cost of compliance. A lower annual cost of \$125,000 per year is assumed to apply to the more routine ongoing rate filings. Since Missouri small businesses rely more heavily on consultants to prepare rate

filings, the department estimates the annual cost to be \$250,000 per year for initial compliance and \$200,000 per year for ongoing compliance.

Exhibit 2 provides a summary of the number and types of filings made by medical malpractice insurers in Missouri from 1/1/2004 to 8/30/2006. These summaries are used as the basis of the estimated number of initial compliance rate filings and the number of ongoing rate filings per year. Rule and form filings are not expected to have significant compliance costs.

The initial compliance cost is assumed to result from a single major rate review of the entity's Missouri experience. However, insurers often provide medical malpractice for more than one type of coverage (hospitals, doctors, dentists, etc). The department has identified six different types of coverage and the number of entities active in each. Based on historical experience, the department assumes that on average each entity will be required to prepare 1.6 initial compliance rate reviews.

The ongoing compliance cost will primarily impact overall rate changes, which are not typically filed every year. Other types of filings include routine changes to rates that do not require extensive actuarial support or compliance costs. Based on historical experience, the department assumes that each entity will be required to prepare 1.0 ongoing rate filings per year.

Exhibit 3 shows an inventory of the insurers actively writing medical malpractice insurance in Missouri. This exhibit is used to estimate the current number of entities making medical malpractice rate filings in Missouri. This list excludes surplus lines insurers (exempt from the rule) and risk retention groups. Although risk retention groups are subject to the rule, compliance costs are not presently expected to apply.

Exhibit 1

Missouri Department of Insurance, Financial Institutions and Professional Registration

Medical Malpractice Rate Filing Rule
Estimated Compliance Cost

<u>Total Estimated Compliance Costs</u>		
	<u>Initial</u>	<u>Ongoing</u>
Hours of work	40	16
Cost per hour \$	76.92	\$ 60.10
Filings Per Year	<u>1.6</u>	<u>1.0</u>
Total Cost per Entity \$	4,923	\$ 962
x Number of Entities	<u>36</u>	<u>36</u>
Total \$	177,231	\$ 34,615

<u>Small Missouri Business Estimated Compliance Costs</u>		
	<u>Initial</u>	<u>Ongoing</u>
Hours of work	40	16
Cost per hour \$	120.19	\$ 96.15
Filings Per Year	<u>1.0</u>	<u>1.0</u>
Total Cost per Entity \$	4,808	\$ 1,538
x Number of Entities	<u>7</u>	<u>7</u>
Total \$	33,654	\$ 10,769

Notes:

Estimated additional cost (above current work level) for new regulation.
Initial filings are required for each type coverage.
Ongoing filings include routine filings.
Ongoing filings include periodic rate review filings.

Additional Hours of work = 5 additional work days initial rate review.
= 2 additional work days ongoing.

Statewide

Cost per hour = based on \$160,000 per worker per year for initial.
= based on \$125,000 per worker per year for ongoing.
Includes overhead & staff support.

Small Missouri Businesses

Cost per hour = based on \$250,000 per worker per year for initial.
= based on \$200,000 per worker per year for ongoing.
Includes overhead & staff support.

Filings Per Year = See Exhibit 2.

Number of Entities = See Exhibit 3.

Exhibit 2

Missouri Department of Insurance, Financial Institutions and Professional Registration

Medical Malpractice Rate Filing Rule

Rate Filing Activity

	Number of <u>Entities</u>	Form or Rule <u>Filings</u>	Rate <u>Filings</u>	Total <u>Filings</u>	Rate Filings Per Entity <u>Per Year</u>
2004	24	34	39	73	1.6
2005	25	39	26	65	1.0
8 mo 2006	<u>22</u>	<u>25</u>	<u>23</u>	<u>48</u>	<u>1.0</u>
Total	71	98	88	186	1.2
				Projected	1.0

Current Number of Entities from Exhibit 3	36
Missouri Small Businesses	7

Number of Entities That Write Multiple Types of Med Mal Insurance

Type of Coverage	<u>2005</u>	<u>YTD 2006</u>	
Hospital	2	2	
Doctors	18	20	
Podiatry	1	1	
Dentists	4	6	
Chiropractic	3	3	
Other	<u>5</u>	<u>6</u>	
Total	33	38	
Number of Entities	25	22	
Types of Coverage Per Entity	1.3	1.7	<u>Projected</u> 1.6

Exhibit 3A

Missouri Department of Insurance, Financial Institutions and Professional Registration
Schedule T(a) Medical Malpractice

Source: NAIC
State: MO
Year: 2006

Entity Count	Group Code	Cocode Company Name	Insures Physicians & Surgeons	Written Premium
1	12	19445 NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.	Yes	2,893,616
0	12	23809 GRANITE STATE INSURANCE COMPANY	No	62,805
0	12	19380 AMERICAN HOME ASSURANCE COMPANY	No	94,565
1	31	20079 NATIONAL FIRE & MARINE INSURANCE COMPANY	Yes	639,274
0	31	11843 The Medical Protective Company	Yes	16,278,171
1	140	11991 National Casualty Company	Yes	2,001
1	163	24732 GENERAL INSURANCE COMPANY OF AMERICA	Yes	4,265
1	176	25143 State Farm Fire and Casualty Company	No	82,232
1	218	20443 CONTINENTAL CASUALTY COMPANY	Yes	1,692,015
0	218	20427 AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA	Yes	2,959,624
1	244	10677 CINCINNATI INSURANCE COMPANY	No	1,739,383
1	361	19720 AMERICAN ALTERNATIVE INSURANCE CORPORATION	No	58,984
1	501	16624 Darwin National Assurance Company	Yes	285,503
0	501	33138 Landmark American Insurance Company	No	1,190,861
1	508	10801 FORTRESS INSURANCE COMPANY	No	177,622
1	626	22867 ACE AMERICAN INSURANCE COMPANY	No	661,733
1	761	22810 Chicago Insurance Company	Yes	961,304
0	761	21881 National Surety Corporation	No	1,039
0	761	21865 Associated Indemnity Corporation	No	2,506
0	761	21857 The American Insurance Company	No	76,558
1	775	13714 PHARMACISTS MUTUAL INSURANCE COMPANY	No	398,805
1	831	34495 DOCTORS COMPANY, AN INTERINSURANCE EXCHANGE	Yes	5,545,685
1	861	10686 MEDICAL LIABILITY ALLIANCE	Yes	8,306,644
0	861	27642 MISSOURI HOSPITAL PLAN	No	33,039,047
1	984	42374 HOUSTON CASUALTY COMPANY	No	4,830
1	1129	21970 OneBeacon Insurance Company	Yes	226,660
1	1272	33367 INTERMED INSURANCE COMPANY	Yes	7,084,217
1	2358	32921 ISMIE Mutual Insurance Company	Yes	269,066
1	2638	11127 Professional Solutions Insurance Company	Yes	1,147,741
0	2638	15865 NCMIC Insurance Company	No	1,389,575
1	2698	33391 The Medical Assurance Company, Inc.	Yes	23,272,154
1	3504	10222 PACO Assurance Company, Inc.	No	42,991
0	3504	14460 Podiatry Insurance Company of America, a Mutual Company	No	1,545,037
1		12381 GALEN INSURANCE COMPANY	Yes	2,038,422
1		34703 KANSAS MEDICAL MUTUAL INSURANCE COMPANY	Yes	2,429,333
1		44083 Preferred Physicians Medical Risk Retention Group, Inc.	Yes	2,904,338
1		36234 Preferred Professional Insurance Company	Yes	3,362,106
1		12513 PROFESSIONAL LIABILITY INSURANCE COMPANY OF AMERICA	Yes	3,970,894
1		11964 MISSOURI DOCTORS MUTUAL INSURANCE CO	Yes	4,613,024
1		11704 Physicians Professional Indemnity Association	Yes	10,468,408
1		11582 Missouri Physicians Mutual	Yes	41,270,790
1		10717 Aspen Specialty Insurance Company	No	17,920
1		18767 CHURCH MUTUAL INSURANCE COMPANY	No	343,730
1		12175 SYSTEMS PROTECTION ASSURANCE INC.	No	911,619
1		35904 Health Care Indemnity Inc.	No	7,882,305
22		Insures Physicians and Surgeons		\$142,825,255
34		Grand Total		\$192,349,402
1		ISO rate service organization		
1		Assigned risk pool		
35				

Excludes companies with zero or less direct written premium.
Excludes surplus lines companies and out-of-state risk retention groups.

