Proposed Rules

March 3, 2003 Vol. 28, No. 5

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

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 If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission.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

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

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

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

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

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

Title 2—DEPARTMENT OF AGRICULTURE Division 30—Animal Health Chapter 2—Health Requirements for Movement of Livestock, Poultry and Exotic Animals

PROPOSED AMENDMENT

2 CSR 30-2.010 Health Requirements Governing the Admission of Livestock, Poultry and Exotic Animals Entering Missouri. The director is amending subsection (13)(C).

PURPOSE: The proposed change to subsection (13)(C) is to clarify acceptable forms of identification for llamas and others of that group entering Missouri.

(13) Miscellaneous and Exotic Animals. All exotic animals must be accompanied by an official Certificate of Veterinary Inspection showing an individual listing of the common and scientific name(s) of the animal(s) and appropriate descriptions of animal(s) such as sex, age, weight, coloration and the permanent tag number, brand or tattoo identification.

(C) Camels, llamas, alpaca and others of that group must [have a health certificate showing individual identification] be identified by tattoo, microchip, eartag or other approved device and be listed individually on a Certificate of Veterinary Inspection. [Registration papers, accompanied by registry photographs of the animal are acceptable identification.]

AUTHORITY: section 267.645, RSMo 2000. This version of rule filed Jan. 24, 1975, effective Feb. 3, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 30, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Agriculture, Division of Animal Health, Bretaigne Jones, D.V.M., Veterinarian II, PO Box 630, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE Division 30—Animal Health Chapter 2—Health Requirements for Movement of Livestock, Poultry and Exotic Animals

PROPOSED AMENDMENT

2 CSR 30-2.020 Movement of Livestock, Poultry and Exotic Animals Within Missouri. The director is amending subsection (6)(C).

PURPOSE: The proposed change to subsection (6)(C) is to clarify acceptable forms of identification for camels, llamas and others of that group.

(6) Miscellaneous and Exotic Animals. All exotic animals must be accompanied by an official Certificate of Veterinary Inspection showing an individual listing of the common and scientific name(s) of the animal(s) and appropriate descriptions of animal(s) such as sex, age, weight, coloration and the permanent tag number, brand or tattoo identification.

(C) Camels, llamas, alpaca and others of that group must [have a health certificate showing individual identification] be officially identified by tattoo, microchip, eartag or other approved device and be listed individually on a Certificate of Veterinary Inspection. [Registration papers, accompanied by registry photographs of the animal are acceptable identification.]

AUTHORITY: section 267.645, RSMo 2000. Original rule filed April 18, 1975, effective April 28, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 30, 2003.

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Agriculture, Division of Animal Health, Bretaigne Jones, D.V.M., Veterinarian II, PO Box 630 Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE Division 30—Animal Health Chapter 2—Health Requirements for Movement of Livestock, Poultry and Exotic Animals

PROPOSED AMENDMENT

2 CSR 30-2.040 Animal Health Requirements for Exhibition. The director is amending subsection (9)(C).

PURPOSE: The proposed change to subsection (9)(C) is to clarify acceptable forms of identification for camels, llamas and others of that group.

(9) Miscellaneous and Exotic Animals. All exotic animals must be accompanied by an official Certificate of Veterinary Inspection showing an individual listing of the common and scientific name(s) of the animal(s) and appropriate descriptions of animal(s) such as sex, age, weight, coloration and the permanent tag number, brand or tattoo identification.

(C) Camels llamas, alpaca and others of that group must [have a health certificate showing individual identification] be officially identified by tattoo, microchip, eartag or other approved device and be listed individually on a Certificate of Veterinary Inspection. [Registration papers, accompanied by registry photographs of the animal are acceptable identification.]

AUTHORITY: section 267.645, RSMo 2000. Emergency rule filed June 28, 1977, effective July 8, 1977, expired Nov. 5, 1977. Original rule filed June 28, 1977, effective Oct. 13, 1977. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 30, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Agriculture, Division of Animal Health, Bretaigne Jones, D.V.M., Veterinarian II, PO Box 630, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 2—DEPARTMENT OF AGRICULTURE Division 30—Animal Health Chapter 6—Livestock Markets

PROPOSED AMENDMENT

2 CSR 30-6.020 Duties and Facilities of the Market/Sale Veterinarian. The director is amending subsection (7)(C).

PURPOSE: The proposed change to subsection (7)(C) is to clarify acceptable forms of identification for camels, llamas and others of that group.

(7) Miscellaneous and Exotic Animals. All exotic animals presented for exchange, barter, lease or sale at a licensed livestock market/sale must be accompanied by an official Certificate of Veterinary Inspection showing an individual listing of the common and scientific name(s) of the animal(s) and appropriate descriptions of animal(s) such as sex, age, weight, coloration and the permanent tag number, brand or tattoo identification.

(C) Camels llamas, alpaca and others of that group must [have a health certificate showing individual identification] be officially identified by tattoo, microchip, eartag or other approved device and be listed individually on a Certificate of Veterinary Inspection. [Registration papers, accompanied by registry photographs of the animal are acceptable identification.]

AUTHORITY: section 277.160, RSMo 2000. Original rule filed June 15, 1990, effective Dec. 31, 1990. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 30, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Agriculture, Division of Animal Health, Bretaigne Jones, D.V.M., Veterinarian II, PO Box 630, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

PROPOSED AMENDMENT

3 CSR 10-9.110 General Prohibition; Applications. The commission proposes to amend subsection (3)(E).

PURPOSE: This amendment adds the river carpsucker and quillback to the Approved Aquatic Species List.

(3) Fish, tiger salamander larvae and crayfish may be bought, sold, transported, propagated, taken and possessed by any person without permit throughout the year in any number or size and by any method providing—

(E) That the privileges of this section apply only to species listed in the Approved Aquatic Species List (including all subspecies, varieties and hybrids of the same bought, sold, transported, propagated, taken and possessed for purposes of aquaculture), species frozen or processed for sale as food products, species incapable of surviving in fresh water, species held only in aquaria or other closed containers having water discharged only into approved municipal waste treatment facilities or on-site waste treatment systems that include sand filtration or chlorination, or with written authorization of the director.

1. Fishes.

- A. Shovelnose sturgeon (Scaphirhynchus platorynchus)
- B. Paddlefish (Polyodon spathula)

C. Spotted gar (Lepisosteus oculatus) D. Longnose gar (Lepisosteus osseus) E. Shortnose gar (Lepisosteus platostomus) F. Bowfin (Amia calva) G. Gizzard shad (Dorosoma cepedianum) H. Threadfin shad (Dorosoma petenense) I. Rainbow trout (Oncorhynchus mykiss) J. Golden trout (Oncorhynchus aquabonita) K. Cutthroat trout (Oncorhynchus clarkii) L. Brown trout (Salmo trutta) M. Brook trout (Salvelinus fontinalis) N. Coho salmon (Oncorhynchus kisutch) O. Northern pike (Esox lucius) P. Muskellunge (Esox masquinongy) Q. Goldfish (Carassius auratus) R. Grass carp (Ctenopharyngodon idella) S. Common carp (Cyprinus carpio) T. Bighead carp (Hypophthal-michthys nobilis) [7.] U. Golden shiner (Notemigonus crysoleucas) [U.] V. Bluntnose minnow (Pimephales notatus) [V.] W. Fathead minnow (Pimephales promelas) X. River carpsucker (Carpiodes carpio) Y. Quillback (carpiodes cyprinus) [W.] Z. Blue Sucker (Cycleptus elongatus) [X.] AA. Bigmouth buffalo (Ictiobus cyprinellus) [Y.] BB. Black bullhead (Ameirus melas) [Z.] CC. Yellow bullhead (Ameirus natalis) [AA.] **DD.** Brown bullhead (*Ameirus nebulosus*) *(BB.)* EE. Blue catfish (*Ictalurus furcatus*) [CC.] FF. Channel catfish (Ictalurus punctatus) [DD.] GG. Flathead catfish (Pylodictis olivaris) [EE.] HH. Mosquitofish (Gambusia affinis) *(FF.)* **II.** White bass (*Morone chrvsops*) (GG. / JJ. Striped bass (Morone saxatilis) [HH.] **KK.** Green sunfish (Lepomis cyanellus) [//.] LL. Pumpkinseed (Lepomis gibbosus) [JJ.] MM. Warmouth (Lepomis gulosus) [KK.] NN. Orangespotted sunfish (Lepomis humilis) [LL.] OO. Bluegill (Lepomis macrochirus) [MM.] **PP.** Longear sunfish (Lepomis megalotis) [NN.] QQ. Redear sunfish (Lepomis microlophus) [OO.] **RR.** Smallmouth bass (*Micropterus dolomieu*) [PP.] SS. Spotted bass (Micropterus punctulatus) [QQ.] **TT.** Largemouth bass (*Micropterus salmoides*) [RR.] UU. White crappie (Pomoxis annularis) [SS.] VV. Black crappie (*Pomoxis nigromaculatus*) [TT.] WW. Yellow perch (Perca flavescens) [UU.] XX. Sauger (Stizostedion canadense) [VV.] YY. Walleye (Stizostedion vitreum) [WW.] ZZ. Freshwater drum (Aplodinotus grunniens) [XX. Bighead carp (Hypophthal-michthys nobilis)] 2. Crustaceans.

- A. Freshwater prawn (Macrobrachium rosenbergii)
- B. Northern crayfish (Orconectes virilis)
- C. White river crayfish (Procambarus acutus)
- D. Red swamp crayfish (Procambarus clarkii)
- 3. Amphibians.

A. Tiger salamander larvae (Ambystoma tigrinum)

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. This rule was previously filed as 3 CSR 10-4.110(5), (6) and (10). Original rule filed June 26, 1975, effective July 7, 1975. For intervening history, please consult the Code of State Regulations. Amended: Filed July 31, 2002.

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Deputy Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

PROPOSED AMENDMENT

3 CSR 10-9.565 Licensed Hunting Preserve: Privileges. The commission proposes to amend subsection (1)(A).

PURPOSE: This amendment clarifies that licensed big game hunting preserves must be located on one single body of land that is not dissected by public roads, and that game bird hunting preserves can be dissected by public roads. In the case of big game hunting preserves, the single body of land must also be fenced. In addition, this amendment eliminates the need for banding game birds taken on licensed hunting preserves. Instead, a dated receipt showing the name and address of the taker, the number and species of game birds taken, and the name of the hunting preserve will be required; or an approved transportation sticker may be used in lieu of the receipt. Permit requirements for breeding/propagation facilities are also clarified.

(1) Licensed hunting preserves are subject to inspection by an agent of the department at any reasonable time. Animal health standards and movement activities shall comply with all state and federal regulations. Any person holding a licensed hunting preserve permit may release on his/her licensed hunting preserve legally acquired pheasants, exotic partridges, quail and ungulates (hoofed animals) for shooting throughout the year, under the following conditions:

(A) Game Bird Hunting Preserve.

1. The game bird hunting preserve shall be a single body of land not less than one hundred sixty (160) acres *[nor]* and no more than six hundred forty (640) acres in size. *[Hunting preserves]* Game bird hunting preserves may be dissected by public roads, and shall be posted with signs specified by the department. Hunting preserve permits will not be issued for areas—

A. Within five (5) miles of any area where there is an ongoing department game bird release program or where the most recent release of department game birds has been made less than five (5) years prior to receipt of the application.

B. In any location where those activities are considered by the department as likely to further jeopardize any species currently designated by Missouri or federal regulations as threatened or endangered wildlife.

[2. The permittee shall attach to the leg of each game bird taken on the preserve a leg band furnished by the department, for which the permittee shall pay ten dollars (\$10) per one hundred (100) bands.]

[3.] 2. Any person taking or hunting game birds on a *[licensed]* hunting preserve shall have in his/her possession a valid hunting permit or licensed hunting preserve hunting permit, except that persons fifteen (15) years of age or younger, when accompanied by a properly licensed adult hunter, and residents sixty-five (65) years of age and older, may hunt without permit.

[4.] **3.** Game birds taken on a *[licensed]* hunting preserve may be possessed and transported **from the preserve** only when *[bear-ing the prescribed leg band]* accompanied by a receipt listing the date, number and species taken, and name of the hunting preserve; or when accompanied by an approved transportation sticker for each game bird taken. Transportation stickers must be purchased from the department by the hunting preserve permittee. Game birds may be taken in any numbers on *[such areas]* these preserves.

[5.] 4. The permittee must release during the shooting season at least one (1) game bird per acre of hunting preserve, with at least one-half (1/2) of the birds to be bobwhite quail, if quail are to be hunted outside the statewide season. All birds shall be from a source approved by the department.

5. Any propagation facilities contained within or adjacent to the game bird hunting preserve shall meet standards specified in 3 CSR 10-9.220. Breeding enclosures not contained within or adjacent to the hunting preserve are not covered under the privileges of this rule.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. This rule previously filed as 3 CSR 10-10.765. Original rule filed Jan. 19, 1972, effective Feb. 1, 1972. For intervening history, please consult the Code of State Regulations. Amended: Filed Aug. 30, 2002.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Deputy Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 11—Wildlife Code: Special Regulations for Department Areas

PROPOSED AMENDMENT

3 CSR 10-11.186 Waterfowl Hunting. The commission proposes to amend subsections (2)(A) and section (3) and adds section (12).

PURPOSE: This amendment opens designated areas on Blind Pony Lake Conservation Area to waterfowl hunting during regular waterfowl hunting seasons and restricts shooting hours for waterfowl on certain conservation areas.

(2) Waterfowl hunting is prohibited on the following department areas:

[(A) Blind Pony Lake Conservation Area]

[(B)] (A) Cooley Lake Conservation Area

[(C)] (B) Hunnewell Lake Conservation Area

[(D)] (C) Lake Girardeau Conservation Area

[(E)] (D) Lake Paho Conservation Area

[(F)] (E) Lone Jack Lake Conservation Area

(3) Waterfowl hunting is prohibited after 1:00 p.m. on designated portions of the following department areas:

(I) King Lake Conservation Area

[(//] (J) B.K. Leach Memorial Conservation Area

[(J)] (K) Little River Conservation Area

[(K)] (L) Long Branch Lake Management Lands
[(L)] (M) Nodaway Valley Conservation Area
[(M)] (N) Otter Slough Conservation Area
[(N)] (O) James A. Reed Memorial Wildlife Area
(P) Pony Express Conservation Area
[(O)] (Q) Schell-Osage Conservation Area
[(P)] (R) Ted Shanks Conservation Area
[(Q)] (S) Ten Mile Pond Conservation Area

[(R)] (T) Yellow Creek Conservation Area

(12) On Blind Pony Lake Conservation Area, waterfowl may be hunted only in designated areas and only during the regular waterfowl hunting seasons.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. This rule previously filed as 3 CSR 10-4.115. Original rule filed April 30, 2001, effective Sept. 30, 2001. Amended: Filed May 9, 2002, effective March 1, 2003. Amended: Filed July 31, 2002.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Deputy Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 11—Wildlife Code: Special Regulations for Department Areas

PROPOSED AMENDMENT

3 CSR 10-11.205 Fishing, Methods and Hours. The commission proposes to amend section (4).

PURPOSE: This amendment establishes special regulations for certain lakes on August A. Busch Memorial Conservation Area.

(4) On August A. Busch Memorial Conservation Area:

(C) On Lakes 21 and 28, only flies, artificial lures and soft plastic baits (unscented) may be used from November 1 through January 31.

((C)) (D) On Lake 12, fishing is restricted to persons fifteen (15) years of age or younger and not more than one (1) pole and line may be used by any one (1) person at *[one]* any time.

(E) On Lakes 21, 22, 23, 24 and 28, from November 1 through January 31, not more than one (1) pole and line may be used by one (1) person at any time and the use of natural or scented baits as chum is prohibited.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. This rule previously filed as 3 CSR 10-4.115. Original rule filed April 30, 2001, effective Sept. 30, 2001. Amended: Filed May 9, 2002, effective March 1, 2003. Amended: Filed July 31, 2002.

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Deputy Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 11—Wildlife Code: Special Regulations for Department Areas

PROPOSED AMENDMENT

3 CSR 10-11.210 Fishing, Daily and Possession Limits. The commission proposes to add a new section (9) and renumber the remaining sections.

PURPOSE: This amendment establishes special trout fishing regulations on certain lakes on the August A. Busch Memorial Conservation Area.

(9) On August A. Busch Memorial Conservation Area:

(A) On Lakes 21 and 28, trout must be returned to the water unharmed immediately after being caught from November 1 through January 31. Trout may not be possessed on these waters during this season.

(B) On Lakes 22, 23 and 24, no person shall continue to fish for any species after having five (5) trout in possession from November 1 through January 31.

[(9)] (10) On Bellefontaine Conservation Area and Port Hudson Lake Conservation Area, the daily limit for other fish as designated in 3 CSR 10-6.550 shall be ten (10) in the aggregate.

[(10)] (11) On Jerry J. Presley Conservation Education Center, except as otherwise provided on the special use permit, fish must be returned to the water unharmed immediately after being caught.

[(11)] (12) On Lake 12 (August A. Busch Memorial Conservation Area) and Lost Valley Fish Hatchery, the daily limit for all fish shall be two (2) in the aggregate. On Lost Valley Fish Hatchery, no person shall continue to fish for any species after having two (2) fish in possession.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. This rule previously filed as 3 CSR 10-4.115. Original rule filed April 30, 2001, effective Sept. 30, 2001. Amended: Filed Aug. 30, 2001, effective Jan. 30, 2002. Amended: Filed May 9, 2002, effective March 1, 2003. Amended: Filed July 31, 2002.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Deputy Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 4—DEPARTMENT OF ECONOMIC DEVELOPMENT Division 220—State Board of Pharmacy Chapter 2—General Rules

PROPOSED AMENDMENT

4 CSR 220-2.130 Drug Repackaging. The board is proposing to amend subsection (1)(D).

PURPOSE: The purpose for this amendment is to define record keeping requirements for lot number and expiration dates for drugs stored in an automated counting device.

(1) A pharmacist or pharmacy may prepackage drugs for other than immediate dispensing purposes provided that the following conditions are met:

(D) Any prepacked drug must have a label affixed to it which contains, at a minimum, the name and strength of the drug, the name of the manufacturer or distributor, an expiration date as defined in subsection (1)(C) and lot number. Pharmacies that store drugs within an automated counting device may, in place of the required label, maintain records for lot numbers and expiration dates that are required on the label as long as it is fully traceable and is readily retrievable during an inspection.

AUTHORITY: sections 338.140[, RSMo Supp. 1999] and 338.280, RSMo [1994] 2000. Original rule filed Dec. 10, 1986, effective May 28, 1987. Amended: Filed Nov. 15, 1988, effective March 11, 1989. Emergency amendment filed July 1, 1991, effective July 26, 1991, expired Nov. 22, 1991. Amended: Filed July 1, 1991, effective Jan. 13, 1992. Amended: Filed July 28, 2000, effective Jan. 30, 2001. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Pharmacy, Kevin Kinkade, Executive Director, PO Box 625, Jefferson City, MO 65102, via facsimile to (573) 526-3464 or e-mail at pharmacy@mail.state.mo.us. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 3—Records

PROPOSED AMENDMENT

11 CSR 45-3.010 Commission Records. The commission proposes to amend sections (4) and (7) of this rule.

PURPOSE: The commission proposes to amend this rule by reducing the fee for copies of commission records.

(4) All licensees shall provide the commission a monthly update of the information required in section 313.847, RSMo on forms provided by the commission. All licensees shall have a duty to inform the commission of any material change of facts happening after the filing of an application *[(see 11 CSR 45-4.030, Appendix A)].*

(7) [The following fees are established for records of the commission:

(A) Fee for photocopies of public records of the	
Missouri Gaming Commission (per page)	\$.50
(B) Fee for document search of public	
records of the Missouri Gaming	
Commission per hour or part of an hour	\$20.00

 (C) Fee for access to public records maintained on computer facilities, recording tapes or discs, videotapes or films, pictures, slides, graphics, illustrations or similar audio or visual items or devices. Actual cost of reproduction plus document search fee per hour or part of an hour \$20.00]

The commission may charge a fee for copying public records, which fee shall not exceed the actual cost of document search and duplication. The commission shall provide a list of fees charged for copying public records upon request.

