

**T**his 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*.

**T**he 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 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

### Division 15—Acupuncturist Advisory Committee Chapter 1—General Rules

#### ORDER OF RULEMAKING

By the authority vested in the Acupuncturist Advisory Committee under sections 324.481, 324.496, 324.499, 620.010.14(7) and 620.010.15(6), RSMo 2000, the board adopts a rule as follows:

**4 CSR 15-1.010** Public Information, Complaint Handling and Disposition **is adopted.**

A notice of the proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1624-1627). 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 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

### Division 15—Acupuncturist Advisory Committee Chapter 1—General Rules

#### ORDER OF RULEMAKING

By the authority vested in the Acupuncturist Advisory Committee under section 324.481, RSMo 2000, the board adopts a rule as follows:

**4 CSR 15-1.020** Acupuncturist Credentials, Name and Address Changes **is adopted.**

A notice of the proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1628-1630). 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 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

### Division 15—Acupuncturist Advisory Committee Chapter 1—General Rules

#### ORDER OF RULEMAKING

By the authority vested in the Acupuncturist Advisory Committee under sections 324.481, 324.487, 324.490 and 324.493, RSMo 2000, the board adopts a rule as follows:

4 CSR 15-1.030 is adopted.

A notice of the proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1631). The section with changes is reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS AND EXPLANATION OF CHANGE: No comments were received, however, the advisory committee noted that the cost to process a returned check often exceeds the twenty-five dollar (\$25) fee in the proposed regulation due to processing the payment through the division, certified mailing and follow-up to insure the payment is received. The advisory committee authorized the following change in the proposed regulation.

**4 CSR 15-1.030 Fees**

(3) The fees are established as follows:

(D) Insufficient Funds Check Charge Fee \$ 50.00

## Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT

### Division 15—Acupuncturist Advisory Committee Chapter 2—Acupuncturist Licensure Requirements

#### ORDER OF RULEMAKING

By the authority vested in the Acupuncturist Advisory Committee under sections 324.481, 324.487 and 324.493, RSMo 2000, the board adopts a rule as follows:

**4 CSR 15-2.010** Application for Licensure **is adopted.**

A notice of the proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1631-1636). 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: One (1) comment was received.

COMMENT: A comment requested clarification concerning mentorships for perspective acupuncturists and whether a mentorship is acceptable to the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM). The same comment requested clarification concerning the availability of a six-month grace period for individuals preparing or applying to take the national test.

RESPONSE: The advisory committee noted that the statute defines what is required for licensure. It may be possible that if the mentorship met the requirements of NCCAOM a person could become a Diplomat of NCCAOM and thus become eligible for licensure. The advisory committee further noted that the statute does not provide the authority for the advisory committee to establish a grace period for individuals to practice acupuncture while preparing for the examination. The law allows a person working within a supervised course of study as a trainee and being supervised by a licensed acupuncturist the individual to be exempt from the licensure requirement.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 15—Acupuncturist Advisory Committee  
Chapter 2—Acupuncturist Licensure Requirements**

**ORDER OF RULEMAKING**

By the authority vested in the Acupuncturist Advisory Committee under sections 324.481, 324.490 and 324.496, RSMo 2000, the board adopts a rule as follows:

4 CSR 15-2.020 is adopted.

A notice of the proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1637-1641). The section with changes is reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS AND EXPLANATION OF CHANGE: No comments were received, however, the advisory committee noted that the proposed regulation failed to provide the information relating to continuing education required for reinstating an expired license. The advisory committee authorized the following changes in the proposed regulation:

**4 CSR 15-2.020 License Renewal, Restoration and Continuing Education**

(4) A person may submit an application to restore a license that has been expired for not more than two (2) years after the expiration date. The application shall be submitted in compliance with 4 CSR 15-2.010, accompanied by the required fee, and shall include documentation of completing continuing education pursuant to 4 CSR 15-2.020(3).

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 15—Acupuncturist Advisory Committee  
Chapter 3—Standards of Practice, Code of Ethics,  
Professional Conduct**

**ORDER OF RULEMAKING**

By the authority vested in the Acupuncturist Advisory Committee under sections 324.481 and 324.496, RSMo 2000, the board adopts a rule as follows:

**4 CSR 15-3.010 Standards of Practice is adopted.**

A notice of the proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1642-1646). 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 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 15—Acupuncturist Advisory Committee  
Chapter 3—Standards of Practice, Code of Ethics,  
Professional Conduct**

**ORDER OF RULEMAKING**

By the authority vested in the Acupuncturist Advisory Committee under sections 324.481 and 324.496, RSMo 2000, the board adopts a rule as follows:

**4 CSR 15-3.020 Code of Ethics is adopted.**

A notice of the proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1647-1649). 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 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 15—Acupuncturist Advisory Committee  
Chapter 4—Supervision of Auricular Detox Technicians  
and Acupuncturist Trainees**

**ORDER OF RULEMAKING**

By the authority vested in the Acupuncturist Advisory Committee under sections 324.475, 324.481 and 324.484, RSMo 2000, the board adopts a rule as follows:

4 CSR 15-4.010 is adopted.

A notice of the proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1650-1652). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: One (1) comment was received.

COMMENT: The comment stated that section (2) requires a supervisor of a detox technician be available during normal business hours. Typically, normal business hours are between 8:00 a.m. and 5:00 p.m. However, detox technicians may provide services in the evening hours and the supervisor must be available for consultation should the need arise. In other words, the regulation needs to reflect accessibility to a supervisor when a detox technician is working not only during normal business hours. The same comment included a reference to (3) and recommended language be added to clarify the total number of hours per month a detox technician must meet with a supervisor and the method of communication when such supervisory meetings are held.

RESPONSE AND EXPLANATION OF CHANGE: The advisory committee noted it intended to require supervision during the time a detox technician is providing services and concurred with the recommendation. Regarding supervision, the advisory committee concurred with the recommendation concerning total hours per month and method of communication and authorized the following changes in the proposed regulation:

**4 CSR 15-4.010 Supervision of Auricular Detox Technicians**

(2) A licensed acupuncturist shall provide supervision of a technician. For the purpose of this rule, electronic communication is acceptable for supervision if the communication is visually and/or verbally interactive and no more than fifty percent (50%) of the supervision shall be by electronic means.

(A) A licensed acupuncturist shall be available on-site or by telephone or pager when the detox technician is providing services as defined in 4 CSR 15-4.010(1).

(3) Each technician shall meet with the licensed acupuncturist supervisor face-to-face a minimum of two (2) hours per week every two (2) weeks for each detox program utilizing the technician. The technician must obtain at least four (4) hours of face-to-face supervision within a calendar month for each detox program.

**Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**

**Division 15—Acupuncturist Advisory Committee  
Chapter 4—Supervision of Auricular Detox Technicians and Acupuncturist Trainees**

**ORDER OF RULEMAKING**

By the authority vested in the Acupuncturist Advisory Committee under sections 324.481 and 324.487, RSMo 2000, the board adopts a rule as follows:

**4 CSR 15-4.020 Supervision of Acupuncturist Trainees is adopted.**

A notice of the proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1653-1655). 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 4—DEPARTMENT OF ECONOMIC DEVELOPMENT**

**Division 220—State Board of Pharmacy  
Chapter 2—General Rules**

**ORDER OF RULEMAKING**

By the authority vested in the State Board of Pharmacy under sections 338.010, 338.140, 338.240 and 338.280, RSMo 2000, the board amends a rule as follows:

**4 CSR 220-2.010 is amended.**

A notice of the proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1658-1659). The section with changes to the proposed amendment is reprinted here. This pro-

posed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS AND EXPLANATION OF CHANGE: Comments in support of the proposed amendments were received from the Missouri Alliance for Home Care and the Bureau of Home Care and Rehabilitative Standards during the official comment period. Additionally, supportive comments were also received from the Cameron Community Hospital, Inc. after the official comment period. No opposing comments were received, however, the board elected to take out the word "employee" and specify "licensed nurses," since as it was originally written, it would authorize anyone to possess drugs and that was not the board's intent.

**4 CSR 220-2.010 Pharmacy Standards of Operation**

(8) A home health or hospice agency licensed or certified according to Chapter 197, RSMo, or any licensed nurses of such agency, may possess drugs in the usual course of business of such agency without being licensed as a pharmacist or a pharmacy.

**Title 8—DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**

**Division 70—Missouri Assistive Technology Advisory Council  
Chapter 1—Assistive Technology Programs**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Assistive Technology Advisory Council, the council amends a rule as follows:

**8 CSR 70-1.010 Telecommunications Access Program is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2001 (26 MoReg 1797-1798). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 11—DEPARTMENT OF PUBLIC SAFETY  
Division 30—Director's Office**

**Chapter 7—Driver and Vehicle Equipment Regulations**

**ORDER OF RULEMAKING**

By the authority vested in the director of the Department of Public Safety under section 307.173, RSMo 2000, the director hereby rescinds a rule as follows:

**11 CSR 30-7.010 Motor Vehicle Window Tint Permits is rescinded.**

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on September 17, 2001 (26 MoReg 1817). No changes have been made in the proposed, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**ORDER OF RULEMAKING**

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

**11 CSR 50-2.020** Minimum Inspection Station Requirements is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2001 (26 MoReg 1817-1818). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**ORDER OF RULEMAKING**

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

**11 CSR 50-2.120** MVI-2 Form is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2001 (26 MoReg 1818). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**ORDER OF RULEMAKING**

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

**11 CSR 50-2.270** Glazing (Glass) is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2001 (26 MoReg 1818-1819). 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: Numerous comments were received from individuals whose vehicles were rejected because of previously allowed tinting, inspection stations, window tint shops and the legislature. Most felt that it was the "intent" after the leg-

islative change to grandfather vehicles previously tinted with window tint darker than 35% ± 3% light transmission.

RESPONSE: This issue was brought to the attention of the attorney general's office. It was determined that there was no provision to allow previously installed window tint which is in violation of the current law.

**Title 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 24—Drivers License Bureau Rules**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under sections 302.530 and 303.041, RSMo 2000, the director amends a rule as follows:

**12 CSR 10-24.030** Hearings is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1677-1678). 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 12—DEPARTMENT OF REVENUE  
Division 10—Director of Revenue  
Chapter 110—Sales/Use Tax—Exemptions**

**ORDER OF RULEMAKING**

By the authority vested in the director of revenue under section 144.270, RSMo 2000, the director adopts a rule as follows:

**12 CSR 10-110.600** Electrical Energy is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on September 4, 2001 (26 MoReg 1678-1679). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—Division of Medical Services  
Chapter 10—Nursing Home Program**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Social Services, Division of Medical Services under sections 208.153, 208.159 and 208.201, RSMo 2000, the division amends a rule as follows:

**13 CSR 70-10.015** Prospective Reimbursement Plan for Nursing Facility Services is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 17, 2001 (26 MoReg 1820-1824). 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 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**

**Division 20—Division of Environmental Health and Epidemiology  
Chapter 3—General Sanitation**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Health and Senior Services under sections 192.020 and 315.250, RSMo 2000, the department rescinds a rule as follows:

**19 CSR 20-3.050** Sanitation of Tourist Courts, Cabins and Resorts is rescinded.

A notice of proposed rulemaking containing the proposed rescission was published in the *Missouri Register* on August 1, 2001 (26 MoReg 1518). No changes have been made in the proposed rescission, so it is not reprinted here. This proposed rescission becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

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

**Division 20—Division of Environmental Health and Communicable Disease Prevention  
Chapter 3—General Sanitation**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Health and Senior Services under sections 192.006 and 315.005–315.065, RSMo 2000, the department adopts a rule as follows:

19 CSR 20-3.050 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on August 1, 2001 (26 MoReg 1518–1530). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Health received seven letters of comment on this proposed rule. Additionally, the Department noted two additional changes which are reprinted herein.

COMMENT: The Marion County Health Department and Home Health Agency suggested that swimming pools be defined in section (1)(A) Definitions.

RESPONSE: The MO DoH has considered this comment and has decided to make no change in the rule.

COMMENT: The Clay County Health Center suggested that continental breakfast be defined in (1)(A) Definitions.

RESPONSE: The rule already defines continental breakfast in subparagraph (3)(C)3.A.; therefore, no change will be made in the rule.

COMMENT: The Marion County Health Department and Home Health Agency questioned who the administrative authority is if there is no local ordinance.

RESPONSE: The MO DoH reviewed the question and found that administrative authority is defined in the rule, paragraph (1)(A)1. “Administrative authority.”

COMMENT: The Clay County Health Center suggested that local food ordinances be included in section (2) Requirements for initial license or renewal of a license on a lodging establishment that has been renovated.

RESPONSE: The section cites address requirements for the physical structure of the establishment, whereas the inclusion of local food ordinances concerns operations of the establishment; therefore, no change will be made in the rule.

COMMENT: The Marion County Health Department and Home Health Agency questioned how complying with DNR laws and regulations regarding trash and backflow apply to certification and licensure of a lodging establishment.

RESPONSE: The MO DoH reviewed this question and found that the State Lodging Law requires all Lodging establishments to comply with all state laws.

COMMENT: Gamble & Schlemeier, Government Consultants, posed two basic questions concerning section (2)(A)4. The first question dealt with the issue of when to apply the swimming pool standards in the renovation of an existing facility. The second question regards why the MO DoH selected the guidelines it did for the rule and why certain portions are apparently repeated in the rule itself.

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH has reviewed both questions and found that the recommended standards for swimming pool design and operation referred to in the rule would apply to a swimming pool only when the swimming pool itself was being renovated. Based on a ruling by the Joint Committee on Administrative Rules, the Department will add the following sentence to subsections (2)(A) and (2)(B): “When an establishment is being renovated only those areas being worked on must meet these requirements.” The recommended standards for swimming pool design and operation has been utilized in the inspection of lodging facilities for several years. In addition, Missouri is a member state of the Great Lakes-Upper Mississippi River Board of State and Provincial Public Health and Environmental Health Managers. The regulations proposed in the rule for the operations and design of swimming pools is repeated for the convenience of the public, industry, and local health agencies. In addition, the importance of critical areas of concern in the operation, and/or design of swimming pools is emphasized.

COMMENT: The Marion County Health Department and Home Health Agency questioned when the rule says “comply with Great Lakes Upper Mississippi River Board of State and Provincial Health and Environmental Managers most recent standards for construction of swimming pools and spas,” whether this means they can go to MO DoH for information on standards.

RESPONSE: The MO DoH reviewed this comment and decided that what was being asked was whether or not the referenced standard would be available from the MO DoH. The standard referenced in the question may be obtained by contacting Health Education Services, A Division of Health Research Inc., P.O. Box 7126, Albany, New York 12224. Phone number, (518) 439-7286.

COMMENT: The Marion County Health Department and Home Health Agency asked a question concerning section (2)(B)1. regarding whether MO DoH or local agencies would be responsible for initial licensing.

**RESPONSE:** The MO DoH considered this question and determined that the rule does not change the fact that it is the administrative authority who has jurisdiction over responsibility for approving the license.

**COMMENT:** The Marion County Health Department and Home Health Agency asked three questions regarding “domestic wells” associated with lodging establishments. They questioned why nitrates were not included in the rule, why domestic wells come under MO DoH jurisdiction, and how MO DoH can mandate MO DNR to authorize the disinfection process.

**RESPONSE:** The MO DoH considered these questions and determined that: Nitrates have an accumulative effect on an individual and an overnight exposure to nitrates would not have an adverse effect on a transient guest of a lodging establishment; a domestic well is not covered under MO DNR regulation; and the rule requires that only an automatic disinfection system, which has been authorized (approved) by MO DNR, be installed.

**COMMENT:** The Perry County Health Department suggested a wording change for subparagraph (3)(B)1.A. which would read “3,000 gallons or less” rather than “not less than 3,000 gallons.”

**RESPONSE AND EXPLANATION OF CHANGE:** The MO DoH has considered the comment and will incorporate the wording change into subparagraph (3)(B)1.A.

**COMMENT:** The Marion County Health Department and Home Health Agency questioned how the three-acre exemption found in RSMo 701.021 impacts on-site sewage systems under 3,000 gallons that are associated with a lodging establishment.

**RESPONSE:** The MO DoH reviewed this question and concluded that there would be no impact. The three-acre exemption applies only to residential properties and a lodging establishment does not qualify as a residential property.

**COMMENT:** The Marion County Health Department and Home Health Agency questioned what standard is used to measure contamination of ground and surface water.

**RESPONSE:** The MO DoH reviewed this question and concluded that sewage contamination of any water could be detected by the presence or absence of fecal coliform in the waters of interest.

**COMMENT:** The Marion County Health Department and Home Health Agency questioned how part (3)(B)2.B.(IV) would be enforced. Further, the Perry County Health Department commented that part (3)(B)2.B.(IV) was misleading.

**RESPONSE AND EXPLANATION OF CHANGE:** The MO DoH has considered these comments. Part (3)(B)2.B.(IV) will be removed from subparagraph (3)(B)2.B. and relocated in paragraph (3)(B)3. by adding a new subparagraph (3)(B)3.A. to the rule.

**COMMENT:** The Perry County Health Department suggested a wording change for section (3)(B)3. to read “more than 3,000 gallons.”

**RESPONSE AND EXPLANATION OF CHANGE:** The MO DoH has considered this comment and will incorporate the wording change into paragraph (3)(B)3.

**COMMENT:** Gamble & Schlemeier, Government Consultants, commented that they had reviewed long-term care statutes and did not find where cleaning the room on a daily basis is required by law. Therefore, they believe that requiring the cleaning of a lodging room after each guest or at least daily should not be required.

**RESPONSE AND EXPLANATION OF CHANGE:** The MO DoH has reviewed the comment and subparagraph (3)(C)2.A. of the rule where the requirement is located and has decided to change the rule. Based on a ruling by the Joint Committee on Administrative Rules, the Department will add a sentence to subparagraph (3)(C)2.A.

**COMMENT:** The Clay County Health Center questioned how often bedspreads need to be washed.

**RESPONSE AND EXPLANATION OF CHANGE:** The MO DoH has considered this question and determined that bedspreads should be washed often enough so that a clean one is always on the bed. Subparagraph (3)(C)2.C. of the rule will be changed.

**MO DOH COMMENT, RESPONSE AND EXPLANATION OF CHANGE:** The MO DoH noted that part (3)(C)2.F.(I) references January 1, 2002, as the effective date for compliance with providing only dispensing self-service ice machines for guest use. This date is being changed to adhere to the effective date of this rule.

**COMMENT:** Gamble & Schlemeier, Government Consultants, referred to part (3)(C)2.G.(I) which requires outdoor trash containers be placed on a hard surface and questioned whether gravel would suffice as a hard surface.

**RESPONSE:** The MO DoH reviewed the question and determined that the purpose for the hard surface requirement is to restrict, if not eliminate, the burrowing of rats and the harborage of other pests and insects under and around the trash container; therefore gravel would not be included. No change will be made in the rule.

**COMMENT:** The Marion County Health Department and Home Health Agency questioned why establishments that serve a continental breakfast were exempted from the food code, but then the rule follows with sections that set forth standards for serving a continental breakfast.

**RESPONSE:** The MO DoH is establishing standards to assure the service of safe and unadulterated continental breakfasts. With standards incorporated within the rule, the public, lodging industry, and administrative authority will use the same source for information, assurance, and enforcement.

