

**U**nder 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."

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 If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission.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

**A**n 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.

**I**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*.

**A**n 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.

**I**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 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 30—Division of Regulation and Licensure  
Chapter 1—Controlled Substances**

**PROPOSED AMENDMENT**

**19 CSR 30-1.015 Registrations and Fees.** The department is amending sections (1), (3), and (4) and the purpose statement.

*PURPOSE: This amendment establishes new fees for various types of registrations and manner of payment, clarifies the exemption from registration fees for government employees, changes the registration period from three (3) years to one (1) year, and amends the original purpose statement.*

*PURPOSE: This rule establishes fees for various types of registration, a late registration fee, manner of payment, and exemption from*

*the registration fee[, and implements a conversion for registrations to last 36 months].*

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

(A) Manufacture controlled substances, the registrant shall pay a fee of *[two hundred] sixty-six dollars [(\$200)] (\$66)*;

(B) Distribute controlled substances, the registrant shall pay a fee of *[two hundred] sixty-six dollars [(\$200)] (\$66)*;

(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] thirty dollars [(\$90)] (\$30)*;

(D) Conduct research or instructional activities with a controlled substance listed in Schedule I, the registrant shall pay a fee of *[ninety] thirty dollars [(\$90)] (\$30)*;

(E) Conduct chemical analysis with controlled substances listed in any schedule, the registrant shall pay a fee of *[ninety] thirty dollars [(\$90)] (\$30)*;

(F) Import or export controlled substances listed in any schedule, the registrant shall pay a fee of *[two hundred] sixty-six dollars [(\$200)] (\$66)*.

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

(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. **This is a non-refundable processing fee.** 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. **Applications and fees submitted electronically online shall use a credit card and use the online payment system provided on the department's website.**

(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;

(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. **at their government practice location. If the person conducts controlled substance activities away from his or her government practice location, the person shall apply and submit the required fee for a non-exempt registration.**

*AUTHORITY: sections 195.030 and 195.195, RSMo 2000. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003, effective July 30, 2003. Amended: Filed April 29, 2011.*

*PUBLIC COST: This proposed amendment will not cost state agencies*

*or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will cost private entities eight hundred fifty-one thousand five hundred eighty-six dollars (\$851,586) annually in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Michael Boeger, Administrator, Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE  
PRIVATE COST**

- I. Department Title:** Title 19—Department of Health and Senior Services  
**Division Title:** Division 30—Division of Licensure and Regulation  
**Chapter Title:** Chapter One—Controlled Substances

<b>Rule Number and Title:</b>	19 CSR 30-1.015 Registrations and Fees
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

<b>Classification by type of individuals or business entities which would likely be affected:</b>	<b>Estimate of the number of individuals or entities which would likely be affected by the adoption of the proposed rule:</b>		<b>Estimated annual cost of compliance with the amendment by affected individuals or entities:</b>
Physicians, dentists, podiatrists, optometrists, veterinarians, advanced practice nurses, physicians' assistants, Researchers, pharmacies, hospitals, teaching institutions, ambulance services, ambulatory surgery centers, analytical labs, correctional facilities, hospices, narcotic treatment programs, and long term care facilities or other	28,230		\$846,900
Manufacturers, distributors, importers and exporters	71		\$4,686
<b>TOTALS</b>	<b>28,301</b>		<b>\$851,586</b>
25 Types of Registrations			

**III. WORKSHEET**

$$28,230 \times \$30 = \$846,900$$

$$71 \times \$66 = \$4,686$$

**Total fees**

$$\$846,900 + \$4,686 = \$851,586$$

**IV. ASSUMPTIONS**

1. Based upon the current number of registrants plus an estimate of the number of mid-level practitioners who will apply, the Department estimates thirty thousand, one hundred seventy-eight (30,178) individuals or entities will apply for an annual registration.
2. The Department anticipates twenty-eight thousand, two hundred thirty (28,230) physicians, dentists, podiatrists, optometrists, veterinarians, advanced practice nurses, physicians' assistants, researchers, pharmacies, hospitals, teaching institutions, ambulance services, ambulatory surgery centers, analytical labs, correctional facilities, hospices, narcotic treatment programs, and long term care facilities or other will apply and pay thirty dollars (\$30) annually for a registration. The department also anticipates that one thousand, eight hundred seventy-three individuals employed by state or federal governments or political subdivisions, state hospitals; state physicians, hospital districts and ambulance districts who are exempt from paying fees will also apply.
3. There are currently seventy-five (75) registrants that fall under the manufacturers, distributors, importers and exporters category. Four (4) of these registrants are exempt from fees because they are government entities. Seventy-one (71) will pay the annual fee.

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

**PROPOSED AMENDMENT**

**19 CSR 30-1.017 Registration Process.** The department is adding new sections (1), (6), (7), and (8); renumbering throughout; and amending newly renumbered sections (2), (3), (4), and (5).

*PURPOSE: This amendment establishes an electronic online application system, amends the period of registration and the method of payment, and revises the application for registration in order to collect information to assist the department in determining and addressing practitioner shortage and underserved regions of the state.*

**(1) Database and Survey Process.**

**(A) Applicants may apply for and receive a registration that is effective for up to twelve (12) months.**

**(B) Applicants may apply with either a paper application or through the department's electronic online system.**

**(C) Simultaneously with completing an application for a controlled substances registration, practitioners shall also complete an annual survey to assist the department in determining practitioner shortages and underserved regions of the state.**

**[[1]](2) Period of Registration.**

(A) Any registration, *except a re-registration,* shall be current and effective for **[[36]] twelve (12)** months from the date issued or until the expiration date assigned at the time the registration is issued. *[A re-registration shall be current and effective for 36 months from the expiration date of the previous registration, provided that the application for re-registration was received prior to the expiration of the previous registration.]* No person who is required to be registered shall conduct any activity for which registration is required without a current registration. **No controlled substance activities shall take place after a registration expires until a new registration has been issued.**

(B) At the time any registration is issued, the registration shall be assigned to one of **twelve (12)** groups which shall correspond to the months of the year. The expiration date of all registrations within any group shall be the last day of the month designated for that group.

(C) Registrations for manufacturers and distributors may be assigned to a single group, and the expiration date may be less than **[[36]] twelve (12)** months from the date the registration was issued.

(D) *[Temporary location registrations and training]* Training program registrations may be assigned to a single group, and the expiration date may be less than **twelve (12)** months from the date the registration was issued.

(E) A certificate of registration shall be *[provided]* **made available online and printable** to the registrant which shall include the name and address of the registrant, the expiration date of the registration, and a registration number for the convenience of identifying a registration or a registrant. The same registration number may be used for a new registration for the same person.

**[[2]](3) [Application for Registration] Requirements for All Applicants.**

(A) Any person who is required to be registered and who is not so registered may apply for registration at any time. No person required to be registered shall engage in any activity for which registration is required until the application for registration is processed and the registration is issued. **All applications are for new registrations.**

(B) Applications for registration shall be **made** on forms designated by the Department of Health and Senior Services. Application forms may be requested from the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 or

may be completed online and submitted electronically via the Missouri Department of Health and Senior Services' website at [www.health.mo.gov](http://www.health.mo.gov) along with the required fee.

