

TITLE 16 – RETIREMENT SYSTEMS
Division 20 – Missouri Local Government
Employees’ Retirement System (LAGERS)
Chapter 1 – General Organization

PROPOSED AMENDMENT

16 CSR 20-1.010 General Organization. The division is amending section (2).

PURPOSE: The purpose of this amendment is to clarify the manner in which trustees are elected.

(2) The general administration and the responsibility for the proper operation of the system is vested in a board of trustees consisting of seven (7) persons. *[Three (3) trustees are elected by the employees who participate in the system, three (3) trustees are elected by the members of the governing bodies of those political subdivisions which participate in the system] Six (6) trustees are elected in accordance with the procedure described in 16 CSR 20-2.150, and one (1) trustee is appointed by the governor. The board of trustees employs an executive secretary, who may also be referred to as the executive director, not one (1) of their number, who shall be the executive officer of the board and a chief investment officer, not one (1) of their number, who shall report directly to the board on all system investment activity. The board also may employ or contract for the services of actuaries, legal advisors, investment counselors, medical advisors, certified public accountants, and such other service providers as the board shall deem necessary.*

AUTHORITY: section 70.605.21, RSMo 2016. Original rule filed Dec. 29, 1975, effective Jan. 8, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed March 27, 2024.

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 MO LAGERS, Attn: Chief Counsel, 701 W. Main St., Jefferson City, Missouri 65101. 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 16 – RETIREMENT SYSTEMS
Division 20 – Missouri Local Government
Employees’ Retirement System (LAGERS)
Chapter 2 – Administrative Rules

PROPOSED RULE

16 CSR 20-2.150 Election of Trustees

PURPOSE: This rule establishes procedures related to the election of successor trustees of the system.

(1) Trustees shall be elected in accordance with the following procedure:

(A) Each employer shall certify two (2) persons to serve as representatives of the employer and employees. Collectively, these persons shall be known as the delegates.

1. The employer delegate shall be an officer of an employer certified to the board by the governing body of that employer to be their representative.

2. The employee delegate shall be an employee of an employer and elected by the collective employees of that employer. The secretary or clerk of the employer shall certify to the board the name of the employee delegate and that this name was obtained by an election consisting of a secret ballot wherein all employees were afforded the opportunity to vote;

(B) The board shall designate a time and place to hold an annual meeting at which elections of trustees will be conducted;

(C) For each class of elected trustee identified in section 70.605, RSMo, delegates from the same class shall elect a successor trustee; and

(D) For any class of trustee identified in section 70.605, RSMo, that is not either an employer or employee, all delegates, collectively, shall elect a successor trustee.

(2) Nothing in this rule shall otherwise prohibit the board, with the approval of the delegates from further establishing rules related to the manner in which an election is conducted.

AUTHORITY: section 70.605(6) and (21), RSMo 2016. Original rule filed March 27, 2024.

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 MO LAGERS, Attn: Chief Counsel, 701 W. Main St., Jefferson City, Missouri 65101. 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 2110 – Missouri Dental Board
Chapter 2 – General Rules

PROPOSED AMENDMENT

20 CSR 2110-2.130 Dental Hygienists. The board is amending sections (3) and (4), adding new section (11), and renumbering as necessary.

PURPOSE: This proposed amendment will allow dental hygienists to administer local anesthetic under the general supervision of a licensed dentist.

(3) A hygienist may perform the following procedures under general supervision:

(E) **Administering local anesthesia, as outlined in sections (9), (10), and (11) of this rule; and**

[(E)](F) All procedures delegable to a dental assistant or certified dental assistant, except the expanded functions in section (5) of this rule.

(4) A hygienist may perform the following procedures under indirect supervision:

[(B)] *Administering local anesthesia, as outlined in sections (9) and (10) of this rule;*

[(C)](B) Procedures deemed appropriate by a dentist as outlined in section 332.091, RSMo; and

[(D)](C) All procedures allowed under general supervision as outlined in section (3) of this rule.

(11) A hygienist may administer local anesthesia under general supervision to a patient of record of the supervising dentist. A written authorization shall be included in the patient's record prior to the administration of local anesthesia under general supervision. The supervising dentist shall document the applicable American Society of Anesthesiologists (ASA) classification in the patient record. ASA class III patients may be administered local anesthesia under general supervision after a consultation with the applicable physician of record. ASA class IV and V patients are not candidates for local anesthesia under general supervision. Patients being administered local anesthesia under general supervision must have been examined by the supervising dentist within the previous twelve (12) months. If the patient's medical history has changed since the last examination by the supervising dentist, the hygienist must consult with the dentist before administering local anesthetics. The supervising dentist shall be responsible for the care provided by the hygienist and shall ensure that the office is equipped with appropriate emergency equipment and that the staff are properly trained and competent to address emergency situations that may arise as a result of the administration of local anesthesia under general supervision.