**COMMENT:** Gamble & Schlemeier, Government Consultants, felt that the language in subparagraph (3)(C)3.A. does not allow for prepackaged oatmeal or other types of hot or cold cereal to be served.

**RESPONSE:** The MO DoH reviewed the comment and found the section does allow for the serving of prepackaged oatmeal or other hot or cold cereals. The section allows the service of prepackaged foods and hot water, milk, or any other liquid a customer may want to use on their prepackaged food. However, the customer is the person to open the package and add whatever topping they desire. There will be no change made in the rule.

**COMMENT:** The Clay County Health Center felt that the term “all beverages” as used in subparagraph (3)(C)3.D. did not include milk.

**RESPONSE AND EXPLANATION OF CHANGE:** The MO DoH has considered this comment and will add the word milk to subparagraph (3)(C)3.D. for further clarification.

**COMMENT:** The Clay County Health Center asked that local food codes be added to subparagraph (3)(C)3.H.

**RESPONSE AND EXPLANATION OF CHANGE:** The MO DoH has considered this comment and will add local food codes to subparagraph (3)(C)3.H. for clarification.

**COMMENT:** Gamble & Schlemeier, Government Consultants, cited paragraph (3)(E)1. and expressed reservations about requiring the construction of a new swimming pool be designed by a registered engineer, that it comply with the Great Lakes-Upper Mississippi River Board of State and Provincial Public Health and Environmental Managers Recommended Standards for Design and Operation, and that fact be certified by a contractor, registered engineer, or architect.

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH considered this concern and has decided to change the rule. Based on a ruling by the Joint Committee on Administrative Rules, the Department will add the phrase "a licensed" before "registered engineer" and delete the phrase "the contractor" to paragraph (3)(E)1.

COMMENT: Gamble & Schlemeier, Government Consultants, cited subparagraph (3)(E)2.A. and questioned the purpose of requiring a rope with float keepers to be stretched across the pool where the depth exceeds 5 feet. They linked this concern with the safety of a child and that 5 feet is over the head of a 4 foot child.

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH reviewed the section and found that the rule requires a boundary line between the shallow (five feet (5') or less in depth) and deep areas (greater than five feet (5') in depth) be marked by a safety rope and floats equipped with float keepers. The requirement is one of safety for all persons, not children alone. Most pools are constructed with an abrupt change in the depth of the pool at or around 5 feet. The presence of the safety rope alerts all swimmers of a drop off and provides a handhold for anyone surprised by the sudden change in depth. However, a close reading of the rule does not make the intent clear. The wording for subparagraph (3)(E)2.A. will be changed.

COMMENT: The Marion County Health Department and Home Health Agency pointed out that the rule referred to Table 1, however, Table 1 was not included in the rule that was published.

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH reviewed the rule as published and found that Table 1 was included in the publication, however, it had not been labeled as Table 1. This will be corrected (see attachment).

COMMENT: The Marion County Health Department and Home Health Agency questioned whether existing inside pools would comply with part (3)(E)2.E.(I) which requires a swimming pool to be protected by a fence, wall, building, or other enclosure.

RESPONSE: The MO DoH reviewed this question and concluded that they would comply since they would be located inside a building.

COMMENT: Gamble & Schlemeier, Government Consultants, commented on part (3)(E)2.E.(V) which requires a lifeguard be present if the swimming pool is 2,000 square feet or larger. They stated that they were unaware of any increased injury rate at hotel pools over 2,000 square feet than pools under 2,000 square feet; therefore, they requested that this requirement not be included in the Final Order.

RESPONSE: The MO DoH reviewed this request and has determined not to change the rule. Drownings are the greatest concern the MO DoH has regarding accidents around a pool. Several drownings occur each year in swimming pools associated with lodging facilities. The size of the pool has little to do with a person drowning, however, the size plays a role when it comes to persons at poolside attempting a rescue. Throwing devices and shepherd's hooks are not very effective in a large pool when attempting to assist someone in the middle of the pool compared to assisting someone in a small pool. Therefore, the requirement for a lifeguard at pools with a surface area greater than 2,000 square feet is justified.

MO DOH COMMENT, RESPONSE AND EXPLANATION OF CHANGE: The MO DoH noted that the title for (3)(E)2.G. was misleading and misplaced. The actual section was located further down in the rule. It was inserted between what was (3)(E)2.G.(III) and (IV). This change will add (3)(E)2.G.(I), (II), (III) to (3)(E)2.F. and become (3)(E)2.F.(II), (III), (IV) respectively. (3)(E)2.G.(IV), (V), (VI), and (VII) will become (3)(E)2.G.(I),

(II), (III), and (IV) respectively. Additionally, the title for (3)(E)2.G. has been changed.

COMMENT: Gamble & Schlemeier, Government Consultants, commented part (3)(E)2.G.(I) establishes standards for the disinfection of pool water. They mentioned that some of the newer hotels have a method of ozone cleaning that is used to disinfect pool water, and they believe this technology should be allowed by the rule.

RESPONSE: The MO DoH has reviewed this section and found that the section does not preclude a lodging facility from using an alternative method of disinfection. However, the system does have to be approved by the administrative authority after it has been demonstrated that the alternative system provides a satisfactory residual that is easily measured and is operated according to the manufacturers specifications. No change will be made in the rule.

COMMENT: The Adair County Health Department stated that item (3)(E)2.G.(I)(a)I. is not adequate to protect the public's health when cyranic acid is used as a disinfectant in a swimming pool.

RESPONSE: The MO DoH has considered this comment and has decided not to change the rule. The section cited by Adair County Health Department applies only when chlorine is the disinfectant of choice. The use of cyranic acid is regulated under item (3)(E)2.G.(I)(a)II. and the *Great Lakes-Upper Mississippi River Board of State and Provincial Public Health and Environmental Managers*.

COMMENT: The Clay County Health Center commented that a DPD type test kit be required in subpart (3)(E)2.G.(II)(a).

RESPONSE: The MO DoH has reviewed the comment and will not make a change. The wording in the section is inclusive of all types of test kits.

COMMENT: The Clay County Health Center suggested that the size of the holes in swimming pool drain covers be specified.

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH has reviewed this comment and agrees. The hole size shall not be over one-half (1/2") inch wide. This requirement will be placed in subpart (3)(E)2.G.(III)(d).

COMMENT: Gamble & Schlemeier, Government Consultants, commented that subpart (3)(E)2.G.(III)(h), which establishes record-keeping requirements, is not needed. They felt many of the items mentioned in the rule to be recorded were too difficult to measure. They stated this provision dramatically raises the fiscal note.

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH considered this comment and decided to change the rule. Based on a ruling by the Joint Committee on Administrative Rules, the Department will delete the phrase "number of patrons and personal accidents" and replace with "amount of make-up water, and reported accidents requiring medical attention. A sign-in sheet shall be available for patrons wishing to use the pool." to subpart (3)(E)2.G.(III)(h).

COMMENT: The Marion County Health Department and Home Health Agency questioned how often the lodging establishment needs to record the date, time, and residual concentration of chemicals used in a pool.

RESPONSE: The MO DoH reviewed the rule and noted that the rule requires daily recording of the information listed in the question.

COMMENT: The Clay County Health Center suggested that pump and storage rooms also be ventilated.

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH has reviewed this comment and will include pump and storage rooms in subpart (3)(E)2.G.(III)(j).

COMMENT: The Clay County Health Center suggested that the pool capacity be posted.

RESPONSE: The MO DoH has reviewed this comment and has decided not to change the rule. No justification to impose this requirement was apparent.

COMMENT: The Marion County Health Department and Home Health Agency questioned whether the MO DoH wanted lodging establishments using chlorine in spas.

RESPONSE: The MO DoH has considered this question and has determined that a disinfectant should be present in spas used by the public. The rule specifies in subpart (3)(E)2.G.(IV)(d) that disinfectant feeders should be capable of supplying 20 parts per million chlorine or its equivalent.

COMMENT: Gamble & Schlemeier, Government Consultants, referenced subpart (3)(E)2.G.(IV)(f) where the rule specifies precautionary signage for spa usage. They stated that they were unclear as to why this exact wording needed to be used and the reason for a ten-minute limitation.

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH considered this comment and agrees to the comment that the exact wording is not necessary, only the substance of the precautionary signage is important. Therefore, the rule will be changed to allow for alternate wording, yet still will require the same precautionary information. The time limitation warning is specified for health and safety reasons. A person should not stay in water that is extremely hot for long periods of time. Many spas operate at or near 100 degrees Fahrenheit, a temperature that should not be tolerated more than 10 to 15 minutes. After being exposed to hot water for that period of time, a person should remove themselves and cool down before returning to the hot water. The wording is changed for subpart (3)(E)2.G.(IV)(f).

COMMENT: The Marion County Health Department and Home Health Agency asked a question in light of subparagraph (3)(F)1.C. regarding whether a registered engineer was the best person to certify electrical safety.

RESPONSE: The MO DoH reviewed the question asked and has determined that a registered engineer is the best person to certify a lodging facility for building safety.

COMMENT: The Marion County Health Department and Home Health Agency questioned who would or could test for leaks of LP gas systems.

RESPONSE: The MO DoH considered this question and concluded that the vendors of LP gas could conduct the testing as well as plumbers and the owners.

COMMENT: Gamble & Schlemeier, Government Consultants, questioned why part (3)(F)2.I.(I) limits the length of an extension cord to six feet (6'), and they recommend that we remove the requirement.

RESPONSE: The MO DoH has considered the recommendation and has decided not to change the rule. Use of extension cords has long been a fire and safety concern. The *National Electrical Code* has required electrical outlet boxes be located in such a manner as not to require an electrical fixture to need more than a six foot cord. Extension cords pose not only a fire hazard, but may also present a tripping hazard.

COMMENT: The Marion County Health Department and Home Health Agency cited part (3)(F)3.A.(VI) which requires all facilities to comply with local codes and ordinances and questioned whether this applies to existing facilities.

RESPONSE: The MO DoH reviewed this question and concluded that since this section of the rule reinforces the state lodging law concerning compliance with all local codes and ordinances, it does apply to existing lodging facilities.

COMMENT: Gamble & Schlemeier, Government Consultants, commented that part (3)(F)3.B.(III) appears to require a secondary means of egress be provided for rooms at dead end corridors, and recommended that existing structures be exempted from the rule.

RESPONSE: The MO DoH studied this comment and has decided not to change the rule. A close reading of the rule does not indicate any hardship for rooms at the end of a dead end corridor. The rule provides for exiting from a dead end room through a window to a balcony or fire fighting apparatus as approved by the local fire marshal.

COMMENT: The Bed and Breakfast Inns of Missouri recommended that the exemption granted in part (3)(F)3.C.(I) be extended to part (3)(F)3.C.(II).

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH has considered the recommendation and decided to extend the exemption to part (3)(F)3.C.(II).

COMMENT: The Bed and Breakfast Inns of Missouri expressed concern for what they felt was an ambiguity regarding what constitutes a fire alarm system. They believed that the reference to manual fire alarm pull stations in part (3)(F)3.E.(I)(a) may cause confusion.

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH has considered this comment and believes that if subparts (3)(F)3.E.(I)(a)-(e) is read in its entirety, there is no ambiguity. The MO DoH, however, will change the first word of subpart (3)(F)3.E.(I)(a) from "where" to "when" to provide some additional clarity.

COMMENT: Gamble & Schlemeier, Government Consultants, commented that subpart (3)(F)3.E.(I)(e), which requires that smoke and carbon monoxide detectors be interconnected by the year 2005, is costly and arbitrary and should be for new or renovated facilities.

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH has considered this comment and concedes that the rule may be somewhat arbitrary. However, it is believed that when the state legislature passed the lodging law charging the MO DoH with assuring "lodging establishments be in accordance with the applicable code," they expected the MO DoH to follow national codes. National fire codes presently require that smoke and carbon monoxide detectors be hardwired together for dependability. A loose network of battery-operated detectors has proven to be unreliable. It is acknowledged that for some establishments to convert from a battery network to hardwire system may take time, therefore, the date of compliance will be changed from 2005 to 2007 for subpart (3)(F)3.E.(I)(e).

COMMENT: Gamble & Schlemeier, Government Consultants, commented on part (3)(F)3.E.(III) which requires all buildings be protected throughout by an approved, supervised sprinkler system. They requested that an exemption to this rule be granted to all existing facilities.

RESPONSE AND EXPLANATION OF CHANGE: The MO DoH has considered this comment and has decided to change subpart (3)(F)3.E.(III)(b) to exempt existing facilities from requirement to provide an automatic sprinkler system.

COMMENT: The Bed and Breakfast Inns of Missouri expressed concern over large solid wood doors built prior to the establishment of fire ratings, meeting the 20-minute fire rating requirement.



RESPONSE AND EXPLANATION OF CHANGE: The MO DoH has considered this comment and will change part (3)(F)3.F.(I) of the rule to allow for local or state fire marshals to accept these doors in lieu of a 20-minute fire rated door.

COMMENT: The Bed and Breakfast Inns of Missouri stated that the private entity cost did not take into consideration the cost of modification necessary to bring existing facilities into compliance with the proposed rule.

RESPONSE: The MO DoH has reviewed the comment and believes that the private entity cost has considered all costs attributable to the rule. The rule excludes existing facilities from all major modifications. The proposed rule covers the lodging establishment guidelines that have been used by the MO DoH in its annual inspections and license approvals for several years. The industry is not being asked to adhere to unfamiliar standards.

### 19 CSR 20-3.050 Sanitation and Safety Standards for Lodging Establishments

(2) Requirements for initial license or renewal of a license on a lodging establishment that has been renovated.

(A) Lodging establishments located within jurisdictions regulated by local ordinances and regulations shall be erected, renovated and maintained in compliance with such ordinances and regulations. Such lodging establishments must comply with the following requirements before a license may be issued. When an establishment is being renovated only those areas being worked on must meet these requirements.

1. Present an occupancy permit issued by the regulating jurisdiction.
2. Comply with the Missouri Department of Natural Resources laws and regulations regarding, but not limited to:
  - A. Sewage treatment;
  - B. Drinking water;
  - C. Trash disposal;
  - D. Backflow.
3. Comply with the Missouri Department of Health laws and regulations regarding lodging establishments.
4. Comply with Great Lakes Upper Mississippi River Board of State and Provincial Public Health and Environmental Managers most recent standards for construction of swimming pools and spas.

(B) Lodging establishments located in areas outside of jurisdictions regulated by local ordinances and regulations shall comply with the following requirements before a state lodging license may be issued. When an establishment is being renovated only those areas being worked on must meet these requirements.

1. Must certify to the Missouri Department of Health that the establishment has been erected or renovated in accordance with the latest national standards for life safety, structural, electrical, plumbing, mechanical and architectural elements of the establishment to be licensed. Certification to these facts will be accepted from a registered professional engineer, registered architect, or the general contractor responsible for the construction of the establishment being licensed.
2. Comply with the Missouri Department of Natural Resources laws and regulations regarding, but not limited to:
  - A. Sewage treatment;
  - B. Drinking water;
  - C. Trash disposal;
  - D. Backflow.
3. Comply with the Missouri Department of Health laws and regulations regarding lodging establishments.
4. Comply with Great Lakes Upper Mississippi River Board of State and Provincial Public Health and Environmental Managers most recent standards for construction of swimming pools and spas.

5. Comply with the Missouri Department of Public Safety's laws and regulations that relate to pressure vessels.

(3) Requirements for Operating a Lodging Establishment.

(B) Wastewater Handling. Sewage and wastewater treatment and disposal systems which serve lodging establishments:

1. On-site sewage treatment and disposal systems:
  - A. On-site systems which generate three thousand (3,000) gallons or less of wastewater per day and that are maintained in a subsurface treatment and disposal system shall come under MO DoH jurisdiction. Any on-site system built after January 1, 1996 shall be constructed according to 19 CSR 20-3.060 "Minimum Construction Standards for On-Site Sewage Disposal Systems";
  2. Existing on-site systems regulated by MO DoH:
    - A. On-site systems installed prior to January 1, 1996, operating satisfactorily.
    - B. Upon completion of a visual inspection, the following conditions shall exist:
      - (I) No surfacing or discharging of effluent;
      - (II) No production of odors or the creation of a habitat for insect breeding, (i.e. mosquitoes, flies, etc.);
      - (III) No contamination of surface water or groundwater.
    - C. Malfunctioning systems shall be renovated according to 19 CSR 20-3.060 "Minimum Construction Standards for On-Site Sewage Disposal Systems."
3. Existing or proposed on-site systems which generate more than three thousand (>3,000) gallons of daily effluent flow or connected into waste stabilization ponds, extended aeration package treatment plants, and other alternative systems which discharge shall have a National Pollutant Discharge Elimination System (NPDES) Permit or a General Permit issued by the MO DNR. (A current copy of the MO DNR NPDES permit or a general permit must be provided to the administrative authority.)
  - A. Existing on-site systems regulated by the MO DNR and possess a discharge permit shall:
    - (I) Not produce odors or create a habitat for insect breeding, (i.e., mosquitoes, flies, etc.);
    - (II) Not have tall weeds or trees growing on or in a lagoon or its berm.
  - (C) Sanitation/Housekeeping. Lodging establishments shall be kept in a clean and sanitary condition; in good repair, and shall be maintained and operated with strict regard to health and safety of the patrons. The following items shall be held in compliance:
    1. Walls, floors and ceilings of guest rooms shall be kept clean and in good repair. Furnishings, including draperies, beds, furniture and lamps, shall be kept clean and in good repair.
    2. Clean and proper housekeeping shall be employed in guest rooms and related facilities.
      - A. A room in use shall be cleaned each time different guest rents the room, but in any event not less than every other day.
      - B. Towels and washcloths that have been cleaned shall be provided in the guest room each day that guest room is occupied by a different guest.
      - C. Bed linens that have been cleaned shall be provided in the guest room each day that guest room is occupied by a different guest. Bedspreads shall be clean and maintained in good repair. If a room is continuously occupied by the same guest, bed linens shall be changed at least weekly.
      - D. Mattresses and boxsprings shall be clean and in good repair. The sleeping surfaces of a mattress in use shall be completely covered by a sheet. Excessively damaged or soiled mattresses and/or boxsprings shall be replaced.
      - E. Rodents and insects shall be controlled at all times. If rodenticides and/or pesticides are stored and/or used on the premises, they shall be stored away from areas containing food, and not accessible to guests.

F. Ice provided for the use of guests and patrons shall be made from a potable water supply approved by the Department of Health or Department of Natural Resources. The ice shall be protected from contamination which shall include the following:

(I) Ice machines, dispensers or chests shall be sheltered from the weather, kept in good repair and the ice compartment shall be kept clean and free of mold, rust, debris, foreign objects or other contaminants. Establishments licensed after the effective date of this rule shall provide only dispensing self-service ice machines for guest use. Any establishment licensed before the effective date of this rule that replaces or adds a new self-service ice machine for guest use shall only provide a dispensing type self-service ice machine.

(II) An approved scoop with a handle that is seamless and without cracks shall be provided for each bin-type ice machine or chest. The scoop may be stored in a holster in the ice compartment, in a smooth non-absorbent holder outside the ice machine or chest, or in another manner acceptable to the Department of Health.