(C) *[An]* application in paper form *[containing]* shall contain the *[original]* signature of the applicant *[must]* and shall 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]](4)** 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]](5) [Information Required on] Applications for Individual Practitioner Registrations.** *[The information required on all applications]* **Applications by physicians, veterinarians, optometrists, podiatrists, and researchers for [a] Missouri Controlled Substance Registrations shall include[s]:**

**[[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)](A) [Applicant Information.]** *The applicant's [must provide his or her] full legal name [and practice location that is not a post office box,] (first name, middle name, and last name), including any suffixes such as junior, senior, or III, gender, race, and ethnicity;*

**(B) The applicant's street address, city, zip code, county, and state of his or her primary, principle practice location, where he or she spends the most time. This will be the principle practice address that appears on the controlled substances registration. The applicant shall also provide any secondary practice addresses, if applicable. Post office box addresses shall not be accepted;**

**(C) [Registration Type.** *The applicant must identify whether] Whether the application is for [a full three (3)-year registration or a one (1)-year locum tenens registration] a physician, veterinarian, optometrist, podiatrist, or researcher;*

**(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] His or her anticipated drug activities such as administering, prescribing, or dispensing;*

**(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] The required fee and fee information. If claiming an exemption from a fee the applicant shall identify the name of the government agency that employs him or her;*

(F) *[General Information. The applicant must provide his]* His or her business telephone number; *[Drug Enforcement Administration (DEA)], fax number, email address, federal controlled substances registration number, if applicable;],* professional degree, if applicable, and professional license number, if applicable. **If the applicant has an application pending for a federal controlled substances registration number, the applicant shall indicate the application is pending;**

(G) *[The applicant must answer yes or no to whether]* **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]* **shall** 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]* **he or she is** currently licensed and registered to practice *[their]* **his or her** profession under the laws of this state;

(I) If the applicant is not an individual or registrant that holds a professional license, the applicant shall answer yes or no to whether *[they are]* **the applicant is** 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]* **shall** answer yes or no to whether *[their]* **the applicant's** 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]* **shall** provide an explanation;

(K) **Whether the applicant has abused or been treated for or diagnosed with addiction regarding controlled substances during the past year;**

(L) **Copies and attachments of any guilty pleas, convictions, or disciplinary actions identified in subsections (G) and (J) of this section, if the department does not already have them on file;**

*[(K)](M)* 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]* **if the application is submitted on paper;**

*[(L)](N)* *[If the applicant is an individual, the applicant must provide his]* His or her Social Security number and date of birth (MM/DD/YYYY);

*[(M)](O)* The date the application is signed;

*[(N)]* The county of business activity; and

*[(O)](P)* *[The applicant must indicate what]* What drug schedules *[they]* **the applicant is** requesting authority in $./$ ;

(Q) **Which languages the applicant speaks fluently;**

(R) **The applicant's primary specialty and any board certification;**

(S) **The applicant's secondary and tertiary specialties and certifications, if applicable;**

(T) **If the applicant is a physician, copies of any collaborative practice agreements and supervision agreements he or she may have that delegate controlled substance authority to mid-level practitioners and the mid-level practitioners' names and licensure information; and**

(U) **Information regarding the applicant's practice setting at the address(es) provided; obligations pending at those locations; whether services are provided at a reduced rate, using sliding fee scale; whether Medicaid is accepted; and whether new patients are being accepted at the time of the application. The number of hours worked per week for each location shall be provided for performing direct patient care (non-hospital), administration, research, teaching, in-patient hospital care, and other.**

(6) **Applications for Pharmacies and Businesses.** Applications for retail pharmacies and ambulance services, ambulatory surgery centers, analytical laboratories, correctional centers, distributors, exporters, hospices, hospitals, importers, manufacturers, narcotic treatment programs, long-term care facility E-kits, teaching institutions, or other applicants not listed in sections (5)–(8), shall include:

(A) The applicant's full legal name, and if applicable, d/b/a name;

(B) The applicant's tax ID number, if applicable;

(C) The applicant's facility license number, if applicable, and federal controlled substances registration number. **If the applicant has an application pending for a federal controlled substances registration number, the applicant shall indicate an application is pending;**

(D) The applicant's email address;

(E) The applicant's principle Missouri business street address, city, state, county, and zip code as it will appear on the controlled substances registration certificate. Post office box numbers shall not be accepted. A separate mailing address may also be provided;

(F) The applicant's business telephone number and fax number;

(G) The applicant's type of business activity, licensure type, licensure agency, and license number;

(H) What controlled substance schedules the applicant is requesting authority in;

(I) The applicant's criminal history information as it pertains to controlled substance laws. The applicant shall answer yes or no as to whether the owner, CEO or administrator, corporate officer, medical director, pharmacist in charge, or any employee with access to controlled drugs has ever plead guilty, no contest, *nolo contendere*, or ever been convicted of any violation of state or federal law relating to controlled substances;

(J) Whether there are any previous or pending disciplinary actions regarding the applicant's professional license or any controlled substance registration, whether the applicant's privileges or authority have been revoked, surrendered, suspended, restricted, or placed on probation, or if any application for a state license or any drug registration has ever been denied;

(K) The application shall be submitted with the required fee and fee information. If claiming an exemption from a fee, the applicant must identify the name of the government agency;

(L) Copies and attachments of any guilty pleas, convictions, or disciplinary actions identified in subsections (I) and (J) of this section, if the department does not already have them on file;

(M) If the applicant is a retail business, the applicant shall provide a letter from the Missouri Department of Revenue that documents that no Missouri taxes are due and the applicant is in good standing; and

(N) The applicant shall sign and date an application submitted on paper and may use the electronic process if applying online. An application may be signed by the owner, chief executive officer or administrator, corporate officer, medical director, or pharmacist in charge.

(7) **Applications for Dentists.** Applications for dentists with the degrees of D.D.S. or D.M.D. shall include:

(A) The applicant's full legal name (first name, middle name, and last name), including any suffixes such as junior, senior, or III;

(B) The applicant's Social Security number and date of birth (MM/DD/YYYY);

(C) The applicant's federal controlled substances registration number. **If the applicant has an application pending for a federal controlled substances registration number, the applicant shall indicate the application is pending;**

(D) The applicant's gender, race, and ethnicity;

- (E) Which languages the applicant speaks fluently;
  - (F) The applicant's email address;
  - (G) The applicant's primary specialty and any board certification;
  - (H) Whether the applicant is licensed to practice and conduct activities and the applicant's licensure type, license number, and name of licensing agency;
  - (I) What drug schedules the applicant is requesting authority to conduct activities in;
  - (J) The applicant's anticipated drug activities such as administering, prescribing, or dispensing;
  - (K) The applicant's street address, city, zip code, county, and state of their primary, principle practice location, where they spend the most time. This will be the address that appears on the controlled substances registration. Post office box numbers shall not be accepted. Applicants shall also provide any secondary practice locations;
  - (L) The applicant's business phone number and fax number;
  - (M) Information regarding the applicant's practice setting at the addresses provided, obligations pending at those locations; whether services are provided at a reduced rate, using a sliding fee scale for individual with qualifying incomes; whether Medicaid is accepted; and whether new patients are being accepted at the time of the application. The number of chair-side work hours per week shall be provided, as well as how many hygienists and assistants are employed and their number of chair-side hours per week;
  - (N) The applicant's criminal history information as it pertains to controlled substance laws. The applicant shall answer yes or no as to whether the applicant or any employees with access to controlled drugs have ever plead guilty, no contest, *nolo contendere*, or ever been convicted of any violation of state or federal law relating to controlled substances;
  - (O) Information regarding any previous or pending disciplinary actions regarding the applicant's professional license or any controlled substance registration, as to whether the applicant's privileges or authority have been revoked, surrendered, suspended, restricted, or placed on probation, or if any application for a state license or any drug registration has ever been denied;
  - (P) Whether the applicant has abused or been treated for or diagnosed with addiction regarding controlled substances during the past year;
  - (Q) The application shall be submitted with the required fee and fee information. If claiming an exemption from a fee, the applicant shall identify the name of the government agency that employs him or her;
  - (R) The applicant shall provide copies and attachments of any guilty pleas, convictions, or disciplinary actions identified in subsections (N) and (O) of this section, if the department does not already have them on file; and
  - (S) The applicant shall sign and date an application submitted on paper and may use the electronic process if applying online.
- (8) Applications for Mid-Level Practitioners. Applications for mid-level practitioners as defined by 21 CFR 1300.01(b)(28) such as advanced practice nurses and physicians' assistants shall include:
- (A) The applicant's full legal name (first name, middle name, and last name), including any suffixes such as junior, senior, or III;
  - (B) The applicant's Social Security number and date of birth (MM/DD/YYYY);
  - (C) The applicant's federal controlled substances registration number. If the applicant has an application pending for a federal controlled substances registration number, the applicant shall indicate the application is pending;
  - (D) The applicant's gender, race, and ethnicity;
  - (E) Which languages the applicant speaks fluently;