Exhibit 3B

Missouri Department of Insurance, Financial Institutions and Professional Registration
 Medical Malpractice Insurance
 Missouri Small Businesses

Source: NAIC
 State: MO
 Year: 2006

Entity Count	Group Code	Cocode	Company Name	Insures Physicians & Surgeons	Direct Written Premium
1	861	10666	MEDICAL LIABILITY ALLIANCE	Yes	8,306,644
1	861	27642	MISSOURI HOSPITAL PLAN	No	33,039,047
1	1272	33367	INTERMED INSURANCE COMPANY	Yes	7,084,217
1		12361	GALEN INSURANCE COMPANY	Yes	2,036,422
1		11964	MISSOURI DOCTORS MUTUAL INSURANCE CO	Yes	4,613,024
1		11704	Physicians Professional Indemnity Association	Yes	10,468,408
1		11582	Missouri Physicians Mutual	Yes	41,270,790
7			Grand Total		\$106,820,552
6			Insures Physicians and Surgeons		\$73,781,505

Excludes companies with zero or less direct written premium.

Note: Proposed Rule 20 CSR 500-5.020 Medical Malpractice Insurance Rate Filings works with the following proposed rules: 20 CSR 500-5.025 Determination of Inadequate Rates, 20 CSR 500-5.026 Determination of Excessive Rates, and 20 CSR 500-5.027 Determination of Unfairly Discriminatory Rates. The above proposed rules were filed with the Secretary of State on July 16, 2007. While proposed rule 20 CSR 500-5.020 works with the above noted proposed rules, all fiscal costs have been assigned to 20 CSR 500-5.020.

The documents used to prepare this Private Cost Fiscal Note are available at the Department of Insurance, Financial Institutions and Professional Registration office at 301 West High Street, Room 530, Jefferson City, MO 65202, or by contacting Tamara Wallace by telephone at (573) 751-2619.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 500—Property and Casualty
Chapter 5—Professional Malpractice**

PROPOSED RULE

20 CSR 500-5.025 Determination of Inadequate Rates

PURPOSE: This rule effectuates the provisions of section 383.206, RSMo, regarding determinations of whether a base rate for medical malpractice insurance is inadequate.

(1) The provisions of this rule apply only to the determination of whether a base rate charged for medical malpractice insurance is inadequate and, if so, what actions are required by the insurer. For purposes of this rule, a “rate” means the base rate for a given classification adjusted for the maximum negative allowable value of the annual aggregate schedule rating adjustments that may be credited to all health care providers within a given classification, as provided by the insurer under 20 CSR 500-5.020(2)(A)2.

(2) The director may determine that a base rate is inadequate based on any subcategory or subspecialty of the health care industry that the director determines to be reasonable.

(3) No base rate shall be held to be inadequate unless the director determines such rate is unreasonably low for the insurance provided with respect to the classification to which such rate is applicable. In making this determination, rates shall not include any amounts in excess of an insurer’s filed rate resulting from the consent to rate provisions, including those of section 383.035.7, RSMo Supp. 2006. A base rate is unreasonably low if the associated rate, along with prospective investment income resulting from such rate and along with expected investment income from policyholder surplus allocated to such rate in the same proportion as the insurer’s Missouri direct gross written medical malpractice premium for the most recently completed calendar year bears to the insurer’s total direct gross written premium for such year, is insufficient to fund base prospective loss costs and prospective administrative expenses.

(4) In making the determination of whether a base rate or rate is unreasonably low, the director will consider all factors listed in section 383.206.2(1)-(11), RSMo, to the extent that such factors may be relevant to determining whether a rate is inadequate.

AUTHORITY: section 383.206, RSMo Supp. 2006. Emergency rule filed Feb. 1, 2007, effective Feb. 13, 2007, expired Aug. 10, 2007. Original rule filed July 16, 2007.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10 a.m. on October 1, 2007. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule, until 5:00 p.m. on October 1, 2007. Written statements shall be sent to Tamara A.

Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65101.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 500—Property and Casualty
Chapter 5—Professional Malpractice**

PROPOSED RULE

20 CSR 500-5.026 Determination of Excessive Rates

PURPOSE: This rule effectuates the provisions of section 383.206, RSMo, regarding determinations of whether a base rate for medical malpractice insurance is excessive.

(1) The provisions of this rule apply only to the determination of whether a base rate charged for medical malpractice insurance is excessive and, if so, what actions are required by the insurer. For purposes of this rule, a “rate” (other than “rate” as used in “reasonable rate of return”) means the base rate for a given classification adjusted for the maximum positive allowable value of the annual aggregate schedule rating adjustments that may be debited to all health care providers within a given classification, as provided by the insurer under 20 CSR 500-5.020(2)(A)2.

(2) The director may determine that a base rate is excessive based on any subcategory or subspecialty of the health care industry that the director determines to be reasonable.

(3) No base rate shall be held to be excessive unless such rate is unreasonably high for the insurance provided with respect to the classification to which such rate is applicable. A base rate is unreasonably high if the associated rate, along with prospective investment income resulting from such rate is reasonably expected to exceed the sum of provisions for:

(A) Base prospective loss costs;

(B) Reasonable administrative costs of the insurer under section 383.206.2(8), RSMo. An insurer’s administrative costs will be deemed reasonable if such costs do not exceed the insurer’s prospective administrative expenses; and

(C) A reasonable rate of return on investment under section 383.206.2(10), RSMo. The insurer’s provision for a rate of return under sections 383.203 and 383.206, RSMo, will be:

1. Evaluated only on a prospective basis; and

2. Found reasonable if:

A. The percent of premium that provides for the insurer’s rate of return is not greater than the twenty (20)-year simple average countrywide Insurance Expense Exhibit (IEE) return on net worth for medical malpractice insurance as most recently published by the National Association of Insurance Commissioners Report on Profitability by Line By State divided by the simple five (5)-year average industry ratio of net written premium to policyholder surplus for medical malpractice as most recently published in Best’s *Aggregates & Averages*. (For example, the 1996–2005 average return on net worth was 4.7% and the 1986–1995 average return on net worth was 16.4%, resulting in a twenty (20) year average return on net worth of 10.55%. The industry medical malpractice ratio of net written premium to policyholder as published on page 140 in Best’s *Aggregates & Averages, Property/Casualty, United States & Canada*, 2006 Edition, is 0.7, 1.0, 1.1, 1.0, and 1.0 for 2001, 2002, 2003, 2004 and 2005, averaging 0.96. The 10.55% average return on

net worth divided by the average 0.96 premium to surplus ratio equals 10.99% percent of premium); or

B. A higher rate of return is found by the director to be warranted under the circumstances.

(4) In making the determination of whether a base rate or rate is unreasonably high, the director will also:

(A) Consider all factors listed in subdivisions (1) through (7), (9), and (11) of subsection 2 of section 383.206, RSMo, to the extent that such factors may be relevant to determining whether a rate is excessive.