(III) Individual ice buckets or containers, if provided, shall be kept clean, in good repair, and constructed of a smooth non-absorbent food grade material. Ice buckets or containers shall be washed, rinsed and sanitized as described in paragraph (3)(C)3.J.(I)(a)-(b) of this rule, or shall be provided with a food-grade single service liner. Re-use of the food-grade single service liner is forbidden.

G. The guest rooms, buildings and premises shall be kept neat and free of refuse and debris. Guest room trash containers shall be emptied daily.

(I) Garbage and refuse shall be stored in a covered durable, leak-proof, and vermin-proof, non-absorbent container. Outdoor trash containers shall be stored on a smooth, hard surface such as concrete or machine-laid asphalt that is sloped to drain. Garbage and refuse shall be disposed of on a routine basis.

(II) Plant growth shall be controlled by cutting/trimming in a manner that prevents/eliminates harborage (cover) for pests such as rodents, vermin, reptiles and other small animals within close proximity to the lodging establishment and its attendant facilities.

(III) Items which create a harborage for insects or vermin, or create a health or safety hazard shall be removed.

3. Lodging establishments that prepare or serve food, except those serving only continental breakfasts or similar repasts shall comply with current Missouri Department of Health regulations governing food establishments. Lodging establishments that offer only continental breakfasts or similar repasts to their guests shall conform strictly to the following rules.

A. Continental breakfast shall be defined as consisting of prepackaged foods, brewed/prepared non-alcoholic beverages, and foods not needing additional preparation before service to the public.

B. Food shall be of sound condition, free from spoilage, filth or other contamination and shall be safe for human consumption. Food shall be obtained from sources approved or considered satisfactory by the Department of Health.

C. Food offered to the public for continental breakfast shall be protected from consumer contamination by the use of packaging or by the use of an easily cleanable counter serving line with "sneeze guards," display cases, or by other effective means.

D. All beverages including milk shall be offered in either single-service containers or dispensed from covered containers to prevent contamination of drinks that are offered to the general public. Leftover beverages other than from unopened single-service or bulk dispensers shall be discarded.

E. Food serving areas and food contact surfaces shall be smooth, free of breaks, open seams, cracks, chips, and similar imperfections. Food shall be presented in such a way as to be protected from cross-contamination.

F. Once served to a consumer, portions of leftover food and beverages shall not be served again. Exception—packaged food that is still in the package and in sound condition may be reserved.

G. Condiments provided for table or counter service shall be individually portioned. Sugar and sweetener for consumer use shall be provided in individual packages or in covered pour-type dispensers.

H. Potentially hazardous foods shall be held at temperatures according to current food regulations of the Missouri Department of Health, or local food codes.

I. To avoid unnecessary manual contact with food, suitable dispensing utensils or items shall be provided to consumers who serve themselves. Between uses during service, dispensing utensils shall be stored in the food with the dispensing utensil's handle extended out of the food, or stored clean and dry.

(I) Single-service articles shall be handled and dispensed in a manner that prevents contamination of surfaces which may come into contact with food or with the mouth of the user.

(II) Reuse of single-service items is prohibited.

(III) Reuse of soiled tableware for additional food is prohibited.

(IV) Tableware offered for guest use for continental breakfasts may be either reusable utensils or single-service articles. All utensils not intended for single service use shall be washed, rinsed and sanitized as per paragraph (3)(C)3.J.(I)(a)-(b) of this rule.

(V) A convenient handwashing facility shall be available for attendants of the continental breakfast.

J. Drinking glasses or utensils provided to rooms shall be single-service items, or if reusable glasses or coffeepots are offered, these shall be clean, sanitary and conform to the following practices:

(I) Prior to placement in the guest room, reusable drinking glasses and utensils shall be washed, rinsed and sanitized in either of the methods below. After sanitization, all drinking glasses and utensils shall be air-dried and protected from subsequent contamination. Sanitization is to be accomplished by one of the following methods.

(a) A clean three (3)-vat sink may be used with glasses washed in a clean, hot detergent solution in the first vat, rinsed in clean water in the second vat, and sanitized in the third vat. This dishwashing facility shall be so located as to be protected from possible outside sources of biological or chemical contamination. Sanitization is to be accomplished by one of the following methods:

I. Sanitized by immersion for at least one-half (1/2) minute in clean, hot water at a temperature of at least one hundred seventy degrees Fahrenheit (170°F).

II. Immersed for at least ten (10) seconds in a clean solution containing at least fifty (50) parts per million of available chlorine as a hypochlorite and at a temperature of at least one hundred degrees Fahrenheit (100°F).

III. Immersed for at least thirty (30) seconds in a clean solution containing between twelve and one-half (12.5) and twenty-five (25) parts per million of available iodine and having a pH not higher than five (5.0) and at a temperature of at least seventy-five degrees Fahrenheit (75°F).

IV. Immersed in a clean solution containing any other chemical sanitizing agent recognized by the regulating authority as effective and that will provide the equivalent bactericidal effect of a solution containing at least fifty (50) parts per million of available chlorine as a hypochlorite at a temperature of at least one hundred degrees Fahrenheit (100°F) for ten (10) seconds.

(b) Cleaning and sanitizing may be done by spray-type or immersion dishwashing machines or by any other type of machine or device if it is demonstrated that it thoroughly cleans and sanitizes equipment and utensils. These machines and devices shall be so installed to be protected from possible outside sources

of biological or chemical contamination, and maintained in good repair. Machines and devices shall be operated in accordance with manufacturers' instructions, and utensils and equipment placed in the machine shall be exposed to all dishwashing cycles. Automatic detergent dispensers, wetting agent dispensers, and liquid sanitizer injectors, if any, shall be properly installed and maintained.

I. Single-tank, stationary-rack and door-type machines and spray-type glass washers using chemicals for sanitization may be used if the following requirements are met:

- a. The temperature of the wash water shall not be less than one hundred twenty degrees Fahrenheit (120°F);
- b. The wash water shall be kept clean;
- c. Chemicals added for sanitization purposes shall be automatically dispensed;
- d. Glasses and utensils shall be exposed to the final chemical sanitizing rinse in accordance with manufacturers' specifications for time and concentration;
- e. The chemical sanitizing rinse water temperature shall not be less than seventy-five degrees Fahrenheit (75°F) nor less than the temperature specified by the machine's manufacturer;
- f. Chemical sanitizers used shall meet the requirements of the regulating authority; and
- g. A test kit or other device that accurately measures the parts per million concentration of the solution shall be available and used.

II. Machines using hot water for sanitizing may be used if wash water and pumped rinse water is kept clean and if water is maintained at not less than these temperatures.

- a. Single-tank, stationary-rack, dual-temperature machine—wash temperature, one hundred fifty degrees Fahrenheit (150°F), and final rinse temperature, one hundred eighty degrees Fahrenheit (180°F).
- b. Single-tank, stationary-rack, single temperature machine—wash temperature and final rinse temperature one hundred sixty-five degrees Fahrenheit (165°F).
- c. Single-tank, conveyor machine—wash temperature, one hundred sixty degrees Fahrenheit (160°F) and final rinse temperature, one hundred eighty degrees Fahrenheit (180°F).
- d. Multi-tank, conveyor machine—wash temperature one hundred fifty degrees Fahrenheit (150°F), pumped rinse temperature, one hundred sixty degrees Fahrenheit (160°F), and final rinse temperature, one hundred eighty degrees Fahrenheit (180°F).
- e. Single-tank, pot, pan, and utensil washer (either stationary or moving-rack)—wash temperature, one hundred forty degrees Fahrenheit (140°F) and final rinse temperature, one hundred eighty degrees Fahrenheit (180°F).

4. During all working periods of food service, employees shall observe good hygienic practices. Employees shall thoroughly wash their hands and the exposed portions of their arms with soap and warm water before starting work, during work and as often as is necessary to keep them clean and after using the toilet, smoking, eating or drinking.

(E) Swimming Pools/Spas. Construction, maintenance and operation of swimming pools, spas, and other bathing facilities shall be in accordance with the requirements listed below:

1. New swimming pools shall be designed by a licensed registered engineer. The design developed by the engineer must comply with the *Great Lakes Upper Mississippi River Board of State and Provincial Public Health and Environmental Managers* which is incorporated by reference in this rule, and that fact shall be certified by a licensed registered engineer, or architect;

2. Requirements regarding design, detail and structural stability of existing swimming pools are as follows:

A. The boundary line between the shallow (five feet (5') or less in depth) or the deep (greater than five feet (5') in depth) areas

shall be marked by a line of contrasting color on the floor and walls of the pool, and by a safety rope and floats equipped with float keepers;

B. Diving boards, if provided, shall conform to the criteria listed in Table 1, which is included herein. Further, there shall be a completely unobstructed clear distance of sixteen feet (16') above the diving board measured from the center of the front end of the board. This area shall extend at least eight feet (8') to each side, and sixteen feet (16') ahead of the measuring point.

C. Slides for use in swimming pools shall conform to general requirements of part 1207.3 to 1207.5 of the Consumer Product Safety Act;

D. Steps, ladders or stairs shall be provided at the shallow end, and steps or ladders shall be provided in the deep portion. If the pool is over thirty feet (30') wide, such steps, ladders or stairs shall be installed on each side.

(I) Pool ladders, stairs, and steps shall be easily cleanable, corrosion-resistant and equipped with non-slip treads. All ladders shall be so designed as to provide a handhold. Where stairs, steps or ladders are provided, there shall be a handrail at the top of each side thereof extending over the coping of the edge of the deck.

E. General safety requirements are as follows:

(I) Swimming pools shall be protected by a fence, wall, building or other enclosure that is at least four feet (4') in height. The enclosure shall be made of a durable material. Artificial barriers shall be constructed so as to afford no external handholds, footholds, or opening large enough to allow a toddler to pass through, be equipped with a self-closing and positive self-latching closure mechanism on gates. The latch shall be installed as high as possible, located inside the gate. All natural barriers, hedges, pool covers, or other protective devices must be approved by the administrative authority;

(II) Depth of water shall be plainly marked with four inch (4")-high black numbers at or above the water surface on the vertical pool wall and on the edge of the deck, at maximum and minimum points of break between the deep and shallow portions, and at intermediate increments of depth, spaced at not more than twenty-five foot (25') intervals measured peripherally. Markings shall be on both sides and ends of the pool. Where depth markings cannot be placed on the vertical walls above the water level, other means shall be used so that the markings will be plainly visible to persons in the pool;

(III) Pool ladders, stairs, and steps shall be maintained in good repair at all times;

(IV) One unit of lifesaving equipment consisting of both a throwable device and a reaching device shall be provided for each two thousand (2,000) square feet of water surface area. Lifesaving equipment shall be mounted in conspicuous places, distributed around the swimming pool deck. Lifesaving equipment shall be kept in good repair and ready condition. It shall be kept in an established location and shall be used only for its intended purpose. Minimum lifesaving equipment shall consist of the following:

(a) Throwable devices: A U.S. Coast Guard approved device, fitted with a one quarter inch (1/4") diameter line with a length of 1.5 times the maximum width of the pool or fifty feet (50'), whichever is greater;

(b) Reaching devices: A life pole or shepherd's crook type of pole, having blunted ends with minimum length of twelve feet (12');

(V) Whenever the pool area is less than two thousand (2,000) square feet and is opened for use and no lifeguard service is provided, warning signs shall be placed in plain view of the entrances and inside the pool area which state "WARNING—NO LIFEGUARD ON DUTY" with plainly legible letters. Swimming pools having an area two thousand (2,000) square feet of water surface or greater shall have a certified lifeguard present at all times

the pool is available for use. In pools with two thousand (2,000) square feet or more of water surface area, one (1) additional certified lifeguard shall be provided for each additional two thousand (2,000) square feet;

(VI) A first aid kit must be readily available for pool use at all times;

(VII) No glass containers shall be used in the pool area;

F. Lighting and electrical requirements are as follows:

(I) Artificial lighting shall be provided at all swimming pools which are to be used at night or which do not have adequate natural lighting so that all portions of the pool, including the bottom, may be readily seen without glare.

(a) All lighting shall be maintained in good repair at all times; and

(II) Receptacles on the property shall be located at least ten feet (10') from the inside walls of a pool. However, one (1) receptacle that provides power for a recirculating pump motor for a permanently installed pool, shall be permitted not less than five feet (5') from the inside walls of the pool provided the receptacle is single, of the locking and grounding types and protected by a ground-fault circuit-interrupter. All receptacles located within twenty feet (20') of the inside walls of a pool shall be protected by a ground-fault circuit-interrupter;

(III) Switching devices on the property shall be located at least five feet (5') from the inside walls of a pool unless separated from the pool by a solid fence, wall or other permanent barrier;

(IV) Only utility-owned, operated and maintained supply lines or service drops may be allowed to pass over swimming pool areas in accordance with Table 2, which is included herein. Utility-owned, operated and maintained communication lines (i.e. telephone, cable TV) shall be permitted to pass over swimming pool areas if at a height of no less than ten feet (10') above the area except over the existing diving board;

G. Requirements for the recirculation system and water quality are as follows:

(I) The recirculation system shall comply with the following requirements:

(a) Swimming pools shall be designed to provide for continuous disinfection of the pool water with a chemical which is an effective disinfectant and which imparts an easily measurable, active residual. The disinfecting materials and methods shall not be dangerous to public health, create objectionable physiological effects, or impart toxic properties to the water. An automatic disinfection feeder which is easily adjustable shall be provided for the continuous application of disinfectant at a rate supplying disinfectant to the pool in the range at recommended levels.

I. When chlorine is the disinfectant, a free chlorine residual of at least one (1.0 ppm) shall be maintained throughout the pool.

II. Other disinfecting materials or methods are subject to approval of the administrative authority and may be used when it has been demonstrated that they provide a satisfactory residual which is easily measured and is operated according to the manufacturer's specifications;

(b) The recirculation system serving the pool shall operate in accordance with manufacturer's criteria or other engineering criteria;

(II) Swimming pools shall meet the following requirements regarding water quality:

(a) An appropriate test kit shall be provided and capable of properly measuring disinfectant and pH residual;

(b) The swimming pool water pH shall be maintained at a level between 7.2 and 7.8;

(c) Swimming pool water shall have sufficient clarity that the main drain cover is readily visible at the deepest point of the swimming pool when viewed from the side of the swimming pool;

(d) Any chemical applied in swimming pools must be used in accordance with the manufacturer's instructions;

(III) Miscellaneous requirements are as follows:

(a) The swimming pool and deck areas shall be kept clean, free of cracks, peeling paint, and tripping hazards;

(b) A cleaning system shall be provided to remove dirt from the bottom of the pool;

(c) Surface skimmers, strainer baskets and perimeter overflow systems shall be kept clean and in good repair;

(d) Main drain grates shall be whole, opening shall not be over one-half inch (1/2") wide, and in good repair and firmly affixed at all times;

(e) All pool equipment shall be kept clean and in good repair at all times;

(f) Discharged pool water shall conform to Missouri Department of Natural Resources regulations;

(g) Water shall be maintained at the overflow level;

(h) Daily operating records shall be maintained by the owner or operator and available upon request. The residual concentration of all chemicals used in the pool, pH, and the date and time of the information provided shall be recorded. Other information to be recorded includes water temperature, amount of chemicals used, flow rate, equipment breakdowns, amount of makeup water; and reported accidents requiring medical attention. A sign-in sheet shall be available for patrons wishing to use the pool;

(i) Pool chemicals shall be stored separately from all other chemicals. All chemicals shall be handled, stored and labeled properly in accordance with the manufacturer's recommendations; and

(j) Indoor pool areas, pump rooms, and storage rooms shall be vented to the exterior;

(IV) Spas shall meet the additional following requirements, exemption—a pool used under direct supervision of qualified medical personnel is excluded:

(a) The maximum water depth shall be four feet (4') measured from the water line. The maximum depth of any seat or sitting bench shall be two feet (2') measured from the water line;

(b) Water temperature controls shall be provided to prevent water temperatures from exceeding one hundred four degrees Fahrenheit (104°F). The controls shall be accessible only to the pool operator;

(c) Outlets shall be designed so that each pumping system prevents user entrapment;

(d) Disinfectant feeders shall be capable of supplying at least twenty (20) ppm chlorine or equivalent;

(e) The agitation system shall be separate from the water treatment recirculation system. The agitation system shall be connected to a timer; and

(f) A legible sign visible from the spa shall be provided. It shall state at the minimum: "Caution. Any person having an acute or chronic disease such that use of this spa might adversely affect their health should consult a physician before using this spa. Do not use the spa alone or without supervision. Do not use the spa longer than 10 minutes. Children shall be accompanied by an adult." Additional precautionary information may be added as deemed necessary by the lodging facility or manufacturer.

(F) Life Safety. The lodging establishment shall be constructed, operated and maintained with strict regard to health and safety.

1. General requirements are as follows:

A. Combustibles, whether solid, liquid or gaseous, shall be properly used and stored so that they do not present a hazard to health or life safety;

B. Toxic, corrosive, oxidizing or other hazardous materials shall be properly used, stored, and disposed so that they do not present a hazard to health or life safety;

C. If the inspecting authority suspects that defects are present with regards to the integrity of the structure or electrical system of the lodging establishment, that authority may require the owner to retain the services of a registered engineer to certify the lodging facility for building safety;

2. Safety—Electrical. Electrical components of lodging facilities must be installed and maintained in accordance with this rule. General requirements are as follows:

A. Electrical service entrances to lodging facilities must be approved by the public utility serving the establishment prior to opening and within three (3) years of the implementation of this rule for existing lodging establishments;

B. New lodging facilities having electrical outlets installed in wet locations or outdoors are required to be fitted with ground-fault circuit interrupters. This rule applies to existing lodging facilities if the facility undergoes renovation or rewiring;

C. Electrical switches, outlets and junction boxes must be covered and properly protected from physical damage at all times;

D. All appliances must be grounded to design specifications;

E. Wire splices shall be located in covered junction boxes at all times;

F. Bare or frayed wiring is prohibited;

G. Three (3)-prong receptacles must be properly grounded at all times;

H. Public hallways, stairways, landings, and foyers shall be sufficiently illuminated at all times to prevent tripping or other injuries to persons at the lodging facility's foyers;

I. Temporary wiring and flexible cords shall not be used in place of fixed wiring except for extension cords that are appropriately sized for appliances;

(I) Use of extension cords longer than six feet (6') is prohibited. No more than one (1) extension cord per room may be used;

J. Wattage of light bulbs shall not exceed the wattage rating of corresponding light fixtures;

K. Empty light sockets are prohibited;

L. Circuit boxes shall be protected from physical damage and maintained in good condition. Storage of items that obstruct the vision of or access to circuit boxes is prohibited. Access to electrical panels is to be unobstructed; and

M. Fuses and circuits must be labeled for identification;

3. Safety—Fire.

A. General Requirements.

(I) Hangings or draperies shall not be placed over exit doors or located to conceal or obscure any exit.

(II) Mirrors shall not be placed on exit doors or adjacent to any exit that may confuse the direction of exit.

(III) Housekeeping practices that ensure fire safety shall be maintained daily.

(IV) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(V) No fresh-cut Christmas trees shall be used unless they are treated with a flame resistant material. Documentation of the treatment shall be on file at the facility.

(VI) All facilities shall comply with all local building codes, fire codes and ordinances.