- (F) The applicant's email address;
- (G) The applicant's primary specialty and any board certification;
- (H) Whether the applicant is licensed to practice and conduct activities and the applicant's licensure type, license number, and name of licensing agency;
- (I) What controlled substance schedules (III, IV, or V) the applicant is requesting to conduct activities in;
- (J) Which physicians the applicant has collaborative or supervision agreements with;
- (K) A copy of the applicant's collaborative or supervision agreements with physicians, and a list of controlled substances from each physician that the mid-level practitioner is authorized to conduct activities with, in that agreement;
- (L) The applicant's street address, city, zip code, county, and state of the applicant's primary, principle practice location. This will be the principle address that appears on the controlled substances registration. Post office box numbers shall not be accepted. Applicants shall also provide any secondary practice location addresses;
- (M) The applicant's business phone number and fax number;
- (N) Information regarding the applicant's practice setting at the addresses provided, obligations pending at those locations; whether services are provided at a reduced rate, using a sliding fee scale for individual with qualifying incomes; whether Medicaid is accepted; and whether new patients are being accepted at the time of the application. The number of hours worked per week for each location shall be provided for performing direct patient care (non-hospital), administration, research, teaching, in-patient hospital care, and other;
- (O) The applicant's criminal history information as it pertains to controlled substance laws. The applicant shall answer yes or no as to whether the applicant or any employee with access to controlled drugs has ever plead guilty, no contest, *nolo contendere*, or ever been convicted of any violation of state or federal law relating to controlled substances;
- (P) Information regarding any previous or pending disciplinary actions regarding the applicant's professional license or any controlled substance registration, as to whether the applicant's privileges or authority have been revoked, surrendered, suspended, restricted, or placed on probation, or if any application for a state license or any drug registration has ever been denied;
- (Q) Whether the applicant has abused or been treated for or diagnosed with addiction regarding controlled substances during the past year;
- (R) The application shall be submitted with the required fee and fee information. If claiming an exemption from a fee, the applicant shall identify the name of the government agency that employs the applicant;
- (S) The applicant shall provide copies and attachments of any guilty pleas, convictions, or disciplinary actions identified in subsections (O) and (P) of this section, if the department does not already have them on file; and
- (T) The applicant shall sign and date an application submitted on paper and may use the electronic process if applying online.

*AUTHORITY: section 195.195, RSMo 2000. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003, effective July 30, 2003. Amended: Filed April 29, 2011.*

*PUBLIC COST: This proposed amendment will cost state agencies or political subdivisions thirty-two thousand four hundred twenty-seven dollars (\$32,427) annually in the aggregate.*

*PRIVATE COST: This proposed amendment will cost private entities five hundred sixty thousand two hundred eighty-seven dollars (\$560,287) annually in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Michael Boeger, Administrator, Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*



**FISCAL NOTE  
PUBLIC COST**

- I. Department Title:** Title 19—Department of Health and Senior Services  
**Division Title:** Division 30—Division of Licensure and Regulation  
**Chapter Title:** Chapter One—Controlled Substances

<b>Rule Number and Title:</b>	19 CSR 30-1.017 Registration Process
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

Affected Agencies or Political Subdivisions or Employees Thereof	Number of Registrants	Estimated cost of compliance in the aggregate
Physicians, veterinarians, podiatrists, optometrists, dentists and pharmacies	1,344	\$27,108
Mid-level practitioners applying, advanced practice nurses, physicians' assistants, LTCFs and researchers	235	\$2,644
Hospitals, ambulatory surgery centers, hospices, importers, exporters, manufacturers and distributors	41	\$461
All other such as ambulance services, narcotic treatment programs, analytical labs, correctional facilities, and teaching institutions	253	\$2,214
<b>Estimated totals in the aggregate</b>	<b>1,873</b>	<b>\$32,427</b>

**III. WORKSHEET**

Physicians, veterinarians, podiatrists, optometrists, dentists and pharmacies  
 $1,344 \times ((\$161,316 \div 2080) \div 60) \times 15 = \$27,108$

Mid-level practitioners applying, advanced practice nurses, physicians' assistants, LTCFs and researchers  
 $235 \times ((\$90,000 \div 2080) \div 60) \times 15 = \$2,644$

Hospitals, ambulatory surgery centers, hospices, importers, exporters, manufacturers and distributors  
 $41 \times ((\$90,000 \div 2080) \div 60) \times 15 = \$461$

All other such as ambulance services, narcotic treatment programs, analytical labs, correctional facilities, and teaching institutions  
 $253 \times ((\$70,000 \div 2080) \div 60) \times 15 = \$2,214$

Total estimated cost of completing the registration application annually in the aggregate for affected agencies or political subdivisions or employees thereof

\$27,108 + \$2,644 + \$461 + \$2,214 = \$32,427

#### IV. ASSUMPTIONS

1. Government employees and entities will have to submit applications on an annual basis. The Department estimates it will take approximately fifteen (15) minutes to complete the application. There is no registration fee for government entities or employees, therefore costs are based on the amount of time estimated for completing the application the form.
2. The Department estimates there will be 1,344 physicians, veterinarians, podiatrists, optometrists, dentists and pharmacies applying annually for registrations who are employed by state or federal agencies or political subdivisions based upon the current number of registrants. The average physician/doctor/pharmacist in Missouri earns \$161,316 annually based upon salary information from [www.payscale.com/research/US](http://www.payscale.com/research/US). That amount was divided by 2000 hours per year and then divided by 60 minutes to determine the cost per minute. The estimated \$80.66 per hour was then multiplied by 15 minutes to equal \$20.17.
3. The department estimates there will be 235 mid-level practitioners (advanced practice nurses, physicians' assistants, LTCFs and researchers) applying annually who are employed by state or federal agencies or political subdivisions based upon the current number of registrants. Average mid-level practitioners in various certifications, LTCF administrators with nursing backgrounds and PhD researchers earn \$90,000 based upon salary information from [www.payscale.com/research/US](http://www.payscale.com/research/US). That amount was divided by 2000 hours per year and then divided by 60 minutes to determine the cost per minute. The estimated \$45 per hour was then multiplied by 15 minutes to equal \$11.25.
4. The department estimates there will be 41 hospital administrators, ambulatory surgery center administrators, hospice directors (with nursing backgrounds), and staff for importers, exporters, and manufacturers who will be submitting applications annually on behalf of entities owned or operated by state or federal agencies or political subdivisions based upon the current number of registrants. Average salary for various hospital administrators, ambulatory surgery center administrators, hospice directors (with nursing backgrounds) and staff of importers, exporters, and manufacturers who will be submitting applications is \$90,000 based upon salary information from [www.payscale.com/research/US](http://www.payscale.com/research/US). That amount was divided by 2000 hours per year and then divided by 60 minutes to determine the cost per minute. The estimated \$45 per hour was then multiplied by 15 minutes to equal \$11.25.
5. The department estimates there will be 253 emergency medical services directors, employees in narcotic treatment programs, analytical lab employees, administrators in correctional facilities and professors in teaching institutions who will be submitting applications annually on behalf of entities owned or operated by state or federal agencies or political subdivisions based upon the current number of registrants. Average salary for emergency medical services directors, employees in narcotic treatment programs, analytical lab employees, administrators in correctional facilities and professors in teaching institutions who will be submitting applications is \$70,000 based upon salary information from [www.payscale.com/research/US](http://www.payscale.com/research/US). That amount was divided by 2000 hours per year and then divided by 60 minutes to determine the cost per minute. The estimated \$35 per hour was then multiplied by 15 minutes to equal \$8.75.

**FISCAL NOTE  
PRIVATE COST**

- I. Department Title:** Title 19—Department of Health and Senior Services  
**Division Title:** Division 30—Division of Licensure and Regulation  
**Chapter Title:** Chapter One—Controlled Substances

<b>Rule Number and Title:</b>	19 CSR 30-1.017 Registration Process
<b>Type of Rulemaking:</b>	Proposed Amendment

**II. SUMMARY OF FISCAL IMPACT**

Classification by type of individuals or business entities which would likely be affected:	Estimate of the number of individuals or entities which would likely be affected by the adoption of the proposed amendment:		Estimated annual cost of compliance with the amendment by affected individuals or entities:
Physicians, veterinarians, podiatrists, optometrists, dentists and pharmacies	25,228		\$508,848
Mid-level practitioners applying, advanced practice nurses, physicians' assistants, LTCFs and researchers	2,889		\$32,501
Hospitals, ambulatory surgery centers, hospices, importers, exporters, manufacturers and distributors	362		\$4,072
All other such as ambulance services, narcotic treatment programs, analytical labs, correctional facilities, and teaching institutions	1,699		\$14,866
<b>Totals</b>	<b>30,178</b>		<b>\$560,287</b> Annually in the aggregate

**III. WORKSHEET**

Physicians, veterinarians, podiatrists, optometrists, dentists and pharmacies  
 $25,228 \times ((\$161,316 \div 2080) \div 60) \times 15 = \$508,848$