AUTHORITY: sections 313.004, 313.805 and 313.847, RSMo 2000. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed June 25, 1996, effective Feb. 28, 1997. Amended: Filed May 3, 2001, effective Dec. 30, 2001. Amended: Filed April 29, 2002, effective Nov. 30, 2002. Amended: Filed Jan. 24, 2003.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COM-MENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on April 9, 2003, in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 5—Conduct of Gaming

PROPOSED AMENDMENT

11 CSR 45-5.200 Progressive Slot Machines. The commission is amending section (5).

PURPOSE: The commission proposes to amend this rule by adding language that allows electronic gaming devices requiring different maximum wagers to be linked on the same wide-area progressive system.

(5) The operation of wide-area progressive slot machines is allowed subject to the following conditions:

(N) The licensee authorized to provide a wide-area progressive system, must supply a copy of all lease and contractual agreements relating to the wide-area progressive system to the commission; *[and]*

(O) The wide-area progressive system prize fund (the amount of money contributed by the participating licensees) must be audited, in accordance with generally accepted auditing standards, on the fiscal year of the licensee authorized to provide the system, by an independent accountant licensed by the Missouri State Board of Accountancy pursuant to Chapter 326, RSMo. Two (2) copies of this report must be submitted to the commission upon completion of the audit or ninety (90) days after the conclusion of the licensee's fiscal year, whichever occurs first. The cost of the audit shall be paid by the licensee providing the wide-area progressive system*[.]*; and

(P) Gaming devices connected to a common wide-area progressive system shall:

1. All require the same maximum wager; or

2. If requiring different maximum wagers, utilize the expected value of winning the top award by setting the odds of winning the top award in proportion to the amount wagered. The method of equalizing the expected value of winning the top award shall be conspicuously displayed on each device connected to the system.

AUTHORITY: sections 313.004, 313.800 and 313.805, RSMo [1994] 2000. Emergency rule filed Sept. 1, 1993, effective Sept. 20, 1993, expired Jan. 17, 1994. Emergency rule filed Jan. 5, 1994, effective Jan. 18, 1994, expired Jan. 30, 1994. Original rule filed Sept. 1, 1993, effective Jan. 31, 1994. Amended: Filed Aug. 30, 1996, effective March 30, 1997. Amended: Filed July 2, 1997, effective Feb. 28, 1998. Amended: Filed May 13, 1998, effective Oct. 30, 1998. Amended: Filed Jan. 24, 2003.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COM-MENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the MO Gaming Commission, PO Box 1847, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on April 9, 2003, in the Missouri Gaming Commission's Hearing Room, 3417 Knipp Drive, Jefferson City, Missouri.

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

PROPOSED AMENDMENT

12 CSR 10-24.140 Procedures for Reissuance of a Missouri Driver License, *[or]* Nondriver License, *or Instruction Permit* Not Received After Mailing by the Department. The director is amending the title, Purpose and sections (1) and (2) and adding a new section (3).

PURPOSE: This amendment will allow the director to apply the same procedures to an instruction permit that is returned after mailing, as those procedures are applied to driver and nondriver licenses. In addition, the amendment includes fees for duplicate commercial driver instruction permits that were not previously included in this rule.

PURPOSE: This rule establishes the procedures to be followed when an applicant for a driver license, [or] nondriver license, or instruction permit does not receive the document after mailing by the department. (1) If an applicant for a *[Missouri]* driver license, *[or Missouri]* nondriver license, **or instruction permit** does not receive the **driver** license, *[or]* nondriver license, **or instruction permit**, the following procedures apply:

(A) The applicant shall receive a duplicate driver license, *[or]* nondriver license, **or instruction permit** if it was not received within twenty-five (25) working days after mailing from Jefferson City, but not more than ninety (90) days from the date of application. The duplicate driver license, *[or]* nondriver license, **or instruction per-mit** shall be processed at no additional cost to the applicant; and

(B) The applicant shall complete the proper application for a duplicate driver license, *[or]* nondriver license, or instruction permit.

(2) If the applicant requests any changes on the duplicate [Missouri] driver license, [or] nondriver license, or instruction permit, [the fee of seven dollars and fifty cents (\$7.50) for a Class F or Class M license, fifteen dollars (\$15) for a Class E license, twenty dollars (\$20) for a Class A, B or C license, or three dollars (\$3) for a photo nondriver license shall be required. A one dollar (\$1) fee is required for a duplicate nonphoto non-driver license.] the applicant shall pay the appropriate fee as follows:

(A) For a duplicate Class F or M license, the fee shall be seven dollars and fifty cents (\$7.50).

(B) For a duplicate Class E license, the fee shall be fifteen dollars (\$15).

(C) For a duplicate Class A, B, or C license, the fee shall be twenty dollars (\$20).

(D) For a duplicate Class E, F, or M instruction permit, the fee shall be one dollar (\$1).

(E) For a duplicate photo nondriver license, the fee shall be three dollars (\$3).

(F) For a duplicate nonphoto nondriver license, the fee shall be one dollar (\$1).

(G) For a duplicate Class A, B, or C instruction permit, the fee shall be five dollars (\$5).

(3) An additional processing fee may be charged by agents who contract with the Department of Revenue. Beginning July 1, 2003, all documents processed by state owned Department of Revenue branch offices will also include a state processing fee equal to that charged by contract agents (as authorized by section 136.055, RSMo Supp. 2002).

AUTHORITY: sections 136.055, RSMo Supp. 2002, 302.181[, RSMo Supp. 1999] and 302.185, RSMo [1994] 2000. Original rule filed April 15, 1988, effective Sept. 29, 1988. Amended: Filed Dec. 11, 1991, effective April 9, 1992. Amended: Filed Sept. 11, 1992, effective April 8, 1993. Amended: Filed May 31, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 21, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Revenue, Office of Legislation and Regulations, PO Box 629, Jefferson City, MO 65105. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—Division of Medical Services Chapter 1—Organization

PROPOSED RULE

13 CSR 70-1.020 Standards for Privacy of Individually Identifiable Health Information

PURPOSE: The state of Missouri, Department of Social Services, Division of Medical Services, is committed to protecting the confidentiality of protected health information of applicants and recipients of the Medical Assistance (Medicaid) Program. This rule describes how health care information about Medicaid applicants and recipients may be used and disclosed and how Medicaid recipients can get access to their personal health information.

(1) General Authority. There are many state and federal laws and regulations that safeguard applicants' and recipients' protected health information. Section 1902(a)(7) of the federal Social Security Act requires that a state plan for medical assistance must provide safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan. The Health Insurance Portability and Accountability Act (HIPAA) represents the first comprehensive federal protection of patient privacy. Passed by the United States Congress in 1996, HIPAA sets national standards to protect personal health information, reduces health care fraud, and makes health coverage more portable. The entire health care industry must implement HIPAA, including state governments.

(2) Definitions.

(A) Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law established "portability" requirements, allowing employees to "take their coverage with them" when they changed jobs. The "Administrative Simplification" section of the law deals with privacy, security of health care information, and standardized formats for electronic health care transactions (such as submission of health care claims).

(B) Protected Health Information. A term established under the HIPAA privacy rules, it refers to individually identifiable health information, in whatever medium it is transmitted or maintained (e.g., paper, electronic, or even oral), including demographic information, that is created or received by a health care provider, health plan, employer, or health care clearinghouse and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

(C) Treatment, Payment and Health Care Operations (TPO) includes all of the following:

1. Treatment means the provision, coordination, or management of health care and related services, consultation between providers relating to an individual, or referral of an individual to another provider for health care.

2. Payment means activities undertaken by a health plan to obtain premiums or determine/fulfill responsibility for coverage or provision of benefits, or by a provider or health plan to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collections activities, medical necessity determinations and utilization review.

3. Health care operations includes functions such as quality assessment and improvement activities, case management and care coordination, reviewing competence or qualifications of health care professionals, conducting training programs, licensing and credentialing activities, underwriting, premium rating, conducting or arranging for medical review, legal services and auditing functions, business planning and development, and general business and administrative activities (including activities relating to the sale, transfer or merger of the covered entity).

(3) Disclosures of Health Information Required or Allowed by Law. The Department of Social Services, the single state Medicaid agency, may use an applicant's or recipient's individually identifiable health information for treatment, payment, or health care operations. For example, individually identifiable health information may be used to determine disability for a public assistance program; when reviewing a request from the treating physician for a Medicaid service that requires a prior approval; and when processing claims and other requests for medical care payments. The Department of Social Services, Division of Medical Services shall report:

(A) Contagious diseases, birth defects, and cancer;

- (B) Firearm injuries and other trauma events;
- (C) Reactions to problems with medicines;
- (D) To the police when required by law;
- (E) When the court orders us to;

(F) To the government to review how our programs are working;

- (G) To a provider or other insurance company who needs to know
- if you are enrolled in one of our programs;
 - (H) To Workers' Compensation for work related injuries;
 - (I) Birth, death, and immunization information; and

(J) To the federal government when they are looking into something important to protect our country, the President, and other government workers.

(K) The Department of Social Services, Division of Medical Services may also report information for research purposes and matters concerning organ donations. The research must be for helping the Medicaid program.

(4) Other uses and disclosures require the applicant's or recipient's written authorization. For other situations, the Department of Social Services will ask for the applicant's or recipient's written authorization before using or disclosing information. The applicant or recipient may cancel this authorization at any time in writing. The Department of Social Services cannot take back any uses or disclosures already made with the applicant's or recipient's authorization.

(5) Applicant or recipient rights to restrict or request protected health information. A "Restriction of Use and Disclosures Request Form" is included herein. The Department of Social Services, Division of Medical Services must get the applicant's or recipient's or their representative's consent to use and share private health information for other purposes. An applicant or recipient has the right to:

(A) Receive private information from the Department of Social Services by other means or at another place;

(B) Have their doctor see their health information, unless it is private notes taken by a mental health provider;

(C) Request a change of their medical information if they think some of the information is wrong; and

(D) Request a list of medical information the Department of Social Services shared that was not for treatment, payment, or health care operations or as required by federal law. Beginning in April 2003 an applicant or recipient can get a list of where their health information has been sent, unless it was sent for treatment, payment, checking to make sure they received quality care, or to make sure the laws are being followed, on forms prepared by the Department of Social Services. An "Accounting of Disclosures Request Form" is included herein.

1. The applicant or recipient may be charged the cost of producing the requested information:

A. Research time. For the purposes of this fee structure, research time includes all time spent conducting the research, copying, etc., the information for the requestor. The hourly rate charged for research time will be the actual hourly rate of the employee(s) performing the task multiplied by the actual number of hours spent

conducting the research. Fees for research time will be prorated to fifteen (15) minute increments as necessary;

(I) Example: Employee A, whose hourly rate is eight dollars and fifty cents (\$8.50) per hour, spends one (1) hour and ten (10) minutes conducting research on a specific request. Employee A's hourly rate (\$8.50) is multiplied by one and one-quarter (1.25) (one (1) hour plus ten (10) minutes, which is prorated to fifteen (15) minutes). This calculation equals ten dollars and sixty-three cents (\$10.63).

B. Copying cost. For reproducing single sided sheets on a copy machine, a charge of two (2) cents per copy will be assessed. For reproducing double sided sheets on a copy machine, a charge of three (3) cents per copy will be assessed. The cost of reproducing microfilmed documents is two (2) cents per page;

C. Other formats. Requests for information in other formats such as diskettes, audio/video tapes, slides, etc. will be invoiced at the rate the agency actually paid for the format used; and

D. Delivery costs.

Restriction of Use and Disclosures Request Form

(For use by Department of Social Services clients asking to limit use and disclosure of their information)

Name:	ID Number:
Record Holder:	Date of Birth:
Location of Record:	Date of Request:

If you are asking to limit use and disclosure of your personal information, please consider the following

- Department of Social Services (DSS) will consider your request. DSS does not have to agree to your request unless it is regarding vocational rehabilitation or alcohol and drug information.
- DSS may need your authorization to use and disclose information for some services. Without your authorization, DSS may not be able to see if you qualify for services.

I am asking to limit the following information from being used and disclosed (be specific):

Approved Denied Delayed	- D			
		equest by		
DSS Represe	entative Signature		Date	

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Accounting of Disclosures Request Form

(For use by Department of Social Services clients requesting an accounting of disclosures)

Name:	ID Number:
Record Holder:	Date of Birth:
Location of Record:	Date of Request:

You can ask for a list of disclosures of your Protected Health Information made by the Department of Social Services (DSS). If you would like this information, please consider the following:

- The list is free one time in any twelve-month period. DSS may charge you for additional lists in the same twelve-month period.
- DSS will not list disclosures made more than six years before your request.
- DSS will not list disclosures made earlier than
- DSS will only list disclosures of Protected Health Information not related to Treatment, Payment, or Health Care Operations.
- DSS will not list disclosures that you authorized.

I am asking for a list of disclosures for the following period of time: (be specific)

From:			
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Comments:	1		<u></u>
DSS Repres	entative Signatur	Date	

AUTHORITY: section 208.201, RSMo 2000. Original rule filed Feb. 3, 2003.

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

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

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

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—Division of Medical Services Chapter 20—Pharmacy Program

PROPOSED AMENDMENT

13 CSR 70-20.320 Pharmacy Reimbursement Allowance. The division is deleting paragraph (1)(A)5., amending paragraph (1)(B)1. and subparagraph (2)(C)2.C., and adding paragraph (1)(C)10.

PURPOSE: This amendment clarifies the application of the pharmacy reimbursement allowance to providers predominantly delivering medications by common carrier, mail, or a courier service and corrects the statutory citation in subparagraph (2)(C)2.C.

(1) Pharmacy Reimbursement Allowance (PRA). PRA shall be assessed as described in this section.

(A) Definitions.

1. Department-Department of Social Services.

2. Director-Director of Department of Social Services.

3. Division-Division of Medical Services.

4. Monthly gross retail prescription receipts—For ease of administration for the department as well as the industry, this shall be an annual amount. The basis of tax for fiscal year 2003 will be the prescription sales for calendar year 2001.

[5. Mail Order Pharmacy—A licensed pharmacy of which eighty percent (80%) or more of the gross receipts are attributable to prescription drugs that are delivered directly to the patient via common carrier, by mail, or a courier service, and which is not open to the public and has no Medicaid provider number.]

(B) Each pharmacy engaging in the business of providing outpatient prescription drugs in Missouri to the general public shall pay a PRA.

1. The PRA owed for existing pharmacies shall be calculated by multiplying the pharmacy's total gross retail prescription receipts by the tax rate determined by the department. [The PRA owed for mail order pharmacies shall be calculated according to the tax rate established in the state law.] Subject to the limitations established in section 538.520, RSMo, the range of such said tax rate shall be uniformly distributed in bands determined by a ratio of total Medicaid prescriptions divided by total sales and shall not exceed six percent (6%).

2. The PRA shall be divided by and collected over the number of months for which the PRA is effective.

3. The initial PRA owed by a newly licensed pharmacy shall be calculated by estimating the total prescription sales and multiplying the estimate by the rate determined by the department.

4. If a pharmacy ceases to provide outpatient prescription drugs to the general public, the pharmacy is not required to pay the PRA during the time it did not provide outpatient prescription drugs.

5. If the pharmacy reopens, it shall resume paying the PRA. It shall owe the same PRA as it did prior to closing, if the PRA has not changed per paragraph (1)(B)1.

(C) Each pharmacy shall submit an affidavit to the department with the following information:

1. Pharmacy name;

2. Contact;

3. Telephone number;

4. Address;

5. Federal tax ID number;6. Medicaid pharmacy number (if applicable);

7. Dharmaan aalaa (tatal)

7. Pharmacy sales (total);

8. Medicaid pharmacy sales; [and]

9. Number of paid medicaid prescriptions[.]; and

10. Gross receipts attributable to prescription drugs that are delivered directly to the patient via common carrier, by mail, or a courier service.

(2) Payment of the PRA.

(C) Failure to comply with this request for information or failure to pay the PRA.

1. If a pharmacy fails to comply with a request for information from the Division of Medical Services or fails to pay its PRA within thirty (30) days of notice, the PRA shall be delinquent.

2. For any delinquent PRA, the department may:

A. Proceed to enforce the state's lien of the property of the pharmacy;

B. Cancel or refuse to issue, extend or reinstate the Medicaid provider agreement; or

C. Seek denial, suspension or revocation of license granted under Chapter [198] 338, RSMo.

3. The new owner, as a result of a change in ownership, shall have his/her PRA paid by the same method the previous owner elected.

AUTHORITY: section 208.201, RSMo 2000. Emergency rule filed June 20, 2002, effective July 1, 2002, expires Feb. 27, 2003. Original rule filed July 15, 2002, effective Feb. 28, 2003. Amended: Filed Feb. 3, 2003.

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

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

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

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 70—Division of Medical Services Chapter 35—Dental Program

PROPOSED RESCISSION

13 CSR 70-35.010 Dental Benefits and Limitations, Medicaid Program. This rule provided for the dental services for which the

Division of Medical Services shall pay when the service was provided to an eligible medical assistance recipient, the service was provided by a licensed dentist or licensed and certified dental specialist who had entered into an agreement for that purpose with the division and the service was listed as a covered item either in the rule or the Medicaid dental provider manual sponsored by the division.

PURPOSE: This rule is being rescinded to eliminate dental services from the medical assistance program. Dental services for children will be available through early and periodic screening, diagnostic and treatment (EPSDT) services as described in section 1905(r) of the federal Social Security Act. Although Missouri has opted to cover dental services for adults in the Medicaid system in the past, it has become necessary to end coverage provided for this federally optional Medicaid service. This rescission allows the agency to provide mandatory Medicaid services and continue funding the primary acute care system. Missouri's economic status requires measures to contain cost whenever feasible. The Division of Medical Services will be faced with the alternative of not being able to make all payments for mandatory services by the end of State Fiscal Year 2004 because Missouri's constitution does not allow for spending more money than is available to the state.

AUTHORITY: sections 208.152, RSMo Supp. 1990, 208.153, RSMo Supp. 1991 and 208.201, RSMo Supp. 1987. This rule was previously filed as 13 CSR 40-81.040. Original rule filed Jan. 21, 1964, effective Jan. 31, 1964. For intervening history, please consult the Code of State Regulations. Rescinded: Filed Feb. 3, 2003.

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

PRIVATE COST: This proposed rescission will cost private entities \$15,500,000.

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

FISCAL NOTE

PRIVATE COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-35.010 Dental Benefits and Limitations, Medicaid Program
Type of Rulemaking:	Proposed Rescission

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
588	Licensed dental providers enrolled in the Missouri Medicaid program	\$15,500,000

III. WORKSHEET

The fifteen million five hundred thousand dollars (\$15,500,000) was based on a computer report run on expenditures for state fiscal year 2001.

IV. ASSUMPTIONS

In state fiscal year 2002 there were three hundred thirty-five thousand, four hundred eight-two (335,482) adults eligible for Medicaid covered dental services. Of this number, forty-eight thousand, twenty-four (48,024) adults received services on a fee-for-service basis; eight-three thousand, six hundred ten (83,610) adults received services through MC+ managed care.

[Title 13-DEPARTMENT OF SOCIAL SERVICES] Title 19-DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73-Missouri Board of Nursing Home Administrators Chapter 1-Organization and Description of Board

PROPOSED AMENDMENT

[13] 19 CSR 73-1.010 General Organization. The board is amending sections (1) and (5).

PURPOSE: This amendment is necessary due to the transfer of the board from the Department of Social Services to the Department of Health and Senior Services.

(1) The Missouri Board of Nursing Home Administrators is a licensing board within the *[Division of Aging of the]* Department of *[Social]* Health and Senior Services.

(5) The board shall meet as necessary to fully attend to the matters before the board. Public notice shall be given by the executive secretary before the date of the meeting. The time and location for each meeting may be obtained by contacting the executive secretary of the board, *[1440 Aaron Court, P.O. Box 1337]* **2023 St. Mary's Boulevard, PO Box 570**, Jefferson City, MO 65102, *[(314)]* (573) 751-3511.

AUTHORITY: section 344.070, RSMo [1986] 2000. This rule previously filed as 13 CSR 73-1.010. Original rule filed Sept. 10, 1976, effective Dec. 11, 1976. Rescinded and readopted: Filed May 13, 1980, effective Aug. 11, 1980. Amended: Filed April 14, 1983, effective July 11, 1983. Amended: Filed Oct. 16, 1985, effective Feb. 28, 1986. Amended: Filed Oct. 1, 1987, effective Jan. 13, 1988. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

[Title 13—DEPARTMENT OF SOCIAL SERVICES] Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73—Missouri Board of Nursing Home Administrators Chapter 2—General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.015 Fees. The board is amending section (1) by adding a new subsection (F) and renumbering the remaining subsections and amending section (2).