(B) Not include within premium any amounts in excess of an insurer's filed rate resulting from the consent to rate provisions, including those of section 383.035.7, RSMo Supp. 2006.

AUTHORITY: section 383.206, RSMo Supp. 2006. Emergency rule filed Feb. 1, 2007, effective Feb. 13, 2007, expired Aug. 10, 2007. Original rule filed July 16, 2007.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10 a.m. on October 1, 2007. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule, until 5:00 p.m. on October 1, 2007. Written statements shall be sent to Tamara A. Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65101.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 500—Property and Casualty
Chapter 5—Professional Malpractice**

PROPOSED RULE

20 CSR 500-5.027 Determination of Unfairly Discriminatory Rates

PURPOSE: This rule effectuates the provisions of section 383.206, RSMo, regarding determinations of whether a base rate for medical malpractice insurance is unfairly discriminatory.

(1) The provisions of this rule apply only to the determination of whether a rate charged for medical malpractice insurance is unfairly discriminatory and, if so, what actions are required by the insurer.

(2) Rates as filed are unfairly discriminatory if they fail to reasonably reflect material differences in expected losses and expenses between risks. Unfair discrimination in rates charged will be determined under sections 375.936–375.948, RSMo.

(3) Risks may be grouped by classifications, by rating schedules or by any other reasonable methods, for the establishment of rates and minimum premiums. Classification rates may be modified to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any differences among risks that can be demonstrated to have a probable effect upon losses or expenses.

(4) Upon request of the director, the insurer shall provide actuarial support and supporting actuarial data sufficient to allow the director to determine whether that insurer's rates and rating plan are not unfairly discriminatory.

AUTHORITY: section 383.206, RSMo Supp. 2006. Emergency rule filed Feb. 1, 2007, effective Feb. 13, 2007, expired Aug. 10, 2007. Original rule filed July 16, 2007.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed rule at 10 a.m. on October 1, 2007. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed rule, until 5:00 p.m. on October 1, 2007. Written statements shall be sent to Tamara A. Wallace, Department of Insurance, Financial Institutions and Professional Registration, PO Box 690, Jefferson City, MO 65101.

SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

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

PROPOSED AMENDMENT

20 CSR 2110-2.070 Licensure by Credentials—Dental Hygienists.
The board is requesting to amend subsections (1)(A) and (4)(B).

PURPOSE: The purpose of this amendment is to make a technical correction and pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, the reference to 4 CSR 110-2.070 in subsection (4)(B) is being amended.

(1) To qualify for licensure as set out in section 332.281, RSMo, each applicant shall—

(A) Meet the requirements of section [332.381] 332.281, RSMo; and

(4) In order to receive a certificate of registration and a license to practice, each applicant shall—

(B) Submit the initial license fee as specified in [4 CSR 110-2.170] 20 CSR 2110-2.170.

AUTHORITY: sections 332.031 [RSMo Supp. 1997] and 332.281, RSMo [1994] 2000 and 332.261, RSMo Supp. 2006. This rule originally filed as 4 CSR 110-2.070. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. For the intervening history, please consult the Code of State Regulations. Amended: Filed July 11, 2007.

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

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

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

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

**Division 2110—Missouri Dental Board
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2110-2.071 License Renewal—Dentists and Dental Hygienists. The board is proposing to amend section (4), add new language to section (5), renumber remaining sections and amend sections (6)–(8).

PURPOSE: This amendment requires that all licensees hold a current certification in basic life support or advanced cardiac life support in order to renew their license. This amendment also corrects the reference to 4 CSR within the text of the rule.

(4) Renewal, by statute, is contingent upon the licensee having successfully completed the mandatory hours of continuing education during the two (2)-year time block as specified in [4 CSR 110-2.240] 20 CSR 2110-2.040.

(5) Renewal shall be contingent upon the licensee holding a current certification in basic life support (BLS) or advanced cardiac life support (ACLS), or certification equivalent to BLS or ACLS.

[(5)](6) Any dentist or dental hygienist newly licensed during the two (2)-year renewal period will be issued his/her initial license that will be valid until the end of that current renewal period. Newly licensed dentists and dental hygienists will be required to renew their license and pay the license renewal fee on or before the initial license expiration date to maintain the license in an active status. Continuing education requirements of new licensees are specified in [4 CSR 110-2.240(2)(C) and (D)] 20 CSR 2110-2.240(2)(C) and (D).

[(6)](7) Licensees will receive one (1) renewal license and, if requested, up to two (2) duplicate renewal licenses upon approval of the application for renewal. Additional duplicate licenses will be provided upon payment of the appropriate fee as specified in [4 CSR 110-2.170] 20 CSR 2110-2.170.

[(7)](8) The license of any dentist or dental hygienist shall expire if not renewed on or before the license expiration date. An expired license can be renewed at any time within four (4) years of the license expiration date by submission of a properly completed renewal application form, payment of the renewal fee and renewal penalty fee as specified in [4 CSR 110-2.170(1)(C)] 20 CSR 2110-2.170(1)(C), and by providing the board with proof of having successfully completed the mandatory continuing education hours.

[(8)](9) In the first two (2)-year renewal cycle following the license expiration date of a dentist or dental hygienist, the mandatory continuing education hours shall be fifty (50) for dentists and thirty (30) for dental hygienists. In the second two (2)-year renewal cycle following the license expiration date, the mandatory continuing education hours shall be one hundred (100) for dentists and sixty (60) for dental hygienists. Continuing education hours earned for renewal of an expired license may be earned at any time during a four (4)-year period prior to the renewal application date. The board will not accept continuing education hours that were earned by the dentist or dental hygienist during that four (4)-year period if those same hours were used to renew a prior license.

[(9)](10) Any licensee who fails to renew his/her license on or before the license expiration date shall not perform any act for which a license is required unless and until the license is properly renewed.

AUTHORITY: sections 332.031, RSMo 2000 and 332.181, RSMo Supp. [2004] 2006. This rule originally filed as 4 CSR 110-2.071. Original rule filed March 1, 2005, effective Aug. 30, 2005. Moved to 20 CSR 2110-2.071, effective Aug. 28, 2006. Amended: Filed July 11, 2007.

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

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

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

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

**Division 2150—State Board of Registration for the
Healing Arts
Chapter 2—Licensing of Physicians and Surgeons**

PROPOSED AMENDMENT

20 CSR 2150-2.001 Definitions. The board is proposing to add sections (6) and (7).

PURPOSE: This amendment clarifies new language added to Chapter 334, RSMo.

(6) The term “change” as used in section 334.104.5, RSMo shall mean a change in the names of the professionals listed in the collaborative practice agreement or physician assistant supervision agreement.

(7) The term “renewal” as used in section 334.104.5, RSMo shall mean physician’s license renewal.

AUTHORITY: sections 334.045, 334.046, 334.090, [RSMo 1994] and 334.125, RSMo [Supp. 1999] 2000 and 334.100, RSMo Supp. 2006. This rule originally filed as 4 CSR 150-2.001. Original rule filed Jan. 19, 1988, effective April 15, 1988. Amended: Filed April 15, 1996, effective Nov. 30, 1996. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-2.001, effective Aug. 28, 2006. Amended: Filed July 11, 2007.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Healing Arts, Tina Steinman, Executive Director, PO Box 4, Jefferson City, MO 65102, by faxing (573) 751-3166 or by emailing healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

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

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

**Chapter 3—Licensing of Physical Therapists and
Physical Therapist Assistants**

PROPOSED AMENDMENT

20 CSR 2150-3.020 Application Forms. The board is proposing to amend sections (3), (4), and (5).

PURPOSE: This amendment deletes obsolete language.