Mid-level practitioners applying, advanced practice nurses, physicians' assistants, LTCFs and researchers  
 $2,889 \times ((\$90,000 \div 2080) \div 60) \times 15 = \$32,501$

Hospitals, ambulatory surgery centers, hospices, importers, exporters, manufacturers and distributors  
 $362 \times ((\$90,000 \div 2080) \div 60) \times 15 = \$4,072$

All other such as ambulance services, narcotic treatment programs, analytical labs, correctional facilities, and teaching institutions  
 $1,69 \times ((\$70,000 \div 2080) \div 60) \times 15 = \$14,866$

Total estimated cost of completing the registration application annually in the aggregate for affected agencies or political subdivisions or employees thereof

$\$508,848 + \$32,501 + \$4,072 + \$14,866 = \$560,287$

#### IV. ASSUMPTIONS

1. Individuals and entities will have to submit applications on an annual basis. The Department estimates it will take approximately fifteen (15) minutes to complete the application.
2. The Department estimates there will be twenty-five thousand, two hundred twenty-eight (25,228) physicians, veterinarians, podiatrists, optometrists, dentists and pharmacies applying annually for registrations. The average physician/doctor/pharmacist in Missouri earns one hundred sixty-one thousand, three hundred sixteen dollars (\$161,316) annually based upon salary information from [www.payscale.com/research/US](http://www.payscale.com/research/US). That amount was divided by two thousand and eighty (2000) hours per year and then divided by sixty (60) minutes to determine the cost per minute. The estimated eighty dollars and sixty-six cents (\$80.66) per hour was then multiplied by fifteen (15) minutes to equal twenty dollars and seventeen cents (\$20.17).
3. The department estimates there will be two thousand, eight hundred eighty-nine (2,889) mid-level practitioners (advanced practice nurses, physicians' assistants, LTCFs and researchers) applying annually. Average mid-level practitioners in various certifications, LTCF administrators with nursing backgrounds and PhD researchers earn ninety thousand dollars (\$90,000) based upon salary information from [www.payscale.com/research/US](http://www.payscale.com/research/US). That amount was divided by two thousand and eighty (2000) hours per year and then divided by sixty (60) minutes to determine the cost per minute. The estimated forty-five dollars (\$45) per hour was then multiplied by fifteen (15) minutes to equal eleven dollars and twenty-five cents (\$11.25).
4. The department estimates there will be three hundred sixty-two (362) hospital administrators, ambulatory surgery center administrators, hospice directors (with nursing backgrounds), and staff for importers, exporters, and manufacturers who will be submitting applications annually. Average salary for various hospital administrators, ambulatory surgery center administrators, hospice directors (with nursing backgrounds) and staff of importers, exporters, and manufacturers who will be submitting applications is ninety thousand dollars (\$90,000) based upon salary information from [www.payscale.com/research/US](http://www.payscale.com/research/US). That amount was divided by two thousand and eighty (2080) hours per year and then divided by sixty (60) minutes to determine the cost per minute. The estimated forty-five dollars (\$45) per hour was then multiplied by fifteen (15) minutes to equal eleven dollars and twenty-five cents (\$11.25).
5. The department estimates there will be one thousand, six hundred ninety-nine (1,699) emergency medical services directors, employees in narcotic treatment programs, analytical lab employees, administrators in correctional facilities and professors in teaching institutions who will be submitting applications annually. Average salary for emergency medical services directors, employees in narcotic treatment programs, analytical lab employees, administrators in correctional facilities and professors in teaching institutions who will be submitting applications is seventy thousand dollars (\$70,000) based upon salary information from [www.payscale.com/research/US](http://www.payscale.com/research/US). That amount was divided by two thousand and eighty (2000) hours per year and then divided by sixty (60) minutes to determine the cost per minute. The estimated thirty-five (\$35) per hour was then multiplied by fifteen (15) minutes to equal eight dollars and seventy-five cents (\$8.75).

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

**PROPOSED AMENDMENT**

**19 CSR 30-1.019 Registration Location.** The department is amending section (2).

*PURPOSE: This amendment eliminates locum tenen registrations in order to be consistent with the federal law for controlled substance registrations.*

(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 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 2000. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003, effective July 30, 2003. Amended: Filed April 29, 2011.*

*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 Michael Boeger, Administrator, Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

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

**PROPOSED AMENDMENT**

**19 CSR 30-1.023 Registration Changes.** The department is amending sections (1) and (2).

*PURPOSE: This amendment modifies the procedures for amending an existing registration and the conditions under which a registration automatically terminates.*

(1) Modification of Registration.

(A) Any registrant may apply to modify his/her registration to authorize the handling of controlled substances in additional schedules by *[filing an application in the same manner as an application for new registration]* **submitting a request in writing to the department.** No fee shall be required to be paid for the modification. The application for modification shall be handled in the same manner as an application for registration.

(B) Any registrant may request to modify his or her name or address as shown on the registration provided that such a modification does not constitute a change of ownership or location. The request shall be made in writing, and no fee shall be required to be paid for the modification. **The request for changes may be submitted electronically using the department's online database system. Requests submitted in paper form shall contain the registrant's signature.**

(C) When the registrant's name or address as shown on the registration changes, the registrant shall notify the Department of Health and Senior Services in writing, including the registrant's signature, prior to or within **thirty (30) days** subsequent to the effective date of the change. No fee shall be required to be paid for the modification.

(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; or

*[(B) The registration shall not terminate if it is a temporary location registration;]*

6. Upon the written request of the registrant.

**(B) A mid-level practitioner's registration shall be contingent upon the collaborating supervising physician's registration. When a collaborating supervising physician's registration expires, closes, or is no longer valid, any mid-level practitioner(s) he or she supervises no longer have controlled substance authority. The mid-level practitioner(s) shall cease controlled drug activities until the collaborating supervising physician has obtained a new registration, or the mid-level practitioner(s) obtain(s) another agreement with another physician. Mid-level practitioners and collaborating supervising physicians shall notify the Department of Health and Senior Services of the termination of any collaborative practice agreement.**

*[(B)](C) 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 2000. Original rule filed April*

14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 31, 2003, effective July 30, 2003. Amended: Filed April 29, 2011.

**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 Michael Boeger, Administrator, Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

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

**PROPOSED AMENDMENT**

**19 CSR 30-1.066 Dispensing by Individual Practitioners.** The department is amending section (2).

**PURPOSE:** This amendment clarifies that mid-level practitioners may prescribe controlled substances but not independently stock, purchase, administer, and dispense controlled substances and eliminates the requirement for registered nurses to obtain registrations to dispense from a physician's stock.

(2) **Mid-level practitioners shall not independently purchase, stock, administer, and dispense controlled substances.** Controlled substances may be administered or dispensed from an individual practitioner's inventory by [an authorized employee or agent] a mid-level practitioner with whom he or she has entered into a collaborative practice agreement when the practitioner is not present at the registered location [when—].

[(A) The administration or dispensing is authorized by the individual practitioner under a written agreement pursuant to an arrangement established and implemented in accordance with Missouri statutes;

(B) The person who administers or dispenses the controlled substance is authorized by statute to administer or dispense controlled substances;

(C) The person who administers or dispenses the controlled substance is registered with the Department of Health to administer or dispense controlled substances;

(D) The person who administers or dispenses the controlled substance does so in compliance with all provisions of Chapter 195, RSMo and subsections (1)(B), (C) and (D) of this rule.]

**AUTHORITY:** section 195.195, RSMo [1994] 2000. Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed April 29, 2011.

**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 Michael Boeger, Administrator, Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 30—Division of Regulation and Licensure  
Chapter 20—Hospitals**

**PROPOSED RULE**

**19 CSR 30-20.097 Safe Patient Handling and Movement in Hospitals**

**PURPOSE:** This rule specifies the requirements for safe patient handling and movement practices in a hospital.

(1) There shall be an active multidisciplinary committee responsible for implementing and monitoring the safe patient handling and movement program. At least one-half (1/2) of the members of the committee shall be frontline non-managerial employees who are involved in patient care handling activities.

