training shall be updated every two (2) years. The initial training and biennial update shall—

(A) Be approved by the regional center or placement office;

(B) Be offered by an instructor who is a LPN certified by the Division of Aging as an instructor, a RN, a pharmacist or a physician;

(C) Not apply to LPNs, RNs or certified medication technicians with lifetime certificates; and

(D) Be documented in the recipient's personnel file.

(13) The course to update training in medication administration shall address at least the following:

(A) Review of Basics.

1. Medication ordering and storage.

2. Medication administration.

A. Use of generic drugs.

B. How to pour, chart, administer and document.

C. Information and techniques specific to the following: inhalers, eye drops, topical medications, insulin injections and suppositories.

D. Infection control.

3. Individual rights and refusal of medications and treatment;

(B) Issues specific to the facility/program as indicated by the needs of the residents/clients, and the medications and treatments currently being administered.

1. Emergency response.

2. Medication allergies.

3. Corrective actions based on problems identified by the staff, the trainees or issues identified by regulatory and accrediting bodies, professional consultants or by any other authoritative source; and

(C) Updates on new medications or new procedures.

(14) Each facility shall make arrangements with a physician and dentist, licensed in the state where the care is provided, to assume overall responsibility for medical and dental care. There shall be provisions for a relief physician.

(15) If residents require teaching of dining skills or assistance in eating, the facility shall have adequate staff to meet these needs and to assure that each resident receives an adequate amount of food.

(16) The facility shall have sufficient backup staff to provide services to residents and to meet licensing staffing requirements at all times.

(17) On initial application, before a final license is granted, the head of the facility and staff designated by the department shall attend an initial training session designed by the department.

(18) The head of the facility and staff designated by the department shall attend continuing education provided by the department as required. This training may be obtained through the department or, with prior approval from other sources in the community. Records of attendance shall be kept in the facility's personnel files and by the department.

(19) Each facility shall provide a staff training program that includes orientation for all new employees to acquaint them with the philosophy, organization, program, practices and goals of the facility.

(20) All facility staff shall be knowledgeable about the facility's policies and procedures.

(21) Staff shall be trained in the use of cardiopulmonary resuscitation (CPR) and first-aid so that at least one (1) person with these skills is on duty at all times. Depending on the configuration of the building and the number of residents, more than one (1) trained staff person per shift may be required. The training and periodic reviews shall be in accordance with the guidelines of the American Red Cross, the American Heart Association, the National Safety Council, or other nationally recognized training organization.]

(6) Staff shall participate in training as required by the department. Records of attendance and documentation of successful completion of training shall be maintained as specified in 9 CSR 40-1.060(4)(E).

*AUTHORITY: sections 630.050 and 630.705, RSMo [(1994)] **2016**. Emergency rule filed Sept. 20, 1983, effective Oct. 1, 1983, expired Jan. 15, 1984. Original rule filed Oct. 13, 1983, effective Jan. 15, 1984. For intervening history, please consult the **Code of State Regulations**. Amended: Filed June 30, 2021.*

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 by writing to Denise Thomas, General Counsel, Department of Mental Health, PO Box 687, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, or by courier within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.*

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

PROPOSED AMENDMENT

19 CSR 30-20.100 Pharmacy Services and Medication Management. The department is adding a new section (2) and renumbering the remaining sections as necessary.

PURPOSE: This amendment adds a new section (2) which allows pharmacy technicians to perform additional duties relating to the authentication of medications selected by other pharmacy technicians and perform other duties remotely if performed under the visual and auditory supervision of a pharmacist.

(2) In addition to other authorized duties, a pharmacy technician may perform the following duties:

(A) Authenticate medication selected by another pharmacy technician when a pharmacist is present for purposes of distribution within the hospital for subsequent administration by hospital staff authorized to administer medication, provided the final product is verified by authorized hospital staff prior to administration. A pharmacy technician shall not be authorized to authenticate compounded medications or the repackaging activities of another pharmacy technician. In order to authenticate medication as described in this section, the pharmacy technician must—

1. Hold an active pharmacy technician certification issued by a certification entity accredited by the National Commission for Certifying Agencies;

2. Have an initial and annual documented assessment of competency; and

3. Have assisted in the practice of pharmacy as a registered or licensed pharmacy technician in the state of Missouri or another U.S. state or territory for a minimum of one (1) year; and

(B) Perform assigned duties under visual and auditory supervision of a pharmacist at a different site, including, technology assisted medication authentication. Documentation of electronic authentication shall be maintained at the dispensing site.

1. The pharmacy technician shall have a current certificate issued by a certification entity accredited by the National Commission for Certifying Agencies.

2. The pharmacy technician shall have completed training and documented competency in the assigned responsibilities being performed remotely as attested by the director of pharmacy.