(3) An applicant shall present with the application at least one (1) recent unmounted photograph, in a size not larger than three and one-half inches by five inches (3 1/2" × 5")*[, on the back of which there shall be a certificate signed by the dean of the professional school or by a licensed professional physical therapist certifying that the same is a genuine photograph of the applicant].*

(4) Applications shall be sent to the executive *[secretary]* director of the State Board of Registration for the Healing Arts, *[P./O./]* Box 4, Jefferson City, MO 65102.

(5) The board shall charge each person applying for licensure to practice as a professional physical therapist, either by examination or reciprocity, an appropriate fee established by the board. *[The fee shall be sent in the form of a bank draft or postal money order or express money order. (Personal checks will not be accepted.)]*

AUTHORITY: section 334.125, RSMo 2000. This rule originally filed as 4 CSR 150-3.020. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed June 28, 2002, effective Dec. 30, 2002. Moved to 20 CSR 2150-3.020, effective Aug. 28, 2006. Amended: Filed July 11, 2007.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Healing Arts, Tina Steinman, Executive Director, PO Box 4, Jefferson City, MO 65102, by faxing (573) 751-3166 or by emailing healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

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

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

**Chapter 3—Licensing of Physical Therapists and
Physical Therapist Assistants**

PROPOSED AMENDMENT

20 CSR 2150-3.090 Physical Therapist Assistants—Direction, Delegation and Supervision. The board is requesting to amend sections (1), (3), and (4).

PURPOSE: The amendment clarifies the physical therapist’s supervision requirement.

(1) A licensed physical therapist must direct and supervise a physical therapist assistant at all times. The licensed physical therapist holds responsibility of supervision of the physical therapy treatment program. The following responsibilities are maintained by the licensed physical therapist:

(F) Timely review of treatment documentation, reevaluation of the patient and patient’s treatment goals, **at least every thirty (30) days** and revision of the plan of care when indicated; and

(G) *[Establishment of discharge plans are the responsibility of the physical therapist; documentation of discharge status must be signed or co-signed by the physical therapist.]* **A physical therapist’s responsibility for patient care and management shall include accurate documentation and billing of the services provided.**

(3) When supervising the physical therapist assistant *[where direct supervision by the physical therapist is available]*, the following requirements must be maintained:

(A) The initial visit, evaluation, and treatment plan must be made by a licensed physical therapist; *[and]*

(B) There must be regularly scheduled reassessments of patients by the physical therapist *[and conferences with the physical therapist assistant regarding patients, the frequency of which is determined by the complexity and acuity of the patient’s needs.]* **at least every thirty (30) days;**

(C) **There must be conferences with the physical therapist assistant regarding patients, at least weekly or more often, as determined by the complexity and acuity of the patient’s needs. Evidence of conferences with the physical therapist assistant needs to be documented at least every thirty (30) days;**

[(4) When supervising the physical therapist assistant where direct supervision by the physical therapist is not available, the following requirements must be maintained:]

[(A)](D) A licensed physical therapist must be accessible by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is treating patients[;].

[(B)] The initial visit must be made by a licensed physical therapist for evaluation of the patient and establishment of a plan of care;

[(C)] There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients, the frequency of which is determined by the needs of the patient and the needs of the physical therapist assistant;

[(D)] A supervisory visit by the licensed physical therapist will be made every thirty (30) days or at a higher frequency when in accordance with the needs of the patient, upon the physical therapist assistant's request for reassessment, when a change in treatment plan of care is needed prior to any planned discharge, and in response to any change in the patient's medical status[;]

[(E)] A supervisory visit should include: an on-site reassessment of the patient, on-site review of the plan of care with appropriate revision or termination, and assessment for the utilization of outside resources. On-site shall be defined as wherever it is required to have an on-site licensed physical therapist to provide services; and

[(F)] No physical therapist may establish a treating office in which the physical therapist assistant is the primary care provider.

AUTHORITY: sections 334.125, 334.500 and 334.650, RSMo [Supp. 1997] 2000. This rule originally filed as 4 CSR 150-3.090. Original rule filed Dec. 14, 1994, effective June 30, 1995. Amended: Filed Nov. 16, 1998, effective July 30, 1999. Moved to 20 CSR 2150-3.090, effective Aug. 28, 2006. Amended: Filed July 11, 2007.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Healing Arts, Tina Steinman, Executive Director, PO Box 4, Jefferson City, MO 65102, by faxing (573) 751-3166 or by emailing healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2150—State Board of Registration for the
Healing Arts
Chapter 4—Licensing of Speech-Language Pathologists
and Audiologists**

PROPOSED RESCISSION

20 CSR 2150-4.200 Definition of Uniform Functionally Based Proficiency Evaluation. The rule defined the uniform functionally based proficiency evaluation as required by section 345.015(12)(c), RSMo.

PURPOSE: This rule is being rescinded due to this requirement being removed from 334.015(12), RSMo.

AUTHORITY: sections 345.015 and 345.030, RSMo Supp. 1999.

This rule originally filed as 4 CSR 150-4.200. Original rule filed July 31, 2000, effective Feb. 28, 2001. Moved to 20 CSR 2150-4.200, effective Aug. 28, 2006. Rescinded: Filed July 11, 2007.

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

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

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

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2150—State Board of Registration for the
Healing Arts
Chapter 4—Licensing of Speech-Language Pathologists
and Audiologists**

PROPOSED AMENDMENT

20 CSR 2150-4.205 Procedural Process for Registration. The board is proposing to amend language in sections (1) and (2).

PURPOSE: This amendment deletes obsolete language.

(1) Applications for registration must be made on forms prepared by the Advisory Commission for Speech-Language Pathologists and Audiologists. Application forms may be obtained by writing the executive [secretary] director for the Advisory Commission for Speech-Language Pathologists and Audiologists, 3605 Missouri Boulevard, PO Box 4, Jefferson City, MO 65102, (573) 751-0098.

(2) An application will not be considered as officially submitted unless completely filled out, properly attested and the application fee has been received by the board. The application fee must be [submitted in the form of a cashier's check or money order payable to the Missouri Board of Healing Arts,] drawn on a United States bank. The following documents are necessary to be filed with the board in order to deem the application complete:

(A) Applicants must furnish official transcripts from one or more accredited colleges or universities, confirming a bachelor's degree in speech-language pathology [or an associate's degree as a speech-language pathology assistant]. Such transcripts shall evidence completion of the coursework and clinical practicum requirements equivalent to that required by the Council on Academic Accreditation of the American Speech-Language [and]-Hearing Association. Transcripts shall detail all coursework and clinical practicum hours and document the degree(s) awarded and area(s) of emphasis[.];

(B) Internationally trained applicants graduating from a college or university which is not approved and accredited by the American Speech-Language [and]-Hearing Association shall be required to obtain a credential evaluation verifying that the applicant's professional degree is equivalent to a degree obtained by an institution approved and accredited by the American Speech-Language [and]-Hearing Association. The credentialing evaluation service must be approved by the commission[.];

(C) All applicants shall furnish a statement from a speech-language pathologist holding current unrestricted licensure to practice in

the state of Missouri pursuant to section 345.015(10), RSMo, acknowledging acceptance of the legal and ethical responsibilities for supervising the applicant[.];

[(D)] All applicants shall furnish evidence of successful completion of a uniform functionally based proficiency evaluation provided by the board.]