(2) This program shall include:

(A) A safe patient handling policy for all shifts that will achieve elimination of manual lifting, transferring, and repositioning of all or most of a patient's weight, except in emergency, life-threatening, or otherwise exceptional circumstances;

(B) A patient-handling hazard assessment that considers such variables as patient-handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas;

(C) A process which assesses patient's needs for safe patient handling and movement;

(D) Educational materials for patients and their families to help orient them to the hospital's safe patient handling program;

(E) An annual evaluation of the program utilizing measurable outcome measures including but not limited to employee and patient injuries, lost work days, and workers' compensation claims; and

(F) Evidence of changes based on the program evaluation.

(3) All employees involved in patient care handling activities are to be trained and demonstrate competence on safe patient handling policies, equipment, and devices before implementation, annually, and as changes are made to the program.

**AUTHORITY:** section 197.080, RSMo 2000. Original rule filed April 29, 2011.

**PUBLIC COST:** This proposed rule will cost state agencies or political subdivisions forty-eight thousand four hundred fifty-seven dollars (\$48,457) in the aggregate.

**PRIVATE COST:** This proposed rule will cost private entities four hundred twenty-one thousand eight hundred fifty-nine dollars (\$421,859) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed rule with Dean Linneman, Administrator, Department of Health and Senior Services, Section of Health Standards and Licensure, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**FISCAL NOTE  
PUBLIC COST**

- I. Department Title:** Title 19—Department of Health and Senior Services  
**Division Title:** Division 30—Division of Licensure and Regulation  
**Chapter Title:** Chapter Twenty—Hospitals

<b>Rule Number and Title:</b>	19 CSR 30-20.097 Safe Patient Handling and Movement
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the 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:
17	Licensed Public Hospitals	\$48,457

**III. WORKSHEET**

Total staff time for this multidisciplinary committee is calculated at one hundred (100) hours per year (5 staff X 20 hrs each).

Charge RN -  $\$34.31 \times 20 = \$686.20 \times 2 = \$1,372.40$

Staff RN -  $\$31.51 \times 20 = \$630.20$

Licensed Practical Nurse -  $\$19.85 \times 20 = \$397$

Physical Therapist -  $\$22.54 \times 20 = \$450.80$

Total per hospital = \$2,850.40

Grand Total =  $17 \times \$2,850.40 = \$48,456.80$  (rounded up to \$48,457)

**IV. ASSUMPTIONS**

This fiscal note is being prepared based on the following assumptions:

1. The multidisciplinary committee will consist of five (5) members with two (2) being management level registered nurses, one (1) being a staff registered nurse, one (1) being a licensed practical nurse and one (1) being a physical therapist.

2. The responsibilities of the multidisciplinary committee will require twenty (20) hours of staff time annually per member.
3. Average salaries for committee members were researched online at salary.com and found to be as listed below:
  - a. Charge registered nurse - \$71,361; \$34.31/hr
  - b. Staff registered nurse - \$65,541; \$31.51/hr
  - c. Licensed practical nurse - \$41,288; \$19.85/hr
  - d. Physical therapist - \$46,885; \$22.54/hr



**FISCAL NOTE  
PRIVATE COST**

- I. Department Title:** Title 19—Department of Health and Senior Services  
**Division Title:** Division 30—Division of Licensure and Regulation  
**Chapter Title:** Chapter Twenty—Hospitals

<b>Rule Number and Title:</b>	19 CSR 30-20.097 Safe Patient Handling and Movement
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the 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:
148	Licensed Private Hospitals	\$421,859

**III. WORKSHEET**

Total staff time for this multidisciplinary committee is calculated at one hundred (100) hours per year (5 staff X 20 hrs each).

Charge RN -  $\$34.31 \times 20 = \$686.20 \times 2 = \$1,372.40$

Staff RN -  $\$31.51 \times 20 = \$630.20$

Licensed Practical Nurse -  $\$19.85 \times 20 = \$397$

Physical Therapist -  $\$22.54 \times 20 = \$450.80$

Total per hospital = \$2,850.40

Grand Total =  $148 \times \$2,850.40 = \$421,859.20$  (rounded down to \$421,859)

**IV. ASSUMPTIONS**

This fiscal note is being prepared based on the following assumptions:

1. The multidisciplinary committee will consist of five (5) members with two (2) being management level registered nurses, one (1) being a staff registered nurse, one (1) being a licensed practical nurse and one (1) being a physical therapist.
2. The responsibilities of the multidisciplinary committee will require twenty (20) hours of staff time annually per member.

3. Average salaries for committee members were researched online at salary.com and found to be as listed below:
  - a. Charge registered nurse - \$71,361; \$34.31/hr
  - b. Staff registered nurse - \$65,541; \$31.51/hr
  - c. Licensed practical nurse - \$41,288; \$19.85/hr
  - d. Physical therapist - \$46,885; \$22.54/hr

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**Division 30—Division of Regulation and Licensure**  
**Chapter 61—Licensing Rules for Family Day Care Homes**

**PROPOSED RULE**

**19 CSR 30-61.090 Disaster and Emergency Preparedness**

*PURPOSE: This rule requires family child care homes to prepare and respond to disasters and emergencies.*

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

(1) Disaster Emergency Plan.

(A) The facility shall develop, implement, and maintain policies and procedures for responding to a disaster emergency, including a written plan for:

1. Medical and non-medical emergencies and disaster situations that could pose a hazard to staff and children, such as a fire, tornado, flood, chemical spill, exposure to carbon monoxide, power failure, bomb threat, person coming to the facility whose health or behavior may be harmful to a child or staff member, or kidnapping;
2. Evacuation from the facility in the event of a disaster emergency that could cause damage to the facility or pose a hazard to the staff and children;
3. Lock-down procedures in a situation that may result in harm to persons inside the facility such as a shooting, hostage incident, intruder, trespassing, or disturbance or to be used at the discretion of the director, designee, or public safety personnel; and
4. Evacuation from a vehicle used to transport children.

(B) When developing disaster emergency plans, the facility shall consider—

1. The age and physical and mental abilities of the children;
2. The types of services offered, including whether the facility provides care for non-ambulatory children or overnight care;
3. The types of disasters likely to affect the area;
4. The requirements of the Division of Fire Safety and the Department of Health and Senior Services' *The ABC's of Emergency Preparedness Ready in 3 Program* (2006), which is incorporated by reference and is published by the Department of Health and Senior Services, Center for Emergency Response and Terrorism, PO Box 570, Jefferson City, MO 65102-0570, telephone number 573-526-4768, and is available at [www.health.mo.gov](http://www.health.mo.gov), and advice from the Red Cross or other health and emergency professionals; and
5. The need for ongoing communication and data sharing with other types of agencies providing services to children and with state and local emergency management agencies.

(C) At a minimum, a disaster emergency plan shall identify the staff members responsible for implementing the plan and ensuring the safety of the children and shall include:

1. The location of the child's attendance record and emergency information and emergency supplies;
2. Diagrams that identify exit routes from each area of the facility used for child care to a safe location out of the facility and to a safe location within the facility where children and staff members can stay until the threat of danger passes;
3. A list of emergency contacts as set out in subsection (2)(B) below;
4. The disaster and emergency procedures to be followed, which include but are not limited to the following:

- A. Use of alarms to warn other building occupants and summon staff;
  - B. Emergency telephone call to the fire department;
  - C. Response to alarms;
  - D. Isolation of a fire, including confinement by closing doors to the fire area;
  - E. Evacuation of the immediate area;
  - F. Two (2) off-site locations identified as meeting places in case of evacuation;
  - G. Relocation as detailed in the disaster and emergency plan, including individuals with special needs, such as non-ambulatory children and children who sleep overnight, if applicable; and
  - H. System of contact for parents of children and notification of parents of the plan to assist in re-unification; and
5. Lock down procedures shall include:
- A. An announcement of the lock-down by the director or designee. The alert may be made using a pre-selected code word;
  - B. In a lock-down situation, staff shall keep children in their rooms or other designated location that are away from the danger; and
  - C. Staff is responsible for accounting for children and ensuring that no one leaves the room or safe area until "all clear" is announced.

(2) Access to Disaster Emergency Information. The licensee shall ensure that—

(A) At all times, a copy of the facility's disaster emergency plan is readily available in the office area and in each room used for care of children; and

(B) The following information is posted in each room used for child care and beside each telephone in the facility:

1. Contact information, including the following:
  - A. The name, address, and telephone number of the facility;
  - B. A list of emergency numbers, including 911, if available, the fire department, police department, ambulance service, poison control center, and local radio station;
  - C. When a facility operates at more than one (1) site, the name and telephone number of the facility's principal place of business; and
  - D. When a facility occupies space it does not own, the name and telephone number of the owner of the building or the building manager;
2. A diagram of evacuation routes from the room; and
3. Any special instructions for infants and non-ambulatory children.