(VII) Dead-end corridors or hallways shall not exceed thirty-five feet (35').

B. Exiting and Means of Egress.

(I) Means of egress, from all guest rooms/guest suites to the outside of the building shall have access to a primary means of escape. The primary means of escape shall be a door, stairway, or ramp providing a means of unobstructed travel without traversing any corridor or space exposed to an unprotected vertical opening. The primary means of escape shall lead outside of the dwelling unit at street or ground level. Exemption: all facilities that are licensed prior to the effective date of these rules.

(II) Where the guest rooms/guest suites are above or below the level of exit discharge, the primary means of escape shall be an enclosed interior stair, an exterior stair, a horizontal exit, or an existing fire escape stair. Exemption: All facilities that are licensed prior to the effective date of these rules.

(III) In addition to the primary route, each room shall have a second means of escape in accordance with the following:

(a) A door, stairway, passage, or hall providing a way of unobstructed travel to the outside of the dwelling at street or ground level, that is independent of and remote from the primary means of escape;

(b) A passage through an adjacent non-lockable space, independent of and remote from the primary means of escape, to any approved means of escape;

(c) An outside window or door operable from the inside without the use of tools, keys, or special effort and providing a clear opening of not less than twenty inches (20") in width, twenty-four inches (24") in height, and 5.7 square feet in area. The bottom of the opening shall not be more than forty-four inches (44") above the floor. Such means of escape shall be acceptable if the window is within twenty feet (20') of grade, the window is directly accessible to fire department rescue apparatus as approved by the local fire inspector or State Fire Marshal's office, or the window or door opens onto an exterior balcony. Exceptions: A secondary means of escape shall not be required:

I. If the bedroom or living area has a door leading directly to the outside of the building at or to grade level; or

II. If the dwelling unit is protected throughout by an approved, supervised automatic sprinkler system.

(IV) Every story more than two thousand (2,000) square feet in area or with a travel distance to the primary means of escape more than seventy-five feet (75') shall be provided with two (2) primary means of escape remotely located from each other. A remote exit or a remote means of egress is when two (2) exits or two (2) exit access doors are required. Each door or exit access door shall be placed at a distance apart equal to not less than one-half (1/2) the length of the maximum overall diagonal dimension of the building or area to be used. Exception No. 1: All facilities that are licensed prior to the effective date of these rules. No. 2: Building protected throughout by an approved, supervised automatic sprinkler system.

(V) There shall be no storage on stairs or landings.

(VI) No door in any means of egress shall be locked against egress when the building is occupied.

(a) Exception: Delayed egress locks shall be permitted, provided not more than one (1) such device is located in any one egress path. The door lock unlocks upon loss of power to the building. The door lock unlocks upon actuation of the fire sprinkler system. The door lock unlocks upon activation of the fire alarm system in the building.

(b) Exception: Exterior doors shall be permitted to have key-operated/or knob-operated locks provided the key cannot be removed from the lock.

(VII) All facilities that use stairs as a component in the means of egress shall comply with the following:

(a) All open face stairs shall have guards placed on the sides. Guards shall be placed so that a four-inch (4") diameter sphere shall not pass through them. All guards shall be attached to the stair in a sturdy manner. Exception: Existing stairs may continue to be used subject to approval of administrative authority having jurisdiction.

(b) All ramps that are used in the exit discharge shall have a minimum width of forty-four inches (44") in all facilities.

(c) All ramps shall have a slip resistant surface.

(d) All ramps that are greater than six inches (6") in height shall have handrails and guards placed on each side. The handrails and guards shall comply with the stair requirements listed above;

(e) No door or path of travel in a means of escape shall be less than twenty-eight inches (28") wide in existing facilities, and in all new facilities the doors shall be thirty-two inches (32") wide. Exception: Bathroom doors shall be not less than twenty-four inches (24") wide;

(f) Every closet door latch shall be such that it can be readily opened from the inside in case of emergency;

(g) Every bathroom door shall be designed to allow opening from the outside during an emergency when locked;

(h) No door in any means of escape shall be locked against egress when the building is occupied. See exception (b) in (3)(F)3.B.(VI) of this rule;

(i) Doors serving a single dwelling unit shall be permitted to be provided with a lock, however, a key operation shall be allowed, providing that the key cannot be removed when the door is locked from the side from which egress is made.

#### C. Protection.

(I) Every floor that separates stories in a building shall be constructed as a smoke barrier to provide a basic degree of compartmentation. Exemption: All facilities that are licensed prior to the effective date of these rules.

(II) Openings through floors, such as stairways, hoistways for elevators, dumbwaiters, inclined and vertical conveyors; shaftways used for light, ventilation, or building services; or expansion joints and seismic joints used to allow structural movements, shall be enclosed with fire barriers (vertical), such as wall or partition assemblies whose fire resistance rating is not less than thirty (30) minutes. Such enclosures shall be continuous from floor to floor. Openings shall be protected as appropriate for the fire resistance rating of the barrier. Exemption: All facilities that are licensed prior to the effective date of these rules.

#### D. Interior Finishes.

(I) Textile materials having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic material shall not be used as an interior wall, ceiling, or floor finish unless approved by the administrative authority having jurisdiction.

#### E. Fire Alarms, and Extinguishment.

(I) A fire alarm system shall be installed and maintained in good working order.

(a) When manual fire alarm pull stations are provided, they shall be located in the natural path of escape near each required exit from an area. Each manual fire alarm station on a system shall be accessible, unobstructed, visible, and of the same general type. A manual fire alarm station is to be located at the hotel desk or other convenient central control point under continuous supervision by responsible employees. Exception: Buildings protected throughout by an approved, supervised automatic sprinkler system.

(b) Facilities using equipment or appliances that pose a potential carbon monoxide risk, including facilities with attached parking garages, shall install a carbon monoxide detector(s) within the immediate vicinity of the carbon monoxide source. The number of detectors shall be determined by the local administrative authority.

(c) Smoke detectors shall be installed in all sleeping rooms, common areas, and workspaces.

(d) Carbon monoxide and smoke detectors shall be in good operating condition. If a battery-operated detector is routinely not operational, the provider shall install a detector that is powered by the building's electrical system with a battery backup.

(e) By June 2007, all smoke detectors and carbon monoxide detectors shall be interconnected and powered by the building's electrical system with battery backup.

(II) Occupant notification shall be provided automatically, without delay, throughout the entire building, by internal audi-

ble alarm. Visible signals shall be installed in guest rooms designated for hearing-impaired individuals.

(III) All buildings shall be protected throughout by an approved, supervised automatic sprinkler system.

(a) Exception: Buildings other than high rise, where all guest sleeping rooms have a door that opens directly to the outside at street or ground level or to exterior exit access.

(b) Exception: All facilities that are licensed prior to the effective date of these rules.

(IV) Smoke and carbon monoxide detectors shall be tested once per month or as needed to ensure they are operating properly, and batteries shall be changed yearly or as needed. All sprinkler and smoke detector systems shall be tested and approved annually by a fire alarm or sprinkler company.

(V) Records shall be kept on file showing the dates the sprinkler, and smoke and carbon monoxide detector systems were tested, results of those tests, and dates that the batteries were changed in smoke and carbon monoxide detectors.

(VI) Portable fire extinguishers (51b, 2A-10BC) shall be required in all facilities. Fire extinguishers shall be located in or near the cooking area, and near all sleeping rooms. The maximum travel distance to a fire extinguisher shall be no greater than seventy-five feet (75').

(VII) All fire extinguishers shall be inspected, maintained, and installed annually by a fire extinguisher company.

#### F. Separation of Sleeping Rooms.

(I) All sleeping rooms shall be separated from escape route corridors by walls and twenty (20) minute fire rated doors or accepted by local/state fire marshal that are smoke resistant. There shall be no louvers or operable transoms or other air passages penetrating the wall except properly installed heating and utility installations.

(II) Sleeping room doors shall be provided with sleeping room latches or other mechanisms suitable for keeping the doors closed. Doors shall be self-closing or automatic-closing upon detection of smoke. Exception: Door-closing devices shall not be required in buildings protected throughout by an approved, automatic sprinkler system or exterior doors that lead to outside of the dwelling unit at street or ground level.

#### G. Emergency Evacuation Plans, and Drills.

(I) A floor diagram reflecting the actual floor or exterior doors that lead outside of the dwelling unit at street or ground level arrangement, exit locations, and room identification shall be posted in a location and manner acceptable to the local authorities in every guest room or immediately adjacent to every guest room door.

(II) Employees shall be instructed and drilled in the duties they are to perform in the event of fire, panic, or other emergency. A copy of an emergency evacuation plan and employee instruction guide shall be kept on file that is accessible by all staff.

(III) Fire safety information shall be provided to allow guests to decide either to evacuate to the outside, evacuate to an area of refuge, remain in place, or any combination of the three (3).

#### H. Heating, Cooling and Air Conditioning Equipment.

(I) Unvented fuel-fired room heaters, portable electrical space heaters, shall not be used.

(II) Facilities heating with a boiler or with a water heater over two hundred thousand British thermal units (200,000 Btu) per hour input or larger, shall have a valid permit posted on the premises, as well as on file with the State Fire Marshal's Office, Division of Fire Safety.

(III) Gas and electric heating equipment shall be equipped with thermostatic controls. Gas water heaters shall be vented properly by a galvanized flue pipe with screws at every joint in the pipe, or by material recommended by the manufacturer.

(IV) Furnace rooms shall be properly vented to the outside. Furnace flue pipes shall be constructed of galvanized pipe or

material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(V) Joints in gas supply pipes shall be located outside the furnace cabinet housing.

(VI) Gas shut-off valves shall be located next to all gas appliances, furnaces, and water heaters.

(VII) The furnace and water heater shall be located inside a fire resistant room. The room shall have a one (1)-hour fire rated door. Furnace rooms and rooms containing water heaters shall not be required to be fire resistive if an automatic sprinkler head is installed off the domestic water system and a smoke detector is located directly outside the room that is interconnected to the other smoke detectors throughout the facility.

(VIII) If a furnace or water heater is located inside a garage, it shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room.

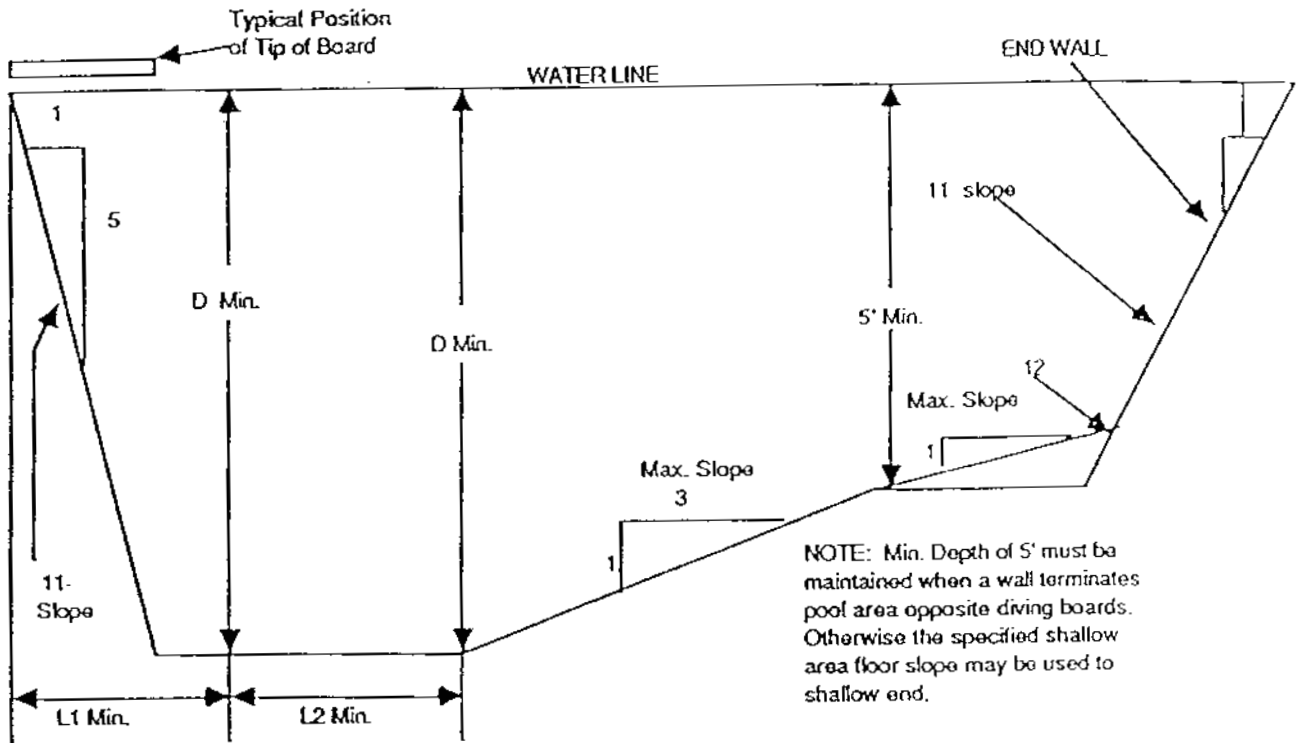
(IX) Furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(X) Furnace rooms and rooms containing water heaters shall have adequate combustion air for the units. The vent size openings for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btu input, if the combustion air is drawn from inside the structure, and one (1) square inch per four thousand (4,000) Btu input if the air is drawn from outside the structure. There shall be two (2) combustion air vent openings in each furnace room. One (1) shall be located at the lower level and the other at the upper level. One (1) combustion air vent opening shall be permitted if the vent opening extends directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btu input of the total gas appliances located in the room. The gas appliances shall have a clearance around them of one inch (1") from the sides and back and six inches (6") from the front of the unit.

(XI) Air conditioning, heating, ventilating duct work, and related equipment shall be installed in a safe manner and be in good operating condition.

TABLE 1

Minimum Dimensions for Pools with Diving Equipment



		Minimum Dimensions			
Max. Board Height Over Water	Max. Diving Board Length	D	L1	L2	Pool Width
26" (2/3 meter)	10'	8'-6"	2'-6"	10'-0"	20'-0"
30" (3/4 meter)	12'	9'-0"	3'-0"	10'-0"	20'-0"
1 meter	16'	10'-0"	4'-0"	12'-0"	20'-0"
3 meter	16'	12'-0"	6'-0"	12'-0"	20'-0"

Placement of boards shall observe the following minimum dimensions. With multiple board installations minimum pool width must be increased accordingly:

- 1 Meter or Less Board to Pool Side: 10'-0"
- 3 Meter Board to Pool Side: 12'-0"
- Distance between adjacent boards: 10'-0"



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

**Division 30—Division of Health Standards and Licensure**

**Chapter 20—Hospitals**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Health and Senior Services under sections 192.006, 197.080 and 197.293, RSMo 2000, the department amends a rule as follows:

**19 CSR 30-20.011 Definitions Relating to Hospitals is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2001 (26 MoReg 1531). Those sections with changes are reprinted here. The proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The Department of Health and Senior Services received 37 letters of comment of this proposed amendment.

**COMMENT:** Thirty-two letters of comment were received from organizations or individuals representing hospitals, healthcare organizations or Emergency Medical Services agencies stating that section (39)(A) was confusing. They pointed out that the decision for a hospital to go on diversion may be based upon a number of reasons.

**RESPONSE AND EXPLANATION OF CHANGE:** The department agrees that subsection (39)(A) is unnecessary and may be confusing. The department is deleting the originally proposed subsection (39)(A) and adding language to allow hospitals to implement a diversion for additional reasons. The amendment will be renumbered to show that (39)(A) now addresses Defined Service Area.

**COMMENT:** Six letters of comment offered recommendations from community plans on classifications of diversions that they felt were less confusing. They also recommended that diversion classification would be best addressed in community plans rather than a state regulation.

**RESPONSE:** Community wide diversion plans are regulated under 19 CSR 30-20.021(3)(C)12.G. Communities may develop their own classification but no changes will be made to this amendment defining diversion.

**COMMENT:** One letter of comment was received that felt that in communities that border other states, the community should be allowed to include hospitals from another state in the catchment area.

**RESPONSE:** The proposed amendment does not prevent a community from having a plan that would involve hospitals from across state lines, therefore, no changes will be made as a result of their comment.

**19 CSR 30-20.011 Definitions Relating to Hospitals**

(39) Diversion—a plan to temporarily close a hospital emergency department to ambulance traffic. This may be due to the emergency department being overwhelmed with significantly critically ill or injured patients, or an overwhelming number of minor emergency patients, to the extent that the hospital is unable to provide quality care or protect the health or welfare of the patients it serves. A diversion also may be implemented if the hospital has resource limitations, such as, no available beds in specialty care

units or general acute care, no surgical suites or shortages of equipment or personnel.

(A) Defined service area—The geographic area served by a defined group of hospitals and emergency services. In areas where there is a community-based emergency medical services diversion plan, the service area(s) defined as the catchment area by the plan will be the defined service area(s). In areas where there is not a community-based emergency medical services diversion plan, the defined service area will be a twenty (20)-mile radius from a hospital.

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

**Division 30—Division of Health Standards and Licensure**

**Chapter 20—Hospitals**

**ORDER OF RULEMAKING**

By the authority vested in the Department of Health and Senior Services under sections 192.006, 197.080 and 197.293, RSMo 2000, the department amends a rule as follows:

**19 CSR 30-20.015 Administration of the Hospital Licensing Program is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2001 (26 MoReg 1531-1532). 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 Department received two letters of comment on this proposed amendment.

**COMMENT:** The Missouri Nurses Association submitted a letter stating that the organization felt that the proposed amendment was a positive step in ensuring the health and safety of patients in Missouri.

**RESPONSE:** The Department agrees with the comment.

**COMMENT:** The Missouri Hospital Association submitted a lengthy letter with comment and recommendations. The Association felt that the amendment did not incorporate the inspection process outlined in SB 788 (L2000), for the implementation of intermediate sanctions.

**RESPONSE:** The inspection process and intermediate sanctions outlined in SB 788 (codified as section 197.293, RSMo) is very detailed and specific as written in the statute.

**COMMENT:** The Missouri Hospital Association felt it was duplicative to reiterate the guidelines established by the Centers for Medicare and Medicaid Services.

**RESPONSE:** The Department also feels that it is necessary to duplicate the guidelines of the Center for Medicare and Medicaid Services since well over 50% of complaint investigations are done under state licensing authority and not under the federal authority.

**COMMENT:** The Missouri Hospital Association also felt that since then the department had based the wording of the amendment on federal regulations, that the language needed to be verbatim.

**RESPONSE:** The department did not feel the need to write the text verbatim since this is a state regulation enforced under state authority and not federal authority.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES****Division 30—Division of Health Standards and Licensure****Chapter 20—Hospitals****ORDER OF RULEMAKING**

By the authority vested in the Department of Health and Senior Services under sections 192.006 and 197.080, RSMo 2000, the department amends a rule as follows:

**19 CSR 30-20.021 Organization and Management for Hospitals is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2001 (26 MoReg 1533–1538). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The department received a total of 47 letters of comment from various healthcare organizations, individuals and Emergency Medical Services organizations or agencies. Twenty-eight of these letters were in support of a letter written by the Missouri Hospital Association. All of these 28 letters cited the same 3 major concerns:

The rule as proposed would impose an undue burden on hospitals by deterring resources away from patient care for reporting purposes.