[(E)] (D) Verification of licensure, registration and/or certification to practice in other states or territories shall be submitted to the board directly from the issuing agency, documenting their record of the applicant, if applicable[.]; and

[(F)] (E) All applicants shall present with the application a recent, unmounted, identifiable photograph not larger than three and one-half inches by five inches (3 1/2" × 5") nor smaller than two inches by three inches (2" × 3").

AUTHORITY: sections 345.015, and 345.050, **RSMo Supp. 2006 and 334.125 and 345.030, RSMo 2000.** This rule originally filed as 4 CSR 150-4.205. Original rule filed July 31, 2000, effective Feb. 28, 2001. Amended: Filed April 15, 2004, effective Oct. 30, 2004. Moved to 20 CSR 2150-4.205, effective Aug. 28, 2006. Amended: Filed July 11, 2007.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Healing Arts, Tina Steinman, Executive Director, PO Box 4, Jefferson City, MO 65102, by faxing (573) 751-3166 or by emailing healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2230—State Board of Podiatric Medicine
Chapter 1—Organization and Description of Board**

PROPOSED AMENDMENT

20 CSR 2230-1.010 General Organization. The board is requesting to amend sections (3) and (5).

PURPOSE: Pursuant to Executive Order 06-04 the Division of Professional Registration was transferred from the Department of Economic Development, Title 4, to the Department of Insurance, Financial Institutions and Professional Registration, Title 20. Therefore, the reference to the Department of Economic Development in section (3) is being amended.

(3) The board consists of four (4) Missouri-licensed doctors of podiatric medicine and one (1) public member. The governor appoints the members of the board with the advice and consent of the senate, from nominees submitted by the director of the *[Department of Economic Development]* **Division of Professional Registration**. The term of office of each member is four (4) years.

(5) The board has superintending control over the practice of podiatric medicine within this state. The board's primary duties consist of[—]:

AUTHORITY: sections 330.110, **RSMo 2000** and 536.023.3, **RSMo [2000] Supp. 2006.** This rule originally filed as 4 CSR 230-1.010.

Original rule filed Dec. 23, 1975, effective Jan. 2, 1976. Rescinded and readopted: Filed Dec. 9, 1981, effective March 11, 1982. Amended: Filed Oct. 30, 1997, effective April 30, 1998. Amended: Filed Sept. 1, 2004, effective March 30, 2005. Moved to 20 CSR 2230-1.010, effective Aug. 28, 2006. Amended: Filed July 11, 2007.

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 State Board of Podiatric Medicine, PO Box 423, Jefferson City, MO 65102, by facsimile to (573) 751-1155 or by email to podiatry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2230—State Board of Podiatric Medicine
Chapter 1—Organization and Description of Board**

PROPOSED AMENDMENT

20 CSR 2230-1.020 Board Member Compensation. The board is proposing to amend section (1).

PURPOSE: This rule is being amended to allow the board to receive the per diem amount as established in section 330.110, RSMo.

(1) Each member of the State Board of Podiatric Medicine shall receive the sum of *[fifty dollars (\$50)]* **seventy dollars (\$70)** as compensation for each day that member devotes to the affairs of the board.

AUTHORITY: sections 330.110, **RSMo Supp. 2006** and 330.140, **RSMo 2000.** This rule originally filed as 4 CSR 230-1.020. Emergency rule filed Sept. 17, 1981, effective Sept. 28, 1981, expired Dec. 28, 1981. Original rule filed Sept. 17, 1981, effective Jan. 14, 1982. Amended: Filed Oct. 30, 1997, effective April 30, 1998. Amended: Filed Sept. 1, 2004, effective March 30, 2005. Moved to 20 CSR 2230-1.020, effective Aug. 28, 2006. Amended: Filed July 11, 2007.

PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions approximately four hundred dollars (\$400) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed 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 State Board of Podiatric Medicine, PO Box 423, Jefferson City, MO 65102, by facsimile to (573) 751-1155 or by email to podiatry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

PUBLIC ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration
Division 2230 - State Board of Podiatric Medicine
Chapter 1 - Organization and Description of Board
Proposed Amendment - 20 CSR 2230-1.020 Board Member Compensation
Prepared May 23, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance
State Board of Podiatric Medicine	\$400.00

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. Currently there are 5 members of the board. This amendment will increase per diem by \$20 per day. The board estimates members will receive per diem 4 days annually.
2. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee.

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

**Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2230-2.010 Application for Licensure by Examination.

The board is proposing to amend subsections (3)(D) and (E); add new language in subsections (3)(F) and (G); delete section (9) and renumber section (10), and delete the previous section (11).

PURPOSE: This rule is being amended to add fingerprinting requirements to the requirements and the procedure for obtaining a podiatry license by examination. This amendment also makes gender corrections throughout the rule.

(3) No application will be considered unless it is fully completed and properly attested. Items necessary to complete the application include:

(D) An official transcript from the college of podiatric medicine from which the applicant graduated. If the applicant has attended more than one college of podiatric medicine in order to obtain all of his/her credits for graduation, the applicant shall submit official transcripts from all colleges *[s/he] he/she* attended; *[and]*

(E) A certified score report from the National Board of Podiatric Medical Examiners or such other designee of the board, certifying satisfactory completion of all parts of the National Board Examination~~./~~;

(F) Proof that the applicant's fingerprints have been submitted to the Missouri State Highway Patrol for criminal history records checks; and

(G) Proof of good moral character in the form of reference letters from persons who have known the applicant for at least two (2) years, on forms provided by the board, from three (3) of the following four (4) classes of individuals:

1. An employer;
2. A teacher or other instructor of podiatric medicine;
3. A high school or undergraduate college instructor; and
4. A member of the community where the applicant resides.

[(9) For every person desiring to enter the profession of podiatric medicine within Missouri, the board shall conduct a criminal history background check through the Missouri State Highway Patrol. Applicants shall submit to the board the applicable fee for the criminal history background check as determined by the Missouri State Highway Patrol.]

[(10)](9) Each applicant must successfully complete the examination(s) developed and administered by the National Board of Podiatric Medical Examiners (NBPME) or such other designee of the board and successfully complete the Missouri Law Examination administered by the State Board of Podiatric Medicine. The applicants achieving a passing score as established by NBPME or such other designee of the board on the National Board Examinations and achieving at least ninety percent (90%) on the open book test for the Missouri Law Examination, shall be deemed to have passed the board's examination. The applicant will be required to pay the Missouri Law Examination Administration Fee directly to the board office. The NBPME examinations are computer-based examinations. The National Board Examinations are administered by the Chauncey Group International for the NBPME, or such other designee of the board. Applicants must submit a completed registration form along with the test fee and school transcript directly to the Chauncey Group or designee of the board.

[(11) An applicant approved for licensure will be required to pay the applicable licensure fee.]

AUTHORITY: sections 330.010[,], and 330.040, RSMo Supp. 2006 and 330.140, RSMo 2000. This rule originally filed as 4 CSR 230-2.010. Original rule filed Dec. 23, 1975, effective Jan. 2, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed July 11, 2007.

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

PRIVATE COST: This proposed amendment will cost private entities approximately one thousand dollars (\$1,000) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Podiatric Medicine, PO Box 423, Jefferson City, MO 65102, by facsimile to (573) 751-1155 or by email to podiatry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration
Division 2230 - State Board of Podiatric Medicine
Chapter 2 - General Rules
Proposed Amendment - 20 CSR 2230-2.010 Application for Licensure by Examination
 Prepared May 23, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated annual cost of compliance with the amendment by affected entities:
20	Fingerprint Fees @ \$50 increase	\$1,000
Estimated Annual Cost of Compliance for the Life of the Rule		\$1,000

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. Fingerprinting fees are paid directly to the Missouri State Highway Patrol.
2. The board estimates that they will receive 20 new applicants per year. This is based on FY '06 actuals and FY '07 projections.
3. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee.