(3) Disaster Emergency Response Drills for Staff and Children.

(A) The licensee shall ensure that the facility has on file documentation that, at least every three (3) months, all staff and children at the facility have participated in a disaster or emergency drill based on the facility's disaster and emergency plan.

(B) In addition to fire safety requirements found in 19 CSR 30-61.086, a review of the following disaster drill procedures with the staff and children shall be conducted:

1. Staff duties and responsibilities in the event of an emergency;
2. Disaster drill procedures such as fire drill, tornado drill, carbon monoxide exposure, power failure, bomb threat, chemical spill, intruder training, and CPR or other medical procedures;
3. The use of and response to fire alarms; and
4. The use of fire extinguishers.

*AUTHORITY: section 210.221, RSMo 2000. Original rule filed April 29, 2011.*

*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 Department of Health and Senior Services, Section for Child Care Regulation, Nancy McIsaac, Child Care Program Specialist, PO Box 570, Jefferson City, MO 65102, by faxing 573-526-5345, or via email at [kathy.quick@health.mo.gov](mailto:kathy.quick@health.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 30—Division of Regulation and Licensure  
Chapter 61—Licensing Rules for Family Day  
Care Homes**

**PROPOSED AMENDMENT**

**19 CSR 30-61.125 Medical Examination Reports.** The department is amending subsections (1)(E) and (H) and removing the forms that currently appear with the rule in the *Code of State Regulations*.

*PURPOSE:* This amendment clarifies the testing for tuberculosis and eliminates the requirement of yearly tuberculin skin tests.

(1) Day Care Provider and Assistants.

(E) *[Medical examination reports shall include a tuberculin skin test, a chest X ray or appropriate follow-up of a previous examination that indicates the individual is free of contagion.]* Medical examination reports shall include a “Risk Assessment for Tuberculosis” form, included herein, completed and signed by a health care professional, as provided by the Missouri Department of Health and Senior Services (MDHSS). If the person has signs or symptoms of tuberculosis, or risk factors for tuberculosis, then testing for tuberculosis shall occur.

1. If the person has no documented history of ever receiving a tuberculin skin test (TST), and elects to receive a TST, then a two (2)-step TST is required. A history of bacilli Calmette-Guerin vaccination (BCG) shall not exempt a person from receiving a tuberculin test.

2. Persons that have a newly positive tuberculin test(s) shall not be allowed to work until a medical evaluation is performed to determine if the person has active contagious tuberculosis.

3. Persons with active contagious tuberculosis shall be excluded from employment until deemed non-infectious by MDHSS or the local public health agency. The person may return to work once the above criteria have been met, as long as the person adheres to his/her prescribed treatment regimen.

4. All positive tuberculin tests shall be reported to the Missouri Department of Health and Senior Services or local public health agency as required by 19 CSR 20-20.020.

(H) *[After the initial medical examination, the child care provider and all assistants who are employed or volunteer more than five (5) hours per week, shall have an annual tuberculin skin test, a chest X ray or appropriate follow-up of a previous examination that indicates the individual is free of contagion.]* A child care employee, who is identified as a contact to an active tuberculosis case, shall be evaluated for tuberculosis to determine if the person has active contagious tuberculosis, or be excluded from work.



Missouri Department of Health and Senior Services  
Bureau of Communicable Disease Control and Prevention  
**Tuberculosis (TB) Risk Assessment Form**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Please answer the following questions:**

Have you ever had a positive Mantoux tuberculin skin test (TST)?  Yes  No

Have you ever been vaccinated with BCG?  Yes  No

Have you ever had a positive Interferon Gamma Release Assay (IGRA) test?  Yes  No

**B. TB Risk Assessment - Persons with any of the following are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.**

Have you ever had close contact with anyone who was sick with tuberculosis (TB)?  Yes  No

Have you ever traveled to/in one or more of the countries listed below?  Yes  No  
(If yes, please CHECK the country/ies)

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? (If yes, please CIRCLE the country)  Yes  No

Afghanistan	Chad	Guinea-Bissau	Mali	Peru	Tanzania-UR
Algeria	China	Guyana	Marshall Islands	Philippines	Thailand
Angola	Colombia	Haiti	Mauritania	Poland	Timor-Leste
Anguilla	Comoros	Honduras	Mauritius	Portugal	Togo
Argentina	Congo	India	Mexico	Qatar	Tokelau
Armenia	Congo DR	Indonesia	Micronesia	Romania	Tonga
Azerbaijan	Cote d'Ivoire	Iran	Moldova-Rep.	Russian Federation	Tunisia
Bahamas	Croatia	Iraq	Mongolia	Rwanda	Turkey
Bahrain	Djibouti	Japan	Montenegro	St. Vincent & The Grenadines	Turkmenistan
Bangladesh	Dominican Republic	Kazakhstan	Morocco	Sao Tome & Principe	Tuvalu
Belarus	Ecuador	Kenya	Mozambique	Saudi Arabia	Uganda
Belize	Egypt	Kiribati	Myanmar	Senegal	Ukraine
Benin	El Salvador	Korea-DPR	Namibia	Seychelles	Uruguay
Bhutan	Equatorial Guinea	Korea-Republic	Nauru	Sierra Leone	Uzbekistan
Bolivia	Eritrea	Kuwait	Nepal	Singapore	Vanuatu
Bosnia & Herzegovina	Estonia	Kyrgyzstan	New Caledonia	Singapore	Venezuela
Botswana	Ethiopia	Lao PDR	Nicaragua	Solomon Islands	Viet Nam
Brazil	Fiji	Latvia	Niger	Somalia	Wallis & Futuna Islands
Brunei Darussalam	French Polynesia	Lesotho	Nigeria	South Africa	W. Bank & Gaza Strip
Bulgaria	Gabon	Liberia	Niue	Spain	Yemen
Burkina Faso	Gambia	Lithuania	N. Mariana Islands	Sri Lanka	Zambia
Burundi	Georgia	Macedonia-TFYR	Pakistan	Sudan	Zimbabwe
Cambodia	Ghana	Madagascar	Palau	Suriname	
Cameroon	Guam	Malawi	Panama	Syrian Arab Republic	
Cape Verde	Guatemala	Malaysia	Papua New Guinea	Swaziland	
Central African Rep.	Guinea	Maldives	Paraguay	Tajikistan	

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to [www.who.int/globalatlas/dataQuery/default.asp](http://www.who.int/globalatlas/dataQuery/default.asp)

Have you ever had an abnormal chest x-ray?  Yes  No

Do you have HIV or AIDS?  Yes  No

Are you an organ transplant recipient or donor?  Yes  No

Are you immunosuppressed (taking an equivalent of > 15 mg/day of prednisone for ≥1 month, or currently taking prescription arthritis medication)?  Yes  No

Are you a resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)?  Yes  No

Do you have any medical conditions such as diabetes, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal)?  Yes  No

Do you have you a cough lasting 3 weeks or longer, chest pain, weakness or fatigue, weight loss, chills, fever and/or night sweats? Are you coughing up blood or phlegm?  Yes  No



Missouri Department of Health and Senior Services  
Bureau of Communicable Disease Control and Prevention  
**Tuberculosis (TB) Risk Assessment Form**

Patient please skip to Section D for required signature below.

**C. Medical Evaluation (to be completed by Health Care Professional – if required)**

Health Care Provider: If the answer to any of the TB Risk Assessment questions is YES, proceed with additional evaluation as needed.