The rule as written would place an undue burden on operations of hospitals by requiring duplicative administrative requirements.

The rule as written does not fully recognize the work that has been done in the metropolitan Kansas City and St. Louis areas on establishing community based plans.

**COMMENT:** The Missouri Hospital Association as well as 28 other letters made comments that the proposed amendment reporting requirements to ambulance services, other hospitals and the Department of Health and Senior Services will defer critical resources away from patient care for the completion of paperwork and making phone calls. Five of the letters wanted next-day reporting.

**RESPONSE AND EXPLANATION OF CHANGE:** The department considered this comment. If a hospital is closing to ambulance traffic, it is imperative that other area hospitals be made aware so that they can prepare themselves for a possible increase in their patient volume. Next day reporting increases the likelihood that a hospital will fail to remember to report the diversion. The proposed amendment already allows for electronic reporting to either the department or to local hospitals and ambulance providers. For reporting to the department, 19 CSR 30-20.021(3)(C)12.A.(IV), (VII) and 19 CSR 30-20.021(3)(C)12.D. are revised to state “upon the actual implementation.”

**COMMENT:** The department received a total of 37 letters with comments of concern over the requirement in 19 CSR 30-20.021(3)(C)12.A.(VII) that if 1/3 of the hospitals in a defined service area go on diversion, no hospital will be considered on diversion. Most comments felt that the 1/3 number was arbitrary. Others proposed a maximum number of ERs within a defined service area remain open. Other comments suggested that the number be left up to acceptable community plans.

**RESPONSE AND EXPLANATION OF CHANGE:** The department agrees and revised 19 CSR 30-20.021(3)(C)12.A.(VII) to allow that at least 1 ER in a defined service area remain open or that this requirement be defined in an acceptable community plan.

**COMMENT:** The department received 28 letters of comment recommending the wording, “Ambulances that have made contact with the hospital before the hospital has declared itself to be on diversion shall not be redirected to other hospitals.” be added to 19 CSR 30-20.021(3)(C)12.A.(IV).

**RESPONSE AND EXPLANATION OF CHANGE:** The department agrees and will revise 19 CSR 30-20.021(3)(C)12.A.(IV) to provide for the recommendation.

**COMMENT:** Twenty-eight letters of comment were received stating that the definition of community-based plans needed clarification and does not recognize the work already done by St. Louis and Kansas City. All 42 letters asked the department to consider expanding the role of the community-based plans.

**RESPONSE AND EXPLANATION OF CHANGE:** The department agrees and will add section (G) to address and clarify the role of the community-based plan. The new section will allow hospitals to participate in an acceptable community-based plan as long as the plan meets the requirements of the amendment. This new section provides 19 CSR 30-20.021(3)(C)12.G.

**COMMENT:** Thirty-four letters were received with comments regarding the amendment placing an undue burden upon hospitals by requiring duplicative administrative requirements.

**RESPONSE AND EXPLANATION OF CHANGE:** The department agrees and will amend 19 CSR 30-20.021(3)(C)12.B. so that a hospital may incorporate the review process into an existing CQI committee. 19 CSR 30-20.021(3)(C)12.D. will be amended to eliminate the requirement of a log. Fiscal notes shall also be amended, since a new committee will no longer be required. The department revised 19 CSR 30-20.021(3)(C)12.B. & D.

**COMMENT:** The Missouri Hospital Association letter along with its 27 other letters of support, commented that hospitals need to be ensured that the review of diversion plans will be performed by knowledgeable individuals at the Department of Health and Senior Services and that the reviews will be performed in a timely and efficient manner to avoid unreasonable delays in plan implementation.

**RESPONSE:** The department agrees with this comment. However, no changes will be necessary since any staff performing reviews will be experienced healthcare regulators and administrators. The director already has the authority and responsibility to assign knowledgeable staff. The amendment also already reads that “a hospital may continue to operate under a plan in existence prior to the effective date of this section while awaiting approval of its plan by the department.” This will effectively eliminate time concerns.

**COMMENT:** The department received 28 letters of comment requesting that requirements for administrative accountability for making the decision to go on diversion be reasonable.

**RESPONSE:** The amendment requires that the individual making the decision be authorized by the hospital and that the individual has reviewed and documented the hospital’s ability to obtain additional resources to prevent going on diversion. The department feels that this is a reasonable requirement.

**COMMENT:** The department received 27 letters of comment recommending that 19 CSR 30-20.021(3)(C)12.A.(V) be deleted as being duplicative of existing federal EMTALA regulations.

**RESPONSE:** The department considered this comment but will not make changes since 60% of hospital complaint investigations are done under state licensure authority and without federal authority.

**COMMENT:** The department received 4 letters from Emergency Medical Services Organizations and 2 from Emergency Medicine Physicians questioning why the department had not consulted the

Missouri State Advisory Council on Emergency Medical Services prior to submitting the proposed amendment.

RESPONSE: The department felt that this amendment regulates only hospitals licensed under Chapter 197. The hospitals licensed under Chapter 197 were the only entities affected by the fiscal notes or required to make policy changes.

COMMENT: The department received 3 letters commenting that the newly formed regional EMS advisory committees be allowed to review this amendment prior to implementation.

RESPONSE: The Regional EMS advisory committees have the same chance to review this amendment as does any interested individual or organization during the 30-day notice and comment period. The Regional EMS advisory committee's are advisory by statute and have no regulatory authority.

COMMENT: One letter was received that questioned the preparation of the fiscal notes in as whether public hospitals would be reimbursed by the state under Article X, section 21 of the *Missouri Constitution*.

RESPONSE: The review of this issue is moot because the proposed amendment has revised so that a separate multidisciplinary committee is no longer required.

COMMENT: The department received 2 letters from physicians who felt that 19 CSR 30-20.021(3)(C)12.A.(V) seemed to reflect that diversion only affects the delivery of care to ambulance patients. Walk-in patients must still be treated under federal EMTALA regulations.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees and revises 19 CSR 30-20.021(3)(C)12.A.(V).

COMMENT: The department received 3 letters that made no specific comment or recommendation but were critical of the amendment as a whole and of the process the department had utilized in developing the amendment.

RESPONSE: The department sought input from the Missouri Hospital Association in developing the amendment and followed the legal rulemaking process.

### 19 CSR 30-20.021 Organization and Management for Hospitals

(3) Required Patient Care Services. Each hospital shall provide the following: central services, dietary services, emergency services, medical records, nursing services, pathology and medical laboratory services, pharmaceutical services, radiology services, social work services and inpatient care unit.

#### (C) Emergency Services.

1. Each hospital providing general services to the community shall provide an easily accessible emergency area which shall be equipped and staffed to ensure that ill or injured persons can be promptly assessed and treated or transferred to a facility capable of providing needed specialized services. In multiple-hospital communities where written agreements have been developed among the hospitals in accordance with an established community-based hospital emergency plan, individual hospitals may not be required by the Department of Health to provide a fully equipped emergency service.

2. A hospital shall have a written hospital emergency transfer policy and written transfer agreements with one (1) or more hospitals within its service area which provide services not available at the transferring hospital. Transfer agreements shall be established which reflect the usual and customary referral practice of the transferring hospital, but are not intended to cover all contingencies.

3. Hospital emergency services shall be under the medical direction of a qualified staff physician who is board-certified or board-admissible in emergency medicine and maintains a knowl-

edge of current ACLS and ATLS standards or a physician who is experienced in the care of critically ill and injured patients and maintains current verification in ACLS and ATLS. In pediatric hospitals, PALS shall be substituted for ACLS. With the explicit advanced approval of the Department of Health, a hospital may contract with a qualified consultant physician to meet this requirement.

A. That physician shall be responsible for implementing rules of the medical staff relating to patient safety and privileges and to the quality and scope of emergency services.

B. A qualified registered nurse shall supervise and evaluate the nursing and patient care provided in the emergency area by nursing and ancillary personnel. Supervision may be by direct observation of staff or, at a minimum, the nurse shall be immediately available in the institution.

C. Any person assigned to the emergency services department administering medications shall be a licensed physician, registered nurse, EMT-paramedic or appropriately licensed or certified allied health practitioner and shall administer medications only within his/her scope of practice except for students who are participating in a training program to become physicians, nurses, emergency medical technician-paramedics who may be allowed to administer medication under the supervision of their instructors as a part of their training. Trained individuals from the respiratory therapy department may be allowed to administer aerosol medications when a certified respiratory therapy assistant is not available.

4. Any hospital which provides emergency services and does not maintain a physician in-house twenty-four (24) hours a day for emergency care shall have a call roster which lists the name of the physician who is on call and available for emergency care and the dates and times of coverage. A physician who is on call and available for emergency care shall respond in a manner which is reasonable and appropriate to the patient's condition after being summoned by the hospital.

5. Any hospital with surgical services that also provides emergency surgical services shall have a general surgical call roster which lists the name of the general surgeon who is on call for emergency surgical cases, and the dates and times of coverage. The surgeon who is on call for emergency surgical cases shall arrive at the hospital within thirty (30) minutes of being summoned. Patients arriving at a hospital that does not provide emergency surgical services and are found upon examination to require emergency surgery shall be immediately transferred to a hospital with the necessary services.

6. All patients admitted to the emergency service shall be assessed prior to discharge by a physician or registered professional nurse.

7. If discharged from the emergency department, other than to the inpatient setting, the patient or responsible person shall be given written instructions for care and an oral explanation of those instructions. Documentation of these instructions shall be entered on the emergency service medical record.

8. There shall be a quality improvement program for the emergency service which includes, but is not limited to, the collection and analysis of data to assist in identification of health service problems, and a mechanism for implementation and monitoring appropriate actions. The quality improvement program shall include the periodic evaluation of at least the following: length of time each patient is in the emergency room, appropriateness of transfers, physician response time, provision for written instructions, timeliness of diagnostic studies, appropriateness of treatment rendered, and mortality.

9. Written policies shall be adopted to assure that notification procedures are implemented concerning the significant exposure of prehospital emergency personnel to communicable diseases as required in 19 CSR 30-40.047.

10. The emergency service medical record shall contain patient identification, time and method of arrival, history, physical

findings, treatment and disposition and shall be authenticated by the physician. These records, including an ambulance report when applicable, shall be filed under supervision of the medical records department.

11. There shall be a mechanism for the review and evaluation on a regular basis of the quality and appropriateness of emergency services.

12. A hospital shall have a written plan that details the hospital's criteria and process for diversion. The plan must be reviewed and approved by the Missouri Department of Health prior to being implemented by the hospital. A hospital may continue to operate under a plan in existence prior to the effective date of this section while awaiting approval of its plan by the department.

A. The diversion plan shall:

(I) Identify the individuals by title who are authorized by the hospital to implement the diversion plan;

(II) Define the process by which the decision to divert will be made;

(III) Specify that the hospital will not implement the diversion plan until the authorized individual has reviewed and documented the hospital's ability to obtain additional staff, open existing beds that may have been closed or take any other actions that might prevent a diversion from occurring;

(IV) Include that all ambulance services within a defined service area will be notified of the intent to implement the diversion plan upon the actual implementation. Ambulances that have made contact with the hospital before the hospital has declared itself to be on diversion shall not be redirected to other hospitals. In areas served by a real time, electronic reporting system, notification through such system shall meet the requirements of this provision so long as such system is available to all EMS agencies and hospitals in the defined service area.

(V) Include procedures for assessment, stabilization and transportation of patients in the event that services, including but not limited to, ICU beds or surgical suites become unavailable or overburdened. These procedures must also include the evaluation of services and resources of the facility that can still be provided to patients even with the implementation of the diversion plan.

(VI) Include procedures for implementation of a resource diversion in the event that specialized services are overburdened or temporarily unavailable; and

(VII) Include that all other acute care hospitals within a defined service area will be notified upon the actual implementation of the diversion plan. For defined service areas with more than two (2) hospitals, if more than one-half (1/2) of the hospitals implement their diversion plans, no hospital will be considered on diversion. For a defined service area with two (2) hospitals, if both hospitals implement their diversion plans, neither will be considered on diversion. Participation in a real time, electronic reporting system shall meet the notification requirements of this section. If a hospital participates in an approved community wide plan, the community wide plan may set the requirement for the number of hospitals to remain open.

B. Each incident of diversion plan implementation must be reviewed by the hospital's existing quality assurance committee. Minutes of these review meetings must be made available to the Missouri Department of Health and Senior Services upon request.

C. The hospital shall assure compliance with screening, treatment and transfer requirements as required by the Emergency Medical Treatment and Active Labor Act (EMTALA).

D. A hospital or its designee shall report to the department, by phone or electronically, upon actual implementation of the diversion plan. This implementation report shall contain the time the plan will be implemented. The hospital or its designee shall report to the department, by phone or electronically, within eight (8) hours of the termination of the diversion. This termination report shall contain the time the diversion plan was imple-

mented, the reason for the diversion, the name of the individual who made the determination to implement the diversion plan, the time the diversion status was terminated, and the name of the individual who made the determination to terminate the diversion. In areas served by real time, electronic reporting system, reporting through such system shall meet the requirements of this provision so long as such system generates reports as required by the department.

E. Each hospital shall implement a triage system within its emergency department. The triage methodology shall continue to apply during periods when the hospital diversion plan is implemented.

F. Any hospital that has a written approved policy, which states that the hospital will not go on diversion or resource diversion, except as defined in the hospital's disaster plan in the event of a disaster, is exempt from the requirements of 19 CSR 30-20.021(3)(C)12.

G. If a hospital chooses to participate in a community wide plan, the requirements of number of hospitals to remain open, defined service areas, as well as community notification may be addressed within the community plan. Community plans must be approved by the department. Community plans must include that each hospital has a policy addressing diversion and the criteria used by each hospital to determine the necessity of implementing a diversion plan. Participation in a community plan does not exempt a hospital of the requirement to notify the department of a diversion plan implementation.

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**Division 30—Division of Health Standards and Licensure**  
**Chapter 81—Certification**  
**ORDER OF RULEMAKING**

By the authority vested in the Department of Health and Senior Services under sections 198.045 and 208.151, RSMo 2000, the department amends a rule as follows:

**19 CSR 30-81.010 General Certification Requirements is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published as 13 CSR 15-9.010 in the *Missouri Register* on August 1, 2001 (26 MoReg 1515). 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. However, please note that this rule was transferred from the Division of Aging to the Department of Health and Senior Services effective August 28, 2001.

**T**his section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs and other items required to be published in the *Missouri Register* by law.

**Title 19—DEPARTMENT OF HEALTH  
Division 60—Missouri Health Facilities  
Review Committee  
Chapter 50—Certificate of Need Program**

**APPLICATION REVIEW SCHEDULE**

DATE FILED:  
APPLICATION PROJECT NO. &  
NAME/COST & DESCRIPTION/  
CITY & COUNTY

The Missouri Health Facilities Review Committee has initiated review of the applications listed below. Decisions are tentatively scheduled for the February 4, 2002, Certificate of Need meeting. These applications are available for public inspection at the address shown below:

**11/08/01**

**#3185 RP:** Heartland Residential Care Facility II St. Joseph (Buchanan County) \$12,000, Long-term care bed expansion through the purchase of 12 residential care facility I beds from Harriett's RCF St. Joseph (Buchanan County)

**11/20/01**

**#3190 HS:** St. Louis Children's Hospital St. Louis (St. Louis City) \$2,700,000, Expand magnetic resonance imaging service

**11/21/01**

**#3193 HS:** The Cancer Institute Kansas City (Jackson County) \$2,410,776, Replace linear accelerator

Any person wishing to request a public hearing for the purpose of commenting on any of these applications must submit a written request to this effect, which must be received by December 26, 2001. All written requests and comments should be sent to:

Chairman  
Missouri Health Facilities Review Committee  
c/o Certificate of Need Program  
915 G Leslie Boulevard  
Jefferson City, MO 65101

For additional information contact  
Donna Schuessler, 573-751-6403.

**Title 20—DEPARTMENT OF INSURANCE**

**IN ADDITION**

Pursuant to section 537.610 regarding the Sovereign Immunity Limits for Missouri Public Entities, the Director of Insurance is required to calculate the new limitations on awards for liability.

Using the Implicit Price Deflator (IPD) for Personal Consumption Expenditures (PCE), as required by section 537.610, the two new

Sovereign Immunity Limits effective January 1, 2002 were established by the following calculations:

Index Base on 1996 Dollars	
Third Quarter 2001 IPD Index	109.48
Third Quarter 2000 IPD Index	107.84

$$\text{New Limit} = 2000 \text{ Limit} \times (2001 \text{ Index} / 2000 \text{ Index})$$

For all claims arising out of a single accident of occurrence:  
 $2,111,043 = 2,079,420 \times (1.0948 / 1.0784)$

For any one person in a single accident or occurrence:  
 $316,656 = 311,913 \times (1.0948 / 1.0784)$

**T**he Secretary of State is required by sections 347.141 and 359.481, RSMo 2000 to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript.

## PUBLICATION

### NOTICE OF DISSOLUTION OF BB&T MANAGEMENT CORP.

(successor by merger to BBA of Tennessee, Inc. formerly known as Buster Brown Apparel, Inc. and BBR of Tennessee, Inc., formerly known as Buster Brown Retail, Inc.)

### LAST DATE FOR CLAIMANTS TO ASSERT CLAIMS

To all Claimants or Potential Claimants against BB&T Management Corp. (successor by merger to BBA of Tennessee, Inc. formerly known as Buster Brown Apparel, Inc. and BBR of Tennessee, Inc., formerly known as Buster Brown Retail, Inc.) (the "Company"), a dissolved Delaware corporation, and all other interested parties:

PLEASE TAKE NOTICE that the Company, with a principal place of business at 832 Georgia Avenue, Chattanooga, Tennessee 37402, has July filed a Certificate of Dissolution in the Office of the Delaware Secretary of State under the provisions of Section 275 of the General Corporation Law of the State of Delaware, which Certificate became effective on October 18, 2001.

PLEASE TAKE FURTHER NOTICE that all persons who believe they have (i) a claim (ii) a conditional or unmatured claim or (iii) a contractual claim contingent upon the occurrence or nonoccurrence of future events (such claims as set forth in clauses (i), (ii) and (iii) of this paragraph are hereinafter referred to collectively as a "Claim") against the Company are required to present such Claims against the Company according to the following procedures and requirements:

1. **WHAT TO PRESENT.** All Claims must contain sufficient information to reasonably inform the Company or any successor entity of the identity of the claimant and the substance of the Claim. Such Claim must be presented in writing and should include the following information: (a) the name of the claimant, (b) the address of the claimant, (c) the amount of the Claim, (d) the date the Claim came into existence, (e) the basis for the Claim, and (f) a copy of any writing that establishes the Claim.

2. **WHERE TO PRESENT.** All such Claims must be sent to the following address: Miller & Martin, LLP, 832 Georgia Avenue, 1000 Volunteer Building, Chattanooga, TN 37402, Attention: Ms. Shelley Rucker.

3. **WHEN TO PRESENT.** Any such Claims must be received by the Company no later than 5:00 p.m. Eastern Daylight Time on February 1, 2002.