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

**Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

PROPOSED RESCISSION

20 CSR 2230-2.020 Professional Conduct Rules. This rule defined the practice of podiatric medicine.

PURPOSE: This rule is being rescinded and readopted to update the existing rule to ensure licensed podiatrists and their affiliated firms are registered correctly with the Secretary of State and with the State Board of Podiatric Medicine and also to ensure that a licensee with this board files a list of assumed trade names or any other names which the licensee shall use, other than what is registered with the board.

AUTHORITY: sections 330.140 and 330.160.2, RSMo 2000. This rule originally filed as 4 CSR 230-2.020. Original rule filed Dec. 23, 1975, effective Jan. 2, 1976. Rescinded and readopted: Filed Jan. 4, 1980, effective April 11, 1980. Rescinded and readopted: Filed Dec. 9, 1981, effective March 11, 1982. Amended: Filed Sept. 1, 2004, effective March 30, 2005. Moved to 20 CSR 2230-2.020, effective Aug. 28, 2006. Rescinded: Filed July 11, 2007.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri State Board of Podiatric Medicine, PO Box 423, Jefferson City, MO 65102, by facsimile to (573) 751-1155 or by email to podiatry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

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

**Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

PROPOSED RULE

20 CSR 2230-2.020 Professional Conduct Rules

PURPOSE: This rule ensures that licensed podiatrists and their affiliated firms are registered correctly with the secretary of state and with the State Board of Podiatric Medicine and also ensures that a licensee with this board files a list of assumed trade names or any other names the licensee shall use, other than what is registered with the board.

(1) The practice of podiatric medicine under a trade name or assumed name is prohibited, unless the trade name or assumed name is properly registered with the secretary of state pursuant to the provisions of sections 417.200-417.230, RSMo, or otherwise.

(2) Every person licensed to engage in the practice of podiatric medicine in this state shall file with the board a list of assumed names, trade names, or any names other than the name under which a license

to practice has been issued by the board, that is used in his or her practice, before using such name.

(3) A person engaged in the practice of podiatric medicine under any assumed name, trade name, or any name other than the name under which a license to practice has been issued by the board, shall immediately disclose to any person, upon request and without condition, the licensed name of each and every person involved in the practice of podiatric medicine under the assumed name, trade name, or any other name.

(4) A person engaged in the practice of podiatric medicine shall require any subordinate to immediately disclose to any person, upon request and without condition, the licensed name of each and every person involved in the practice of podiatric medicine under an assumed name, trade name, or any other name.

AUTHORITY: sections 330.140, RSMo 2000 and 330.160.2, RSMo Supp. 2006. This rule originally filed as 4 CSR 230-2.020. Original rule filed Dec. 23, 1975, effective Jan. 2, 1976. For intervening history, please consult the Code of State Regulations. Rescinded and readopted filed July 11, 2007.

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

PRIVATE COST: This proposed rule will cost private entities approximately one hundred twenty-three dollars (\$123) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri State Board of Podiatric Medicine, PO Box 423, Jefferson City, MO 65102, by facsimile to (573) 751-1155 or by email to podiatry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration
Division 2230 - State Board of Podiatric Medicine
Chapter 2 - General Rules
Proposed Rule - 20 CSR 2230-2.020 Professional Conduct Rules
Prepared May 24, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated annual cost of compliance with the amendment by affected entities:
300	Applicants Postage @ \$0.41	\$123
Estimated Annual Cost of Compliance for the Life of the Rule		\$123

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The board assumes licensees would incur postage costs to file a list of assumed names, trade names or any names other than the name under which a license to practice has been issued by the board that is used in his or her practice.
2. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2230-2.021 Advertising Regulation. The board is proposing to amend subsection (3)(D) and subsection (7)(A).

PURPOSE: This amendment deletes a portion of the rules which is being required pursuant to 20 CSR 2230-2.020 and makes technical changes.

(3) Definitions. The following words and terms when used in this rule shall have the following meaning:

(D) Range of fees shall refer to an expressly stated upper and lower limit on the fees charged for services or goods offered by a podiatrist; **and**

(7) False, misleading or deceptive advertising or soliciting includes, but is not limited to, the following:

(A) Use of a trade name or assumed name in connection with a podiatrist's practice[, *unless the name of the podiatrist using that trade name or assumed name also appears along with the trade or assumed name. Nothing in this rule will be construed to prohibit practice by a partnership of podiatrists under an assumed name or trade name, or the practice of podiatric medicine under a legally formed professional corporation; provided, however, that where the partnership uses an assumed or trade name in connection with its practice, all of the names of the podiatrists who are partners in the partnership must appear along with the trade or assumed name; provided further, that where a professional corporation uses an assumed or trade name in connection with a practice, the name of each shareholder in the professional corporation must appear along with the trade or assumed name*] **that does not comply in every respect with the requirements of 20 CSR 2230-2.020;**

AUTHORITY: sections 330.140, RSMo 2000 and 330.160, RSMo [2000] Supp. 2006. This rule originally filed as 4 CSR 230-2.021. Original rule filed Oct. 15, 1985, effective Jan. 12, 1986. Amended: Filed Nov. 4, 1986, effective Jan. 30, 1987. Amended: Filed May 16, 1995, effective Dec. 30, 1995. Amended: Filed Oct. 30, 1997, effective April 30, 1998. Amended: Filed Sept. 1, 2004, effective March 30, 2005. Moved to 20 CSR 2230-2.021, effective Aug. 28, 2006. Amended: Filed July 11, 2007.

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 State Board of Podiatric Medicine, PO Box 423, Jefferson City, MO 65102, by facsimile to (573) 751-1155 or by email to podiatry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

PROPOSED RULE

20 CSR 2230-2.023 Infection Control

PURPOSE: This rule establishes guidelines for contagious, infectious or communicable disease protection.

(1) A podiatric physician shall guard against contagious, infectious and communicable diseases.

(2) Podiatric physicians who perform surgery should be generally familiar with the Center for Disease Control's "Guideline for Prevention of Surgical Site Infection, 1999," available at <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/SSI.pdf>.

(3) Podiatric physicians who practice in office settings may find helpful the Center for Disease Control's "Guidelines for Infection Control in Dental Health-Care Settings—2003," available at <http://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>.

(4) A podiatric physician shall be adequately trained in how to guard against contagious, infectious and communicable diseases.

(A) At a minimum, two (2) hours of the continuing education obtained by a podiatric physician during a continuing education cycle shall be directly related to guarding against contagious, infectious and communicable diseases in podiatric practice.

(5) A podiatric physician shall have an adequate written protocol setting out how the podiatric physician guards against contagious, infectious and communicable diseases in the practice of podiatric medicine. A written protocol is not adequate if it does not address guarding against contagious, infectious and communicable diseases in the following particulars:

(A) Locations.

1. In any office where the podiatric physician practices; and
2. At any other place where the podiatric physician routinely engages in professional practice.

A. A podiatric physician may, after adequate review, accept the adequate written protocol that guards against contagious, infectious and communicable diseases of any place other than the physician's own office, unless the podiatric physician becomes aware, or should be aware, that the protocol is not being followed.

(B) Training.

1. Every member of the staff of a podiatric physician shall be appropriately trained in how to guard against contagious, infectious and communicable diseases.

A. Non-medical staff shall, at a minimum, be trained to recognize and report to the podiatric physician, or other medically trained staff, personal illness and reports of contagious, infectious and communicable diseases among patients.