**1. Tuberculin Skin Test (TST)**

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)\*\*

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_  
Result: \_\_\_\_\_ mm of induration \*\*Interpretation: positive \_\_\_ negative \_\_\_  
Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_  
Result: \_\_\_\_\_ mm of induration \*\*Interpretation: positive \_\_\_ negative \_\_\_

**\*\*Interpretation Guidelines**

**>5 mm is positive:**

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking ≥ 15 mg/d of prednisone for ≥ 1 month; taking a TNF-α antagonist
- Persons with HIV/AIDS

**>15 mm is positive:**

- Persons with no known risk factors for TB disease

**> 10 mm is positive:**

- Persons born in a high prevalence country or who resided in one for a significant\* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes
- Children < 4 years of age
- Children and adolescents exposed to adults in high-risk categories

**2. Interferon Gamma Release Assay (IGRA)**

Date Obtained: \_\_\_\_\_ (specify method) QFT-G QFT-GIT \_\_\_\_\_ other \_\_\_\_\_  
Result: Negative \_\_\_ Positive \_\_\_ Intermediate \_\_\_  
Date Obtained: \_\_\_\_\_ (specify method) QFT-G \_\_\_\_\_ QFT-GIT \_\_\_\_\_ other \_\_\_\_\_  
Result: Negative \_\_\_ Positive \_\_\_ Intermediate \_\_\_

**3. Chest X-ray: (Required if TST or IGRA is positive)**

Date of chest x-ray: \_\_\_\_\_ Result: normal \_\_\_ abnormal \_\_\_

Comments: \_\_\_\_\_

**4. Sputum Collection:** Please collect three (3) consecutive sputum, one early morning and all must be at least eight (8) hours apart with a minimum of 2 milliliters/2ml per tube. Collect in containers provided by the Missouri Department of Health and Senior Services State Public Health Laboratory. (Contact 573-751-3334 to order sputum containers.)

1. Date Obtained: \_\_\_\_\_ Result: \_\_\_\_\_ 2. Date Obtained: \_\_\_\_\_ Result: \_\_\_\_\_  
2. Date Obtained: \_\_\_\_\_ Result: \_\_\_\_\_

If you have any questions regarding this form, please contact the Bureau of Communicable Disease Control and Prevention at (573) 751-6113.

**D. Needed Signatures**

\_\_\_\_\_  
Patient Signature (Required)

\_\_\_\_\_  
Date:

I hereby certify that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Health Care Professional(Required)

\_\_\_\_\_  
Date:

*AUTHORITY: section 210.221[.1(3)], RSMo [Supp. 1993] 2000. This rule was previously filed as 13 CSR 40-61.110, 13 CSR 40-61.125, and 19 CSR 40-61.125. Original rule filed March 29, 1991, effective Oct. 31, 1991. For intervening history, please consult the Code of State Regulations. Amended: Filed April 29, 2011.*

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

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

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Health and Senior Services, Section for Child Care Regulation, Nancy McIsaac, Child Care Program Specialist, PO Box 570, Jefferson City, MO 65102, by faxing 573-526-5345, or via e-mail at kathy.quick@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**Division 30—Division of Regulation and Licensure**  
**Chapter 62—Licensing Rules for Group Child Care Homes and Child Care Centers**

**PROPOSED RULE**

**19 CSR 30-62.090 Disaster and Emergency Preparedness**

*PURPOSE: This rule requires group homes and child care facilities to prepare and respond to disasters and emergencies.*

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

(1) Disaster and Emergency Plan.

(A) The facility shall develop, implement, and maintain policies and procedures for responding to a disaster emergency, including a written plan for:

1. Medical and non-medical emergencies and disaster situations that could pose a hazard to staff and children, such as a fire, tornado, flood, chemical spill, exposure to carbon monoxide, power failure, bomb threat, person coming to the facility whose health or behavior may be harmful to a child or staff member, or kidnapping or missing child;

2. Evacuation from the facility in the event of a disaster or an emergency that could cause damage to the facility or pose a hazard to the staff and children;

3. Lock-down procedures in situations that may result in harm to persons inside the facility such as a shooting, hostage incident, intruder, trespassing, or disturbance or to be used at the discretion of the director, designee, or public safety personnel; and

4. Evacuation from a vehicle used to transport children.

(B) When developing disaster and emergency plans, the facility shall consider—

1. The age and physical and mental abilities of the children;

2. The types of services offered, including whether the facility provides care for non-ambulatory children or overnight care;

3. The types of disasters or emergencies likely to affect the area;

4. The requirements of the Division of Fire Safety and the Department of Health and Senior Services' *The ABC's of Emergency Preparedness Ready in 3 Program* (2006), which is incorporated by reference and is published by the Department of Health and Senior Services, Center for Emergency Response and Terrorism, PO Box 570, Jefferson City, MO 65102-0570, telephone number 573-526-4768, and is available at [www.health.mo.gov](http://www.health.mo.gov), and advice from the Red Cross or other health and emergency professionals; and

5. The need for ongoing communication and data sharing with other types of agencies providing services to children and with state and local disaster emergency management agencies.

(C) At a minimum, a disaster and emergency plan shall identify the staff members responsible for implementing the plan and ensuring the safety of the children and shall include:

1. The location of the child's attendance record and emergency information and emergency supplies;

2. Diagrams that identify exit routes from each area of the facility used for child care to a safe location out of the facility and to a safe location within the facility where children and staff members can stay until the threat of danger passes;

3. A list of emergency contacts as set out in subsection (2)(B) below;

4. The disaster drill and emergency procedures to be followed, which include but are not limited to the following:

A. Use of alarms to warn other building occupants and sum-

mon staff;

B. Emergency telephone call to the fire department;

C. Response to alarms;

D. Isolation of a fire, including confinement by closing doors to the fire area;

E. Evacuation of the immediate area;

F. Two (2) off-site locations identified as meeting places in case of evacuation;

G. Relocation of building occupants as detailed in the emergency plan, including individuals with special needs, such as non-ambulatory children and children who sleep overnight, if applicable; and

H. System of contact for parents of children and notification of parents of the plan to assist in re-unification; and

5. Lock-down procedures shall include:

A. An announcement of the lock-down by the director or designee. The alert may be made using a pre-selected code word;

B. In a lock-down situation, staff shall keep children in their rooms or other designated location that are away from the danger; and

C. Staff is responsible for accounting for children and ensuring that no one leaves the room or safe area until "all clear" is announced.

(2) Access to Emergency Information. The licensee shall ensure that—

(A) At all times, a copy of the facility's disaster and emergency plan is readily available in the office area and in each room used for care of children; and

(B) The following information is posted in each room used for child care and beside each telephone in the facility:

1. Contact information, including the following:

A. The name, address, and telephone number of the facility;

B. A list of emergency numbers, including 911, if available, the fire department, police department, ambulance service, poison control center, and local radio station;

C. When a facility operates at more than one (1) site, the name and telephone number of the facility's principal place of business; and

D. When a facility occupies space it does not own, the name and telephone number of the owner of the building or the building manager;

2. A diagram of evacuation routes from the room; and
3. Any special instructions for infants and non-ambulatory children;

(3) Disaster Emergency Response Drills for Staff and Children.

(A) The licensee shall ensure that the facility has on file documentation that, at least every three (3) months, all staff and children at the facility have participated in a disaster or emergency drill based on the facility's disaster and emergency plan.

(B) In addition to fire safety requirements found in 19 CSR 30-62.087, a review of the following disaster drill procedures with the staff and children shall be conducted:

1. Staff duties and responsibilities in the event of an emergency;
2. Disaster drill procedures such as fire drill, tornado drill, carbon monoxide exposure, power failure, bomb threat, chemical spill, intruder training, and CPR or other medical procedures;
3. The use of and response to fire alarms; and
4. The use of fire extinguishers.

*AUTHORITY: section 210.221, RSMo 2000. Original rule filed April 29, 2011.*

*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 Department of Health and Senior Services, Section for Child Care Regulation, Nancy McIsaac, Child Care Program Specialist, PO Box 570, Jefferson City, MO 65102, by faxing 573-526-5345, or via email at kathy.quick@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 30—Division of Regulation and Licensure  
Chapter 62—Licensing Rules for Group Child Care  
Homes and Child Care Centers**

**PROPOSED AMENDMENT**

**19 CSR 30-62.122 Medical Examination Reports.** The department is amending section (1) and subsection (2)(E).

*PURPOSE: This amendment clarifies the testing methods for tuberculosis and eliminates the requirement of yearly tuberculin skin tests to reflect DHSS policy.*

(1) Staff and Volunteers.

(A) All *[adults]* persons working in a day care facility in any capacity during child care hours, including volunteers counted in staff/child ratios, shall be in good physical and emotional health with no physical or mental conditions which would interfere with child care responsibilities. These persons shall have a medical examination report, signed by a licensed physician or registered nurse who is under the supervision of a licensed physician, on file at the facility at the time of initial licensure or within thirty (30) days following employment.