4. **FAILURE TO PRESENT.** Any person or entity who is obligated to file a Claim and fails to do so by 5:00 p.m. Eastern Daylight Time on February 1, 2002, shall be forever BARRED and estopped from asserting any Claim against the Company or any successor entity, which shall be forever discharged from any indebtedness or liability with respect to all such Claims.

PLEASE TAKE FURTHER NOTICE that the Company or a successor entity may make distributions to other claimants and the stockholders of the Company without further notice to any claimant.

PLEASE TAKE FURTHER NOTICE that the Company made distributions to stockholders over the past three years as follows: none in 2000, none in 1999, and none in 1998.

PLEASE TAKE FURTHER NOTICE that this Notice is also hereby given by the Company to all persons with contractual Claims contingent upon the occurrence or nonoccurrence of future events or otherwise conditional or unmatured. All such persons must present any such Claims in accordance with the terms of this Notice.

THIS NOTICE does not revive any Claim barred or subject to a statute of limitations as of the date hereof or any date after the date hereof, not does it constitute acknowledgment by the Company or any successor entity that any person who receives this Notice is a proper claimant. The Company reserves the right to reject, in whole or in part, any Claim submitted in response to this Notice. The Company will reject any unproven Claim. This Notice does not operate as a waiver of any defense or counterclaim in respect of any Claim asserted by any person who is in receipt of the same.

Dated: November 16, 2001

BB&T Management Corp., a dissolved  
Delaware corporation,  
(successor by merger to BBA of Tennessee,  
Inc., formerly known as Buster Brown  
Apparel, Inc. and BBR of Tennessee, Inc.,  
formerly known as Buster Brown Retail, Inc.)

# CLAIM FORM

## BB&T MANAGEMENT CORP.

successor by merger to BBA of Tennessee, Inc., formerly known as Buster Brown Apparel, Inc. and BBR of Tennessee, Inc., formerly known as Buster Brown Retail, Inc.

1. Claimant's Name: \_\_\_\_\_
2. Claimant's Address: \_\_\_\_\_  
\_\_\_\_\_
3. Claimant's Phone No: \_\_\_\_\_
4. Contact Name and Phone No: \_\_\_\_\_
5. Amount of Claim: \_\_\_\_\_
6. Date Claim Came Into Existence: \_\_\_\_\_
7. Basis of Claim: (Please attach any documentation showing claim)  
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Please return this form to: Ms. Shelley Rucker  
Miller & Martin LLP  
832 Georgia Avenue  
1000 Volunteer Building  
Chattanooga, TN 37402



**OFFICE OF ADMINISTRATION  
Division of Purchasing**

**BID OPENINGS**

Sealed Bids in one (1) copy will be received by the Division of Purchasing, Room 580, Truman Building, PO Box 809, Jefferson City, MO 65102, telephone (573) 751-2387 at 2:00 p.m. on dates specified below for various agencies throughout Missouri. Bids are available to download via our homepage: [www.moolb.state.mo.us](http://www.moolb.state.mo.us). Prospective bidders may receive specifications upon request.

- B1E02147 Meat Products: Fish 1/2/02;
- B1Z02158 Meats-February 1/4/02;
- B3E02049 Cash Farm Lease-Central MO Correctional Center 1/4/02;
- B2Z02043 Laboratory Information Management System Software 1/4/02;
- B3E02105 Speech Language Pathology Services 1/8/02;
- B1E02148 Trailers 1/9/02;
- B1E02165 Dairy Products-NECC & WERDC 1/9/02;
- B3Z02012 School Based Substance Abuse Prevention, Intervention, and Resources Initiative 1/10/02;
- B1E02157 Equipment Rental: Agricultural 1/11/02;
- B2E02037 Portable Transceivers, Training & Accessories 1/11/02;
- B2Z02030 Telecommunications Services: Long Distance Services 1/11/02;
- B1E02159 Rental: Heavy Equipment 1/14/02;
- B3Z02096 Training/Dev., Intensive In-Home Services Staff 1/14/02;
- B2Z02032 E-Government: Infrastructure 1/15/02;
- B1E02164 Meat Product: Turkey Medallions 1/16/02;
- B3E02120 Janitorial Services 1/16/02;
- B3E02110 Janitorial Services 1/18/02;
- B2Z02038 Online Legal Research Subscription Services 1/25/02;
- B3Z02088 Stay At Home Parent Program 1/27/02.

It is the intent of the state of Missouri, Division of Purchasing to purchase the following as a single feasible source without competitive bids. If suppliers exist other than the one identified, contact (573) 751-2387 immediately.

Decontamination System, supplied by Biotech Systems.

- 1.) Elderly Refugee Resettlement Services, supplied by the International Institute of St. Louis and The Don Bosco Community Center of Kansas City.
- 2.) Candle Corporation OMEGAMON Software, Upgrades & Support Services, supplied by the Candle Corporation.

Even Start Family Literacy Services, supplied by Literacy Investment for Tomorrow-Missouri (LIFT-MO).

The Missouri Division of Purchasing and the Washington Advisory Group are soliciting sealed proposals for the Missouri Life Sciences Research Capacity Contract Awards. Requirements to submit proposals are as follows:

- Proposals may be submitted by public and private Missouri institutions of higher education and by other not for profit institutions located in the State of Missouri.
- Applicants must have annual life sciences research expenditures of \$10,000,000.00 or more. In cases of collaborative proposals, the \$10,000,000.00 threshold may be met by aggregating the expenditures of all collaborating institutions.
- Each institution may submit up to two proposals for which it is the lead applicant.

THE LETTER OF INTENT MUST BE RECEIVED BY CLOSE OF BUSINESS (5:00 P.M. EST) ON JANUARY 10, 2002, AT THE FOLLOWING ADDRESS:

The Washington Advisory Group  
1275 K Street, NW, Suite 1025  
Washington, DC 20005  
Attn: MLSRCC Coordinator  
Phone: (877) 428-9660  
Fax: (202) 682-9355

ONE COPY OF THE LETTER OF INTENT ALSO SHOULD BE SENT TO:

Missouri Life Sciences Research Account  
Office of Administration  
Harry S Truman State Office Building  
301 W. High Street, Room 840  
P. O. Box 809  
Jefferson City, MO 65102  
Attn: Daniel Hall/Ted Smith  
Fax: (573) 751-1212

PROPOSALS WILL NOT BE CONSIDERED UNLESS APPLICANTS HAVE SUBMITTED LETTERS OF INTENT IN

All forms for preparing the Letter of Intent and Proposals are included in this RFP. The RFP and the forms can be downloaded from the Internet at the following location:

<http://www.oa.state.mo.us/purch/vendor.html> or at  
<http://www.lifesciences.state.mo.us/html>.

James Miluski, CPPO,  
Director of Purchasing

## Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—24 (1999), 25 (2000) and 26 (2001). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable and RUC indicates a rule under consideration.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
<b>OFFICE OF ADMINISTRATION</b>					
1 CSR 10	State Officials' Salary Compensation Schedule .....				24 MoReg 2535
1 CSR 50-3.010	Missouri Ethics Commission .....		26 MoReg 2219		25 MoReg 2478
<b>DEPARTMENT OF AGRICULTURE</b>					
2 CSR 10-5.010	Market Development .....	26 MoReg 1305R			
		26 MoReg 1305			
2 CSR 10-5.015	Market Development .....	26 MoReg 2217			
2 CSR 30-2.010	Animal Health .....	26 MoReg 2257	26 MoReg 2263		
2 CSR 30-2.040	Animal Health .....	26 MoReg 2257	26 MoReg 2265		
2 CSR 30-6.020	Animal Health .....	26 MoReg 2258	26 MoReg 2267		
2 CSR 90-10.012	Weights and Measures .....			This Issue	
2 CSR 90-10.013	Weights and Measures .....			This Issue	
2 CSR 90-10.020	Weights and Measures .....			This Issue	
2 CSR 90-10.040	Weights and Measures .....			This Issue	
2 CSR 100-10.010	Weights and Measures .....		26 MoReg 1623	26 MoReg 2416	
<b>DEPARTMENT OF CONSERVATION</b>					
3 CSR 10-1.010	Conservation Commission .....		26 MoReg 1795	26 MoReg 2313	
3 CSR 10-5.550	Conservation Commission .....		26 MoReg 1891		
3 CSR 10-5.551	Conservation Commission .....		26 MoReg 1893		
3 CSR 10-5.559	Conservation Commission .....		26 MoReg 1895		
3 CSR 10-5.560	Conservation Commission .....		26 MoReg 1897		
3 CSR 10-5.565	Conservation Commission .....		26 MoReg 1899		
3 CSR 10-6.405	Conservation Commission .....		26 MoReg 2075		
3 CSR 10-11.115	Conservation Commission .....		N.A.	26 MoReg 2158	
3 CSR 10-11.160	Conservation Commission .....		N.A.	26 MoReg 2158	
3 CSR 10-11.182	Conservation Commission .....		26 MoReg 1901	26 MoReg 2416	
3 CSR 10-11.200	Conservation Commission .....		26 MoReg 1901	26 MoReg 2416	
3 CSR 10-11.210	Conservation Commission .....		26 MoReg 1901	26 MoReg 2416	
3 CSR 10-11.215	Conservation Commission .....		26 MoReg 1902	26 MoReg 2417	
3 CSR 10-12.110	Conservation Commission .....		26 MoReg 1902	26 MoReg 2417	
3 CSR 10-12.135	Conservation Commission .....		26 MoReg 1902	26 MoReg 2417	
3 CSR 10-12.140	Conservation Commission .....		26 MoReg 1902	26 MoReg 2417	
3 CSR 10-12.145	Conservation Commission .....		26 MoReg 1902	26 MoReg 2417	
<b>DEPARTMENT OF ECONOMIC DEVELOPMENT</b>					
4 CSR 10-2.022	Missouri State Board of Accountancy .....	26 MoReg 2345	26 MoReg 2348		
4 CSR 10-2.041	Missouri State Board of Accountancy .....	26 MoReg 2346	26 MoReg 2352		
4 CSR 10-2.061	Missouri State Board of Accountancy .....	26 MoReg 2346	26 MoReg 2352		
4 CSR 10-2.160	Missouri State Board of Accountancy .....	26 MoReg 1501	26 MoReg 2353		
4 CSR 15-1.010	Acupuncturist Advisory Committee .....		26 MoReg 1624	This Issue	
4 CSR 15-1.020	Acupuncturist Advisory Committee .....		26 MoReg 1628	This Issue	
4 CSR 15-1.030	Acupuncturist Advisory Committee .....		26 MoReg 1631	This Issue	
4 CSR 15-2.010	Acupuncturist Advisory Committee .....		26 MoReg 1631	This Issue	
4 CSR 15-2.020	Acupuncturist Advisory Committee .....		26 MoReg 1637	This Issue	
4 CSR 15-3.010	Acupuncturist Advisory Committee .....		26 MoReg 1642	This Issue	
4 CSR 15-3.020	Acupuncturist Advisory Committee .....		26 MoReg 1647	This Issue	
4 CSR 15-4.010	Acupuncturist Advisory Committee .....		26 MoReg 1650	This Issue	
4 CSR 15-4.020	Acupuncturist Advisory Committee .....		26 MoReg 1653	This Issue	
4 CSR 30-3.020	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors .....		26 MoReg 2075		
4 CSR 30-3.030	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors .....		26 MoReg 2076		
4 CSR 30-3.040	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors .....		26 MoReg 2077		
4 CSR 30-4.080	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors .....		26 MoReg 2078R		
			26 MoReg 2078		
4 CSR 30-5.105	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors .....		26 MoReg 2269		
4 CSR 30-5.110	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors .....		26 MoReg 2269R		
			26 MoReg 2270		
4 CSR 30-5.120	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors .....		26 MoReg 2083R		
			26 MoReg 2083		
4 CSR 30-5.130	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors .....		26 MoReg 2083R		
			26 MoReg 2083		

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4 CSR 30-8.020	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors		26 MoReg 1406R	26 MoReg 2417R	
			26 MoReg 1406	26 MoReg 2418	
4 CSR 30-11.010	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors		26 MoReg 1409R	26 MoReg 2418R	
			26 MoReg 1409	26 MoReg 2418	
4 CSR 30-11.015	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors		26 MoReg 2270		
4 CSR 30-11.020	Missouri Board for Architects, Professional Engineers and Professional Land Surveyors		26 MoReg 1410	26 MoReg 2418	
4 CSR 40-1.010	Office of Athletics		26 MoReg 2354R		
4 CSR 40-1.021	Office of Athletics		26 MoReg 2354R		
			26 MoReg 2354		
4 CSR 40-1.030	Office of Athletics		26 MoReg 2355R		
4 CSR 40-1.031	Office of Athletics		26 MoReg 2355R		
4 CSR 40-2.011	Office of Athletics		26 MoReg 2356R		
			26 MoReg 2356		
4 CSR 40-2.021	Office of Athletics		26 MoReg 2365R		
			26 MoReg 2365		
4 CSR 40-3.011	Office of Athletics		26 MoReg 2369R		
			26 MoReg 2369		
4 CSR 40-4.015	Office of Athletics		26 MoReg 2372R		
			26 MoReg 2372		
4 CSR 40-4.020	Office of Athletics		26 MoReg 2376R		
			26 MoReg 2376		
4 CSR 40-4.030	Office of Athletics		26 MoReg 2376R		
			26 MoReg 2377		
4 CSR 40-4.040	Office of Athletics		26 MoReg 2382R		
			26 MoReg 2382		
4 CSR 40-4.050	Office of Athletics		26 MoReg 2384R		
			26 MoReg 2384		
4 CSR 40-4.060	Office of Athletics		26 MoReg 2387		
4 CSR 40-4.070	Office of Athletics		26 MoReg 2387		
4 CSR 40-4.080	Office of Athletics		26 MoReg 2388R		
			26 MoReg 2388		
4 CSR 40-4.090	Office of Athletics		26 MoReg 2392		
4 CSR 40-5.010	Office of Athletics		26 MoReg 2392		
4 CSR 40-5.030	Office of Athletics		26 MoReg 2395R		
			26 MoReg 2395		
4 CSR 40-5.040	Office of Athletics		26 MoReg 2398R		
			26 MoReg 2398		
4 CSR 40-5.050	Office of Athletics		26 MoReg 2400R		
4 CSR 40-5.060	Office of Athletics		26 MoReg 2400R		
			26 MoReg 2400		
4 CSR 40-5.070	Office of Athletics		26 MoReg 2402R		
4 CSR 40-6.010	Office of Athletics		26 MoReg 2402R		
			26 MoReg 2403		
4 CSR 40-7.010	Office of Athletics		26 MoReg 2403R		
			26 MoReg 2404		
4 CSR 65-1.060	Endowed Care Cemeteries		26 MoReg 2088		
4 CSR 65-2.010	Endowed Care Cemeteries		26 MoReg 2092		
4 CSR 65-2.050	Endowed Care Cemeteries		26 MoReg 2096		
4 CSR 90-2.010	State Board of Cosmetology		This Issue		
4 CSR 90-2.020	State Board of Cosmetology		This Issue		
4 CSR 90-2.030	State Board of Cosmetology		This Issue		
4 CSR 90-4.020	State Board of Cosmetology		This Issue		
4 CSR 90-8.010	State Board of Cosmetology		This Issue		
4 CSR 90-12.080	State Board of Cosmetology		This Issue		
4 CSR 90-13.070	State Board of Cosmetology		This Issue		
4 CSR 100	Division of Credit Unions			26 MoReg 2181	
				26 MoReg 2230	
				26 MoReg 2316	
4 CSR 100-2.040	Division of Credit Unions		26 MoReg 1795		
4 CSR 100-2.085	Division of Credit Unions		This Issue		
4 CSR 100-2.160	Division of Credit Unions		26 MoReg 1796		
4 CSR 110-2.170	Missouri Dental Board		26 MoReg 1414R	26 MoReg 2418W	
			26 MoReg 1414	26 MoReg 2419W	
4 CSR 110-2.180	Missouri Dental Board		26 MoReg 1423R	26 MoReg 2419W	
			26 MoReg 1423	26 MoReg 2419W	
4 CSR 120-1.010	State Board of Embalmers and Funeral Directors		26 MoReg 2276		
4 CSR 120-2.010	State Board of Embalmers and Funeral Directors		26 MoReg 2276		
4 CSR 120-2.020	State Board of Embalmers and Funeral Directors		26 MoReg 2276		
4 CSR 120-2.030	State Board of Embalmers and Funeral Directors		26 MoReg 2277		
4 CSR 120-2.040	State Board of Embalmers and Funeral Directors		26 MoReg 2277		
4 CSR 120-2.050	State Board of Embalmers and Funeral Directors		26 MoReg 2277		
4 CSR 120-2.060	State Board of Embalmers and Funeral Directors		26 MoReg 2278		
4 CSR 120-2.070	State Board of Embalmers and Funeral Directors		26 MoReg 2279		
4 CSR 120-2.120	State Board of Embalmers and Funeral Directors		26 MoReg 2280		
4 CSR 145-1.040	Missouri Board of Geologist Registration		26 MoReg 2281		
4 CSR 150-6.010	State Board of Registration for the Healing Arts		26 MoReg 1656	26 MoReg 2419	
4 CSR 165-1.020	Board of Examiners for Hearing Instrument Specialists		26 MoReg 1656		
4 CSR 165-2.050	Board of Examiners for Hearing Instrument Specialists		26 MoReg 1656		
4 CSR 165-2.060	Board of Examiners for Hearing Instrument Specialists		26 MoReg 1657		