[(11)](12) For purposes of this rule, proof of competency means documentation verifying completion of didactic and clinical training and passage of competency testing of that training from a dental, dental hygiene, or dental assisting school accredited by the Commission on Dental Accreditation of the American Dental Association or other training courses approved by the Missouri Dental Board.

[(12)](13) The provisions of this rule are declared severable. If a court of competent jurisdiction holds any provision of this rule invalid, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction.

AUTHORITY: sections 332.031, 332.071, [and] 332.091, [RSMo 2000, and sections 332.071,] 332.098, and 332.311, RSMo [Supp. 2012] 2016. This rule originally filed as 4 CSR 110-2.130. Original rule filed Dec. 12, 1975, effective Jan. 12, 1976. For intervening history, please consult the Code of State Regulations. Amended: Filed March 25, 2024.

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

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

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

TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE

Division 2110 – Missouri Dental Board Chapter 2 – General Rules

PROPOSED RULE

20 CSR 2110-2.134 Oral Preventive Assistant Pilot Project

PURPOSE: This rule implements the provisions of section 332.325, RSMo, and creates temporary waivers of provisions of Chapter 332, RSMo, and previously promulgated regulations pursuant to section 332.325, RSMo.

(1) Pursuant to the provisions of section 332.325, RSMo, the board is collaborating with the Office of Dental Health (ODH) within the Missouri Department of Health and Senior Services (DHSS) to create and approve pilot projects designed to examine new methods of extending care to medically underserved populations, as defined in 42 U.S.C. Section 300e-1(7). The project will temporarily create a new expanded functions dental assistant known as an oral preventive assistant that will provide limited dental hygiene services to patients in clinics selected by ODH in areas with significant shortages of practicing licensed dental hygienists.

(2) The objectives of this pilot project are to –

(A) Determine if the use of oral preventive assistants can improve access to care by assisting in a limited scope of practice with periodontally healthy patients and patients with reversible gingivitis by creating more portal entry appointment opportunities for patients;

(B) Assess the treatment outcomes of oral preventative assistants for periodontally healthy patients and patients with reversible gingivitis from a clinical and patient experience perspective; and

(C) Determine if the addition of oral preventive assistants to the oral healthcare workforce can improve access to care for patients with more serious periodontal problems by enabling dental hygienists and dentists to use time previously devoted to periodontally healthy patients to serve patients with more serious or urgent periodontal needs.

(3) This pilot project, as set forth in section (1) above, will necessitate a waiver of the following provisions of Chapter 332, RSMo, and previously promulgated regulations pursuant to section 332.325, RSMo:

(A) Specific provisions of sections 332.093, 332.098, and 332.101, RSMo, and 20 CSR 2110-2.120 in order to temporarily create a new expanded functions dental assistant known as an oral preventive assistant.

(4) The scope of practice for an oral preventive assistant shall be limited to taking and recording periodontal probe readings, documenting areas of periodontal concern, and supragingival scaling and polishing. Oral preventive assistants

shall be further limited to practicing on periodontally healthy patients or patients with reversible gingivitis.

(5) Oral preventive assistants shall complete a board approved oral preventive assistant expanded function training course and apply for an expanded function permit issued by the board. Before taking an oral preventive assistant expanded functions training course, a dental assistant shall successfully complete the Missouri Dental Assisting Skills exam administered by the Dental Assisting National Board or possess current certification as a Certified Dental Assistant from the Dental Assisting National Board.

(6) Patients receiving treatment from an oral preventive assistant shall be informed of the pilot project and shall provide written consent to receive treatment through the pilot project prior to receiving care.

(7) The number of facilities utilizing oral preventive assistants in a pilot project shall be limited to no more than twelve (12). The ODH shall provide a list of the approved dental facilities utilizing oral preventive assistants for a pilot project to the Missouri Dental Board. Of the facilities utilizing oral preventive assistants, at least half must be located in Missouri counties classified as class three (3) counties in accordance with section 48.020, RSMo.

(8) All facilities participating in a pilot project must have a policy for collecting and reporting feedback from both patients receiving care from as well as dental healthcare providers providing care through oral preventive assistants.

(9) All facilities participating in a pilot project shall accept patients enrolled in MO HealthNet.