PURPOSE: This amendment incorporates the retired license fee that already exists in 13 CSR 73-2.051 and incorporates changes due to the board transfering from the Department of Social Services to the Department of Health and Senior Services.

(1) The following fees are required by the Board of Nursing Home Administrators:

(F) Retired License Fee	\$ 25
[(F)] (G) Duplicate License Fee	\$ 5
[(G)] (H) Single Offering Fee	
(per requested clock hour)	\$ 10
[(H)] (I) Insufficient Funds Charge	\$ 25

(2) Fees listed in (1)(A) and (C)-*[(H)]* (I) must be made payable to the *[Division of Aging]* Department of Health and Senior Services in the form of a cashier's check, company check or money order. Fees listed in (1)(B) must be made payable to the National Association of Board of Examiners of Long Term Care Administrators (NAB).

AUTHORITY: section 344.070, RSMo 2000. This rule previously filed as 13 CSR 73-2.015. Original rule filed Jan. 3, 1992, effective May 14, 1992. Amended: Filed March 4, 1993, effective Aug. 9, 1993. Emergency amendment filed Nov. 17, 1999, effective Dec. 11, 1999, expired June 7, 2000. Amended: Filed Nov. 1, 1999, effective April 30, 2000. Emergency amendment filed Nov. 30, 2001, effective Jan. 1, 2002, expired June 29, 2002. Amended: Filed Nov. 30, 2001, effective June 30, 2002. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

[Title 13-DEPARTMENT OF SOCIAL SERVICES] Title 19-DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73-Missouri Board of Nursing Home Administrators Chapter 2-General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.020 Procedures and Requirements for Licensure of Nursing Home Administrators. The board is replacing the form referenced in section (1), amending section (4) and subsection (4)(A).

PURPOSE: This amendment revises the number of the rule referenced.

(4) If the board determines the applicant has failed to meet one (1) of the criteria outlined in [13] 19 CSR 73-2.020(2)(E)1.-3., the applicant—

(A) Must complete the course of instruction and training approved by the board pursuant to [13] 19 CSR 73-2.031. The planned curriculum, including a description of each planned course, must be submitted to the board in writing for PRIOR review and approval. Failure to do so within six (6) months following notification of the board's decision will cause reapplication to become necessary for any future consideration.

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BOARD OF NURSING HOME ADMINISTRATORS
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BOARD OF NURSING HOME ADMINISTRATORS APPLICATION FOR LICENSURE – CONTINUED

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APPLICATION FOR LICENSURE - CONTINUED

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AUTHORITY: section 344.070, RSMo 2000. This rule previously filed as 13 CSR 73-2.020. Original rule filed March 5, 1974, effective March 15, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

[Title 13-DEPARTMENT OF SOCIAL SERVICES] Title 19-DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73-Missouri Board of Nursing Home Administrators Chapter 2-General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.025 Licensure by Reciprocity. The board is amending sections (2), (5), and (6).

PURPOSE: This amendment reflects revisions due to the transfer of the board from the Department of Social Services to the Department of Health and Senior Services, corrects the amount of the state exam fee that currently exists in 13 CSR 73-2.015 and 13 CSR 73-2.070 at the rate of seventy-five dollars (\$75), and revises the number of the rule referenced. It also corrects language that references a rescinded rule, 13 CSR 73-2.041.

(2) The applicant must file a notarized application for licensure, along with a nonrefundable application fee of one hundred dollars (\$100) made payable to the *[director of revenue]* Department of Health and Senior Services, and supply the board with satisfactory evidence that the following requirements have been met:

(5) Upon meeting the requirements of section (2) of this rule and upon board approval, the applicant must pay a *[fifty-dollar (\$50)]* **seventy-five dollar (\$75)** examination fee and successfully complete the state examination administered by the board. The minimum passing score on that examination is seventy-five percent (75%).

(6) If the applicant is unable to meet the requirements of subsection (2)(E) of this rule, but meets all other requirements of section (2), the candidate shall be considered an applicant for initial licensure pursuant to [13] 19 CSR 73-[2.041] 2.020(2)(E). If the results of that evaluation show that the applicant [has a minimum of three thousand six hundred (3600) points] meets the criteria, the board shall accept the applicant's passing of the national examination in another state if it was taken within three (3) years of the applicant's submission for licensure in Missouri. The applicant then must meet the requirements of section (5) of this rule by paying the examination fee and successfully complete the state examination administered by the board. If the applicant does not [possess a minimum of three ria, the applicant will be required to complete a prescribed course of

instruction and training as outlined in [13] 19 CSR 73-[2.041] 2.031.

AUTHORITY: section 344.070, RSMo [Supp. 1993] 2000. This rule previously filed as 13 CSR 73-2.025. Original rule filed June 28, 1990, effective Dec. 31, 1990. Emergency amendment filed Feb. 4, 1992, effective Feb. 14, 1992, expired June 12, 1992. Amended: Filed Feb. 14, 1992, effective June 25, 1992. Amended: Filed March 4, 1993, effective Aug. 9, 1993. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

[Title 13-DEPARTMENT OF SOCIAL SERVICES] Title 19-DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73-Missouri Board of Nursing Home Administrators Chapter 2-General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.031 Prescribed Course of Instruction and Training. The board is amending section (6).

PURPOSE: This amendment revises the number of the rule referenced and removes the number of a rescinded rule, 13 CSR 73-2.041.

(6) Designated preceptors shall request in writing board approval to conduct an internship for an applicant who has been found not qualified for licensure by the board, based upon [13] 19 CSR 73-[2.041] 2.020. Approval may be granted by the board if the preceptor—

AUTHORITY: section 344.070, RSMo [Supp. 1997] 2000. This rule previously filed as 13 CSR 73-2.031. Original rule filed May 13, 1980, effective Aug. 11, 1980. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

[Title 13-DEPARTMENT OF SOCIAL SERVICES] Title 19-DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73-Missouri Board of Nursing Home Administrators Chapter 2-General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.050 Renewal of Licenses. The board is adding a new section (2), amending the existing section (2), subsection (2)(A), paragraph (2)(A)2., part (2)(B)1.B.(III), paragraph (2)(B)3., renumbering sections (2)–(4) and deleting the forms that follow the rule in the *Code of State Regulations*.

PURPOSE: This amendment adds clarity to the renewal process by incorporating requirements set forth in section 344.040, RSMo 2000. It also changes the number of the rule referenced, and adjusts the clock hours for conducting internships to bring it in line with previous revisions to 13 CSR 73-2.031. Internships now required by the board range from five hundred (500) clock hours up to two thousand (2,000) clock hours.

(2) Licensees seeking renewal shall, during the month of May of each year, file an application for renewal on a form furnished by the board, and shall submit a renewal fee of fifty dollars (\$50) made payable to the Department of Health and Senior Services.

[(2)] (3) As a requirement for renewal of license, a licensee shall provide the board, on the annual application form for license renewal, satisfactory evidence of twenty (20) clock hours of board-approved continuing education obtained during the current licensure year or carried from the preceding year. A minimum of five (5) clock hours must be in patient-care related offerings, as defined in [13] 19 CSR 73-2.031(2)(A)–(F) and must be obtained during the current licensure year.

(A) A minimum of fifteen (15) clock hours toward the twenty (20) required shall be obtained through attendance at board-approved continuing education programs or academic courses, as defined in [13] **19** CSR 73-2.031(2)(A)–(K), and must meet the following criteria:

1. Be prior approved by the board. In the case of academic courses, the licensee must submit a course description from the college for board review. A maximum of five (5) clock hours per semester hour may be approved by the board. Upon successful completion of the course (grade of "C" or above), an official copy of the grade report must be submitted to the board office as verification of course completion;

2. Be offered by a registered training agency approved by the board or a single offering provider (as outlined in [13] 19 CSR 73-2.060);

3. Programs held out-of-state, may be considered for prior approval by the board upon submission of the following information:

A. Evidence that the program has been approved by another state licensure board for nursing home administrators or by the National Continuing Education Review Service (NCERS) under the National Association of Boards (NAB); and

B. A brochure or other detailed information from the program which must include: offering title, date and location; program objectives; speaker credentials; and a detailed agenda.

(B) A maximum of five (5) clock hours toward the twenty (20) required may be obtained as follows:

1. For the purposes of this subsection, the following definitions shall apply:

A. Referred publication—a publication that undergoes an anonymous review process that determines whether or not the article will be published; and

B. National health-care publication-a publication that is-

(I) Published by a health-care association whose mission statement/bylaws indicate its scope is national;

(II) Mailed nationwide; and

(III) Addressing content contained within the long-term care core of knowledge outlined in [13] 19 CSR 73-2.031(2)(A)-(K);

2. Publishing health-care related articles of at least fifteen hundred (1,500) words shall be granted—

A. Five (5) clock hours if article appears in a national healthcare referred publication;

B. Four (4) clock hours if article appears in a regional healthcare referred publication;

C. Three (3) clock hours if article appears in a state healthcare referred publication;

D. Two (2) clock hours if article appears in a national healthcare publication; and

E. One (1) clock hour if article is published;

3. Serving as a registered preceptor for an applicant who has been required by the board to complete [three hundred (300) clock hours of] an internship as described in [13] 19 CSR 73-2.031. One (1) clock hour per full month as a preceptor shall be granted with a maximum of [two (2)] five (5) clock hours per internship; and

4. An administrator lecturing at a board-approved seminar may receive credit equal to each hour or quarter hour of presentation time with a maximum of three (3) hours credit earned per licensure year. This credit may be in addition to actual hours of attendance at the seminar but credit shall be granted for only one (1) presentation of the same seminar.

(C) Applicants who are initially licensed between January 1 and April 30 in any year need only to complete ten (10) clock hours of board-approved continuing education, at least two and one-half (2 1/2) of which must be in patient care-related offerings, for their first renewal period.

(D) Applicants who are initially licensed between May 1 and June 30 in any year need not complete any board-approved continuing education for their first renewal period.

(E) Licensees making application for renewal of license shall be responsible for filing evidence of continuing education clock hours with the executive secretary BEFORE the renewal application is approved by the board. The evidence submitted may be subject to audit and review by the board and additional documentation may be requested. To facilitate submission of any additional evidence to the board prior to expiration of licenses June 30, all renewal forms must be completed and received by the executive secretary prior to May 30. Information provided in the application shall be given under oath.

(F) Up to a maximum of fifteen (15) excess clock hours from subsection (2)(A), of continuing education may be carried forward to apply toward the renewal of license in the following year. However, the five (5) clock hours required in patient-care related offerings described in section (2) of this rule MUST be applied in the current year. Any excess hours will NOT be used to meet the next year's requirement of five (5) clock hours in patient-care related offerings.

[(3)] (4) If an incomplete application is received by the board prior to May 30, the board shall grant the licensee a thirty (30)-day extension if needed, effective May 31. If an incomplete application is received by the board between May 31 and June 30, the board shall grant the licensee a thirty (30)-day extension, if needed, effective the date the incomplete application is received. An incomplete application shall not include an application that lacks completion of the continuing education requirements prior to June 30. The licensee shall submit a complete application within the thirty (30)-day period or the board may refuse to renew the license. The notarized renewal application, fee and supporting documentation must all be submitted to the board office prior to June 30 to avoid the late penalty fee of twenty-five dollars (\$25).

[(4)] (5) When the required information, documentation and fee are received and approved by the board within the specified time period, the board shall issue the annual license.

AUTHORITY: section 344.070, RSMo [Supp. 1995] 2000. This rule previously filed as 13 CSR 73-2.050. Original rule filed May 13, 1980, effective Aug. 11, 1980. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

[Title 13-DEPARTMENT OF SOCIAL SERVICES] Title 19-DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73-Missouri Board of Nursing Home Administrators Chapter 2-General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.051 Retired Licensure Status. The board is amending subsections (2)(A), (5)(B) and (5)(C) and deleting the form that follows the rule in the *Code of State Regulations*.

PURPOSE: This amendment is necessary due to the transfer of the board from the Department of Social Services to the Department of Health and Senior Services and to revise the number of the referenced rule.

(2) Licensees interested in making application must submit the following information to the Board:

(A) A fee of twenty-five dollars (\$25) made payable to the *[Division of Aging]* Department of Health and Senior Services;

(5) A retired license may be reactivated within five (5) years of the granting of the retired license by filing the following information with the Board:

(B) A fee of fifty dollars (\$50) made payable to the *[Division of Aging]* Department of Health and Senior Services; and

(C) Satisfactory evidence of the completion of twenty (20) clock hours of board approved continuing education (including clock hours carried forward from the last renewal date), as described in [13] 19 CSR 73-2.050(2)(A) and (B), for each calendar year the license was retired. All clock hours must be completed after the granting of the retired license or completed within the same licensure year the licensee was granted the retired license. The board may prorate the required clock hours for any portion of a calendar year as follows:

1. Ten (10) months or more, but less than twelve (12) months twenty (20) clock hours (including a minimum of five (5) patient care hours);

2. Seven (7) months or more, but less than ten (10) months fifteen (15) clock hours (including a minimum of five (5) patient care hours); 3. Four (4) months or more, but less than seven (7) months ten (10) clock hours (including a minimum of two and one-half (2.5) patient care hours); or

4. Less than four (4) months—five (5) clock hours (including a minimum of two and one-half (2.5) patient care hours).

AUTHORITY: section 344.070, RSMo 2000. This rule previously filed as 13 CSR 73-2.051. Original rule filed Oct. 24, 2000, effective May 30, 2001. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

[Title 13—DEPARTMENT OF SOCIAL SERVICES] Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73—Missouri Board of Nursing Home Administrators Chapter 2—General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.055 Renewal of Expired License. The board is amending sections (2), (4), and (6).

PURPOSE: This amendment revises the number of the referenced rule.

(2) The licensee must complete and forward to the board office a license renewal application (see [13] 19 CSR 73-2.050), along with the fifty[-/dollar (\$50) renewal fee, plus a twenty-five dollar (\$25) penalty fee. Satisfactory evidence of twenty (20) clock hours of board-approved continuing education, at least five (5) of which must be in patient care-related offerings, as defined in [13] 19 CSR 73-2.031(2)(A)–(F), must also be submitted with the license renewal application. Information provided in the application shall be given under oath.

(4) The twenty (20) clock hours of board-approved continuing education must be obtained as described in [13] 19 CSR 73-2.050/(2)/(3)(A) and may include clock hours as outlined in [13] 19 CSR 73-2.050/(2)/(3)(B)1-4.

(6) A person whose license has expired for a period of more than twelve (12) months must meet the requirements set out in [13] 19 CSR 73-2.020 for initial licensure.

AUTHORITY: section 344.070, RSMo [Supp. 1995] 2000. This rule previously filed as 13 CSR 73-2.055. Original rule filed June 28, 1990, effective Dec. 31, 1990. Amended: Filed June 30, 1994, effective Feb. 1, 1995. Amended: Filed Jan. 31, 1996, effective July 30, 1996. Amended: Filed Jan. 31, 2003. PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

[Title 13-DEPARTMENT OF SOCIAL SERVICES] Title 19-DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73-Missouri Board of Nursing Home Administrators Chapter 2-General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.060 Registration of Training Agencies and Single Offering Providers. The board is amending section (1), subsection (1)(C), section (2), subsection (2)(C), and section (3) and deleting the forms that follow the rule in the *Code of State Regulations*.

PURPOSE: This amendment revises the number of the referenced rule and is necessary due to the transfer of the board from the Department of Social Services to the Department of Health and Senior Services.

(1) All organizations described in [13] 19 CSR 73-2.010[(6)] (8) which offer any course of study or program of instruction and training to prepare applicants for licensure as nursing home administrators or for the renewal of license as nursing home administrators shall register with the board.

(C) The program shall follow the long-term care core of knowledge areas as described in [13] 19 CSR 73-2.031(2). All approved training agencies must submit to the board office in advance, the following information regarding each program they wish to approve for nursing home administrator clock hours:

1. Date, time and location of presentation broken down into specific time periods, topic titles and speakers;

2. A program outline including the purpose and content objectives;

3. Statements regarding presenter qualifications in his/her particular subject matter area; and

4. Number of clock hours requested, deleting time allotted for breaks and lunch.

(2) Organizations or persons who do not qualify under [13] 19 CSR 73-2.010[(6)] (8) but who wish to sponsor education seminars shall submit three (3) copies of the application for approval of a single offering a minimum of forty-five (45) days in advance of the presentation.

(C) The program shall follow the long-term care core of knowledge areas as described in [13] 19 CSR 73-2.031(2).

(3) The education and training unit of the Missouri [Division of Aging] Department of Health and Senior Services, in order to provide topical education which may be of an immediate nature, shall be exempt from the forty-five (45)-day advance notice stipulation.

AUTHORITY: section 344.070, RSMo [Supp. 1993] 2000. This rule previously filed as 13 CSR 73-2.060. Original rule filed May 13, 1980, effective Aug. 11, 1980. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

[Title 13—DEPARTMENT OF SOCIAL SERVICES] Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73—Missouri Board of Nursing Home Administrators Chapter 2—General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.080 Temporary Emergency Licenses. The board is amending subsection (1)(E) and deleting the forms that follow the rule in the *Code of State Regulations*.

PURPOSE: This amendment is necessary due to the transfer of the board from the Department of Social Services to the Department of Health and Senior Services.

(1) Application for a temporary emergency license shall be made to the executive secretary of the board. The application shall demonstrate that the applicant meets the requirements for a temporary emergency license as set forth in section 344.030.5/.J, RSMo and shall include the following:

(E) A complete copy of the most recent statement of deficiencies from the Missouri *[Division of Aging]* Department of Health and Senior Services for the facility where the emergency exists; and

AUTHORITY: sections 344.030.4, RSMo [Supp. 1989] and 344.070, RSMo [Supp. 1993] 2000. This rule previously filed as 13 CSR 73-2.080. Original rule filed May 13, 1980, effective Aug. 11, 1980. Amended: Filed Dec. 10, 1984, effective April 11, 1985. Amended: Filed Oct. 1, 1987, effective Jan. 14, 1988. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

[Title 13—DEPARTMENT OF SOCIAL SERVICES] Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73—Missouri Board of Nursing Home Administrators Chapter 2—General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.085 Public Complaints. The board is amending section (2) and deleting the form that follows the rule in the *Code of State Regulations*.

PURPOSE: This amendment is necessary due to the relocation and transfer of the board to the Department of Health and Senior Services.

(2) Complaints should be mailed or delivered to the following address: State Board of Nursing Home Administrators, *[P. O. Box 1337, 615 Howerton Court]* 2023 St. Mary's Boulevard, PO Box 570, Jefferson City, MO 65102. However, actual receipt of the complaint by the board at its administrative offices in any manner shall be sufficient. Complaints may be based upon personal knowledge, or upon information and belief, reciting information received from other sources.

AUTHORITY: section 344.070, RSMo [Supp. 1993] 2000. This rule previously filed as 13 CSR 73-2.085. Original rule filed Oct. 4, 1988, effective March 15, 1989. Amended: Filed Jan. 3, 1992, effective May 14, 1992. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

[Title 13—DEPARTMENT OF SOCIAL SERVICES] Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73—Missouri Board of Nursing Home Administrators Chapter 2—General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.090 Disciplinary Action. The board is amending subsection (2)(E).

PURPOSE: This amendment revises the number of the referenced rule.

(2) The board may cause a complaint to be filed with the Administrative Hearing Commission as provided by Chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered his/her certificate or registration or authority, permit or license for any one (1) or any combination of the following causes:

(E) Performing incompetent, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by this chapter (refer to [13] 19 CSR 73-2.095 for a partial listing of those functions and duties);

AUTHORITY: section 344.070, RSMo [Supp. 1993] 2000. This rule previously filed as 13 CSR 73-2.090. Original rule filed May 13, 1980, effective Aug. 11, 1980. Amended: Filed Oct. 16, 1985, effective March 14, 1986. Amended: Filed Oct. 1, 1987, effective Jan. 14, 1988. Amended: Filed Dec. 4, 1989, effective March 1, 1990. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

[Title 13—DEPARTMENT OF SOCIAL SERVICES] Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 73—Missouri Board of Nursing Home Administrators Chapter 2—General Rules

PROPOSED AMENDMENT

[13] 19 CSR 73-2.095 Standards of Professional Conduct. The board is amending subsection (1)(E).

PURPOSE: This amendment is necessary due to the renumbering/move of the Division of Aging's rules to the Department of Health and Senior Services.