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4 CSR 205-1.030	Missouri Board of Occupational Therapy.....		This IssueR		
4 CSR 205-3.010	Missouri Board of Occupational Therapy.....		This Issue		
4 CSR 205-3.020	Missouri Board of Occupational Therapy.....		This Issue		
4 CSR 220-2.010	State Board of Pharmacy .....		26 MoReg 1658 .....	This Issue	
4 CSR 220-2.020	State Board of Pharmacy .....		This Issue		
4 CSR 220-2.085	State Board of Pharmacy .....				26 MoReg 2433
4 CSR 220-2.650	State Board of Pharmacy .....		This Issue		
4 CSR 230-2.045	State Board of Podiatric Medicine .....		26 MoReg 2283		
4 CSR 240-2.080	Public Service Commission .....		26 MoReg 1965		
4 CSR 240-2.130	Public Service Commission .....		26 MoReg 1966		
4 CSR 240-10.020	Public Service Commission .....		26 MoReg 1659		
4 CSR 240-13.055	Public Service Commission .....	26 MoReg 2259			
4 CSR 240-21.010	Public Service Commission .....		26 MoReg 1312 .....	26 MoReg 2313	
4 CSR 240-35.010	Public Service Commission .....		26 MoReg 1659		
4 CSR 240-35.020	Public Service Commission .....		26 MoReg 1659		
4 CSR 240-35.030	Public Service Commission .....		26 MoReg 1660R		
4 CSR 240-51.010	Public Service Commission .....		26 MoReg 1317 .....	26 MoReg 2313	
4 CSR 240-120.011	Public Service Commission .....		26 MoReg 1434 .....	26 MoReg 2420	
4 CSR 240-120.065	Public Service Commission .....		26 MoReg 1434 .....	26 MoReg 2420	
4 CSR 240-120.100	Public Service Commission .....		26 MoReg 1160 .....	26 MoReg 2159	
4 CSR 240-121.010	Public Service Commission .....		26 MoReg 1161 .....	26 MoReg 2226	
4 CSR 240-121.020	Public Service Commission .....		26 MoReg 1161 .....	26 MoReg 2159	
4 CSR 240-121.040	Public Service Commission .....		26 MoReg 1161 .....	26 MoReg 2159	
4 CSR 240-121.050	Public Service Commission .....		26 MoReg 1162 .....	26 MoReg 2226W	
4 CSR 240-121.055	Public Service Commission .....		26 MoReg 1434 .....	26 MoReg 2420W	
4 CSR 240-121.060	Public Service Commission .....		26 MoReg 1162 .....	26 MoReg 2227W	
4 CSR 240-121.090	Public Service Commission .....		26 MoReg 1162 .....	26 MoReg 2160W	
4 CSR 240-122.010	Public Service Commission .....		26 MoReg 1435R .....	26 MoReg 2420R	
4 CSR 240-122.020	Public Service Commission .....		26 MoReg 1435R .....	26 MoReg 2420R	
4 CSR 240-122.030	Public Service Commission .....		26 MoReg 1435R .....	26 MoReg 2420R	
4 CSR 240-122.040	Public Service Commission .....		26 MoReg 1435R .....	26 MoReg 2421R	
4 CSR 240-122.050	Public Service Commission .....		26 MoReg 1436R .....	26 MoReg 2421R	
4 CSR 240-122.060	Public Service Commission .....		26 MoReg 1436R .....	26 MoReg 2421R	
4 CSR 240-122.070	Public Service Commission .....		26 MoReg 1436R .....	26 MoReg 2421R	
4 CSR 240-122.080	Public Service Commission .....		26 MoReg 1437R .....	26 MoReg 2421R	
4 CSR 240-122.090	Public Service Commission .....		26 MoReg 1437R .....	26 MoReg 2422R	
4 CSR 240-123.010	Public Service Commission .....		26 MoReg 1437 .....	26 MoReg 2422	
4 CSR 240-123.030	Public Service Commission .....		26 MoReg 1438 .....	26 MoReg 2422	
4 CSR 240-123.040	Public Service Commission .....		26 MoReg 1441 .....	26 MoReg 2422	
4 CSR 240-123.065	Public Service Commission .....		26 MoReg 1444 .....	26 MoReg 2423	
4 CSR 240-123.070	Public Service Commission .....		26 MoReg 1444 .....	26 MoReg 2424	
4 CSR 240-123.080	Public Service Commission .....		26 MoReg 1446 .....	26 MoReg 2424	
4 CSR 240-124.010	Public Service Commission .....		26 MoReg 1446 .....	26 MoReg 2425	
4 CSR 240-124.040	Public Service Commission .....		26 MoReg 1447 .....	26 MoReg 2425	
4 CSR 240-124.045	Public Service Commission .....		26 MoReg 1447 .....	26 MoReg 2426	
4 CSR 250-5.020	Missouri Real Estate Commission .....		26 MoReg 2100		
4 CSR 255-2.010	Missouri Board for Respiratory Care.....		26 MoReg 2404		
4 CSR 255-2.020	Missouri Board for Respiratory Care.....		26 MoReg 2404		
4 CSR 255-2.030	Missouri Board for Respiratory Care.....		26 MoReg 2405		
4 CSR 265-8.060	Motor Carrier and Railroad Safety .....				26 MoReg 2181
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5 CSR 30-4.040	Division of School Services .....		26 MoReg 2283R		
5 CSR 30-4.045	Division of School Services .....		26 MoReg 2283R		
5 CSR 30-340.010	Division of School Services .....		26 MoReg 2103		
	<i>(Changed to 5 CSR 50-340.110)</i>				
5 CSR 30-345.020	Division of Administrative and Financial Services.....		26 MoReg 1320 .....	26 MoReg 2314	
	<i>(Changed to 5 CSR 50-345.020)</i>				
5 CSR 30-660.030	Division of School Services .....		26 MoReg 2284R		
5 CSR 30-660.040	Division of School Services .....		26 MoReg 2284R		
5 CSR 30-660.050	Division of School Services .....		26 MoReg 2284R		
5 CSR 50-340.110	Division of School Improvement .....		26 MoReg 2103		
	<i>(Changed from 5 CSR 30-340.010)</i>				
5 CSR 50-340.200	Division of School Improvement .....		26 MoReg 2284		
5 CSR 50-345.020	Division of School Improvement .....		26 MoReg 1320 .....	26 MoReg 2314	
	<i>(Changed from 5 CSR 30-345.020)</i>				
5 CSR 60-120.070	Vocational and Adult Education .....		26 MoReg 2103R		
			26 MoReg 2103		
5 CSR 80-800.360	Teacher Quality and Urban Education .....		26 MoReg 2290		
5 CSR 80-805.030	Teacher Quality and Urban Education .....		26 MoReg 2291		
5 CSR 80-850.025	Teacher Quality and Urban Education .....		26 MoReg 1503 .....	26 MoReg 2314	
5 CSR 90-7.010	Vocational Rehabilitation .....		26 MoReg 1506 .....	26 MoReg 2314	
5 CSR 90-7.100	Vocational Rehabilitation .....		26 MoReg 1507 .....	26 MoReg 2314	
5 CSR 90-7.200	Vocational Rehabilitation .....		26 MoReg 1511 .....	26 MoReg 2314	
5 CSR 90-7.300	Vocational Rehabilitation .....		26 MoReg 1514 .....	26 MoReg 2315	
5 CSR 90-7.310	Vocational Rehabilitation .....		26 MoReg 1514 .....	26 MoReg 2315	
5 CSR 90-7.320	Vocational Rehabilitation .....		26 MoReg 1514 .....	26 MoReg 2315	
5 CSR 100-200.010	Missouri Commission for the Deaf .....		26 MoReg 1660R		
			26 MoReg 1660		
5 CSR 100-200.030	Missouri Commission for the Deaf .....		26 MoReg 1661R		
			26 MoReg 1661		
5 CSR 100-200.040	Missouri Commission for the Deaf .....		26 MoReg 1662R		
			26 MoReg 1662		

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5 CSR 100-200.050	Missouri Commission for the Deaf		26 MoReg 1662R		
			26 MoReg 1663		
5 CSR 100-200.060	Missouri Commission for the Deaf		26 MoReg 1663R		
			26 MoReg 1663		
5 CSR 100-200.070	Missouri Commission for the Deaf		26 MoReg 1664R		
			26 MoReg 1664		
5 CSR 100-200.075	Missouri Commission for the Deaf		26 MoReg 1665		
5 CSR 100-200.080	Missouri Commission for the Deaf		26 MoReg 1665		
5 CSR 100-200.085	Missouri Commission for the Deaf		26 MoReg 1666R		
			26 MoReg 1666		
5 CSR 100-200.090	Missouri Commission for the Deaf		26 MoReg 1666R		
5 CSR 100-200.100	Missouri Commission for the Deaf		26 MoReg 1667R		
			26 MoReg 1667		
5 CSR 100-200.110	Missouri Commission for the Deaf		26 MoReg 1667R		
5 CSR 100-200.120	Missouri Commission for the Deaf		26 MoReg 1668R		
5 CSR 100-200.125	Missouri Commission for the Deaf		26 MoReg 1668		
5 CSR 100-200.130	Missouri Commission for the Deaf		26 MoReg 1668R		
			26 MoReg 1669		
5 CSR 100-200.140	Missouri Commission for the Deaf		26 MoReg 1670R		
			26 MoReg 1670		
5 CSR 100-200.150	Missouri Commission for the Deaf		26 MoReg 1670R		
			26 MoReg 1671		
5 CSR 100-200.170	Missouri Commission for the Deaf		26 MoReg 1673R		
			26 MoReg 1673		
5 CSR 100-200.175	Missouri Commission for the Deaf		26 MoReg 1675R		
5 CSR 100-200.180	Missouri Commission for the Deaf		26 MoReg 1675R		
			26 MoReg 1676		
5 CSR 100-200.200	Missouri Commission for the Deaf		26 MoReg 1676R		
5 CSR 100-200.210	Missouri Commission for the Deaf		26 MoReg 1677R		
			26 MoReg 1677		
<b>DEPARTMENT OF HIGHER EDUCATION</b>					
6 CSR 10-2.030	Commissioner of Higher Education		26 MoReg 2297		
<b>DEPARTMENT OF TRANSPORTATION</b>					
7 CSR 10-22.020	Missouri Highways and Transportation Commission		26 MoReg 2220		
7 CSR 10-22.040	Missouri Highways and Transportation Commission		26 MoReg 2220		
<b>DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS</b>					
8 CSR 70-1.010	Missouri Assistive Technology Advisory Council		26 MoReg 1797	.....	This Issue
8 CSR 70-1.020	Missouri Assistive Technology Advisory Council		26 MoReg 1568	.....	26 MoReg 2315
<b>DEPARTMENT OF MENTAL HEALTH</b>					
9 CSR 30-3.120	Certification Standards		26 MoReg 2220		
9 CSR 30-3.130	Certification Standards		26 MoReg 2221		
9 CSR 30-3.132	Certification Standards		26 MoReg 2221		
9 CSR 30-3.140	Certification Standards		26 MoReg 2222		
9 CSR 30-3.300	Certification Standards		26 MoReg 2222		
<b>DEPARTMENT OF NATURAL RESOURCES</b>					
10 CSR 10-5.300	Air Conservation Commission		26 MoReg 1967		
10 CSR 10-6.050	Air Conservation Commission		26 MoReg 1456		
10 CSR 10-6.060	Air Conservation Commission		26 MoReg 1974		
10 CSR 10-6.065	Air Conservation Commission		26 MoReg 1975		
10 CSR 10-6.110	Air Conservation Commission		26 MoReg 1322	.....	26 MoReg 2160 ..... 26 MoReg 1846S
10 CSR 10-6.280	Air Conservation Commission		26 MoReg 1570		
10 CSR 20-4.023	Clean Water Commission		26 MoReg 860		
10 CSR 20-4.043	Clean Water Commission		26 MoReg 861		
10 CSR 20-6.200	Clean Water Commission		26 MoReg 1976		
10 CSR 20-15.010	Clean Water Commission		26 MoReg 1992		
10 CSR 20-15.020	Clean Water Commission		26 MoReg 1993		
10 CSR 20-15.030	Clean Water Commission		26 MoReg 2005		
10 CSR 23-3.100	Division of Geology and Land Survey		26 MoReg 1163	.....	26 MoReg 2173
10 CSR 40-10.020	Land Reclamation Commission		26 MoReg 1798		
10 CSR 40-10.050	Land Reclamation Commission		26 MoReg 1798		
10 CSR 60-7.020	Land Reclamation Commission		26 MoReg 1799		
10 CSR 60-10.040	Land Reclamation Commission		26 MoReg 1801		
10 CSR 60-14.020	Public Drinking Water Program				26 MoReg 1847
10 CSR 60-15.020	Public Drinking Water Program		26 MoReg 1802		
10 CSR 60-15.030	Public Drinking Water Program		26 MoReg 1804		
10 CSR 60-15.050	Public Drinking Water Program		26 MoReg 1804		
10 CSR 60-15.060	Public Drinking Water Program		26 MoReg 1805		
10 CSR 60-15.070	Public Drinking Water Program		26 MoReg 1809		
10 CSR 60-15.080	Public Drinking Water Program		26 MoReg 1813		
10 CSR 60-15.090	Public Drinking Water Program		26 MoReg 1816		
10 CSR 100-3.010	Petroleum Storage Tank Insurance Fund Board		26 MoReg 2405		
10 CSR 100-4.010	Petroleum Storage Tank Insurance Fund Board		26 MoReg 2405		
10 CSR 100-4.020	Petroleum Storage Tank Insurance Fund Board		26 MoReg 2406		
10 CSR 100-5.010	Petroleum Storage Tank Insurance Fund Board		26 MoReg 2407		
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11 CSR 30-7.010	Office of the Director		26 MoReg 1817R	.....	This IssueR
11 CSR 40-6.060	Division of Fire Safety		26 MoReg 857		

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11 CSR 45-3.010	Missouri Gaming Commission		26 MoReg 1259	26 MoReg 2179	
11 CSR 45-4.030	Missouri Gaming Commission		26 MoReg 2297		
11 CSR 45-4.200	Missouri Gaming Commission		26 MoReg 2297		
11 CSR 45-4.205	Missouri Gaming Commission		26 MoReg 2298		
11 CSR 45-4.260	Missouri Gaming Commission		26 MoReg 2298		
11 CSR 45-4.380	Missouri Gaming Commission		26 MoReg 1259	26 MoReg 2179	
11 CSR 45-7.040	Missouri Gaming Commission				26 MoReg 2184
11 CSR 45-30.025	Missouri Gaming Commission		26 MoReg 2298		
11 CSR 45-30.190	Missouri Gaming Commission		26 MoReg 2106		
11 CSR 45-30.395	Missouri Gaming Commission		26 MoReg 2106		
11 CSR 45-30.525	Missouri Gaming Commission		26 MoReg 2106		
11 CSR 50-2.020	Missouri State Highway Patrol	26 MoReg 1793	26 MoReg 1817		This Issue
11 CSR 50-2.120	Missouri State Highway Patrol		26 MoReg 1818		This Issue
11 CSR 50-2.150	Missouri State Highway Patrol		26 MoReg 2299		
11 CSR 50-2.170	Missouri State Highway Patrol		26 MoReg 2300		
11 CSR 50-2.240	Missouri State Highway Patrol		26 MoReg 2300		
11 CSR 50-2.270	Missouri State Highway Patrol	26 MoReg 1793	26 MoReg 1818		This Issue
11 CSR 50-2.320	Missouri State Highway Patrol	26 MoReg 2260	26 MoReg 2300		
11 CSR 50-2.321	Missouri State Highway Patrol		26 MoReg 2303		
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11 CSR 60-1.040	Division of Highway Safety		26 MoReg 2408		
11 CSR 60-1.050	Division of Highway Safety		26 MoReg 2408		
11 CSR 60-1.060	Division of Highway Safety		26 MoReg 2408		
11 CSR 60-1.100	Division of Highway Safety		26 MoReg 2409		
11 CSR 70-3.010	Division of Liquor Control		26 MoReg 2107		
11 CSR 70-3.020	Division of Liquor Control		26 MoReg 2109		

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12 CSR	Construction Transient Employers				26 MoReg 1214
					26 MoReg 1848
					26 MoReg 2434
12 CSR 10-23.275	Director of Revenue		26 MoReg 2113		
12 CSR 10-23.452	Director of Revenue		26 MoReg 1458	26 MoReg 2179	
12 CSR 10-24.030	Director of Revenue	26 MoReg 1961	26 MoReg 1677		This Issue
12 CSR 10-24.050	Director of Revenue		26 MoReg 2113		
12 CSR 10-24.190	Director of Revenue		26 MoReg 2113		
12 CSR 10-24.300	Director of Revenue		26 MoReg 2114		
12 CSR 10-24.326	Director of Revenue		26 MoReg 2114		
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12 CSR 10-24.442	Director of Revenue		26 MoReg 1458	26 MoReg 2179W	
12 CSR 10-24.462	Director of Revenue		26 MoReg 2120		
12 CSR 10-24.465	Director of Revenue		26 MoReg 1329	26 MoReg 2179	
12 CSR 10-24.470	Director of Revenue		26 MoReg 2409		
12 CSR 10-41.010	Director of Revenue	26 MoReg 2262	26 MoReg 2303		
12 CSR 10-110.600	Director of Revenue		26 MoReg 1678		This Issue
12 CSR 10-110.955	Director of Revenue		26 MoReg 1679		
12 CSR 10-111.100	Director of Revenue		26 MoReg 2224		