(B) *[Medical examination reports shall include a tuberculin skin test, a chest X ray or appropriate follow-up of a previous examination that indicates the individual is free of contagion.]* Medical examination reports shall include a "Risk

Assessment for Tuberculosis" form, included herein, completed and signed by a health care professional, as provided by the Missouri Department of Health and Senior Services (MDHSS). If the person has signs or symptoms of tuberculosis, or risk factors for tuberculosis, then testing for tuberculosis shall occur.

1. If the person has no documented history of ever receiving a tuberculin skin test (TST), and elects to receive a TST, then a two (2)-step TST is required. A history of bacilli Calmette-Guerin vaccination (BCG) shall not exempt a person from receiving a tuberculin test.

2. Persons that have a newly positive tuberculin test(s) shall not be allowed to work until a medical evaluation is performed to determine if the person has active contagious tuberculosis.

3. Persons with active contagious tuberculosis shall be excluded from employment until deemed non-infectious by MDHSS or the local public health agency. The person may return to work once the above criteria have been met, as long as the person adheres to his/her prescribed treatment regimen.

4. All positive tuberculin tests shall be reported to the Missouri Department of Health and Senior Services or local public health agency as required by 19 CSR 20-20.020.

(D) The medical examination report form shall be supplied by the department or the facility may use its own form if it contains all the information on the department's form *[(see 19 CSR 40-61.125)]*.

(E) *[After the initial medical examination, all adults working in a day care facility in any capacity during child care hours, including volunteers counted in staff/child ratios, shall have an annual tuberculin skin test, a chest X ray or appropriate follow-up of a previous examination that indicates the individual is free of contagion.]* A child care employee, who is identified as a contact to an active tuberculosis case, shall be evaluated for tuberculosis to determine if the person has active contagious tuberculosis, or be excluded from work.

(F) If at any time the department has reason to question the physical or emotional health of any *[adult]* person working or volunteering in the facility, the department shall require a physical or mental examination of these persons.

(2) Children.

(E) The medical examination report form and the health history report for school-age children shall be supplied by the department or the facility may use its own form if it contains all the information on the department's form *[(see 19 CSR 40-61.125)]*.





Missouri Department of Health and Senior Services  
Bureau of Communicable Disease Control and Prevention  
**Tuberculosis (TB) Risk Assessment Form**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

<b>A. Please answer the following questions:</b>					
Have you ever had a positive Mantoux tuberculin skin test (TST)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been vaccinated with BCG?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a positive Interferon Gamma Release Assay (IGRA) test?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. TB Risk Assessment - Persons with any of the following are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.</b>					
Have you ever had close contact with anyone who was sick with tuberculosis (TB)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever traveled to/in one or more of the countries listed below? (If yes, please CHECK the country/ies)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? (If yes, please CIRCLE the country)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Afghanistan Algeria Angola Anguilla Argentina Armenia Azerbaijan Bahamas Bahrain Bangladesh Belarus Belize Benin Bhutan Bolivia Bosnia & Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cambodia Cameroon Cape Verde Central African Rep.	Chad China Colombia Comoros Congo Congo DR Cote d'Ivoire Croatia Djibouti Dominican Republic Ecuador Eritrea Estonia Ethiopia Fiji French Polynesia Gabon Gambia Georgia Ghana Guam Guatemala Guinea	Guinea-Bissau Guyana Haiti Honduras India Indonesia Iran Iraq Japan Kazakhstan Kenya Kiribati Korea-DPR Korea-Republic Kuwait Kyrgyzstan Lao PDR Latvia Lesotho Liberia Lithuania Macedonia-TFYR Madagascar Malawi Malaysia Maldives	Mali Marshall Islands Mauritania Mauritius Mexico Micronesia Moldova-Rep. Mongolia Montenegro Morocco Mozambique Myanmar Namibia Nauru Nepal New Caledonia Nicaragua Niger Nigeria Niue N. Mariana Islands Pakistan Palau Panama Papua New Guinea Paraguay	Peru Philippines Poland Portugal Qatar Romania Russian Federation Rwanda St. Vincent & The Grenadines Sao Tome & Principe Saudi Arabia Senegal Seychelles Sierra Leone Singapore Solomon Islands Somalia South Africa Spain Sri Lanka Sudan Suriname Syrian Arab Republic Swaziland Tajikistan	Tanzania-UR Thailand Timor-Leste Togo Tokelau Tonga Tunisia Turkey Turkmenistan Tuvalu Uganda Ukraine Uruguay Uzbekistan Vanuatu Venezuela Viet Nam Wallis & Futuna Islands W. Bank & Gaza Strip Yemen Zambia Zimbabwe
Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to <a href="http://www.who.int/globalatlas/dataQuery/default.asp">www.who.int/globalatlas/dataQuery/default.asp</a>					
Have you ever had an abnormal chest x-ray?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have HIV or AIDS?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an organ transplant recipient or donor?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you immunosuppressed (taking an equivalent of > 15 mg/day of prednisone for ≥1 month, or currently taking prescription arthritis medication)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any medical conditions such as diabetes, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have you a cough lasting 3 weeks or longer, chest pain, weakness or fatigue, weight loss, chills, fever and/or night sweats? Are you coughing up blood or phlegm?					<input type="checkbox"/> Yes <input type="checkbox"/> No



Missouri Department of Health and Senior Services  
Bureau of Communicable Disease Control and Prevention  
**Tuberculosis (TB) Risk Assessment Form**

Patient please skip to Section D for required signature below.

**C. Medical Evaluation (to be completed by Health Care Professional – if required)**

Health Care Provider: If the answer to any of the TB Risk Assessment questions is YES, proceed with additional evaluation as needed.

**1. Tuberculin Skin Test (TST)**

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)\*\*

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_  
Result: \_\_\_\_\_ mm of induration \*\*Interpretation: positive \_\_\_ negative \_\_\_  
Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_  
Result: \_\_\_\_\_ mm of induration \*\*Interpretation: positive \_\_\_ negative \_\_\_

**\*\*Interpretation Guidelines**

>5 mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking ≥ 15 mg/d of prednisone for ≥ 1 month; taking a TNF-α antagonist
- Persons with HIV/AIDS

>15 mm is positive:

- Persons with no known risk factors for TB disease

> 10 mm is positive:

- Persons born in a high prevalence country or who resided in one for a significant\* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes
- Children < 4 years of age
- Children and adolescents exposed to adults in high-risk categories

**2. Interferon Gamma Release Assay (IGRA)**

Date Obtained: \_\_\_\_\_ (specify method) QFT-G QFT-GIT \_\_\_\_\_ other \_\_\_\_\_  
Result: Negative \_\_\_ Positive \_\_\_ Intermediate \_\_\_  
Date Obtained: \_\_\_\_\_ (specify method) QFT-G \_\_\_\_\_ QFT-GIT \_\_\_\_\_ other \_\_\_\_\_  
Result: Negative \_\_\_ Positive \_\_\_ Intermediate \_\_\_

**3. Chest X-ray: (Required if TST or IGRA is positive)**

Date of chest x-ray: \_\_\_\_\_ Result: normal \_\_\_\_\_ abnormal \_\_\_\_\_

Comments: \_\_\_\_\_

**4. Sputum Collection:** Please collect three (3) consecutive sputum, one early morning and all must be at least eight (8) hours apart with a minimum of 2 milliliters/2ml per tube. Collect in containers provided by the Missouri Department of Health and Senior Services State Public Health Laboratory. (Contact 573-751-3334 to order sputum containers.)

1. Date Obtained: \_\_\_\_\_ Result: \_\_\_\_\_ 2. Date Obtained: \_\_\_\_\_ Result: \_\_\_\_\_  
2. Date Obtained: \_\_\_\_\_ Result: \_\_\_\_\_

If you have any questions regarding this form, please contact the Bureau of Communicable Disease Control and Prevention at (573) 751-6113.

**D. Needed Signatures**

\_\_\_\_\_  
Patient Signature (Required)

\_\_\_\_\_  
Date:

I hereby certify that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Health Care Professional(Required)

\_\_\_\_\_  
Date:

*AUTHORITY: section 210.221[.1(3)], RSMo [Supp. 1993] 2000. This rule was previously filed as 13 CSR 40-62.110, 13 CSR 40-62.122, and 19 CSR 40-62.122. Original rule filed March 29, 1991, effective Oct. 31, 1991. For intervening history, please consult the Code of State Regulations. Amended: Filed April 29, 2011.*

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