(1) The administrator shall—

(E) Establish and enforce policies and procedures for all nursing home rules as stated in [13 CSR 15] 19 CSR 30-82 through 19 CSR 30-89;

AUTHORITY: section 344.070, RSMo [Supp. 1993] 2000. This rule previously filed as 13 CSR 73-2.095. Original rule filed Jan. 19, 1988, effective April 11, 1988. Amended: Filed June 28, 1990, effective Dec. 31, 1990. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Board of Nursing Home Administrators, Diana Love, Executive Secretary, PO Box 570, 2023 St. Mary's Blvd., Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Proposed Rules

Title 15—ELECTED OFFICIALS Division 30—Secretary of State Chapter 45—Records Management

PROPOSED AMENDMENT

15 CSR 30-45.030 Local Records Grant Program Administration. The secretary is amending subparagraph (1)(C)3.A.

PURPOSE: This amendment provides the updated website address for accessing the online Guidebook and Application of the grants-inaid program for local records preservation.

(1) The local records grant program, administered by the Office of the Secretary of State, provides financial assistance to local government officials to support records management and preservation efforts, particularly for records of permanent retention. This grantsin-aid program is a significant effort in the overall mission of the agency to enhance the quality of archival preservation and public access to records of enduring value.

(C) Procedures and Evaluation of Applications:

1. The Missouri Historical Records Advisory Board (MHRAB) recommends grant:

A. Activities, requirements and objectives;

B. Cost-sharing contributions, budget structure, payment benchmarks and accounting guidelines;

C. Calendars.

2. The MHRAB reviews and evaluates grant applications and recommends funding levels for award to the secretary of state.

3. The process to be followed in writing and submitting a grant proposal are found in the *Local Records Preservation Program Guidebook and Application*. All applicable guidelines, procedures and standards relating to the local records preservation grants-in-aid program are detailed in *Local Records Preservation Program Guidebook and Application* and the *Guidelines for Local Records Microfilming*.

A. Any interested person may obtain the most current version *Local Records Preservation Program Guidebook and Application* from either the Local Records Program, PO Box 1747, Jefferson City, MO 65102, 573-751-2798, or **as of January 2004** the Secretary of State website: *[http://mosl.sos.state.mo.us/rec-man/localrec/grants/archlrg.html]* www.sos.mo.gov/archives/localrecs/grants/.

B. Paper copies of the most current version *Guidelines for Local Records Microfilming* are available from the Local Records Program, PO Box 1747, Jefferson City, MO 65102, (573)-751-2798.

AUTHORITY: sections 59.319 and 109.221, RSMo 2000. Emergency rule filed June 19, 1991, effective June 29, 1991, expired Oct. 28, 1991. Original rule filed June 19, 1991, effective Oct. 31, 1991. Amended: Filed Nov. 6, 1991, effective May 14, 1992. Rescinded and readopted: Filed July 27, 1999, effective Feb. 29, 2000. Rescinded and readopted: Filed Jan. 18, 2002, effective July 30, 2002. Amended: Filed Jan. 24, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Office of the Secretary of State, Local Records Program, Maria Hines, Grant Administrator, PO Box 1747, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 20—Division of Environmental Health and Communicable Disease Prevention Chapter 8—Lead Program

PROPOSED RULE

19 CSR 20-8.030 Lead Poisoning Assessment, Testing, Follow-up, and Reporting

PURPOSE: This rule sets forth the criteria for determining high-risk areas for lead poisoning in Missouri; describes who is to perform blood lead testing, testing requirements in high-risk and non-highrisk areas; type of and when to use each type of blood test; followup steps for elevated blood lead levels; requirements for child care facility directors in high-risk areas; and reporting requirements for lead poisoning case follow-up activities.

(1) Definitions.

(A) Adult is any person eighteen years of age or older (≥ 18).

(B) ATSDR refers to the federal agency called the Agency for Toxic Substances and Disease Registry.

(C) Blood lead testing refers to the process of obtaining a blood sample, either by capillary or venous sample, and the analysis for lead content of the sample.

(D) Case Management refers to the collaborative process that assesses, plans, implements, coordinates, monitors and evaluates options and services to meet the health needs of an individual with lead poisoning to effectively reduce their lead level by using communication and available resources to promote quality, cost effective outcomes.

(E) CDC refers to the federal agency named the Centers for Disease Control and Prevention.

(F) Chelation is a physician-supervised medication treatment specifically meant to gradually remove lead from the body.

(G) Child (children), refers to a(all) child(ren) less than eighteen years of age (< 18).

(H) Childhood Blood Lead Testing and Follow-Up Guidelines refers to the time intervals at which confirmatory venous blood lead testing should be performed, the time intervals at which retesting of children should take place and the follow-up actions that should be undertaken based on the results of blood lead test results.

(I) Clearance testing refers to post-abatement clearance procedures that must be performed following abatement work at an elevated blood lead level (EBL) child's residence and are found in the Lead Abatement Work Practice Standards 19 CSR 30-70.630.

(J) Confirmatory blood lead test is a test for blood lead levels performed by venous blood sample.

(K) Department refers to the Missouri Department of Health and Senior Services (DHSS).

(L) Director refers to the Director of the Missouri Department of Health and Senior Services.

(M) Elevated blood lead (EBL) refers to a venous blood lead test result as defined by the Centers for Disease Control and Prevention. It is the minimum level at which specific medical and public health actions shall be followed to reduce the blood lead level to protect the health of the individual and prevent further harmful effects. The term is used interchangeably with the terms "lead poisoning" and "level of concern."

(N) EBL environmental risk assessment refers to an on-site investigation of the residence or other sites where a child having elevated blood lead levels as set forth in the current "MDHSS Lead Manual" spends more than ten (10) hours a week, in order to determine the existence, nature, severity and location of lead hazards that are most likely the source of the elevated blood level in the child, and the report by the person conducting the risk assessment explaining the results of the investigation and options for reducing lead hazards. A trained person holding a valid Lead Risk Assessor License from the Missouri Bureau of Lead Licensing must perform an EBL environmental risk assessment.

(O) Follow-up blood lead testing refers to a blood lead test performed by venous sample either as confirmation of an elevated blood lead test result or those to be performed at intervals following a confirmed elevated blood lead test result. The intervals are described in the Childhood Blood Lead Testing and Follow-Up Guidelines and found in the current "MDHSS Lead Manual."

(P) Geographic area refers to any area that is easily identified by established or recognized boundaries and designated by the department for purposes of establishing high-risk or non-high-risk areas for lead poisoning.

(Q) Lead poisoning refers to any level of lead in the blood, but is most frequently used as the level at which specific health effects may occur, initiating specific health care and prevention steps. See Elevated Blood Lead.

(R) Lead poisoning case management refers to the collaborative process that assesses, plans, implements, coordinates, monitors and evaluates options and services to meet the health needs of an individual with lead poisoning to effectively reduce their lead level by using communication and available resources to promote quality, cost effective outcomes.

(S) Level of concern refers to the lead level in the blood at which specific health effects may occur and therefore specific health care and prevention steps should be initiated. The term is interchangeable with the terms "elevated blood lead (EBL)" and "lead poisoning."

(T) Minimum sample size refers to a quantity determined by a statistical formula, that incorporates acceptable sample error, desired confidence level and the size of the population universe of the population or area in question. The resulting sample size number, if confidence level and sampling error factor are selected appropriately, will provide very close results to reality in a population of samples, to allow confidence in a random sample selection representative of the real population. The formula used is: n = (pq)/[(E/Z)2 + (pq)/N)]

Definitions	Value
n = sample size	the calculated value
p = attribute %	0.12 (% children tested)
q = 1 - p	0.88
E = sampling error	0.03 (3%)
Z = numeric value of	1.96 (95%)
STD confidence	
level	
N = size of universe	Area specific population

(U) Missouri Department of Health and Senior Services (MDHSS) current "Lead Manual" is incorporated by reference in this rule, and refers to a department document that outlines procedures and guidelines for testing of the population and follow-up steps when a child has been identified with an elevated blood lead level.

(V) Patient lead information questionnaire refers to a series of questions that have been selected by the department in collaboration with the Department of Social Services, Division of Medical Services to determine whether there is a high risk for lead poisoning and are based on knowledge of the commonly known hazards that expose persons to lead poisoning.

(W) Reliable data refers to the data for a geographic area that meets the standards necessary for determining accurate testing percentages which are: at least a minimum sample size tested annually for three (3) consecutive years and at least ninety-five percent (95%)

of EBL and ninety percent (90%) of non-EBL with residential identification.

(X) Treatment refers to medical or health intervention procedures required in order to follow an identified elevated case of lead poisoning for the purposes of lowering and maintaining the blood lead level at or lower than the level of concern for an individual. The procedures and techniques may include but may not be limited to: case management, follow-up blood testing, medical management including chelation therapy, visits to the home by the nurse, education for improved health behavior (hygiene, improved cleaning techniques and improved nutrition), and social service intervention.

(2) Criteria Designating Geographic Areas as High-Risk for Lead Poisoning.

(A) High-Risk Criteria. High-risk determination in geographic areas determined by the department shall be based on the following criteria using the most current data, minimum sample size testing numbers meeting standards for residential identifiers, percent of pre-1950 housing and recent lead poisoning prevalence data for each area:

1. An area that meets the guidelines for designation of highrisk as set forth in Appendix A, included herein; or

2. An area that incorporates a currently operating lead mine, mill or smelter factory and/or a historically operated lead mill or smelter factory until it can be demonstrated that the prevalence rate of lead poisoning of children in the area or parts of the area meet the non-high-risk standards outline in subsection (2)(A) of this rule.

(B) Publishing of Areas. The department shall publish annually by April 1 (beginning April 1, 2004 or within ninety (90) days of the effective date of this rule, whichever is earlier)" a listing of designated high-risk geographic areas, based on the childhood blood lead testing data from the most recent calendar year and other newly published official data as mentioned in paragraph (2)(C)1. of this rule. Each annual listing will be made available on the DHSS website.

(C) Reconfiguring Geographic Areas.

1. At the time of the annual lead data analysis described in section (2)(A) of this rule, the department may reconfigure geographic areas into smaller areas based on available census data, official population estimates, meeting acceptable margins of residential identification error for all lead tested children, new technology or software making it possible to accurately identify smaller areas, or an acceptable data-substantiated proposal made by a local health agency, as described in paragraph (2)(C)2. of this rule.

2. A local health agency may propose reconfiguration of the size or distribution of its high-risk areas, by submitting the proposal to the department by January 1 of each year. Supporting evidence must accompany the proposal. If the department adopts the proposal, it will be published in the annual listing.

(D) Maintenance or Change of High-Risk Status. High-risk status may be maintained or changed based on test results of a minimum sample size number of children in the geographic area during each of the previous three (3) consecutive years; and test results that have residential identifiers for ninety-five percent (95%) of the EBL children and no fewer than ninety percent (90%) of the non-EBL children during the same three (3) years and meet the high-risk criteria of subsection (2)(A) of this rule.

(E) Redesignation of Area Risk Status. The department may redesignate a previously designated high-risk geographic area, either totally or in part, as non-high-risk for lead poisoning, or conversely, a previously designated non-high-risk geographic area may be redesignated, either totally or in part, as high-risk for lead poisoning based on the criteria in subsection (2)(A) of this rule or other new substantiated evidence.

1. Smaller geographic areas must be defined by easily recognized boundaries that are approved by the department such as, but not limited to, census tracts, city blocks, or a defined distance from a known lead hazard. 2. An area that is designated non-high-risk when less than twenty-two percent (22%) (or the most current national average) of the housing was built prior to 1950 even though the prevalence rate is unknown and there is no evidence that children required to be tested by Federal Guidelines as described in subsection (3)(C) of this rule during a period of three (3) years is occurring, the area will be redesignated as high-risk by the state until a reliable prevalence rate can be determined.

3. A local health agency may propose a redesignation of area risk status, by submitting the proposal to the department by January 1 of each year. Supporting evidence must accompany the proposal. If the department adopts the proposal, it will be published in the annual listing.

(3) Assessment and Testing for Lead Poisoning.

(A) Areas Designated High-Risk. In areas designated high-risk for lead poisoning by the department, every child age six (6) months through seventy-two (72) months of age who are residing in such an area, shall be blood tested once annually for lead poisoning and according to other provisions pursuant to 701.340–701.344, RSMo except as in subsection (4)(B) of this rule.

(B) Areas Designated Non High-Risk. In areas designated nonhigh-risk for lead poisoning by the department, every child six (6) months through seventy-two (72) months of age spending more than ten (10) hours a week in areas identified high-risk for lead poisoning by the department, shall be blood lead tested annually. All other children six (6) months through seventy-two (72) months of age shall be assessed annually by the patient lead information questionnaire found in the current "MDHSS Lead Manual" and blood lead tested according to subsection (3)(D) of this rule or other provisions pursuant to 701.340–701.344, RSMo except as in subsection (4)(B) of this rule.

(C) Federal Program Guidelines. If children less than seventytwo (<72) months of age reside in an area designated non-high-risk for lead poisoning and are members of a program covered by federal guidelines that include lead risk assessment by questionnaire or by blood lead testing requirements, they shall be assessed by questionnaire or blood lead tested at the ages stipulated by the federal program guidelines except as in subsection (4)(B) of this rule.

(D) Positive Response Testing. A positive response to any question on the childhood patient lead information questionnaire shall require the performance of a blood lead test within a period described in the current "MHDSS Lead Manual," except as in subsection (4)(B) of this rule.

(4) Written Evidence of Testing or Refusal.

(A) Testing. Written evidence of a blood lead test on a child that is less than seventy-two (<72) months of age shall be provided to the parent or guardian by the licensed professional prescribing the test. The evidence shall include the name of the child, the child's date of birth, the type of test sample that was taken, the date the sample was taken, and the signature and address of the licensed professional prescribing the test.

(B) Refusal of Blood Lead Testing. If a child less than seventytwo (<72) months of age is identified as being at risk for lead poisoning for any reason and the parent or guardian refuses the performance of a blood lead test, they shall do so in a written statement. Only the parent or guardian of the child may refuse the blood lead test. The written refusal statement shall become a part of the child's medical record and shall include the child's name, reason for refusal, date of refusal, full residential address including the zip code of the parent or guardian refusing the test, the relationship of the parent or guardian to the child, and that the parent or guardian was informed of the long-term health risks of refusing blood lead testing.

(5) Blood Lead Testing.

(A) Blood Test Types. Blood lead testing shall be performed by obtaining a capillary or venous sample.

(B) Methodologies. Both capillary and venous sampling shall follow blood collection methodologies as described in the current "MDHSS Lead Manual."

(C) Confirmation Test. Capillary blood sampling results identified at or above the level of concern, shall be confirmed using a venous blood sample test. All confirmatory blood lead testing, including all retesting intervals, shall be completed using venous blood according to the testing intervals listed in the Childhood Blood Lead Testing and Follow-Up Guidelines found in the current "MDHSS Lead Manual."

(D) Equipment. All samples shall be obtained using lead-free blood collection devices. Only those laboratories certified to perform blood lead analysis by the Federal Clinical Laboratory Improvement Act (CLIA) shall analyze blood samples. Health care providers submitting blood lead samples shall follow the criteria, procedures, and devices for submitting blood lead samples established by the Certified Laboratory to which they are submitting.

(6) Fee for Blood Lead Test Analysis. The State Public Health Laboratory shall charge a fee of sixteen dollars and fifty cents (\$16.50) for each blood lead test performed by the laboratory. Such fee may be waived by the director of the Department of Health and Senior Services during an epidemiological investigation of vital importance to the public health.

(7) Follow-Up of Elevated Blood Lead Levels.

(A) Responsibility. Responsibility for implementing measures for the control and management of childhood EBL cases are referenced in 19 CSR 20-20.040.

(B) Guidelines. Guidelines for follow-up testing, treatment, case management and environmental management of EBL cases are found in the current "MDHSS Lead Manual."

(8) Reporting of Childhood Blood Lead Testing and EBL Follow-Up.

(A) Blood Lead Testing. Requirements for reporting by the medical providers, the laboratories performing the blood lead analysis and Local Public Health Agencies are found in 19 CSR 20-20.020, 19 CSR 20-20.070, and 19 CSR 20-20.080.

(B) Confidentiality. Requirements regarding the maintenance of confidentiality and release of information are found in sections 701.328(1) and (2), RSMo.

(C) Case Management. Reporting requirements of EBL case management activities for children less than the age of seventy-two (<72) months shall be as follows:

1. Responsibility.

A. A physician, a physician assistant, nurse, hospital, clinic or other private or public institution providing EBL case management for a child shall provide information regarding each case to the department or to the Local Public Health Agency.

B. The local public health agency shall forward case management information to the department using the department forms and reporting frequency guidelines as set forth in the current "MDHSS Lead Manual." Record retention policies should follow current industry guidelines.

2. Information. When a child EBL case becomes eligible for the initiation of case management activities according to the Childhood Blood Lead Testing and Follow-Up Guidelines in the current "MDHSS Lead Manual," information regarding all case management events shall be reported as described in subparagraph (7)(C)1.A. of this rule. The case management information to be reported shall include: name of agency performing case management, patient name, date of birth, residential address including zip code, date when first diagnosed, laboratory test results, whether and when chelation therapy was initiated, interventions undertaken, dates and results of follow-up testing, date of and reason for closure of case management.

(D) Environmental Management. The state licensed Lead Risk Assessor responsible for conducting the EBL environmental risk assessment and the development of a management plan for reducing the hazards identified shall prepare reports pursuant to 19 CSR 30-70.620 using forms set forth in the current "MDHSS Lead Manual" and simultaneously provide to the department, a copy of the report sent to the property owner. A report of the date of completion of the plan, including clearance testing results, shall be sent to the department within thirty (30) days of completion of the work. If EBL is determined to be due to an environmental release of lead from a mine, mill or smelter or some other current or historical lead industry that the department will notify the Missouri Department of Natural Resources.

(9) Child Care Facility Requirements in Geographic Areas Designated High-Risk for Lead Poisoning.

(A) Enrollment. All child care facilities, as defined in section 701.344, RSMo that are located in a geographic area designated as high-risk for lead poisoning, shall, within thirty (30) days of enrolling a child, require the child's parent or guardian to provide evidence of blood lead poisoning testing performed within the previous twelve (12) months, in written format from the health care professional that administered the test, as described in 19 CSR 20-8.030(4)(A) and provide assistance to achieve blood testing as stated in 701.340–701.349, RSMo.

(B) Refusal of Testing. Parents or guardians who object to the test shall do so in a written refusal statement as stated in 19 CSR 20-8.030(4)(B).

(C) Frequency. At the beginning of each year of enrollment at any of the facilities described in 19 CSR 20-8.030(8)(A), the parent or guardian shall provide proof of testing or written statement of refusal. The evidence of testing or refusal will not be considered valid at any facility located in an area designated high-risk for lead poisoning if it is not dated within the previous twelve (12) months.

Appendix A Guidelines For Determining High Risk Areas for Lead Poisoning

The table is an adaptation of the "Guidelines for choosing an appropriate screening recommendation" in CDC <u>Screening Young Children</u> for Lead Poisoning: Guidance for State and Local Public Health <u>Officials</u>, November 1997, p 50. These guidelines were adopted by the State of Missouri Governor's Advisory Committee for Lead Poisoning on December 17, 2001. Using census 2000 housing has dropped the national average for pre-1950 housing to 22%.

% Children ages 6-72 months with EBLs ≥ 10 µg/dl ¹	% Housing built before 1950 ²	Risk Recommendation
≥ 12%	_	High-risk
< 12% reliable data	≥22%	Non-high-risk
3-12 %	< 22%	% EBL children based on reliable data = Non-high-risk % EBL Children based on unreliable data = High-risk
< 3%	< 22%	% EBL children based on reliable data = Non-high-risk
Unknown	≥ 22 %	High-risk
Unknown	< 22%	Non-high-risk ³

 $^{1} \mu g/dl = micrograms per deciliter$

² Pre-1950 housing percentage is based on 2000 census data.

³ If an area that is designated non-high-risk because the prevalence rate is unknown and less than 22% of their housing is pre-1950, does not test the children as required by Federal Program Guidelines as described in subsection (3)(C) during a period of three (3) years, they will be redesignated as high-risk until a reliable prevalence rate can be determined.

AUTHORITY: sections 701.340 through 701.349, RSMo Supp. 2001. Original rule filed Feb. 3, 2003.

PUBLIC COST: This proposed rule will cost state agencies or political subdivisions two thousand seven hundred ninety dollars (\$2,790) annually in the aggregate.