3. The director of pharmacy is responsible for developing and implementing standards to ensure adequate supervision of electronically supervised technicians.

*[(2)]***(3)** An intern pharmacist licensed by the Board of Pharmacy may also perform any activity authorized for pharmacy technicians pursuant to this rule.

*[(3)]***(4)** Persons involved in compounding, repackaging, dispensing, administration, and controlled substance disposal shall be identified and the records shall be retrievable. Retention time for records of bulk compounding, repackaging, administration, and all controlled substance transactions shall be a minimum of two (2) years. Retention time for records of dispensing and extemporaneous compounding, including sterile medications, shall be a minimum of six (6) months.

*[(4)]***(5)** All variances, discrepancies, inconsistencies, or non-compliance involving controlled substances—including inventory, audits, security, record keeping, administration, and disposal—shall be reported to the director of pharmacy services for review and investigation.

*[(5)]***(6)** Patient medications may be received from an authorized provider. The medications shall—

(A) Be delivered directly to the pharmacy and not to a patient care area unless the pharmacist is not available;

(B) When a pharmacist is present, be identified, determined suitable for use and documented by the pharmacist. When a pharmacist is not present, be identified and documented by an authorized practitioner. Unused doses of medication shall be identified by the pharmacist when the pharmacist is present; and

(C) The pharmacy may compound, repackage, or re-label medications received from an outside provider, including prescriptions dispensed by a pharmacy, as necessary for proper distribution and administration. Records of compounding, repackaging, or relabeling of prescriptions dispensed by a pharmacy shall allow identification of the original prescription.

*[(6)]***(7)** Sample medications, if allowed, shall be received and distributed only by the pharmacy.

*[(7)]***(8)** Medications may be provided to patients for use outside the hospital, by persons other than the pharmacist.

(A) When the patient is a registered patient of the emergency department or is being discharged from the hospital—

1. Medications shall be provided according to the hospital's policies and procedures, including:

A. Circumstances when medications may be provided;

B. Practitioners authorized to order;

C. Specific medications;

D. Limited quantities;

E. Prepackaging and labeling by the pharmacist;

F. Final labeling to facilitate correct administration;

G. Delivery;

H. Counseling; and

I. A transaction record*[.]*;

2. Medications shall be labeled with the date, patient's name, prescriber's name, name and address of the hospital, exact medication name and strength, instructions for use, and other pertinent information;

3. Medications may be provided only when prescription services from a pharmacy are not reasonably available. Reasonably available includes a pharmacist on duty in the hospital or a community pharmacy that is reasonably accessible to the patient;

4. The medication provided shall be limited to urgently needed treatment;

5. The quantity of medication provided shall be limited to the amount necessary until pharmacy services are available;

6. The provisions of paragraph (A)3. and paragraph (A)5. of this subsection shall not apply when the patient is being treated for an acute condition and it is believed that the immediate health and welfare of the patient and/or the community are in jeopardy. The quantity limit may be extended to provide single-course therapy; and

7. Final labeling, delivery, and counseling shall be performed by a pharmacist, the prescriber or a registered nurse, except that final labeling and delivery may be performed by an automated dispensing system.

(B) Automated dispensing systems may be used in accordance with all requirements of this section—

1. When the automated dispensing system is controlled by the prescriber it may be used only during times when no pharmacy services are reasonably available, except as allowed in paragraph (A)6. of this section; and

2. When the automated dispensing system is controlled by a pharmacy according to regulations of the Missouri Board of Pharmacy, including, but not limited to 20 CSR 2220-2.900.

(C) Medications in multidose containers that were administered to or used for the patient during the patient's hospital stay may be sent with the patient at discharge when so ordered by an authorized practitioner.

1. Examples of multidose medication containers include, but are not limited to, inhalers, ointments, creams, medications requiring the original container for dispensing, insulin pens, eye drops, ear drops, and infusions that are currently connected to the patient's infusion device.

2. Written instructions for use shall be provided by a pharmacist, prescriber, or registered nurse at the time of discharge.

3. Controlled substances shall not be sent with the patient, except that controlled substance infusions or continuous delivery systems currently connected to the patient may be sent as follows:

A. The medication is necessary for administration during transport of the patient; and

B. The quantity of controlled substance sent is documented in the patient's medical record by the person sending the medication.

*[(8)]***(9)** The director of pharmacy services or his/her pharmacist designee shall be an active member of the pharmacy and therapeutics committee or its equivalent, which shall advise the medical staff on all medication matters.

*[(9)]***(10)** Medications shall be ordered only by practitioners who have independent statutory authority to prescribe or who are authorized to order medications by their professional licensing agency as provided by state law. Authority to order medications may be granted to a non-physician licensed practitioner in accordance with state law.