B. A record of the training provided to each member of the staff of a podiatric physician shall be maintained throughout the person's employment and for at least three (3) years after the person's termination.

2. A podiatric physician shall ensure that any place where he/she is routinely engaged in the practice of podiatric medicine appropriately trains its staff in how to recognize personal illness and guard against contagious, infectious and communicable diseases and shall preserve in writing the evidence upon which he/she relied in making the training assessment.

(C) Equipment.

1. A podiatric physician shall adequately guard against contagious, infectious and communicable diseases in the use of equipment.

2. A podiatric physician who uses sterilizing equipment shall test the equipment in strict compliance with the manufacturer's instructions.

3. A podiatric physician may rely on the sterilization of equipment performed by another only after having made and recorded appropriate inquiry and being reasonably assured that the person or entity's procedures are adequate.

(D) Record Keeping.

1. Patient records shall reflect the podiatric physician's practice of guarding against contagious, infectious and communicable diseases as medically necessary.

2. A podiatric physician shall maintain a "Contagion, Infection and Communicable Disease Log" wherein a summary of the facts related to an exposure or report of contagious, infectious and communicable diseases is maintained. Such a summary shall include the date and time of the report, a unique identifier for the person(s) exposed to or reported to be afflicted by the contagious, infectious or communicable disease that will allow identification of medical or personnel records without disclosing a person's name in the log, the general nature of the contagious, infectious or communicable disease, the immediate response of the podiatric physician, and a statement of the outcome of the case (e.g., patient deceased, resolved after treatment with antibiotics).

A. The podiatric physician shall at least monthly review the "Contagion, Infection and Communicable Disease Log" for the purpose of identifying any trends or repeated occurrences. The date and time of the review shall be written in the log followed by the podiatric physician's signature.

B. The "Contagion, Infection and Communicable Disease Log" shall be maintained for at least three (3) years.

3. A podiatric physician who operates sterilization equipment in the practice of podiatric medicine shall maintain maintenance and test records for at least three (3) years.

4. A podiatric physician shall maintain a copy of the current protocol required by this rule. Previous versions shall be maintained for three (3) years after the last date they were used.

5. A podiatric physician shall maintain a detailed record of the training provided to staff members related to contagious, infectious and communicable diseases, distinct from the records of training of individual staff members, for at least three (3) years.

(E) Reports.

1. A podiatric physician shall provide a copy of the written protocol to the board upon request.

2. A podiatric physician shall provide a copy of the detailed record of the training provided to staff members related to contagious, infectious and communicable diseases, distinct from the records of training of individual staff members, to the board upon request.

AUTHORITY: section 330.140, RSMo 2000. Original rule filed July 11, 2007.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions approximately twenty-three thousand sixty-one dollars (\$23,061) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

PRIVATE COST: This proposed rule will cost private entities approximately one hundred twenty-three dollars (\$123) annually for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation and are expected to increase at the rate projected by the Legislative Oversight Committee.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri State Board of Podiatric Medicine, PO Box 423, Jefferson City, MO 65102, by facsimile to (573) 751-1155 or by email to podiatry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

PUBLIC ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration

Division 2230 - State Board of Podiatric Medicine

Chapter 2 - General Rules

Proposed Rule - 20 CSR 2230-2.023 Infection Control

Prepared May 24, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political	Estimated Cost of Compliance
State Board of Podiatric Medicine	\$23,061.06

III. WORKSHEET

Investigators will conduct annual inspection to ensure compliance.

STAFF	ANNUAL SALARY	SALARY TO INCLUDE FRINGE BENEFIT	HOURLY SALARY	COST PER MINUTE	TIME PER REQUEST	COST PER REQUEST	TOTAL COST
Investigator II	\$35,796.00	\$53,296.66	\$25.62	0.43	180 minutes	\$76.87	\$23,061.06
Total Personal					Total Personal Service Costs		\$23,061.06

IV. ASSUMPTION

1. Employee's salaries were calculated using the annual salary multiplied by 48.89% for fringe benefits and then divided by 2080 hours per year to determine the hourly salary. The hourly salary was then divided by 60 minutes to determine the cost per minute. The cost per minute was then multiplied by the amount of time individual staff spent on the processing of applications or renewals. The total cost was based on the cost per application multiplied by the estimated number of applications.
2. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee.

PRIVATE ENTITY FISCAL NOTE

I. RULE NUMBER

Title 20 - Department of Insurance, Financial Institutions and Professional Registration
Division 2230 - State Board of Podiatric Medicine
Chapter 2 - General Rules
Proposed Rule - 20 CSR 2230-2.023 Infection Control
 Prepared May 24, 2007 by the Division of Professional Registration

II. SUMMARY OF FISCAL IMPACT

Estimate the number of entities by class which would be affected by the adoption of the proposed amendment:	Classification by type of the business entities which would likely be affected:	Estimated annual cost of compliance with the amendment by affected entities:
300	Applicants Postage @ \$0.41	\$123
Estimated Annual Cost of Compliance for the Life of the Rule		\$123

III. WORKSHEET

See table above.

IV. ASSUMPTION

1. The board assumes licensees would incur postage costs to provide a copy of the detailed record of the training provided to staff members related to contagious, infectious and communicable diseases, distinct from the records of training of individual staff members, to the board upon request.
2. It is anticipated that the total cost will recur annually for the life of the rule, may vary with inflation and is expected to increase annually at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2230-2.050 Reciprocity. The board is proposing to amend subsection (1)(A) and delete subsection (1)(C).

PURPOSE: This amendment requires reciprocity applicants to submit fingerprints for obtaining a Missouri license. This amendment also makes gender corrections throughout the rule.

(1) An applicant for a Missouri license by reciprocity shall submit an application on the form provided by the board.

(A) The application shall be submitted with the following documentation:

1. A copy of *[his/her]* the applicant's original license to practice podiatric medicine, which *[was]* must have been obtained by examination *[in the state from which s/he is applying for reciprocity;]* if that license has lapsed, proof of interim licensure satisfactory to the board;

2. Proof of the original licensing state's educational requirements for licensure as a podiatrist, *which requirements must be substantially equivalent to the current educational requirements existing in Missouri at the time of application;*

3. A recent photograph;

4. The current Reciprocity License Fee; *and*

5. An official transcript from the college of podiatric medicine from which the applicant graduated. If the applicant attended more than one (1) college of podiatric medicine in order to obtain all of *[his/her]* the credits necessary for graduation, the applicant shall submit official transcripts from all podiatric colleges *[s/he]* he/she attended~~./~~;

6. Proof of age;

7. Proof that the applicant's fingerprints have been submitted to the Missouri State Highway Patrol for criminal history records checks;

8. Proof of good moral character in the form of reference letters from persons who have known the applicant for at least five (5) years, on forms provided by the board, from three (3) of the following four (4) classes of individuals:

A. An employer;

B. A person with whom the applicant has practiced podiatric medicine;

C. The chief of staff of a hospital where the applicant has privileges of any type; and

D. A member of the community where the applicant resides or practices; and

9. The applicant shall provide the board with a request directed to the regulatory entity in each state, United States territory, province, or country in which a license, certificate, registration or permit is held or has ever been held to submit verification of licensure, certification, registration or permit directly to the board. The request shall be accompanied by any fee required by the regulatory entity. The verification shall include:

A. The license, registration, certificate or permit issued, the number, status, issue and expiration dates;

B. Information regarding any disciplinary action;

C. Method of licensure, registration or certification;

D. The name and title of the person verifying information;

E. The date; and

F. The entity's seal.

[(C)] The applicant shall request that the regulatory entity in each state, United States territory, province, or country in which a license, certificate, registration or permit is held

or has ever been held submit verification of licensure, certification, registration or permit directly to the board. The verification shall include the license, registration, certificate or permit issued; the number; status; issue and expiration dates; information regarding any disciplinary action; method of licensure, registration or certification; the name and title of the person verifying information; the date; and the entity's seal.]