PRIVATE COST: This proposed rule will cost private entities \$1,056,360 annually in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Bryant McNally, Director, Division of Environmental Health and Communicable Disease Prevention, PO Box 570, 930 Wildwood, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

FISCAL NOTE PUBLIC ENTITY COST

I. RULE NUMBER

Title:	19 – Departm	ent of Health and Senior Services
Division:	20 Environ	nental Health and Communicable Disease Prevention
Chapter:	8 - Lead Prog	ram
Type of Rule	Making:	Proposed
Rule Number	and Name:	19 CSR 20-8.030 Lead Poisoning Assessment, Testing, Follow-up and Reporting

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
MDHSS	\$2,790.00 annually

III. WORKSHEET

	11.1.1
Mass	mailing

	Total	\$2,790.00
Cost of stuffing 17,000 envelopes @ .075/packet		\$1,275.00
Cleaning address data for unusable addresses		\$ 240.00
Print 17,000 copies of 4 single pages with cover letter 3 pages @\$0.075/pack		\$1,275.00
 All registered/licensed providers in the state approximately 13,500 Licensed nurse practitioners approximately 3,500 		

IV. ASSUMPTIONS

□ No other costs necessary because funding is already available for:

- All Medicaid tests;
- Number of tests that are currently being conducted;
- Other tests analyzed by the state lab;
- Office visits lead testing functions are performed as part of routine well-child check-ups.

□ Any additional tests not covered by the above circumstances should be conducted by the private sector.

FISCAL NOTE PRIVATE ENTITY COST

I, RULE NUMBER

Title:	19 - Department of Health and Senior Services				
Division:	20 - Environmental Health and Communicable Disease Prevention				
Chapter:	8 – Lead Program				
Type of Rule	Making:	Proposed			
Rule Number	and Name:	19 CSR 20-8.030 Lead Poisoning Assessment, Testing, Follow-up and Reporting			

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by type of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities.		
303	Private-pay individuals/Group Health Insurance Cos/HMOs	\$1,056,360 annually		

III. WORKSHEET 216,672 Additional tests with the rule in place ----123,917 Less Medicaid funded tests ŰI. Of the 64,214 children lead-tested in 2001, 36,847 (57%) were on Medicaid. • $203.926 \ge 57\% = 116.238 - 9.298 \ge 57\% - 5.300$ Of the 540 children with an EBL greater than or equal to 20 μ g/dl in 2001, • 370 (69%) were on Medicaid. 3,448 x 69% = 2379 **State Public Health Laboratory Capacity** to perform additional tests -22,331 Provided via the statute fiscal note calculations. • Additional tests to be covered by the private sector 70,424 =<u>x \$15</u> □ Cost per test analysis based on Medicaid reimbursement rate = \$1,056,360 □ Total cost to the private sector for test analyses □ Cost for the physician office visit is assumed to be \$0 as functions related to lead testing are performed as part of routine well-child check-ups. IV. ASSUMPTIONS 268,140 **D** Total children expected to be tested (based on the following) _ 30,103 • 100% of children in High Risk St. Louis City 80% of children in all other High Risk Counties 190,843 ٠ 80% of the 1 and 2 year olds in Low Risk Counties 45,764 • -- (because of Medicaid requirements) 1,430 5% of the 3 to 6 year olds in Low Risk Counties.

J	Less number of children tested during 2001	=	-64,214
	 St. Louis City 12,789 		
	All other High Risk Counties 34,629		
	All Low Risk Counties 16,796		
ü	Additional children to be tested with the rule in place	=	203,926
	• St. Louis City 17,314		
	All other <u>High</u> Risk Counties 156,214		
	All Low Risk Counties 30,398		
U	Prevalence rates (%) of elevated blood lead level (EBL) children must then be factored in because follow-up blood tests are required. Calculations are separated by St. Louis City, all other high risk areas, and all low risk areas because of the disparities in population sizes and prevalence rates as shown below.		
	Add one additional test for each EBL greater than or equal to 10 μ g/dl	=	9,298
	• St. Louis City $17,314 \ge 16.1\% = 2,788$		
	• All other <u>High</u> Risk Counties 156,214 x 3.7% - 5,780		
	• All Low Risk Counties $30,398 \times 2.4\% = 730$		
L	Add three additional tests for each EBL greater than or equal to 20 μ g/d.	I =	<u>3,448</u>
	• St. Louis City 17,314 x 2.5% x 3 = 1,299		
	• All other <u>High</u> Risk Counties 156,214 x 0.4% x 3 – 1,875		
	• All Low Risk Counties $30,398 \ge 0.3\% \ge 274$		
Ŵ	Additional tests with the rule in place	=	216,672

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Health Standards and Licensure Chapter 1—Controlled Substances

PROPOSED AMENDMENT

19 CSR 30-1.002 Schedules of Controlled Substances. The department is amending section (1).

PURPOSE: This amendment adds drugs to the list of controlled substances in order to comply with the federal list of controlled substances as required by section 195.015, RSMo.

(1) Schedules of Controlled Substances.

(A) Schedule I shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name or brand name designated, listed in this section. Each drug or substance has been assigned the Drug Enforcement Administration (DEA) Controlled Substances Code Number set forth opposite it.

1. Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Л	e within the specific chemical designation.	
	A. Acetyl-alpha-methylfentanyl (N-(1-(1-methyl-	
	2-phenethyl)-4-piperidinyl)-N-phenylacetamide)	9815
	B. Acetylmethadol	9601
	C. Allylprodine	9602
	D. Alphacetylmethadol (except levo-alphacetyl-	
	methadol also known as levo-alpha-acetyl-	
	methadol levo-thadyl acetate or LAAM)	9603
	E. Alphameprodine	9604
	F. Alphamethadol	9605
	G. Alpha-methylfentanyl (N-1-(alphamethyl-	
	beta-phenyl) ethyl-4-piperidyl) propionanilide;	
	1-(1-methyl-2-phenylethyl)-4 ((N-propanilido)	
	piperidine)	9814
	H. Alpha-methylthiofentanyl (N-(1-methyl-2-(2-	
	thienyl) ethyl-4-piperidinyl)-N-phenylpropanamide)	9832
	I. Benzethidine	9606
	J. Betacetylmethadol	9607
	K. Beta-hydroxyfentanyl (N-(1-(2-hydroxy-2-	
	phenethyl)-4-piperidinyl)-N-phenylpropanamide)	9830
	L. Beta-hydroxy-3-methylfentanyl (other name:	
	N-(1-(2-hydroxy-2-phenethyl)-3-methyl-4-	
	piperidinyl)-N-phenylpropanamide)	9831
	M. Betameprodine	9608
	N. Betamethadol	9609
	O. Betaprodine	9611
	P. Clonitazene	9612
	Q. Dextromoramide	9613
	R. Diampromide	9615
	S. Diethylthiambutene	9616
	T. Difenoxin	9168
	U. Dimenoxadol	9617
	V. Dimepheptanol	9618
	W. Dimethylthiambutene	9619
	X. Dioxaphetyl butyrate	9621
	Y. Dipipanone	9622
	Z. Ethylmethylthiambutene	9623
	AA. Etonitazene	9624
	BB. Etoxeridine	9625
	CC. Furethidine	9626
	DD. Hydroxypethidine	9627

EE. Ketobemidone	9628
FF. Levomoramide	9629
GG. Levophenacylmorphan	9631
HH. 3-Methylfentanyl (N-(3-methyl-1-(2-	
phenylethyl)-4-piperidyl)-N-phenylproanamide),	
its optical and geometric isomers, salts and salts	
of isomers	9813
[II. Morpheridine 9	632]
[JJ.] II. 3-Methylthiofentanyl (N-	
((3-methyl-1-(2-thienyl)ethyl-4-piperidinyl)-	
N-phenylpropanamide)	9833
JJ. Morpheridine	9632
KK. MPPP (1-methyl-4-phenyl-4-propionoxypiperidine)	
LL. Noracymethadol	9633
MM. Norlevorphanol	9634
NN. Normethadone	9635
OO. Norpipanone	9636
PP. Para-fluorofentanyl (N-(4-fluorophenyl)-	
N-(1-(2-phenethyl)-4-piperidinyl) propanamide	9812
[PP.] QQ. PEPAP (1-(-2-phenethyl)-4-phenyl-	
4-acetoxypiperidine)	9663
[QQ. Para-fluorofentanyl (N-(4-fluorophenyl)-	
N-(1-(2-phenethyl)-4-piperidinyl) propanam	
	812]
RR. Phenadoxone	9637
SS. Phenampromide	9638
TT. Phenomorphan	9647
UU. Phenoperidine	9641
VV. Piritramide	9642
WW. Proheptazine	9643
XX. Properidine	9644
YY. Propiram	9649
ZZ. Racemoramide	9645
AAA. Thiofentanyl (N-phenyl-N-(1-(2-	
thienyl)ethyl-4-piperidinyl)-propanamide	9835
[AAA.] BBB. Tilidine	9750
[BBB. Thiofentanyl (N-phenyl-N-(1-	
(2-thienyl)ethyl-4-piperidinyl)-propanamide	0051
	835]
CCC. Trimeperidine	9646

2. Opium derivatives. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, its salts, isomers and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

A. Acetorphine	9319
B. Acetyldihydrocodeine	9051
C. Benzylmorphine	9052
D. Codeine methylbromide	9070
E. Codeine-N-Oxide	9053
F. Cyprenorphine	9054
G. Desomorphine	9055
H. Dihydromorphine	9145
I. Drotebanol	9335
J. Etorphine (except hydrochloride salt)	9056
K. Heroin	9200
L. Hydromorphinol	9301
M. Methyldesorphine	9302
N. Methyldihydromorphine	9304
O. Morphine methylbromide	9305
P. Morphine methylsulfonate	9306
Q. Morphine-N-Oxide	9307
R. Myrophine	9308
S. Nicocodeine	9309
T. Nicomorphine	9312
U. Normorphine	9313

9315

7433

7434

7260

V. Pholcodeine

W. Thebacon

3. Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation, which contains any quantity of the following hallucinogenic substances or which contains any of its salts, isomers and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation (For purposes of paragraph (1)(A)3. of this rule only, the term isomer includes the optical, position and geometric isomers.):

A. Alpha-ethyltryptamine 7249 Some trade or other names: etryptamine; Monase; alpha-ethyl-1Hindole-3-ethenamine; 3-(2-aminobutyl)indole; alpha-ET and AET;

B. Benzylpiperazine or of	er name BZP 749)3
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[B] C. 4-bromo-2,5-dimethoxyamphetamine 7391

Some trade or other names: 4-bromo-2, 5-dimethoxy-a-methylphene-thylamine; 4-bromo-2,5-DMA;

[C.] D. 4-bromo-2,5-dimethoxyphenethylamine 7392

[D.] E. 2,5-dimethoxyamphetamine 7396 Some trade or other names: 2,5-dimethoxy-a-methylphenethylamine; 2,5-DMA;

[E.] **F.** 2,5-dimethoxy-4-ethylamphetamine 7399 ///Some trade or other names: DOET///

G. 2,5-dimethoxy-4-(n)-propylthiophenethylamine

[F.] **H.** 4-methoxyamphetamine 7411 Some trade or other names: 4-methoxy-a-methyl-phenethylamine; paramethoxyamphetamine; PMA;

[G.] I. 5-methoxy-3,4-methylenedioxyamphetamine 7401

[H.] **J.** 4-methyl-2,5-dimethoxyamphetamine 7395 Some trade and other names: 4-methyl-2, 5-dimethoxy-a-methylphenethylamine; DOM; and STP;

[1.] K. 3,4-methylenedioxy amphetamine 7400

[J.] L. 3,4-methylenedioxymethamphetamine (MDMA) 7405
 [K] M. 3,4-methylenedioxy-N-ethylamphetamine (also known as N-ethyl-alpha-methyl-3,4 (methyl-enedioxy) phenethylamine, N-ethyl MDA, MDE and MDEA)

- *[L.]* N. N-hydroxy-3,4-methylenedioxyamphetamine (also known as N-hydroxy-alpha-methyl-3,4-(methylenedioxy) phenethylamine and N-hydroxy MDA)
 [M.] O. 3,4,5-trimethoxy amphetamine
- [N.] **P.** Bufotenine

Some trade and other names: 3-(b-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N,N-dimethyltryptamine; mappine;

[O.] Q. Diethyltryptamine

Some trade zand other names: N, N-diethyltryptamine; DET; [P] **R.** Dimethyltryptamine 7435

Some trade or other names: DMT;

[Q.] S. Ibogaine

Some trade and other names: 7-Ethyl-6,6b,7,8,9,10,12,13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5, 4-b) indole; Tabernanthe iboga;

[R.] T. Lysergic acid diethylamide	7315
[S.] U. Marihuana	7360
Some trade or other names: marijuana;	
[T.] V. Mescaline	7381
(U.) W. Parahexyl	7374

Some trade or other names: 3-Hexyl-1-Hydroxy-7,8,9,10-tetrahydro-6,6,9-trimethyl-6H-dibenzo(b,d)pyran; Synhexyl;

[V.] **X.** Peyote 7415

Meaning all parts of the plant presently classified botanically as *Lophophora williamsil Lemaire*, whether growing or not; the seeds thereof; any extract from any part of such plant; and every compound, manufacture, salt, derivative, mixture or preparation of such

plant, its seeds or extracts;

[W.] Y. N-ethyl-3-piperidyl benzilate	7482
[X.] Z. N-methyl-3-piperidyl benzilate	7484
[Y.] AA. Psilocybin	7437
[Z.] BB. Psilocyn	7438
[AA.] CC. Tetrahydrocannabinols	7370

Synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis, sp, synthetic substances, derivatives and their isomers, or both, with similar chemical structure and pharmacological activity such as the following:

(I) D 1 cis or trans tetrahydrocannabinol and their optical isomers;

(II) D 6 cis or trans tetrahydrocannabinol and their optical isomers; and

(III) D 3, 4 cis or trans tetrahydrocannabinol and its optical isomers (Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions are covered.);

[BB.] **DD.** Ethylamine analog of phencyclidine 7455 Some trade or other names: N-ethyl-1-phenylcyclohexylamine, (1phenylcyclohexyl) ethylamine, N-(1-phenylcyclohexyl)-ethylamine, cyclohexamine, PCE;

[CC.] **EE.** Pyrrolidine analog of phencyclidine 7458 Some trade or other names: 1(1-phenylcyclohexyl)-pyrrolidine PCPy, PHP;

[DD.] **FF.** Thiophene analog of phencyclidine 7470 Some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine, 2-thienyl analog of phencyclidine, TPCP, TCP;

GG. Triflouromethylphenylpiperazine or other name TFMPP;

[EE.] **HH.** 1-(1-(2-thienyl)cyclohexyl) pyrrolidine 7473 Some other names: TCPy.

4. Depressants. Unless specifically excepted or unless listed in another schedule, any material compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

A. Gamma-hydroxybutyric acid and other names GHB; gamma-hydroxybutyrate; 4-hydroxybutyrate; 4-hydroxybutonic acid; sodium oxybate; sodium oxybutryrate;

[A.] B. Mecloqualone	2572
<i>B.</i> /C. Methaqualone	2565

5. Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers and salts of isomers:

A. Aminorex*[;]* 1585 Some trade or other names: aminoxaphen; 2-amino-5-phenyl-2-oxazoline; 4.5-dihydro-5-phenyl-2-oxazolamine;

B. Cathinone (Some trade or other names: 2-amino-

1-phenyl-1-propanone, alphaaminopropiophenone,

2-aminopropiophenone and norephedrone) 1235

C. Fenethylline 1503

D. Methcathinone 1585

Some trade or other names: 2-(methylamino)-propiophenone; alpha-(methylamino)propiophenone; 2-(methylamino)-1-phenylpropan-1one; alpha-N-methylaminopropiophenone; monomethylpropion; ephedrone; N-methylcathinone; methylcathinine; AL-464; AL-422; AL-463 and URI 432; its salts, optical isomers and salts of optical isomers;

E. (\pm) cis-4-methylaminorex	$((\pm)$ cis-4,5-dihydro-4-methyl-
5-phenyl-2-oxazolamine)	1590
F. N-ethylamphetamine	1475

9818

5

G. N,N-dimethylamphetamine

(some other names: N,N-alpha-trimethyl-benzeneethanamine; N,Nalpha-trimethylphenethylamine), its salts, optical isomers and salts of optical isomers.

6. A temporary listing of substances subject to emergency scheduling under federal law shall include any material, compound, mixture or preparation which contains any quantity of the following substances:

- A. N-(1-benzyl-4-piperidyl)-N-phenyl
 - propanamide (benzylfentanyl), its optical isomers, salts and salts of isomers

B. N-(1-(2-thienvl) methyl-4-piperidyl)-N-phenylpropanamide (thenylfentanyl), its optical isomers, salts and salts of isomers

9834 (B) Schedule II shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name or brand name designated, listed in this section. Each drug or substance has been assigned the Controlled Substances Code Number set forth opposite it.

1. Substances, vegetable origin or chemical synthesis. Unless specifically excepted or unless listed in another schedule, Schedule II shall include any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis opium and opiate; and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-devied butorphanol, dextrorphan, nalbuphine, nalmefene, naloxone and naltrexone and their respective salts, but including the following:

A. Raw opium	9600
B. Opium extracts	9610
C. Opium fluid	9620
D. Powdered opium	9639
E. Granulated opium	9640
F. Tincture of opium	9630
G. Codeine	9050
H. Ethylmorphine	9190
I. Etorphine hydrochloride	9059
J. Hydrocodone	9193
K. Hydromorphone	9150
L. Metopon	9260
M. Morphine	9300
N. Oxycodone	9143
O. Oxymorphone	9652
P. Thebaine	9333

Any salt, compound, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (1)(B)1. of this rule shall be included in Schedule II, except that these substances shall not include the isoquinoline alkaloids of opium; opium poppy and poppy straw; coca leaves 9040 and any salt, compound, derivative or preparation of coca leaves including cocaine 9041 9180 and ecgonine

and their salts, isomers, derivatives and salts of isomers and derivatives and any salt, compound, derivative or preparation thereof which is chemically equivalent or identical with any of these substances, except that the substances shall not include decocainized coca leaves or extraction of coca leaves, which extractions do not contain cocaine 9041 9180 or ecgonine

and concentrate of poppy straw (the crude extract of poppy straw in either liquid, solid or powder form which contains the phenanthrene alkaloids of the opium poppy) 9670

2. Opiates. Unless specifically excepted or unless in another schedule any of the following opiates, including its isomers, esters, ethers, salts and salts of isomers, esters and ethers whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation, dextrorphan and levopropoxyphene excepted

excepted:	
A. Alfentanil	9737
B. Alphaprodine	9010
C. Anileridine	9020
D. Bezitramide	9800
E. Bulk [Dextropopoxyphene] Dextropropoxy-	
phene (Non-dosage Forms)	9273
F. Butyl-nitrite no designated n	lumber
G. Carfentanil	9743
H. Dihydrocodeine	9120
I. Diphenoxylate	9170
J. Fentanyl	9801
K. Isomethadone	9226
L. Levo-alphacetylmethadol	9220
[//Some other names: levo-alphaacetylmethadol, levome	ethadyl
acetate, LAAM[]]	9648
M. Levomethorphan	9210
N. Levorphanol	9220
O. Metazocine	9240
P. Methadone	9250
Q. Methadone-Intermediate, 4-cyano-2-dimethy-	
lamino-4,4-diphenyl butane	9254
R. Moramide-Intermediate, 2-methyl-3-morph-	
olino-1,1-diphenylpropane-carboxylic acid	9802
S. Pethidine (Meperidine)	9230
T. Pethidine-Intermediate-A, 4-cyano-1-	
methyl-4-phenylpiperidine	9232
U. Pethidine-Intermediate-B, ethyl-4-phenyl-	
piperidine-4-carboxylate	9233
V. Pethidine-Intermediate-C, 1-methyl-4-phenyl-	
piperidine-4-carboxylic acid	9234
W. Phenazocine	9715
X. Piminodine	9730
Y. Racemethorphan	9732
Z. Racemorphan	9733
AA. Remifentanil	9739
BB. Sufentanil	9740
3 Stimulants Unless specifically excepted or unless li	sted in

3. Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

- A. Amphetamine, its salts, optical isomers and salts of its optical isomers 1100 B. Methamphetamine, its salts, isomers and salts of its isomers 1105
- C. Phenmetrazine and its salts 1631
- D. Methylphenidate 1724

4. Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

A. Amobarbital	2125
B. Glutethimide	2550
C. Pentobarbital	2270
D. Phencyclidine	7471
E. Secobarbital	2315
5. Hallucinogenic substances:	

A. Nabilone 7379 [/]Another name for nabilone: (±)trans-3-(1, 1-dimethylheptyl)-6, 6a,7,8,10,10a-hexahydro-1-hydroxy-6, 6-dimethyl-9H-dibenzo(b,d) pvran-9-one.///

7460

6. Immediate precursors. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances:

A. Immediate precursor to amphetamine and methamphetamine:

(I) Phenylacetone

Some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone;

B. Immediate precursors to phencyclidine (PCP):

(I) 1-phenylcyclohexylamine

(II) 1-piperidinocyclohexane-carbonitrile (PCC) 8603 (C) Schedule III shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name or brand name designated, listed in this section. Each drug or substance has been assigned the DEA Controlled Substances Code Number set forth opposite it.

1. Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position or geometric) and salts of such isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

A. Those compounds, mixtures or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures or preparations were listed on August 25, 1971, as excepted compounds under section 308.32 and any other drug of the quantitive composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances 1405

	1100
B. Benzphetamine	1228
C. Chlorphentermine	1645
D. Clortermine	1647
E. Phendimetrazine	1615

2. Depressants. Unless specifically excepted or unless listed in another schedule, any material compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

A. Any compound, mixture or preparation containing:

(I) Amobarbital	2126
(II) Secobarbital	2316
(III) Pentobarbital	2271

or any salt thereof and one (1) or more other active medicinal ingredients which are not listed in any schedule;

B. Any suppository dosage form containing:

(I) Amobarbital		2126
(II) Secobarbital		2316
(III) Pentobarbital		2271

or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository;

C. Any substance which contains any quantity of a derivative of barbituric acid or any salt thereof 2100

D. Chlorhexadol 2510

E. Any drug product containing gamma hydroxybutyric acid, including its salts, isomers and salts of isomers, for which an application is approved under section 505 of the Federal Food, Drug and Cosmetic Act;

[E.] F. Ketamine	7285
[F.] G. Lysergic acid	7300
[G.] H. Lysergic acid amide	7310
[H.] I. Methyprylon	2575
[1.] J. Sulfondiethylmethane	2600
[J.] K. Sulfonethylmethane	2605
[K.] L. Sulfonmethane	2610
[L.] M. Tiletamine and zolazepam or any salt	
thereof	7295

Some trade or other names for a tiletamine-zolazepam combination product: Telazol. Some trade or other names for tiletamine: 2-(eth-ylamino)-2-(2-thienyl)-cyclohexanone. Some trade or other names for zolazepam: 4-(2-fluorophenyl)-6-8-dihydro-1,3,8-trimethylpyrazolo-(3,4-e) (1,4)-diazepin-7(1H)-one, flupyrazapon.

3. Nalorphine

4. Narcotics drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing limited quantities of any of the following narcotic drugs or any salts thereof:

A. Not more than 1.8 grams of codeine per one hundred milliliters (100 ml) or not more than ninety milligrams (90 mg) per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium 9803

B. Not more than 1.8 grams of codeine per one hundred milliliters (100 ml) or not more than ninety milligrams (90 mg) per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9804

C. Not more than three hundred milligrams (300 mg) of hydrocodone per one hundred milliliters (100 ml) or not more than fifteen milligrams (15 mg) per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium 9805

D. Not more than three hundred milligrams (300 mg) of hydrocodone per one hundred milliliters (100 ml) or not more than fifteen milligrams (15 mg) per dosage unit, with one (1) or more active nonnarcotic ingredients in recognized therapeutic amounts 9806

E. Not more than 1.8 grams of dihydrocodeine per one hundred milliliters (100 ml) or not more than ninety milligrams (90 mg) per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9807

F. Not more than three hundred milligrams (300 mg) of ethylmorphine per one hundred milliliters (100 ml) or not more than fifteen milligrams (15 mg) per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9808

G. Not more than five hundred milligrams (500 mg) of opium per one hundred milliliters (100 ml) or per one hundred grams (100 g) or not more than twenty-five milligrams (25 mg) per dosage unit, with one (1) or more active nonnarcotic ingredients in recognized therapeutic amounts 9809

H. Not more than fifty milligrams (50 mg) of morphine per one hundred milliliters (100 ml) or per one hundred grams (100 g), with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9810

5. Anabolic steroids. Unless specially excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any quantity of the following substances, including its salts, isomers and salts of isomers whenever the existence of such salts of isomers is possible within the specific chemical designation. DEA has assigned code 4000 for all anabolic steroids.

- A. Boldenone
- B. Chlorotestosterone (4-Chlortestosterone)
- C. Clostebol
- D. Dehydrochlormethyltestosterone
- E. Dihydrotestosterone (4-Dihydrotestosterone)
- F. Drostanolone
- G. Ethylestrenol
- H. Fluoxymesterone
- I. Formebulone (Formebolone)
- J. Mesterolone
- [J.] K. Methandienone
- L. Methandranone
- M. Methandriol
- N. Methandrostenolone
- O. Methenolone

9400

- P. Methyltestosterone
- Q. Mibolerone
- R. Nandrolone
- S. Norethandrolone
- T. Oxandrolone
- U. Oxymesterone
- V. Oxymetholone
- W. Stanolone
- X. Stanozolol
- Y. Testolactone
- Z. Testosterone
- AA. Trenbolone

BB. Any salt, ester, or isomer of a drug or substance described or listed in this subparagraph, if that salt, ester or isomer promotes muscle growth except an anabolic steroid which is expressly intended for administration through implants to cattle or other nonhuman species and which has been approved by the secretary of Health and Human Services for that administration.

6. Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a United States Food and Drug Administration approved drug product 7369 (Some other names for dronabinol: (6aR-trans)-6a,7,8,10a-tetrahy-dro-6.6.9-trimethyl-3-pentyl-6H-dibenzo (b,d) pyran-1-ol, or (-)-delta-9-(trans)-tetrahydrocannabinol.)

(D) Schedule IV shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name or brand name designated, listed in this section. Each drug or substance has been assigned the DEA Controlled Substances Code Number set forth opposite it.

1. Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing limited quantities of any of the following narcotic drugs or any salts thereof:

A. Not more than one milligram (1 mg) of difenoxin (DEA Drug Code No. 9618) and not less than twenty-five micrograms (25 mcg) of atropine sulfate per dosage unit;

B. Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2diphenyl-3-methyl-2-propionoxybutane) 9278

C. Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture or preparation containing any of the following limited quantities of narcotic drugs or salts thereof, which shall include one (1) or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone:

(I) Not more than two hundred milligrams (200 mg) of codeine per one hundred milliliters (100 ml) or per one hundred grams (100 g);

(II) Not more than one hundred milligrams (100 mg) of dihydrocodeine per one hundred milliliters (100 ml) or per one hundred grams (100 g); or

(III) Not more than one hundred milligrams (100 mg) of ethylmorphine per one hundred milliliters (100 ml) or per one hundred grams (100 g).

2. Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including its salts, isomers and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

A. Alprazolam	2882
B. Barbital	2145
C. Bromazepam	2748
D. Camazepam	2749
E. Chloral betaine	2460
F. Chloral hydrate	2465

G. Chlordiazepoxide 2744 H. Clobazam 2751 I. Clonazepam 2737 J. Clorazepate 2768 K. Clotiazepam 2752 L. Cloxazolam 2753 M. Delorazepam 2754 N. Diazepam 2765 O. Dichloralphenazone 2467 /O. / P. Estazolam 2756 /D. Dichloralphenazone 2467 /O. / P. Estazolam 2756 /P. Q. Ethchlorvynol 2540 /Q. / R. Ethinamate 2545 /S. / T. Fludiazepam 2763 //J. V. Flurazepam 2763 //J. V. Flurazepam 2763 ///. / W. Halazepam 2762 ///. / W. Halazepam 2772 ///. / W. Halazepam 2772 ///. / Z. Loprazolam 2773 /Z. / AA. Lorazepam 2885 /AA. / BB. Lormetazepam 2774 //BB. / CC. Mebutamate 2800 //C. / DD. Medazepam 2836 //D./ EE. //Deprobarnate/ Meprobamate 2820 //F. / J GG. Methylphenobarbital (Mepho/-/barbital) 2250 <t< th=""><th>H. Clobazam 2751 I. Clonazepam 2737 J. Clorazepate 2768 K. Clotiazepam 2752 L. Cloxazolam 2753 M. Delorazepam 2754 N. Diazepam 2755 O. Dichloralphenazone 2467 /O./ P. Estazolam 2756 /O./ P. Estazolam 2756 /Q./ R. Ethinamate 2545 /R./ S. Ethyl loflazepate 2758 /S./ T. Fludiazepam 2767 /V./ W. Halazepam 2766 /W./ X. Haloxazolam 2771 [X.] Y. Flurazepam 2762 /W./ X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 /Y./ Z. Loprazolam 2773 /Z./ AA. Lorazepam 2885 /AA./ BB. Lormetazepam 2865 /AA./ BB. Lormetazepam 2836 /DD./ EE. /Deprobarnate/ Meprobamate 2820 /CE./ J DD. Medazepam 2836 /DD./ EE. /Deprobarnate/ Meprobamate 2820 /EE./ FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250</th></t<>	H. Clobazam 2751 I. Clonazepam 2737 J. Clorazepate 2768 K. Clotiazepam 2752 L. Cloxazolam 2753 M. Delorazepam 2754 N. Diazepam 2755 O. Dichloralphenazone 2467 /O./ P. Estazolam 2756 /O./ P. Estazolam 2756 /Q./ R. Ethinamate 2545 /R./ S. Ethyl loflazepate 2758 /S./ T. Fludiazepam 2767 /V./ W. Halazepam 2766 /W./ X. Haloxazolam 2771 [X.] Y. Flurazepam 2762 /W./ X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 /Y./ Z. Loprazolam 2773 /Z./ AA. Lorazepam 2885 /AA./ BB. Lormetazepam 2865 /AA./ BB. Lormetazepam 2836 /DD./ EE. /Deprobarnate/ Meprobamate 2820 /CE./ J DD. Medazepam 2836 /DD./ EE. /Deprobarnate/ Meprobamate 2820 /EE./ FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250
I. Clonazepam 2737 J. Clorazepate 2768 K. Clotiazepam 2752 L. Cloxazolam 2753 M. Delorazepam 2754 N. Diazepam 2755 O. Dichloralphenazone 2467 (O.) P. Estazolam 2756 (P.) Q. Ethchlorvynol 2540 (Q.) R. Ethinamate 2545 (R.) S. Ethyl loflazepate 2758 (S.) T. Fludiazepam 2763 (V.) V. Flurazepam 2763 (V.) V. Halazepam 2767 (V.) V. Halazepam 2767 (V.) V. Halazepam 2762 (W./ X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 (Y./ Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 (AA./ BB. Lormetazepam 2784 (DD.) EE. (Deprobarnate/ Meprobamate 2800 [CE./ DD. Medazepam 2834 (HH./ JI. Nitrazepam 283	I. Clonazepam 2737 J. Clorazepate 2768 K. Clotiazepam 2752 L. Cloxazolam 2753 M. Delorazepam 2754 N. Diazepam 2765 O. Dichloralphenazone 2467 (O. / P. Estazolam 2756 /P./ Q. Ethchlorvynol 2540 (Q. / R. Ethinamate 2545 (R. / S. Ethyl loflazepate 2758 (S. / T. Fludiazepam 2767 (V. / W. Halazepam 2767 (V. / W. Halazepam 2762 (W. / X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 (Y. / Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA./ BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobarmate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2837 [/I./ JJ. Nitrazepam 2834 [/J./] KK. Nordiazepam 2835 <tr< td=""></tr<>
J. Clorazepate 2768 K. Clotiazepam 2752 L. Cloxazolam 2753 M. Delorazepam 2754 N. Diazepam 2765 O. Dichloralphenazone 2467 /O. J. P. Estazolam 2755 /R. Ethiamate 2540 /Q. R. Ethiamate 2545 /R./ Q. Ethchlorvynol 2545 /R./ S. Ethyl loflazepate 2758 /S./ T. Fludiazepam 2763 /U. J. V. Flurazepam 2762 /W./ X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 /Y./ Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 /AA./ BB. Lormetazepam 2764 /Z./ D. Medazepam 2836 /DD./ EE. (Deprobarnate/ Meprobamate 2800 /CC./ DD. Medazepam 2836 /DD./ EE. (Deprobarnate/ Meprobamate 2836 /JJ. J. Nitrazepam 2837 /J.J. J. Nitrazepam 2838 //K./ LL. Oxazepam 2838 //K./ LL. Oxazepam 2838 //M./ NN. Paraldehyde 2855 //P/ QQ. Pinaz	J. Clorazepate 2768 K. Clotiazepam 2752 L. Cloxazolam 2753 M. Delorazepam 2754 N. Diazepam 2765 O. Dichloralphenazone 2467 [O.] P. Estazolam 2756 [P] Q. Ethchlorvynol 2540 [Q.] R. Ethinamate 2545 [R.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2763 [U.] V. Flurazepam 2763 [U.] V. Flurazepam 2762 [W.] X. Halazepam 27762 [W.] X. Halazepam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2886 [DD.] EE. [Deprobarmate] Meprobamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobarmate] Meprobamate 2800 [GG.] HH. Midazolam 2844 [HH.] II. Nimetazepam 2836 [JJ.] KK. Nordiazepam 2837 [M.].] JJ. Nitrazepam 2838 [KK.] LL. Oxazepam 2835 [M
K. Clotiazepam 2752 L. Cloxazolam 2753 M. Delorazepam 2753 M. Delorazepam 2754 N. Diazepam 2765 O. Dichloralphenazone 2467 /O./ P. Estazolam 2756 /P./ Q. Ethchlorvynol 2540 /Q./ R. Ethinamate 2545 /R./ S. Ethyl loflazepate 2758 /S./ T. Fludiazepam 2763 /U./ V. Flurazepam 2763 /U./ V. Flurazepam 2762 /W./ X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 /Y./ Z. Loprazolam 2773 /Z./ AA. Lorazepam 2885 /AA./ BB. Lormetazepam 2764 /BB./ CC. Mebutamate 2800 /CC./ DD. Medazepam 2846 /D./ EE. /Deprobamate/ Meprobamate 2820 /EE./ FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 /GG./ HH. Midazolam 2833 ///./ J. Nitrazepam 2834 //J./ KK. Nordiazepam 2835 ///./ NN. Paraldehyde 2855	K. Clotiazepam 2752 L. Cloxazolam 2753 M. Delorazepam 2754 N. Diazepam 2765 O. Dichloralphenazone 2467 [O.] P. Estazolam 2756 [P.] Q. Ethchlorvynol 2540 [Q.] R. Ethinamate 2545 [F.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2763 [U.] V. Flurazepam 2763 [U.] V. Flurazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2886 [D.] FE. [Deprobarnate] Meprobamate 2800 [CC.] DD. Medazepam 2836 [D.] FE. [Deprobarnate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho[-/barbital) 2250 [GG.] HH. Midazolam 2837 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2835
L. Cloxazolam 2753 M. Delorazepam 2754 N. Diazepam 2765 O. Dichloralphenazone 2467 [O.] P. Estazolam 2756 [P.] Q. Ethchlorvynol 2540 [Q.] R. Ethinamate 2545 [R.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2764 [D.] FE. [Deprobamate] Meprobamate 2800 [CC.] DD. Medazepam 2836 [DD.] FE. [Deprobamate] Meprobamate 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [/K./] LL. Oxazepam 2835 [/M.] NN. Paraldehyde 2855 [/W.] OO. Petrichloral 2591 [/OO.] PP. Phenobarbital 2591 [/OO.] PP. Phenobarbital	L. Cloxazolam 2753 M. Delorazepam 2754 N. Diazepam 2765 O. Dichloralphenazone 2467 /O./ P. Estazolam 2756 /P./ Q. Ethchlorvynol 2540 /Q./ R. Ethinamate 2545 /R./ S. Ethyl loflazepate 2758 /S./ T. Fludiazepam 2763 /U./ V. Flurazepam 2763 /U./ V. Flurazepam 2767 /V./ W. Halazepam 2762 /W./ X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 /Y./ Z. Loprazolam 2773 /Z./ AA. Lorazepam 2855 /AA./ BB. Lormetazepam 2865 /D./ J. EE. /Deprobamate/ Meprobamate 2820 /EE./ FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 /GG./ HH. Midazolam 2834 /J./ J.J. Nitrazepam 2835 /K./ J.L. Oxazepam 2835 /K././ I.L. Oxazepam 2835 /M././ NN. Paraldehyde 2585 /NN./ OO. Petrichloral 2591 /OO./ PP. Phenobarbital 2591
M. Delorazepam 2754 N. Diazepam 2765 O. Dichloralphenazone 2467 /(O./ P. Estazolam 2756 /P. Q. Ethchlorvynol 2540 /Q./ R. Ethinamate 2545 /R./ S. Ethyl loflazepate 2758 /S./ T. Fludiazepam 2763 /U./ V. Flurazepam 2767 /V./ W. Halazepam 2762 /W./ X. Haloxazolam 2771 [X.] Y. Ketazolam 2773 /Z./ AA. Lorazepam 2785 /A./ BB. Lormetazepam 2786 /Z./ AA. Lorazepam 2785 /A./ BB. Lormetazepam 2774 /BB./ CC. Mebutamate 2800 /CC./ DD. Medazepam 2836 /D./ EE. /Deprobamate/ Meprobamate 2820 /EE./ FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 /GG./ HH. Midazolam 2837 ///./ J.J. Nitrazepam 2835 ///./ J. KK. Nordiazepam 2835 //K./ LL. Oxazepam 2835 //M./ NN. Paraldehyde 2551 //O./ PP. Phenobarbital 2255<	M. Delorazepam 2754 N. Diazepam 2765 O. Dichloralphenazone 2467 [O.] P. Estazolam 2756 [P.] Q. Ethchlorvynol 2540 [Q.] R. Ethinamate 2545 [R.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2763 [U.] V. Flurazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2744 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [KK.] LL. Oxazepam 2835 [KK.] NN. Paraldehyde 2585 [NN.] NO. Petrichloral 2591 [OO.] PP. Phenobarbital 2591
N. Diazepam 2765 O. Dichloralphenazone 2467 [O.] P. Estazolam 2756 [P.] Q. Ethchlorvynol 2540 [Q.] R. Ethinamate 2545 [R.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2759 [T.] U. Flunitrazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho[-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [LL.] MM. Oxazolam 2835 [MM.] NN. Paraldehyde 2555 [NN.] OO. Petrichloral 2551 [OO.] PP. Phenobarbital 2285 [NN.] OO. Petrichloral <	N. Diazepam 2765 O. Dichloralphenazone 2467 [O.] P. Estazolam 2756 [P.] Q. Ethchlorvynol 2540 [O.] R. Ethinamate 2545 [R.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2763 [U.] V. Flurazepam 2763 [U.] V. Flurazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2860 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
N. Diazepam 2765 O. Dichloralphenazone 2467 [O.] P. Estazolam 2756 [P.] Q. Ethchlorvynol 2540 [Q.] R. Ethinamate 2545 [R.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2759 [T.] U. Flunitrazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho[-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [LL.] MM. Oxazolam 2835 [MM.] NN. Paraldehyde 2555 [NN.] OO. Petrichloral 2551 [OO.] PP. Phenobarbital 2285 [NN.] OO. Petrichloral <	N. Diazepam 2765 O. Dichloralphenazone 2467 [O.] P. Estazolam 2756 [P.] Q. Ethchlorvynol 2540 [O.] R. Ethinamate 2545 [R.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2763 [U.] V. Flurazepam 2763 [U.] V. Flurazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2860 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[O.] P. Estazolam 2756 [P] Q. Ethchlorvynol 2540 [Q.] R. Ethinamate 2545 [R.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2759 [T.] U. Flunitrazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobarnate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho[-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NV.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2855 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2843 [QQ.] RR. Prazepam	[O.] P. Estazolam 2756 [P.] Q. Ethchlorvynol 2540 [Q.] R. Ethinamate 2545 [R.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2759 [T.] U. Flunitrazepam 2763 [U.] V. Flurazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2860 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
<i>[P]</i> Q. Ethchlorvynol 2540 <i>[Q.]</i> R. Ethinamate 2545 <i>[R.]</i> S. Ethyl loflazepate 2758 <i>[S.]</i> T. Fludiazepam 2759 <i>[T.]</i> U. Flunitrazepam 2763 <i>[U.]</i> V. Flurazepam 2767 <i>[V.]</i> W. Halazepam 2762 <i>[W.]</i> X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 <i>[Y.]</i> Z. Loprazolam 2773 <i>[Z.]</i> AA. Lorazepam 2885 <i>[AA.]</i> BB. Lormetazepam 2885 <i>[AA.]</i> BB. Lormetazepam 2836 <i>[DD.]</i> EE. <i>[Deprobarnate]</i> Meprobamate 2820 <i>[EE.]</i> FF. Methohexital 2264 <i>[FF.]</i> GG. Methylphenobarbital (Mepho/-/barbital) 2250 <i>[GG.]</i> HH. Midazolam 2834 <i>[JJ.]</i> KK. Nordiazepam 2835 <i>[KK.]</i> LL. Oxazepam 2835 <i>[MM.]</i> NN. Paraldehyde 2585 <i>[NN.]</i> OO. Petrichloral 2591 <i>[OO.]</i> PP. Phenobarbital 2285 <i>[PP.]</i> QQ. Pinazepam 2833 <i>[QO.]</i> RR. Prazepam 2843 <i>[SS.]</i> TT. Temazepam 2841 <i>[SS.]</i> TT. Temazepam 2855	<i>[P.]</i> Q. Ethchlorvynol 2540 <i>[Q.]</i> R. Ethinamate 2545 <i>[R.]</i> S. Ethyl loflazepate 2758 <i>[S.]</i> T. Fludiazepam 2759 <i>[T.]</i> U. Flunitrazepam 2763 <i>[U.]</i> V. Flurazepam 2767 <i>[V.]</i> W. Halazepam 2762 <i>[W.]</i> X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 <i>[Y.]</i> Z. Loprazolam 2773 <i>[Z.]</i> AA. Lorazepam 2885 <i>[AA.]</i> BB. Lormetazepam 2774 <i>[BB.]</i> CC. Mebutamate 2800 <i>[CC.]</i> DD. Medazepam 2836 <i>[DD.]</i> EE. <i>[Deprobamate]</i> Meprobamate 2820 <i>[EE.]</i> FF. Methohexital 2264 <i>[FF.]</i> GG. Methylphenobarbital (Mepho/-/barbital) 2250 <i>[GG.]</i> HH. Midazolam 2834 <i>[JJ.]</i> KK. Nordiazepam 2835 <i>[KK.]</i> LL. Oxazepam 2835 <i>[MM.]</i> NN. Paraldehyde 2585 <i>[NN.]</i> OO. Petrichloral 2591 <i>[OO.]</i> PP. Phenobarbital 2285
/Q. / R. Ethinamate 2545 /R. / S. Ethyl loflazepate 2758 /S. / T. Fludiazepam 2759 /T. / U. Flunitrazepam 2763 /U. / V. Flurazepam 2767 /W. / W. Halazepam 2762 /W. / X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 /Y. / Z. Loprazolam 2773 /Z. / AA. Lorazepam 2885 /AA. / BB. Lormetazepam 2774 /BB. / CC. Mebutamate 2800 /CC. / DD. Medazepam 2836 /DD. / EE. /Deprobamate/ Meprobamate 2820 /EE. / FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 /GG. / HH. Midazolam 2834 /J./. / JJ. Nitrazepam 2835 ///./ JJ. Nitrazepam 2835 ///./. JM. Oxazolam 2839 //MM./ NN. Paraldehyde 2555 //N./. OO. Petrichloral 2591 /OO. / PP. Phenobarbital 2285 //P./ QQ. Pinazepam 2833 //Q. / RR. Prazepam 2843 //S./. TT. Temazepam 2841 /S./. T	[O.] R. Ethinamate 2545 [R.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2759 [T.] U. Flunitrazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2860 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [KK.] LL. Oxazepam 2835 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
/Q. / R. Ethinamate 2545 /R. / S. Ethyl loflazepate 2758 /S. / T. Fludiazepam 2759 /T. / U. Flunitrazepam 2763 /U. / V. Flurazepam 2767 /W. / W. Halazepam 2762 /W. / X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 /Y. / Z. Loprazolam 2773 /Z. / AA. Lorazepam 2885 /AA. / BB. Lormetazepam 2774 /BB. / CC. Mebutamate 2800 /CC. / DD. Medazepam 2836 /DD. / EE. /Deprobamate/ Meprobamate 2820 /EE. / FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 /GG. / HH. Midazolam 2834 /J./. / JJ. Nitrazepam 2835 ///./ JJ. Nitrazepam 2835 ///./. JM. Oxazolam 2839 //MM./ NN. Paraldehyde 2555 //N./. OO. Petrichloral 2591 /OO. / PP. Phenobarbital 2285 //P./ QQ. Pinazepam 2833 //Q. / RR. Prazepam 2843 //S./. TT. Temazepam 2841 /S./. T	[O.] R. Ethinamate 2545 [R.] S. Ethyl loflazepate 2758 [S.] T. Fludiazepam 2759 [T.] U. Flunitrazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2860 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [KK.] LL. Oxazepam 2835 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
/S. / T. Fludiazepam 2759 /T. / U. Flunitrazepam 2763 /U. / V. Flurazepam 2767 /V. / W. Halazepam 2762 /W./ X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 /Y. / Z. Loprazolam 2773 /Z. / AA. Lorazepam 2885 /AA. / BB. Lormetazepam 2774 /BB. / CC. Mebutamate 2800 /CC. / DD. Medazepam 2836 /DD. / EE. /Deprobamate/ Meprobamate 2820 /EE. / FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 /GG. / HH. Midazolam 2834 /J./ JJ. Nitrazepam 2835 /I/./ JJ. Nitrazepam 2835 /I/./ JJ. Nitrazepam 2835 /I/./ JJ. Nitrazepam 2838 /KK./ LL. Oxazepam 2839 /MM./ NN. Paraldehyde 2555 /NN./ OO. Petrichloral 2591 /OO./ PP. Phenobarbital 2285 /PP/ QQ. Pinazepam 2831 /QQ. / RR. Prazepam 2841 /SS. / TT. Temazepam 2841 /SS. / TT. Temazepam<	[S.] T. Fludiazepam 2759 [T.] U. Flunitrazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2874 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] JJ. Nitrazepam 2835 [KK.] LL. Oxazepam 2835 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
/S. / T. Fludiazepam 2759 /T. / U. Flunitrazepam 2763 /U. / V. Flurazepam 2767 /V. / W. Halazepam 2762 /W./ X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 /Y. / Z. Loprazolam 2773 /Z. / AA. Lorazepam 2885 /AA. / BB. Lormetazepam 2774 /BB. / CC. Mebutamate 2800 /CC. / DD. Medazepam 2836 /DD. / EE. /Deprobamate/ Meprobamate 2820 /EE. / FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 /GG. / HH. Midazolam 2834 /J./ JJ. Nitrazepam 2835 /I/./ JJ. Nitrazepam 2835 /I/./ JJ. Nitrazepam 2835 /I/./ JJ. Nitrazepam 2838 /KK./ LL. Oxazepam 2839 /MM./ NN. Paraldehyde 2555 /NN./ OO. Petrichloral 2591 /OO./ PP. Phenobarbital 2285 /PP/ QQ. Pinazepam 2831 /QQ. / RR. Prazepam 2841 /SS. / TT. Temazepam 2841 /SS. / TT. Temazepam<	[S.] T. Fludiazepam 2759 [T.] U. Flunitrazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2874 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] JJ. Nitrazepam 2835 [KK.] LL. Oxazepam 2835 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[T.] U. Flunitrazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [II.] JJ. Nitrazepam 2835 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2841 [SS.] TT. Temazepam 2841 [SS.] TT. Temazepam 2855 [TT.] UU. Tetrazepam 2856	[7.] U. Flunitrazepam 2763 [U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [KK.] LL. Oxazepam 2835 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2250
[U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [JJ.] KK. Nordiazepam 2835 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2843 [SS.] TT. Temazepam 2841 [SS.] TT. Temazepam 2851 [TT.] UU. Tetrazepam 2856	[U.] V. Flurazepam 2767 [V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho[-/barbital) 2250 [GG.] HH. Midazolam 2834 [HH.] II. Nimetazepam 2835 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [HH.] II. Nimetazepam 2835 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2843 [SS.] TT. Temazepam 2841 [SS.] TT. Temazepam 2851 [TT.] UU. Tetrazepam 2856	[V.] W. Halazepam 2762 [W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [HH.] II. Nimetazepam 2835 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2874 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [HH.] II. Nimetazepam 2835 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2774 [RR.] SS. Quazepam 2831 [SS.] TT. Temazepam 2825 [TT.] UU. Tetrazepam 2826	[W.] X. Haloxazolam 2771 [X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [HH.] II. Nimetazepam 2835 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobarnate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [HH.] II. Nimetazepam 2833 [JJ.] KK. Nordiazepam 2835 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2843 [SS.] TT. Temazepam 2841 [SS.] TT. Temazepam 2851 [TT.] UU. Tetrazepam 2856	[X.] Y. Ketazolam 2772 [Y.] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobarnate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [J.] JJ. Nitrazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[Y,] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobarnate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [HH.] II. Nimetazepam 2833 [JJ.] KK. Nordiazepam 2835 [KK.] LL. Oxazepam 2835 [MM.] NN. Paraldehyde 2555 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2831 [SS.] TT. Temazepam 2831 [SS.] TT. Temazepam 2825 [TT.] UU. Tetrazepam 2836	[Y,] Z. Loprazolam 2773 [Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobarnate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [II.] JJ. Nitrazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2555 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2831 [SS.] TT. Temazepam 2841 [SS.] TT. Temazepam 2825 [TT.] UU. Tetrazepam 2886	[Z.] AA. Lorazepam 2885 [AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2834 [HH.] II. Nimetazepam 2833 [JJ.] KK. Nordiazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2555 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2831 [SS.] TT. Temazepam 2831 [SS.] TT. Temazepam 2825 [TT.] UU. Tetrazepam 2836	[AA.] BB. Lormetazepam 2774 [BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobarnate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [II.] JJ. Nitrazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2555 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2831 [SS.] TT. Temazepam 2831 [SS.] TT. Temazepam 2825 [TT.] UU. Tetrazepam 2836	[BB.] CC. Mebutamate 2800 [CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
/CC./ DD. Medazepam 2836 /DD./ EE. /Deprobarnate/ Meprobamate 2820 /EE./ FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 /GG./ HH. Midazolam 2884 /HH./ II. Nimetazepam 2837 /II./ JJ. Nitrazepam 2838 /KK./ LL. Oxazepam 2835 /LL./ MM. Oxazolam 2839 /MM./ NN. Paraldehyde 2555 /NN./ OO. Petrichloral 2591 /OO./ PP. Phenobarbital 2285 /PP/ QQ. Pinazepam 2838 /Q./ RR. Prazepam 2838 /SS. / TT. Temazepam 2881 /SS./ TT. Temazepam 2825 /TT./ UU. Tetrazepam 2826	[CC.] DD. Medazepam 2836 [DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [II.] JJ. Nitrazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [II.] JJ. Nitrazepam 2838 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2764 [RR.] SS. Quazepam 2881 [SS.] TT. Temazepam 2925 [TT.] UU. Tetrazepam 2886	[DD.] EE. [Deprobamate] Meprobamate 2820 [EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [JJ.] JJ. Nitrazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[<i>EE.</i>] FF. Methohexital 2264 [<i>FF.</i>] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [<i>GG.</i>] HH. Midazolam 2884 [<i>HH.</i>] II. Nimetazepam 2837 [<i>II.</i>] JJ. Nitrazepam 2838 [<i>JJ.</i>] KK. Nordiazepam 2838 [<i>KK.</i>] LL. Oxazepam 2835 [<i>ILL.</i>] MM. Oxazolam 2839 [<i>MM.</i>] NN. Paraldehyde 2585 [<i>NN.</i>] OO. Petrichloral 2591 [<i>OO.</i>] PP. Phenobarbital 2285 [<i>PP.</i>] QQ. Pinazepam 2833 [<i>QO.</i>] RR. Prazepam 2764 [<i>RR.</i>] SS. Quazepam 2881 [<i>SS.</i>] TT. Temazepam 2925 [<i>TT.</i>] UU. Tetrazepam 2886	[EE.] FF. Methohexital 2264 [FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [II.] JJ. Nitrazepam 2838 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [II.] JJ. Nitrazepam 2838 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2833 [QQ.] RR. Prazepam 2764 [RR.] SS. Quazepam 2881 [SS.] TT. Temazepam 2925 [TT.] UU. Tetrazepam 2886	[FF.] GG. Methylphenobarbital (Mepho/-/barbital) 2250 [GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [II.] JJ. Nitrazepam 2834 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
[GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [II.] JJ. Nitrazepam 2834 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285 [PP.] QQ. Pinazepam 2883 [QQ.] RR. Prazepam 2764 [RR.] SS. Quazepam 2881 [SS.] TT. Temazepam 2925 [TT.] UU. Tetrazepam 2886	[GG.] HH. Midazolam 2884 [HH.] II. Nimetazepam 2837 [II.] JJ. Nitrazepam 2834 [JJ.] KK. Nordiazepam 2838 [KK.] LL. Oxazepam 2835 [LL.] MM. Oxazolam 2839 [MM.] NN. Paraldehyde 2585 [NN.] OO. Petrichloral 2591 [OO.] PP. Phenobarbital 2285
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<i>[WW.]</i> XX. Zolpidem 2783	<i>[VV.]</i> WW. Zaleplon 2781