[(10)](11) Medications in the possession of the patient at time of admission shall be given to the patient's representative unless there is an identified need to retain them.

(A) Medications that are not given to the patient's representative and that are not to be administered shall be documented, sealed, and stored in a locked area accessible only to individuals authorized to access medications.

(B) Controlled substances shall be security sealed and stored in a locked area accessible only to individuals authorized to administer controlled substances or to authorized pharmacy personnel.

AUTHORITY: sections 192.006 and 338.165, RSMo 2016, and section 197.080, RSMo Supp. [2019] 2020. This rule previously filed as 19 CSR 30-20.021(3)(G). Original rule filed June 27, 2007, effective Feb. 29, 2008. Rescinded and readopted: Filed March 20, 2019, effective Nov. 30, 2019. Amended: Filed June 25, 2021.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Division of Regulation and Licensure, Steve Bollin, Division Director, 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 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2030—Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects
Chapter 4—Applications

PROPOSED AMENDMENT

20 CSR 2030-4.100 Applications—Formerly Licensed. The board is amending section (3), adding new section (4), and renumbering as necessary.

PURPOSE: This rule is being amended to come into compliance with the provisions of HB 2046 which went into effect on August 28, 2020 by specifically providing timelines and procedures for applicants for admission by comity under section 324.009, RSMo.

(3) Any person who applies for licensure by comity under section 327.381, RSMo, after revocation or voluntary surrender of a Missouri license must meet the following criteria for licensure:

(C) Upon passage of any Missouri-specific examination required for licensure in the applicant's profession, the applicant may apply for issuance of a new license as if never licensed.

(4) Any person who applies for licensure by comity under section 324.009, RSMo, after revocation or voluntary surrender of a Missouri license must meet the following criteria for licensure:

(A) After five (5) years have passed from the effective date of the order of revocation or affidavit of voluntary surrender, an applicant eligible for licensure by comity under section 324.009, RSMo may file an application for a new license without examination.

(B) Unless waived by the board under the terms of sections 324.009.3 and 324.009.4, RSMo, an applicant under this subsection must show proof of completion of the continuing education hours consistent with the requirements of 20 CSR 2030 Chapter 8 and/or 20 CSR 2030 Chapter 11 for the applicant's profession in the two (2) years immediately preceding the application.

(C) Upon passage of any Missouri-specific examination required for licensure in the applicant's profession, the applicant may apply for issuance of a new license as if never licensed.

[(4)](5) Any person who applies for licensure after revocation or voluntary surrender of a license on the ground of disciplinary action in another jurisdiction under section 327.441.2(8), RSMo, must meet the following criteria:

(A) The applicant must show that the license which was revoked or otherwise disciplined in another jurisdiction has been reinstated, reissued, or otherwise returned to active status in good standing, which may include probationary licensure; and

(B) An applicant under this subsection must show proof of completion of the continuing education hours consistent with the requirements of 20 CSR 2030 Chapter 8 and/or 20 CSR 2030 Chapter 11 for the applicant's profession in the two (2) years immediately preceding the application.

[(5)](6) The board may require any applicant for examination or new licensure under sections (2)*[, (3), and (4)]*–(5) above to personally appear before the board upon notice prepared to respond to questions concerning the nature of the cause for revocation or surrender of the applicant's prior license and rehabilitation or other relevant information pertaining to the time since revocation or surrender of the license.

(A) In any proceeding under this section, the person seeking licensure bears the burden of proving rehabilitation.

(B) Factors relevant to rehabilitation may include, among other factors:

1. Acknowledgement of wrongdoing or demonstration that the applicant understands the cause for the discipline;

2. Action taken by the applicant to prevent reoccurrence of the conduct that resulted in the discipline;

3. Action taken by the applicant to rehabilitate or address the underlying causes of the misconduct that resulted in discipline*[.]*; **and**

4. Actions taken by the applicant to address and remediate harm caused by the misconduct.

[(6)](7) The board shall have discretion in all applications under this section to inquire into and take into account the nature of the conduct or factual basis of the revocation or surrender of the former license.

[(7)](8) The board retains discretion under sections 327.441 and 327.442, RSMo, to deny any application for examination or licensure based on prior misconduct or circumstances occurring between the order of revocation or affidavit of voluntary surrender and the entry of the board's order, or to grant such application subject to a period and terms of probation pursuant to section 324.038, RSMo.

AUTHORITY: sections 327.041 and 327.442, RSMo 2016. Original rule filed Nov. 6, 2019, effective May 30, 2020. Amended: Filed June 21, 2021.

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

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

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Architects, Professional Engineers, Professional Land Surveyors, and Professional Landscape Architects, PO Box 184, Jefferson City, MO 65102, via facsimile at (573)751-8046, or via email at moapeplspla@pr.mo.gov. To be considered, comments