(10) All facilities participating in a pilot project shall collect and submit the following data to the ODH on a monthly basis, which shall be provided to the Missouri Dental Board on a quarterly basis by the ODH:

(A) The number of new patients examined by all dental healthcare workers in the clinic during the reporting period, including a break-out of patients by age group (minors and adults) and periodontal diagnostic category (healthy, gingivitis, periodontitis as diagnosed by the supervising dentist);

(B) The number of patients seen by an oral preventive assistant during the reporting period, including a break-out of patients by age group (minors and adults) and periodontal diagnostic category (health, gingivitis, periodontitis as diagnosed by the supervising dentist);

(C) The number of new patients examined by all dental healthcare workers in the clinic during the reporting period of the calendar year prior to the current reporting period, including a break-out of patients by age group (minors and adults) and periodontal diagnostic category (healthy, gingivitis, periodontitis as diagnosed by the supervising dentist);

(D) The number of patients diagnosed with periodontitis during the reporting period;

(E) The number of patients diagnosed with periodontitis during the reporting period of the calendar year prior to the current reporting period;

(F) The number of gross debridement appointments during the reporting period;

(G) The number of gross debridement appointments during the reporting period of the calendar year prior to the current

reporting period;

(H) The number of scale and root plane appointments during the reporting period;

(I) The number of scale and root plane appointments during the reporting period of the calendar year prior to the current reporting period;

(J) The number of periodontal surgeries during the reporting period;

(K) The number of periodontal surgeries during the reporting period of the calendar year prior to the current reporting period;

(L) The number of periodontal maintenance appointments during the reporting period; and

(M) The number of periodontal maintenance appointments during the reporting period of the calendar year prior to the current reporting period.

(11) Each facility participating in a pilot project shall participate in an internal cohort study coordinated by the ODH to compare treatment outcomes of patients treated by oral preventive assistants to treatment outcomes of hygienists and dentists in the same clinic for comparable patient categories and the same finite period. The metrics that shall be used to assess the quality of oral preventive assistant treatment outcomes shall include at least the following:

(A) The percentage of patients categorized as healthy;

(B) The percentage of patients with improved outcomes as it relates to inflammation;

(C) The percentage of patients whose health status has not significantly improved or declined as it relates to localized problems;

(D) The percentage of patients whose health status has not significantly improved or declined as it relates to generalized inflammation; and

(E) Patient evaluation results of their treatment based on a Likert scale and open comment opportunities.

(12) Any adverse incident or injury to a patient during or as a result of care provided by an oral preventive assistant shall be reported directly to the Missouri Dental Board within two (2) business days of the supervising dentist learning of the incident or injury.

(13) The provisions of this rule shall only apply to dental healthcare workers providing services within an approved pilot project created through a collaboration between ODH and the board. The provisions of this rule and all associated pilot projects shall expire on August 28, 2026, in accordance with section 332.325, RSMo.

AUTHORITY: section 332.031, RSMo 2016, and section 332.325, RSMo Supp. 2023. Original rule filed: March 25, 2024.

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 Missouri Dental Board, PO Box 1367, Jefferson City, MO 65102, by facsimile at (573) 751-8216, or via email at dental@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No

public hearing is scheduled.

after publication of this proposed amendment in the *Missouri Register*. No public hearing is scheduled.

**TITLE 20 – DEPARTMENT OF COMMERCE AND
INSURANCE
Division 2150 – State Board of Registration for the
Healing Arts
Chapter 2 – Licensing of Physicians
and Surgeons**

PROPOSED AMENDMENT

20 CSR 2150-2.080 Physician Licensure Fees. The board is amending section (1).

PURPOSE: The board is increasing permanent physician licensure and renewal fees.

(1) The following fees are established by the State Board of Registration for the Healing Arts:

- (A) Physician
 - 1. Assistant Physician
 - A. Licensure Fee \$ 25
 - B. Renewal Fee \$ 25
 - C. Prescriptive Authority Fee \$ 25
 - 2. Contiguous State License
 - A. Licensure Fee \$ 25
 - B. Renewal Fee \$ 25
 - 3. Limited License
 - A. Licensure Fee \$ 25
 - B. Renewal Fee \$ 25
 - 4. Permanent Physician
 - A. Licensure Fee [~~\$ 82~~] **\$102**
 - B. Reinstatement Fee \$ 75
 - C. Renewal Fee [~~\$107~~] **\$147**
 - 5. Temporary Physician
 - A. Conditional Temporary License Fee \$ 25
 - B. Temporary License Fee \$ 25
 - C. Temporary License Renewal Fee \$ 25
 - 6. Visiting Professor
 - A. Licensure Fee \$ 25
 - B. Renewal Fee \$ 25

*AUTHORITY: sections 334.090.2 and 334.125, RSMo 2016, and section 135.690, RSMo Supp. [2022] 2023. This rule originally filed as 4 CSR 150-2.080. Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 8, 1981. Original rule filed July 14, 1981, effective Oct. 11, 1981. For intervening history, please consult the **Code of State Regulations**. Amended: Filed March 29, 2024.*

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 \$1,258,000 annually for the life of the rule.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri State Board of Registration for the Healing Arts, PO Box 4, 3605 Missouri Boulevard, Jefferson City, MO 65102, by facsimile at (573) 751-3166, or via email at healingarts@pr.mo.gov. To be considered, comments must be received within thirty (30) days