3. Fenfluramine. Any material, compound, mixture or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position or geometric) and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible:

A. Fenfluramine 1670

4. Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers and salts of isomers:

A. Cathine ((+)-norpseudoephedrine)	1230
B. Diethylpropion	1610
C. Fencamfamin	1780
D. Fenproporex	1575
E. Mazindol	1605
F. Mefenorex	1580
G. Modafinil	1680
H. Pemoline (including organometallic	
complexes and chelates thereof)	1530
I. Phentermine	1640
J. Pipradrol	1750

9709

9720

K. Sibutramine

L. SPA (-)-1-dimethyamino-1,2-diphenylethane 1635

5. Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including its salts:

A. Pentazocine

B. Butorphanol (including its optical isomers)

6. Ephedrine. Any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system including their salts, isomers and salts of isomers:

A. Ephedrine or its salts, optical isomers or salts of optical isomers as the only active medicinal ingredient or contains ephedrine or its salts, optical isomers, or salts of optical isomers and therapeutically insignificant quantities of another active medicinal ingredient.

AUTHORITY: sections 195.015 and 195.195, RSMo [1994] 2000. Material found in this rule previously filed as 19 CSR 30-1.010. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003.

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

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

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

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Health Standards and Licensure Chapter 1—Controlled Substances

PROPOSED AMENDMENT

19 CSR 30-1.011 Definitions. The department is amending section (1).

PURPOSE: This rule is being amended to delete the definition of a Training Program Registration because it will no longer be recognized as a separate registration category.

(1) As used in this chapter, the following terms shall have the meanings specified:

[(R) Training program registration means a registration issued to an individual practitioner participating in a postgraduate medical education training program approved by a Missouri professional licensing board.]

AUTHORITY: section 195.195, RSMo [1994] 2000. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003.

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a state in support of or in opposition to this proposed amendment with the Office of the Division of Health Standards and Licensure, Lois Kollmeyer, Director, PO Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Health Standards and Licensure Chapter 1—Controlled Substances

PROPOSED AMENDMENT

19 CSR 30-1.015 [*Registration Fees and Implementation of Three-Year Cycle] Registrations and Fees.* The department is amending the title, section (1), deleting section (2) and renumbering sections (3), (4) and (5).

PURPOSE: This rule is being amended to require resident physicians in training to apply for a three (3)-year registration rather than a one (1)-year registration.

(1) For each registration or re-registration to-

(A) Manufacture controlled substances, the registrant shall pay a fee of **two hundred dollars** (\$200);

(B) Distribute controlled substances, the registrant shall pay a fee of **two hundred dollars (\$**200);

(C) Dispense controlled substances listed in Schedules II–V including dispensing of controlled substances by individual practitioners in training programs or to conduct research or instructional activities with those substances, the registrant shall pay a fee of ninety dollars (\$90);

(D) Conduct research or instructional activities with a controlled substance listed in Schedule I, the registrant shall pay a fee of **nine-ty dollars** (\$90);

(E) Conduct chemical analysis with controlled substances listed in any schedule, the registrant shall pay a fee of **ninety dollars** (\$90);

(F) Import or export controlled substances listed in any schedule, the registrant shall pay a fee of **two hundred dollars** (\$200);

(G) Dispense controlled substances listed in Schedules II-V by an individual practitioner who has a *[training program registration or a]* temporary location registration, the registrant shall pay an annual fee of **thirty dollars** (\$30).

[(2) Not withstanding the provisions of (1)(A)-(G) of this rule, the following shall apply:

(A) Each registrant shall pay a fee of \$30 for a registration during the first year of implementation of this rule;

(B) After the first year of implementation of this rule, the fees set forth in (1)(A)-(G) shall apply;

(C) For the first year of implementation of this rule, each registration issued shall be current and effective for a period of not less than 12 months, but not more 36 months;

(D) Each registration received during the first year of implementation of this rule shall be randomly assigned an expiration date by a computer;

(E) Temporary location registrations and training program registrations received during the first year of implementation of this rule may be assigned to a single group, and their expiration date may be less than 12 months; (F) Re-registrations issued during subsequent years shall be effective for 36 months.]

[(3)] (2) Lapsed Registration Fee. A late charge of ten dollars (\$10) must be submitted with the original registration fee if an application is submitted more than fifteen (15) days after a previous registration has expired.

[(4)] (3) Time and Method of Payment and Refunds. Registration and re-registration fees shall be paid at the time when the application for registration or re-registration is submitted for filing. Payment should be made in the form of a personal, certified or cashier's check or money order made payable to Department of Health **and Senior Services**. This is a nonrefundable processing fee. Payments made in the form of stamps, foreign currency or third-party endorsed checks will not be accepted.

[(5)] (4) Persons Exempt From Fee. The Department of Health and Senior Services shall exempt the following persons from payment of a fee for registration or re-registration:

(A) Any official or agency of the United States Army, Navy, Marine Corps, Air Force, Coast Guard, Veterans Administration or Public Health Service who is authorized to procure or purchase controlled substances for official use;

(B) Any official, employee or other civil officer or agency of the United States or state or any political subdivision or agency who is authorized to purchase controlled substances, to obtain these substances from official stocks, to dispense or administer these substances, to conduct research, instructional activities or chemical analysis with these substances, or any combination of them, in the course of his/her official duties or employment;

(C) In order to claim exemption from payment of a registration or re-registration fee, the registrant shall apply for exemption by completing appropriate sections of the application;

(D) Exemption from payment of a registration or re-registration fee does not relieve the registrant of any other requirements or duties prescribed by law;

(E) Any registration that is exempt from payment pursuant to this section shall be valid only when authorized persons are conducting activities in the course of their official duties or employment.

AUTHORITY: sections 195.030[,RSMo Supp.1999] and 195.195, RSMo [1994] 2000. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a state in support of or in opposition to this proposed amendment with the Office of the Division of Health Standards and Licensure, Lois Kollmeyer, Director, PO Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Health Standards and Licensure Chapter 1—Controlled Substances

PROPOSED AMENDMENT

19 CSR 30-1.017 Registration Process. The department is amending sections (2) and (3) and adding a new section (4) and deleting the form which follows the rule in the *Code of State Regulations*.

PURPOSE: This amendment changes the registration application and application process.

(2) Application for Registration.

(B) Applications for registration shall be on forms designated by the Department of Health/, and are incorporated into this rule by reference as follows: Form MO 580-2322/ and Senior Services. Application forms may be requested from the Missouri Department of Health and Senior Services, [P.O.] PO Box 570, Jefferson City, MO 65102-0570.

(C) An application form containing the original signature of the applicant must be provided to the Department of Health and Senior Services with any required fee. This is a nonrefundable processing fee.

(D) An application which does not contain or is not accompanied by the required information or fee may be denied **sixty** (60) days after notifying the applicant of the deficiency.

(E) An application may be withdrawn by making a written request to the Department of Health **and Senior Services**.

(F) A person who is registered may conduct activities with controlled substances in Schedules II, III, IV and V, as authorized by statute, unless a registration is restricted as to schedules or activities because of a settlement agreement, probation, or other disciplinary action taken by the Department of Health and Senior Services, the Drug Enforcement Administration or a professional licensing board. Authority to conduct activities with controlled substances in Schedule I requires a separate application and registration.