[(D)](C) No application will be considered unless each section of the application form is fully completed, the form is properly attested and all required documentation is completed and submitted to the board.

[(E)](D) A reciprocity applicant shall achieve a score of ninety percent (90%) or greater on the Missouri Law Examination administered by the board as an open book exam. The applicant shall be required to pay the Missouri Law Examination Administration Fee. The board's Missouri Law Examination will test the applicant's knowledge of Missouri statutes and rules relating to podiatric medicine.

AUTHORITY: sections 330.030, *RSMo Supp. 2006* and 330.140, *RSMo 2000*. This rule originally filed as 4 CSR 230-2.050. Original rule filed Dec. 23, 1975, effective Jan. 2, 1976. For intervening history, please consult the *Code of State Regulations*. Amended: Filed July 11, 2007.

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 State Board of Podiatric Medicine, PO Box 423, Jefferson City, MO 65102, by facsimile to (573) 751-1155 or by email to podiatry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2230—State Board of Podiatric Medicine
Chapter 2—General Rules**

PROPOSED AMENDMENT

20 CSR 2230-2.065 Temporary Licenses for Internship/Residency. The board is proposing to amend section (1), subsection (3)(E) and section (6).

PURPOSE: This rule is being amended to require two (2) years of postgraduate training. This amendment also makes gender corrections throughout the rule.

(1) Any applicant desiring to serve a period of internship/residency in a Missouri hospital may do so without obtaining a permanent license from the board if *[s/he]* he/she qualifies for and obtains a temporary license for internship/residency for a two (2)-year period from the board. Any applicant desiring to obtain a temporary license shall make application on the form provided by the board. The applicant shall also submit evidence to the board that *[s/he]* he/she meets the requirements of this section. There shall be an application fee which shall accompany all applications for a temporary license and shall be nonrefundable.

(3) No application will be considered unless it is fully completed and properly attested. Items necessary to complete the application include:

(E) A certified score report from the National Board of Podiatric Medical Examiners, certifying satisfactory completion of Parts I and II of the National Board Examination; **and**

(6) The temporary license for postgraduate clinical internship/residency, upon approval by the board for good cause shown, may be renewed for an additional one (1)-year period. If during the period of internship/residency specified in the temporary license, the holder thereof shall transfer from the postgraduate clinical internship/residency program offered by the hospital specified in his/her application, the holder must, before such transfer, receive approval for the transfer from the board. Upon approval of the transfer, the temporary license shall remain valid for *[one (1)] two (2)* years from the original date of issuance.

AUTHORITY: sections 330.010 and 330.065, RSMo Supp. 2006 and 330.140, RSMo 2000. This rule originally filed as 4 CSR 230-2.065. Original rule filed Dec. 9, 1981, effective March 11, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed July 11, 2007.

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 State Board of Podiatric Medicine, PO Box 423, Jefferson City, MO 65102, by facsimile to (573) 751-1155 or by email to podiatry@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2245—Real Estate Appraisers
Chapter 7—Prelicense Course Approval**

PROPOSED AMENDMENT

20 CSR 2245-7.010 Standards for Prelicense Course Approval.

The board is proposing to amend sections (1) and (2).

PURPOSE: This amendment clarifies the number of hours of prelicense courses applicants will be required to complete.

(1) *[Until July 1, 2007, p]*Providers of *[P]*prelicense real estate appraisal courses, shall obtain approval of each course from the commission, that will be granted upon proof of compliance with the following requirements:

(A) The prelicense courses of study offered by the course provider shall include the subjects set forth in the *[one hundred eighty (180)] three hundred (300)* classroom hours for state-certified general real estate appraisers, the *[one hundred twenty (120)] two hundred (200)* classroom hours for state-certified residential real estate appraisers, the *[ninety (90)] one hundred fifty (150)* classroom hours for state-licensed real estate appraisers, or any combination of;

(2) *[Effective July 1, 2007, p]*Providers of prelicense real estate appraisal courses shall attain approval for each course from the Appraisal Qualifications Board (AQB) Course Approval Program or an AQB approved course approval program **prior to submitting for commission review as outlined in section (1) of this rule. Approval by the commission will be automatically withdrawn if the course is no longer an approved course by the AQB.**

AUTHORITY: sections 339.509, RSMo 2000 and 339.517, RSMo Supp. 2006. This rule originally filed as 4 CSR 245-7.010. Emergency rule filed Dec. 6, 1990, effective Dec. 16, 1990, expired April 14, 1991. Emergency rule filed April 4, 1991, effective April 14, 1991, expired Aug. 11, 1991. Original rule filed Jan. 3, 1991, effective April 29, 1991. For intervening history, please consult the Code of State Regulations. Amended: Filed July 11, 2007.

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 Real Estate Appraisers Commission, Vanessa Beauchamp, Executive Director, PO Box 1335, Jefferson City, MO 65102, by faxing comments to (573) 751-0038, or by emailing comments to reacom@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

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

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

**Title 7—DEPARTMENT OF TRANSPORTATION
Division 10—Missouri Highways and Transportation
Commission
Chapter 4—Uniform Relocation Assistance**

ORDER OF RULEMAKING

By the authority vested in the Missouri Highways and Transportation Commission under sections 226.150 and 523.210, RSMo 2000, and 227.120, RSMo Supp. 2006, the commission amends a rule as follows:

7 CSR 10-4.020 Relocation Assistance Program **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on April 16, 2007 (32 MoReg 629-632). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 6—Air Quality Standards, Definitions,
Sampling and Reference Methods and Air Pollution
Control Regulations for the Entire State of Missouri**

ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo 2000, the commission amends a rule as follows:

10 CSR 10-6.300 Conformity of General Federal Actions to State Implementation Plans **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on March 15, 2007 (32 MoReg 538-541). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program did not receive any comments on the proposed amendment.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 3—Conditions of Provider Participation,
Reimbursement and
Procedure of General Applicability**

ORDER OF RULEMAKING

By the authority vested in the Division of Medical Services under sections 208.153 and 208.201, RSMo 2000, the division amends a rule as follows:

13 CSR 70-3.030 Sanctions for False or Fraudulent Claims for Title XIX Services **is amended**.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 1, 2007 (32 MoReg 698-700). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2040—Office of Athletics
Chapter 3—Ticket Procedures**

ORDER OF RULEMAKING

By the authority vested in the Office of Athletics under section 317.006.1, RSMo 2000, the board adopts a rule as follows:

20 CSR 2040-3.030 Approval of Nationally Recognized Amateur Sanctioning Bodies **is adopted**.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on May 1, 2007 (32 MoReg 719). No changes have been made to the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2040—Office of Athletics
Chapter 4—Licensees and Their Responsibilities**

ORDER OF RULEMAKING

By the authority vested in the Office of Athletics under sections 317.006 and 317.015, RSMo 2000, the board amends a rule as follows:

20 CSR 2040-4.090 Contestants is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 1, 2007 (32 MoReg 719-720). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 20—DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL
REGISTRATION
Division 2235—State Committee of Psychologists
Chapter 2—Licensure Requirements**

ORDER OF RULEMAKING

By the authority vested in the Office of Athletics under sections 337.025 and 337.050.9, RSMo 2000, the board amends a rule as follows:

20 CSR 2235-2.040 Supervised Professional Experience, Section 337.025, RSMo, for the Delivery of Psychological Health Services is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on May 1, 2007 (32 MoReg 720). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.