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13 CSR 15-4.010	Division of Aging		26 MoReg 807		
13 CSR 15-7.021	Division of Aging		26 MoReg 2034		
	<i>(Changed to 19 CSR 15-7.021)</i>				
13 CSR 15-8.010	Division of Aging				26 MoReg 2184
	<i>(Changed to 19 CSR 30-90.010)</i>				
13 CSR 15-8.020	Division of Aging				26 MoReg 2184
	<i>(Changed to 19 CSR 30-90.020)</i>				
13 CSR 15-8.030	Division of Aging				26 MoReg 2184
	<i>(Changed to 19 CSR 30-90.030)</i>				
13 CSR 15-8.040	Division of Aging				26 MoReg 2184
	<i>(Changed to 19 CSR 30-90.040)</i>				
13 CSR 15-8.050	Division of Aging				26 MoReg 2184
	<i>(Changed to 19 CSR 30-90.050)</i>				
13 CSR 15-8.060	Division of Aging				26 MoReg 2184
	<i>(Changed to 19 CSR 30-90.060)</i>				
13 CSR 15-8.070	Division of Aging				26 MoReg 2184
	<i>(Changed to 19 CSR 30-90.070)</i>				
13 CSR 15-8.080	Division of Aging				26 MoReg 2184
	<i>(Changed to 19 CSR 30-90.080)</i>				
13 CSR 15-9.010	Division of Aging	26 MoReg 1501	26 MoReg 1515		This Issue
	<i>(Changed to 19 CSR 30-81.010)</i>				
13 CSR 15-9.015	Division of Aging				26 MoReg 2184
	<i>(Changed to 19 CSR 30-81.015)</i>				
13 CSR 15-9.020	Division of Aging				26 MoReg 2184
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13 CSR 15-9.030	Division of Aging				26 MoReg 2184
	<i>(Changed to 19 CSR 30-81.030)</i>				
13 CSR 15-10.010	Division of Aging				26 MoReg 2184
	<i>(Changed to 19 CSR 30-82.010)</i>				
13 CSR 15-10.020	Division of Aging				26 MoReg 2184
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13 CSR 15-10.030	Division of Aging				26 MoReg 2184
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13 CSR 15-10.050	Division of Aging <i>(Changed to 19 CSR 30-82.050)</i>				26 MoReg 2184
13 CSR 15-10.060	Division of Aging <i>(Changed to 19 CSR 30-82.060)</i>				26 MoReg 2184
13 CSR 15-10.070	Division of Aging <i>(Changed to 19 CSR 30-82.070)</i>				26 MoReg 2184
13 CSR 15-11.010	Division of Aging <i>(Changed to 19 CSR 30-83.010)</i>				26 MoReg 2185
13 CSR 15-13.010	Division of Aging <i>(Changed to 19 CSR 30-84.010)</i>				26 MoReg 2185
13 CSR 15-13.020	Division of Aging <i>(Changed to 19 CSR 30-84.020)</i>				26 MoReg 2185
13 CSR 15-13.030	Division of Aging <i>(Changed to 19 CSR 30-84.030)</i>				26 MoReg 2185
13 CSR 15-13.040	Division of Aging <i>(Changed to 19 CSR 30-84.040)</i>				26 MoReg 2185
13 CSR 15-14.012	Division of Aging <i>(Changed to 19 CSR 30-85.012)</i>				26 MoReg 2185
13 CSR 15-14.022	Division of Aging <i>(Changed to 19 CSR 30-85.022)</i>				26 MoReg 2185
13 CSR 15-14.032	Division of Aging <i>(Changed to 19 CSR 30-85.032)</i>				26 MoReg 2185
13 CSR 15-14.042	Division of Aging <i>(Changed to 19 CSR 30-85.042)</i>				26 MoReg 2185
13 CSR 15-14.052	Division of Aging <i>(Changed to 19 CSR 30-85.052)</i>				26 MoReg 2185
13 CSR 15-15.012	Division of Aging <i>(Changed to 19 CSR 30-86.012)</i>				26 MoReg 2185
13 CSR 15-15.022	Division of Aging <i>(Changed to 19 CSR 30-86.022)</i>				26 MoReg 2185
13 CSR 15-15.032	Division of Aging <i>(Changed to 19 CSR 30-86.032)</i>				26 MoReg 2185
13 CSR 15-15.042	Division of Aging <i>(Changed to 19 CSR 30-86.042)</i>				26 MoReg 2185
13 CSR 15-15.045	Division of Aging <i>(Changed to 19 CSR 30-86.045)</i>				26 MoReg 2185
13 CSR 15-15.052	Division of Aging <i>(Changed to 19 CSR 30-86.052)</i>				26 MoReg 2185
13 CSR 15-17.010	Division of Aging <i>(Changed to 19 CSR 30-87.010)</i>				26 MoReg 2186
13 CSR 15-17.020	Division of Aging <i>(Changed to 19 CSR 30-87.020)</i>				26 MoReg 2186
13 CSR 15-17.030	Division of Aging <i>(Changed to 19 CSR 30-87.030)</i>				26 MoReg 2186
13 CSR 15-18.010	Division of Aging <i>(Changed to 19 CSR 30-88.010)</i>				26 MoReg 2186
13 CSR 15-18.020	Division of Aging <i>(Changed to 19 CSR 30-88.020)</i>				26 MoReg 2186
13 CSR 15-20.010	Division of Aging <i>(Changed to 19 CSR 30-89.010)</i>				26 MoReg 2186
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13 CSR 70-10.015	Division of Medical Services		26 MoReg 1820	This Issue	
13 CSR 70-10.050	Division of Medical Services		26 MoReg 2409		
13 CSR 70-10.110	Division of Medical Services	26 MoReg 1889	26 MoReg 1904		
13 CSR 70-10.150	Division of Medical Services	26 MoReg 1502	26 MoReg 1515	26 MoReg 2227	
13 CSR 70-15.010	Division of Medical Services		26 MoReg 1907		
13 CSR 70-15.040	Division of Medical Services		26 MoReg 1911		
13 CSR 70-15.110	Division of Medical Services		26 MoReg 2014		
13 CSR 70-20.031	Division of Medical Services		26 MoReg 2016		
13 CSR 70-20.034	Division of Medical Services		26 MoReg 2018		26 MoReg 2186
13 CSR 70-50.010	Division of Medical Services		26 MoReg 1911		
13 CSR 73-2.015	Missouri Board of Nursing				
13 CSR 73-2.070	Home Administrators	This Issue	This Issue		
	Missouri Board of Nursing				
	Home Administrators	This Issue	This Issue		
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15 CSR 30-4.010	Secretary of State		26 MoReg 1825R		
			26 MoReg 1825		
15 CSR 30-9.010	Secretary of State		26 MoReg 1828		
15 CSR 30-9.020	Secretary of State		26 MoReg 1828		
15 CSR 30-9.030	Secretary of State		26 MoReg 1829		
15 CSR 30-10.020	Secretary of State		26 MoReg 1829R		
			26 MoReg 1829		
15 CSR 30-10.040	Secretary of State		26 MoReg 1831R		
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15 CSR 30-10.060	Secretary of State		26 MoReg 1832R		
			26 MoReg 1832		
15 CSR 30-54.190	Secretary of State		26 MoReg 2303R		
			26 MoReg 2304		
15 CSR 30-55.010	Secretary of State		26 MoReg 2304R		

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15 CSR 30-55.025	Secretary of State		26 MoReg 2306		
15 CSR 30-55.030	Secretary of State		26 MoReg 2306R		
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15 CSR 30-55.040	Secretary of State		26 MoReg 2307R		
	Secretary of State		26 MoReg 2307		
15 CSR 30-55.050	Secretary of State		26 MoReg 2308R		
	Secretary of State		26 MoReg 2308		
15 CSR 30-55.070	Secretary of State		26 MoReg 2308R		
	Secretary of State		26 MoReg 2309		
15 CSR 30-55.080	Secretary of State		26 MoReg 2309R		
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15 CSR 30-55.090	Secretary of State		26 MoReg 2310R		
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15 CSR 30-55.110	Secretary of State		26 MoReg 2310R		
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15 CSR 30-55.220	Secretary of State		26 MoReg 2311		
15 CSR 50-2.050	Treasurer		26 MoReg 2414		
15 CSR 60-10.020	Attorney General		26 MoReg 1684R	26 MoReg 2431R	
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15 CSR 60-10.030	Attorney General		26 MoReg 1685R	26 MoReg 2431R	
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15 CSR 60-13.060	Attorney General	26 MoReg 1964	26 MoReg 2020		
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16 CSR 10-5.030	The Public School Retirement System of Missouri		26 MoReg 1459	26 MoReg 2180	
16 CSR 10-5.055	The Public School Retirement System of Missouri		26 MoReg 1834		
16 CSR 10-5.070	The Public School Retirement System of Missouri		26 MoReg 1834		
16 CSR 10-6.045	The Public School Retirement System of Missouri		26 MoReg 1835		
16 CSR 10-6.090	The Public School Retirement System of Missouri		26 MoReg 1459	26 MoReg 2180	
16 CSR 20-2.056	Missouri Local Government Employees' Retirement System (LAGERS)		26 MoReg 2311		
16 CSR 20-2.083	Missouri Local Government Employees' Retirement System (LAGERS)		26 MoReg 2312		
16 CSR 20-3.010	Missouri Local Government Employees' Retirement System (LAGERS)		26 MoReg 2312		
16 CSR 50-2.050	The County Employees' Retirement Fund		26 MoReg 1835		
16 CSR 50-2.130	The County Employees' Retirement Fund		26 MoReg 1571	26 MoReg 2315	
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17 CSR 20-2.025	St. Louis Board of Police Commissioners		26 MoReg 2024		
17 CSR 20-2.035	St. Louis Board of Police Commissioners		26 MoReg 2025		
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17 CSR 20-2.055	St. Louis Board of Police Commissioners		26 MoReg 2027		
17 CSR 20-2.065	St. Louis Board of Police Commissioners		26 MoReg 2027		
17 CSR 20-2.075	St. Louis Board of Police Commissioners		26 MoReg 2028		
17 CSR 20-2.085	St. Louis Board of Police Commissioners		26 MoReg 2028		
17 CSR 20-2.095	St. Louis Board of Police Commissioners		26 MoReg 2029		
17 CSR 20-2.105	St. Louis Board of Police Commissioners		26 MoReg 2030		
17 CSR 20-2.115	St. Louis Board of Police Commissioners		26 MoReg 2031		
17 CSR 20-2.125	St. Louis Board of Police Commissioners		26 MoReg 2032		
17 CSR 20-2.135	St. Louis Board of Police Commissioners		26 MoReg 2033		
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19 CSR 10-5.010	Office of the Director		26 MoReg 2122		
19 CSR 15-7.021	Division of Senior Services		26 MoReg 2034		
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			26 MoReg 1518	This Issue	
19 CSR 30-20.011	Division of Health Standards and Licensure		26 MoReg 1531	This Issue	
19 CSR 30-20.015	Division of Health Standards and Licensure		26 MoReg 1531	This Issue	
19 CSR 30-20.021	Division of Health Standards and Licensure		26 MoReg 1533	This Issue	
19 CSR 30-81.010	Division of Health Standards and Licensure	26 MoReg 1501	26 MoReg 1515	This Issue	26 MoReg 2184
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19 CSR 30-81.015	Division of Health Standards and Licensure				26 MoReg 2184
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19 CSR 30-81.020	Division of Health Standards and Licensure				26 MoReg 2184
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19 CSR 30-81.030	Division of Health Standards and Licensure				26 MoReg 2184
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19 CSR 30-82.010	Division of Health Standards and Licensure				26 MoReg 2184
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19 CSR 30-82.020	Division of Health Standards and Licensure				26 MoReg 2184
	<i>(Changed from 13 CSR 15-10.020)</i>				
19 CSR 30-82.030	Division of Health Standards and Licensure				26 MoReg 2184
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19 CSR 30-82.050	Division of Health Standards and Licensure				26 MoReg 2184
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19 CSR 30-82.070	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-10.070)</i>				26 MoReg 2184
19 CSR 30-83.010	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-11.010)</i>				26 MoReg 2185
19 CSR 30-84.010	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-13.010)</i>				26 MoReg 2185
19 CSR 30-84.020	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-13.020)</i>				26 MoReg 2185
19 CSR 30-84.030	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-13.030)</i>				26 MoReg 2185
19 CSR 30-84.040	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-13.040)</i>				26 MoReg 2185
19 CSR 30-85.012	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-14.012)</i>				26 MoReg 2185
19 CSR 30-85.022	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-14.022)</i>				26 MoReg 2185
19 CSR 30-85.032	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-14.032)</i>				26 MoReg 2185
19 CSR 30-85.042	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-14.042)</i>				26 MoReg 2185
19 CSR 30-85.052	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-14.052)</i>				26 MoReg 2185
19 CSR 30-86.012	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-15.012)</i>				26 MoReg 2185
19 CSR 30-86.022	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-15.022)</i>				26 MoReg 2185
19 CSR 30-86.032	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-15.032)</i>				26 MoReg 2185
19 CSR 30-86.042	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-15.042)</i>				26 MoReg 2185
19 CSR 30-86.045	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-15.045)</i>				26 MoReg 2185
19 CSR 30-86.052	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-15.052)</i>				26 MoReg 2185
19 CSR 30-87.010	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-17.010)</i>				26 MoReg 2186
19 CSR 30-87.020	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-17.020)</i>				26 MoReg 2186
19 CSR 30-87.030	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-17.030)</i>				26 MoReg 2186
19 CSR 30-88.010	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-18.010)</i>				26 MoReg 2186
19 CSR 30-88.020	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-18.020)</i>				26 MoReg 2186
19 CSR 30-89.010	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-20.010)</i>				26 MoReg 2186
19 CSR 30-90.010	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-8.010)</i>				26 MoReg 2184
19 CSR 30-90.020	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-8.020)</i>				26 MoReg 2184
19 CSR 30-90.030	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-8.030)</i>				26 MoReg 2184
19 CSR 30-90.040	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-8.040)</i>				26 MoReg 2184
19 CSR 30-90.050	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-8.050)</i>				26 MoReg 2184
19 CSR 30-90.060	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-8.060)</i>				26 MoReg 2184
19 CSR 30-90.070	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-8.070)</i>				26 MoReg 2184
19 CSR 30-90.080	Division of Health Standards and Licensure <i>(Changed from 13 CSR 15-8.080)</i>				26 MoReg 2184
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19 CSR 40-9.020	Division of Maternal, Child and Family Health		26 MoReg 1687	26 MoReg 2432	
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19 CSR 60-50.420	Missouri Health Facilities Review				26 MoReg 2187 26 MoReg 2316 This Issue
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20 CSR 100-6.100	Division of Consumer Affairs	26 MoReg 1392	26 MoReg 1913		
20 CSR 200-1.030	Financial Examination		26 MoReg 1459	26 MoReg 2227	
20 CSR 200-1.160	Financial Examination		26 MoReg 2045		
20 CSR 200-6.600	Financial Examination		26 MoReg 2045		
20 CSR 200-11.101	Financial Examination		26 MoReg 1460	26 MoReg 2227	
20 CSR 200-11.120	Financial Examination		26 MoReg 1467	26 MoReg 2227	

**Rule Changes Since Update**

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20 CSR 200-12.020	Financial Examination .....		26 MoReg 1471 .....	26 MoReg 2228	
20 CSR 200-17.100	Financial Examination .....		26 MoReg 1471 .....	26 MoReg 2229	
20 CSR 200-17.200	Financial Examination .....		26 MoReg 1472 .....	26 MoReg 2229	
20 CSR 200-17.300	Financial Examination .....		26 MoReg 1472 .....	26 MoReg 2229	
20 CSR 500-6.700	Property and Casualty.....		26 MoReg 2136R		
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### Department of Agriculture

#### Market Development

2 CSR 10-5.010	Price Reporting Requirements for Livestock Purchases by Packers	February 28, 2002
2 CSR 10-5.010	Rules Governing Livestock Purchases by Packers	February 28, 2002
2 CSR 10-5.015	Public Complaint Handling and Disposition Procedure for Missouri Livestock Marketing Law	April 23, 2002

#### Animal Health

2 CSR 30-2.010	Health Requirements Governing the Admission of Livestock, Poultry and Exotic Animals Entering Missouri	May 10, 2002
2 CSR 30-2.040	Animal Health Requirements for Exhibition	May 10, 2002
2 CSR 30-6.020	Duties and Facilities of the Market/Sale Veterinarian	May 10, 2002

### Department of Economic Development

#### Missouri State Board of Accountancy

4 CSR 10-2.022	Provisional License to Practice	May 23, 2002
4 CSR 10-2.041	Eligibility Requirements for the C.P.A. Examination	May 23, 2002
4 CSR 10-2.061	Requirements for an Initial Permit to Practice	May 23, 2002
4 CSR 10-2.160	Fees	January 15, 2002

#### Public Service Commission

4 CSR 240-13.055	Cold Weather Maintenance of Service: Provision of Residential Heat-Related Utility Service During Cold Weather	March 31, 2002
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### Department of Public Safety

#### Missouri State Highway Patrol

11 CSR 50-2.020	Minimum Inspection Station Requirements	February 28, 2002
11 CSR 50-2.270	Glazing (Glass)	February 28, 2002

### Department of Revenue

#### Director of Revenue

12 CSR 10-24.030	Hearings	March 28, 2002
12 CSR 10-41.010	Annual Adjusted Rate of Interest	June 29, 2002

### Department of Social Services

#### Division of Aging

13 CSR 15-9.010	General Certification Requirements ( <i>moved to 19 CSR 30-81.010</i> )	February 28, 2002
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#### Division of Family Services

13 CSR 40-19.020	Low Income Home Energy Assistance Program	March 29, 2002
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#### Division of Medical Services

13 CSR 70-10.110	Nursing Facility Reimbursement Allowance	March 6, 2002
13 CSR 70-10.150	Enhancement Pools	February 28, 2002

#### Missouri Board of Nursing Home Administrators

13 CSR 73-2.015	Fees	June 29, 2002
13 CSR 73-2.070	Examination	June 29, 2002

### Elected Officials

#### Attorney General

15 CSR 60-13.060	Methods by Which a Person or Entity Desiring to Make Telephone Solicitations Will Obtain Access to the Database of Residential Subscribers' Notices of Objection to Receiving Telephone Solicitations and the Cost Assessed for Access to the Database	March 29, 2002
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### Department of Health and Senior Services

#### Office of the Director

19 CSR 10-4.030	National Interest Waiver Program	January 17, 2002
19 CSR 10-33.010	Reporting Patient Abstract Data by Hospitals and Ambulatory Surgical Centers	January 10, 2002

#### Division of Senior Services

19 CSR 30-81.010	General Certification Requirements ( <i>moved from 13 CSR 15-9.010</i> )	February 28, 2002
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#### Missouri Health Facilities Review Committee

19 CSR 60-50.200	Purpose and Structure	June 29, 2002
19 CSR 60-50.200	Purpose and Structure	June 29, 2002
19 CSR 60-50.300	Definitions for the Certificate of Need Process	June 29, 2002

<b>19 CSR 60-50.300</b>	Definitions for the Certificate of Need Process	June 29, 2002
<b>19 CSR 60-50.310</b>	Guidelines for Specific Health Services	June 29, 2002
<b>19 CSR 60-50.310</b>	Guidelines for Specific Health Services	June 29, 2002
<b>19 CSR 60-50.400</b>	Letter of Intent Process	June 29, 2002
<b>19 CSR 60-50.400</b>	Letter of Intent Process	June 29, 2002
<b>19 CSR 60-50.420</b>	Application Process	June 29, 2002
<b>19 CSR 60-50.420</b>	Application Process	June 29, 2002
<b>19 CSR 60-50.430</b>	Application Package	June 29, 2002
<b>19 CSR 60-50.430</b>	Application Package	June 29, 2002
<b>19 CSR 60-50.440</b>	Criteria and Standards for Hospital and Freestanding Health Services	June 29, 2002
<b>19 CSR 60-50.440</b>	Criteria and Standards for Hospital and Freestanding Health Services	June 29, 2002
<b>19 CSR 60-50.450</b>	Criteria and Standards for Long-Term Care	June 29, 2002
<b>19 CSR 60-50.450</b>	Criteria and Standards for Long-Term Care	June 29, 2002
<b>19 CSR 60-50.460</b>	Criteria and Standards for Other Health Services and Emerging Technology	June 29, 2002
<b>19 CSR 60-50.460</b>	Criteria and Standards for Other Health Services and Emerging Technology	June 29, 2002
<b>19 CSR 60-50.470</b>	Criteria and Standards for Financial Feasibility	June 29, 2002
<b>19 CSR 60-50.470</b>	Criteria and Standards for Financial Feasibility	June 29, 2002
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<b>19 CSR 60-50.480</b>	Criteria and Standards for Alternatives	June 29, 2002
<b>19 CSR 60-50.500</b>	Additional Information	June 29, 2002
<b>19 CSR 60-50.500</b>	Additional Information	June 29, 2002
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<b>19 CSR 60-50.600</b>	Certificate of Need Decisions	June 29, 2002
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<b>19 CSR 60-50.700</b>	Post-Decision Activity	June 29, 2002
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<b>19 CSR 60-50.800</b>	Meeting Procedures	June 29, 2002
<b>19 CSR 60-50.900</b>	Administration	June 29, 2002
<b>19 CSR 60-50.900</b>	Administration	June 29, 2002

## Missouri Consolidated Health Care Plan

### Health Care Plan

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<b>22 CSR 10-2.040</b>	PPO Plan Summary of Benefits	June 29, 2002
<b>22 CSR 10-2.045</b>	Co-Pay Plan Summary of Medical Benefits	June 29, 2002
<b>22 CSR 10-2.055</b>	Co-Pay Plan Benefit Provisions and Covered Charges	June 29, 2002
<b>22 CSR 10-2.063</b>	HMO/POS Premium Option Summary of Medical Benefits	June 29, 2002
<b>22 CSR 10-2.064</b>	HMO/POS Standard Option Summary of Medical Benefits	June 29, 2002
<b>22 CSR 10-2.065</b>	Staff Model Summary of Medical Benefits	June 29, 2002
<b>22 CSR 10-2.067</b>	HMO and POS Limitations	June 29, 2002
<b>22 CSR 10-2.075</b>	Review and Appeals Procedure	June 29, 2002

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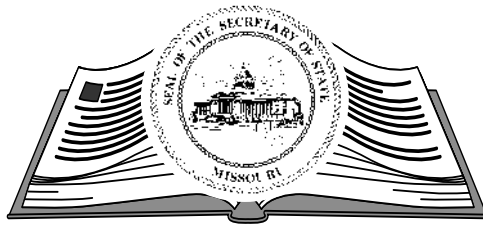
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