(3) [Application Information.] All applicants shall make full, true and complete answers on the application. The Department of Health **and Senior Services** may require an applicant to submit documents or written statements of fact relevant to the application as considered necessary to determine whether the application should be granted. The failure of the applicant to provide these documents or statements within **sixty** (60) days after being requested to do so shall be considered to be a waiver by the applicant of an opportunity to present these documents or facts for consideration in granting or denying the application.

(4) Information Required on Applications. The information required on all applications for a Missouri Controlled Substance Registration includes:

(A) Type of Application. The applicant must identify whether the application is for a new registration, a name change, a change of address or a change of ownership;

(B) Applicant Information. The applicant must provide his or her full legal name and practice location that is not a post office box;

(C) Registration Type. The applicant must identify whether the application is for a full three (3)-year registration or a one (1)- year *locum tenens* registration;

(D) Type of Business Activity. The applicant must identify whether the application is for a pharmacy, hospital, practitioner, nursing home kit, emergency medical service, narcotic treatment program, teaching institution, manufacturer, distributor, researcher, analytical lab, importer, exporter, registered nurse (may not prescribe controlled substances), or other;

(E) Appropriate Fee. The applicant must identify whether the application is for a government entity that is fee exempt along with the title of the governing unit;

(F) General Information. The applicant must provide his or her business telephone number; Drug Enforcement Administration (DEA) number, if applicable; professional degree, if applicable and professional license number, if applicable;

(G) The applicant must answer yes or no to whether the applicant, or any officer of a corporate applicant, or individual employed by any applicant having access to controlled substances, has ever entered a plea of guilty, no contest, *nolo contendere*, or otherwise been convicted of any violation of any state or federal law related to the possession, manufacture, distribution, dispensing or prescribing of controlled substances. If the answer is yes, the applicant must provide an explanation;

(H) If the applicant is an individual or a registrant that holds a professional license, the applicant must answer yes or no to whether they are currently licensed and registered to practice their profession under the laws of this state;

(I) If the applicant is not an individual or a registrant that holds a professional license, the applicant shall answer yes or no to whether they are currently authorized to conduct business under the laws of this state;

(J) Previous Discipline. If the applicant currently holds or has previously held a state or federal controlled substance registration or state professional license or registration, the applicant must answer yes or no to whether their license, registration or application or renewal thereof has ever been surrendered, revoked, suspended, denied, restricted or placed on probation and if any such action is pending. If the answer is yes, the applicant must provide an explanation;

(K) The original signature of the individual applicant, corporate officer or hospital administrator and the official title of the applicant if the applicant is other than an individual;

(L) If the applicant is an individual, the applicant must provide his or her Social Security number and date of birth;

(M) The date the application is signed;

(N) The county of business activity; and

(O) The applicant must indicate what drug schedules they request authority in.

AUTHORITY: section 195.195, RSMo [1994] 2000. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003.

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

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

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

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Health Standards and Licensure Chapter 1—Controlled Substances

PROPOSED AMENDMENT

19 CSR 30-1.019 Registration Location. The department is amending section (2) and deleting subsection (2)(A) and relettering subsection (2)(B).

PURPOSE: This amendment deletes subsection (2)(A) so that a registration may only be issued at a practice location where patient care occurs unless the practitioner is practicing **locum tenens**.

(2) A controlled substance registration shall be issued to an individual practitioner at a Missouri practice location where controlled substance and other patient care activities occur, except:

[(A) When an individual practitioner applies for a registration and no practice location is known, the registration shall be issued to the address where the practitioner's professional license to practice in Missouri is issued. No controlled substances shall be stocked, administered or dispensed at this location. When a practice location is determined the practitioner shall notify the Department of Health in writing, including the registrant's signature, of the address and effective date prior to conducing controlled substance activities at the practice location. No fee shall be required for this change. When the Department of Health has been notified and the change is completed, the practitioner shall have authority to stock, administer or dispense controlled substances at this location;]

[(B)](A) When an individual practitioner has a temporary location registration, the registration shall be issued to the address where the practitioner's professional license to practice in Missouri is issued. A practitioner with a temporary location registration shall:

1. Have a current Missouri professional license to practice and be registered with the Department of Health **and Senior Services** at the address listed on his/her professional license;

2. Have a federal Drug Enforcement Administration registration that is valid in Missouri;

3. Anticipate practicing in Missouri within the next **twelve** (12) months;

4. Not practice for more than **ninety** (90) consecutive calendar days at any location;

5. Maintain a record of the date(s) and location(s) of all practice activity in Missouri and make the record available to the Bureau of Narcotics and Dangerous Drugs. This record shall be retained for two (2) years;

6. Maintain all required controlled substance records at each location;

7. Not receive or stock controlled substances at any location.

AUTHORITY: section 195.195, RSMo [1994] 2000. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003.

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

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

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

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Health Standards and Licensure Chapter 1—Controlled Substances

PROPOSED AMENDMENT

19 CSR 30-1.023 Registration Changes. The department is amending section (2).

PURPOSE: This amendment allows registrants a thirty (30)-day grace period when changing business ownership.

(2) Termination of Registration.

(A) The registration of any person shall terminate:

1. On the expiration date assigned to the registration at the time the registration was issued;

2. If and when the person dies;

3. If and when the person ceases legal existence;

4. If and when a business changes ownership[;], except:

A. The registration shall not terminate for thirty (30) days from the effective date of the change if the new owner applies for a registration within the thirty (30) day period and the corresponding Drug Enforcement Administration registration remains effective as provided for by the Drug Enforcement Administration;

5. If and when the person discontinues business or changes business location, except:

A. The registration shall not terminate for **thirty** (30) days from the effective date of the change if the person applies for a new registration or modification within the **thirty** (30)-day period;

B. The registration shall not terminate if it is a temporary location registration;

6. Upon the written request of the registrant.

(B) Any registrant who ceases legal existence or discontinues business or professional practice shall notify the Department of Health **and Senior Services** of the effective date of this action and promptly return his/her registration certificate to the Department of Health **and Senior Services**.

AUTHORITY: section 195.195, RSMo [1994] 2000. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003.

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

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

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

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Health Standards and Licensure Chapter 1—Controlled Substances

PROPOSED AMENDMENT

19 CSR 30-1.034 Security for Practitioners. The department is amending section (2) and deleting the form that follows the rule in the *Code of State Regulations*.

PURPOSE: This amendment changes the form required for reporting losses in paragraph (2)(B)1.

(2) Other Security.

(A) The registrant shall not employ as an agent or employee who has access to controlled substances any person who has been found guilty or entered a plea of guilty or *nolo contendere* in a criminal prosecution under the laws of any state or of the United States for any offense related to controlled substances or who has had an application for a state or federal controlled substance registration denied or has had his/her registration revoked or surrendered for cause at any time. For purposes of this subsection, the term for cause means a surrender in place of or as a consequence of any federal or state administrative, civil or criminal action resulting from an investigation of the individual's handling of controlled substances.

1. A registrant may apply in writing to the Department of Health **and Senior Services** for a waiver of subsection (2)(A) of this rule for a specific employee.

2. The Department of Health **and Senior Services** may issue a written waiver to any registrant upon determination that a waiver would be consistent with the public health and safety. In making this determination, the Department of Health **and Senior Services** shall consider—the duties of the employee, the circumstances surrounding the conviction, the length of time since the conviction was entered, whether a waiver has been granted by the federal Drug Enforcement Administration (DEA) pursuant to 21 CFR 1301.76, the security measures taken by the employer to prevent the theft and diversion of controlled substances, and any other factors consistent with public health and safety.

(B) A registrant shall notify the Department of Health **and Senior Services** of the theft, diversion or significant loss of any controlled substances or regulated chemicals upon discovery.

1. The registrant shall complete and submit a [Report of Loss, Theft or Diversion of Controlled Substances or Regulated Chemicals to the Department of Health] report of the loss or diversion of controlled substances to the Department of Health and Senior Services no later than seven (7) business days after the discovery of such a loss. The loss report form shall [be incorporated into this rule by reference.] contain the following information: name and address of registrant, business phone number; Missouri Controlled Substance Registration Number; federal Drug Enforcement Administration Registration number; date of theft or loss; date of discovery of theft or loss; county of location; principal type of registration such as M.D., D.O., D.P.M., O.D., D.V.M., D.D.S., D.M.D., A.N.P., emergency medical service, pharmacy, hospital, manufacturer, nursing home kit, narcotic treatment program, teaching institution, distributor, importer, exporter, or other specified business; whether or not the loss or theft was reported to law enforcement; the name and phone number of the law enforcement agency reported to; the number of losses or thefts the registrant has experienced in the past twentyfour (24) months; the type of loss or diversion such as, break in/burglary, robbery, employee theft, forged or falsified records, lost in transit, or other explained type of loss; if lost in transit, the name of the common carrier and name of consignee; the name(s) of the individual diverting controlled substances who was responsible for the theft or loss; copy of registrant's internal investigative report involving the loss or theft; the full name, date of birth and social security number of the individual(s) responsible for the theft or diversion, if known; a copy of the police report if law enforcement was notified; if the loss or diversion was in transit, identify the origin of the delivery, the name of the carrier(s) used and the name of the consignee; a list of all controlled substances lost, stolen or diverted by their generic name, trade name, the dosage strength, dosage form and quantity; the signature of the person completing the loss report and their title and the date of their signature. If the extent of the loss cannot be fully determined in that time frame, the registrant shall contact the Department of Health and Senior Services to request permission to submit an interim report and arrange for a complete report to be completed and submitted. The registrant may attach a copy of a completed Drug Enforcement Administration Loss Form in lieu of completing the back or second page of a [Report of Loss, Theft or Diversion of Controlled Substances or Regulated Chemicals] loss report form provided by the Department of Health and Senior Services. In the event of theft, diversion or suspected theft or diversion, the report submitted to the Department of Health and Senior Services shall be accompanied by or followed by a summary of the internal investigation performed, the outcome of the investigation, and a copy of any law enforcement agency report completed if applicable.

2. If an insignificant amount of a controlled substance is lost during lawful activities authorized under Chapter 195, RSMo, the reason for the loss or a description of what occurred, the name of the drug and the amount lost shall be documented in writing, signed by the registrant and attached or filed with the last completed annual inventory.

AUTHORITY: section 195.195, RSMo [1994] 2000. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003.

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

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

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

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 30—Division of Health Standards and Licensure Chapter 1—Controlled Substances

PROPOSED RESCISSION

19 CSR 30-1.040 Dispensing and Distribution of Controlled Substances in Certain Situations. This rule provided for emergency dispensing of Schedule II controlled substances and dispensing of Schedule V controlled substances without a prescription.

PURPOSE: This rule is being rescinded because the department inadvertently failed to rescind this rule in 2000 when the rule was replaced by four (4) separate rules on the same subject, 19 CSR 30-1.070, 19 CSR 30-1.072, 19 CSR 30-1.074 and 19 CSR 30-1.076.

AUTHORITY: section 195.195, RSMo 1986. This rule was previously filed as 13 CSR 50-132.010. Original rule filed Jan. 31, 1972, effective April 1, 1972. Rescinded: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Office of the Division of Health Standards and Licensure, Lois Kollmeyer, Director, PO Box 570, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES Division 40—Division of Maternal, Child and Family Health Chapter 9—Universal Newborn Hearing Screening Program

PROPOSED AMENDMENT

19 CSR 40-9.020 Screening Methodologies and Procedures. The department is deleting section (8) and renumbering the remaining sections.

PURPOSE: As a result of legislation passed during the 2002 legislative session, section (8) of this rule is no longer necessary and is hereby deleted.

[(8) Any facility that transfers a newborn for further acute care prior to the completion of newborn hearing screening shall assure the receiving facility is aware of the status of the newborn hearing screening. The newborn/infant may have the hearing screening performed by the receiving facility, or be referred back to the birth facility for the hearing screening.]

[(9)] (8) A facility or person that performs a hearing screening outside a facility, shall give the parent(s) of a newborn receiving unilateral or bilateral "refer" result(s), a list (developed by the department) of audiological services. Parent(s) shall be instructed to contact the primary care provider and any third-party payers to determine the appropriate referral process prior to obtaining audiological services.

[(10)] (9) Rescreening shall be performed by an audiologist, physician, and/or facility personnel trained in the newborn hearing screening program.

[(11)] (10) Rescreening shall be completed within thirty (30) calendar days of the initial newborn hearing screening. Infants requiring continuous acute care following birth shall have their rescreening completed within thirty (30) calendar days of the acute care discharge.

[(12)] (11) Diagnostic audiologic assessments shall be performed by audiologists.

[(13)] (12) Diagnostic audiological assessments shall be completed within thirty (30) calendar days of the rescreening, or initial screening if applicable. Infants requiring continuous acute care following birth shall have their diagnostic audiological assessment completed within three (3) months of the acute care discharge.

[(14)] (13) The audiologist shall notify the parent(s) and primary care provider of the diagnostic audiological assessment results no later than seven (7) calendar days following the completion of the assessment.

[(15)] (14) The department shall make reasonable efforts to assure that all newborns have a hearing screening by three (3) months of age (or within three (3) months of discharge from an acute facility for infants requiring continuous acute care following birth).

[(16)] (15) The department shall make reasonable efforts to assure that all newborns with a confirmed hearing loss are referred to the appropriate point of contact for the Part C of the Individuals with Disabilities Education Act (IDEA) system of early intervention services (First Steps) by six (6) months of age (or within six (6) months of discharge from an acute care facility for infants requiring continuous acute care following birth).

AUTHORITY: section 191.937, RSMo 2000. Original rule filed Aug. 1, 2001, effective Jan. 31, 2002. Amended: Filed Jan. 31, 2003.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Paula F. Nickelson, Director, Division of Maternal, Child and Family Health, Missouri Department of Health and Senior Services, 930 Wildwood Drive, PO Box 570, Jefferson City, MO 65102-0570. Phone: 573-751-6252. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

Title 20—DEPARTMENT OF INSURANCE Division 300—Market Conduct Examinations Chapter 2—Record Retention for Market Conduct Examinations

PROPOSED AMENDMENT

20 CSR 300-2.200 Records Required for Purposes of Market Conduct Examinations. The department is amending sections (1), (2) and (3).

PURPOSE: This amendment removes language regarding "third party vendors or service providers" that was added in a previous amendment. The language was removed via an emergency amendment published in this same issue of the **Missouri Register**, and this amendment proposes to extend the removal of the language beyond the period of the emergency amendment.

(1) Definitions.

[(D) The term "customary core functions" means the claims handling, claims payment, complaint handling, termination, rating, underwriting, or marketing process or providing any information or assistance used in claims handling, claims payment, complaint handling, termination, rating, underwriting, or marketing process which have traditionally been performed by internal insurance company employees or producers.]

[(E)] (D) The term "department" shall mean the Missouri Department of Insurance.

[(F)] (E) The term "examiner" shall mean a market conduct examiner authorized by the director to conduct an examination pursuant to section 374.202.2(4), RSMo.

[(G)] (F) The term "inquiry" shall mean a specific question, criticism or request made in writing to an insurer by a market conduct examiner duly appointed by the director.

[(H)] (G) The term "insurer" shall mean an insurer as that term is defined in sections 375.932 or 375.1002, RSMo.

[(1)] (H) The term "policy" shall mean a policy as that term is defined in section 375.932(5), RSMo. The term "policy" shall also include any evidence of coverage issued by a health maintenance organization to an enrollee.

[(J) The term "third party vendor or service provider" shall mean any person or entity not licensed under any of the insurance laws of the state of Missouri and participating for a fee or pursuant to a contract or mutual agreement with an insurer in the customary core functions of the business of insurance. Third party vendors or service providers will include individuals or entities providing medical review, claim evaluation, case management, property or automobile evaluation and assessment, credit reporting or credit scoring, claim reporting, or medical health reporting services or databases to an insurer, are not independently licensed under the insurance laws of the state of Missouri to provide said services and are not employees of an entity licensed under the insurance laws of the state of Missouri to provide said services.]

(2) Records Required.

[(A)] Every insurer, licensed to do business in this state shall maintain its books, records, documents and other business records in a manner so that the following practices of the insurer may be readily ascertained during market conduct examinations: claims handling and payment, complaint handling, termination, rating, underwriting and marketing. [the insurer's compliance with the standards outlined in the NAIC Market Conduct Examiners' Handbook, including, but not limited to, company operations and management, policyholder service, marketing, producer licensing, underwriting, rating, termination, complaint/grievance handling and claims practices.

(B) Every insurer, licensed to do business in this state, shall provide in a written contract entered into with any and all third party vendors or service providers which perform any of the customary core functions on behalf of that insurer that the insurer will have access to or retain a copy of the books, records, documents, and other business records used or relied upon by the third party vendor or service provider with whom it contracts in the performance of the third party vendors' or service providers' performance of the customary core functions on behalf of that insurer.

(C) During an examination, the insurer shall provide, as requested, its written contract entered into with each third party vendor or service provider and such documents as set forth in subsection (2)(B) of this section within the time frames set forth in section (6) of this rule.

(D) Every insurer must monitor every third party vendor or service provider with whom it contracts so as to justify to itself that the methods and procedures used in the performance of the customary core functions are actuarially, statistically, medically, scientifically, or practically sound and accurate and performed for an appropriate business purpose, as applicable, and do not violate the laws of this state. The insurer must be able to produce documentation and otherwise demonstrate how it monitored and verified the accurateness, lawfulness, and appropriateness of the business practices performed by the third party vendor or service provider on its behalf within the time frames set forth in section (6) of this rule.

(E) It will be insufficient compliance with this regulation for the insurer to solely submit to the examiner a letter or affidavit from the third party vendor or service provider certifying the accuracy, appropriateness, and compliance with the laws of this state as it relates to the methods and procedures used in the claims handling, claims payment, complaint handling, termination, rating, underwriting, or marketing processes without the accompanying documentation as set forth in subsections (2)(B), (2)(C), and (2)(D) of this rule.]

(3) Records to be Maintained. The following records shall be maintained:

(D) The Missouri complaint records required to be maintained under section 375.936(3), RSMo shall include a complaint log or register in addition to the actual written complaints. The complaint log or register shall show clearly the total number of complaints for a period of not less than the immediately preceding three (3) years, the classification of each complaint by line of insurance, the nature of each complaint, and the disposition of each complaint. The complaint log or register shall also contain a reference to the location of the file to which each complaint corresponds. If the insurer maintains the file in a computer format, the reference in the complaint log or register for locating such documentation shall be an identifier such as the policy number or other code. Such codes shall be provided to the examiners at the time of an examination; **and**

(E) The insurer shall retain declined underwriting files for a period of three (3) years from the date of declination. The term "declined underwriting file" shall mean all written or electronic records concerning a policy for which an application for insurance coverage has been completed and submitted to the insurer or its insurance producer but the insurer has made a determination not to issue a policy or not to add additional coverage when requested. A declined underwriting file shall include an application, any documentation substantiating the decision to decline an issuance of a policy, any binder issued without the insurer issuing a policy, any documentation substantiating the decision not to add additional coverage when requested and, if required by law, any declination notification. Notes regarding requests for quotations which do not result in a completed application for coverage need not be maintained for purposes of this regulation[; and].

[(F) A copy of the contract that the insurer entered into with any and all third party vendors or service providers for the performance of the third party vendors' or service providers' duties in the claims handling, claims payment, complaint handling, termination, rating, underwriting, or marketing processes on behalf of the insurer.]

AUTHORITY: sections 144.027, 287.350, 354.190, 354.465, 354.717, 374.045, 374.190, 374.202, 374.205, 374.210, 375.012, 375.013, 375.149, 375.150, 375.151, 375.158, 375.932, 375.938, 375.948, 375.1002, 375.1009, 375.1018, 379.343, 379.475 and 536.016, RSMo 2000 and 375.022 and 375.158, RSMo Supp. 2001. This rule was previously filed as 4 CSR 190-11.050. Original rule filed Dec. 20, 1974, effective Dec. 30, 1974. Amended: Filed Sept. 5, 1975, effective Sept. 15, 1975. Amended: Filed April 4, 1991, effective Oct. 31, 1991. Amended: Filed Dec. 1, 1998, effective July 30, 1999. Amended: Filed July 12, 2002, effective Feb. 28, 2003. Emergency amendment filed Feb. 14, 2003, effective Feb. 24, 2003, expires Aug. 22, 2003. Amended: Filed Feb. 14, 2003.

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

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

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COM-MENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on April 22, 2003. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to the proposed amendment, until 5:00 p.m. on April 22, 2003. Written statements shall be sent to Carolyn H. Kerr, Department of Insurance, PO Box 690, Jefferson City, MO 65102.

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