

FIRST REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 517

98TH GENERAL ASSEMBLY

2347H.05C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal sections 191.237, 193.015, 193.145, 324.001, and 334.104, RSMo, and to enact in lieu thereof eight new sections relating to professional registration.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 191.237, 193.015, 193.145, 324.001, and 334.104, RSMo, are
2 repealed and eight new sections enacted in lieu thereof, to be known as sections 191.236,
3 191.237, 191.238, 193.015, 193.145, 324.001, 334.104, and 621.280, to read as follows:

191.236. As used in sections 191.236 to 191.238, the following terms shall mean:

2 **(1) "Approved health information organization", a health information organization**
3 **approved under section 191.238;**

4 **(2) "Fine or penalty", any civil or criminal penalty or fine, tax, salary or wage**
5 **withholding, or surcharge established by law or by rule promulgated by a state agency**
6 **pursuant to chapter 536;**

7 **(3) "Health care system", any public or private entity whose function or purpose**
8 **is the management of, processing of, or enrollment of individuals for or payment for, in full**
9 **or in part, health care services or health care data or health care information for its**
10 **participants;**

11 **(4) "Health information organization", an organization that oversees and governs**
12 **the exchange of health-related information among organizations according to nationally**
13 **recognized standards.**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

191.237. 1. No law or rule promulgated by an agency of the state of Missouri may
2 impose a fine or penalty against a health care provider, hospital, or health care system for failing
3 to participate in any particular health information organization.

4 2. A health information organization shall not restrict the exchange of state agency data
5 or standards-based clinical summaries for patients for federal Health Insurance Portability and
6 Accountability Act (HIPAA) allowable uses. Charges for such service shall not exceed the cost
7 of the actual technology connection or recurring maintenance thereof.

8 3. [As used in this section, the following terms shall mean:

9 (1) "Fine or penalty", any civil or criminal penalty or fine, tax, salary or wage
10 withholding, or surcharge established by law or by rule promulgated by a state agency pursuant
11 to chapter 536;

12 (2) "Health care system", any public or private entity whose function or purpose is the
13 management of, processing of, or enrollment of individuals for or payment for, in full or in part,
14 health care services or health care data or health care information for its participants;

15 (3) "Health information organization", an organization that oversees and governs the
16 exchange of health-related information among organizations according to nationally recognized
17 standards.] **All approved health information organizations shall exchange standards-based**
clinical summaries for patients and all clinical and claims data from any agency within the
state with all other approved health information organizations within the state. Failure to
exchange such information shall result in the suspension or revocation of approval status
by the Missouri health information exchange commission and the immediate termination
of any contracts, grants, and any other forms of state funding.

23 4. (1) The state, including all administrative agencies and departments, shall not
24 convey "state designated entity" status to any health information organization. The state
25 shall recognize all approved health information organizations as being equally eligible for
26 any financial support from the state, or assistance or support from the state in securing any
27 other source of funding. The state shall not exchange health information with any
28 nonapproved health information organization unless otherwise required by law.

29 (2) Only approved health information organizations shall be qualified to respond
30 to contracting procurement opportunities and shall be awarded contracts, subject to the
31 provisions of chapter 34, provided that the state shall not award any contract to any health
32 information organization as a single feasible source vendor under section 34.044.

33 (3) Beginning August 28, 2015, all existing single feasible source vendor contracts
34 awarded to health information organizations operating within the state shall receive no
35 further appropriations.

36 5. The state shall not restrict the availability of or access to any state agency-
37 sponsored data sets including, but not limited to, MO HealthNet patient level claims data
38 and MO HealthNet patient level clinical data to any approved health information
39 organization.

40 6. A health care provider or nonapproved health information organization may
41 disclose protected health information to any state agency for any public health purpose
42 that is required by law without authorization from the Missouri health information
43 exchange commission. Nothing in this act shall be construed to limit the use, transfer, or
44 disclosure of protected health information as required or permitted by the Health
45 Insurance Portability and Accountability Act (HIPAA) or any other provision of law.

191.238. 1. There is hereby created a "Missouri Health Information Exchange
2 Commission". The commission shall consist of seven members, one of which shall be a
3 member of the senate appointed by the president pro tempore of the senate, one of which
4 shall be a member of the house of representatives appointed by the speaker of the house
5 of representatives, one of which shall be the chair of the joint committee on administrative
6 rules, one of which shall either be the chair of the house budget committee or the chair of
7 the senate appropriations committee on an annual revolving appointment, and with one
8 primary care provider appointed by the speaker of the house of representatives and one
9 health systems representative and one health information technology professional serving
10 as a chief information officer with an understanding of information sharing, Health
11 Insurance Portability and Accountability Act (HIPAA) regulations, and data security best
12 practices appointed by the president pro tempore of the senate. The commission members
13 shall be residents of Missouri and shall not have any common membership with the entities
14 and individuals appointed to the Missouri health information technology advisory board,
15 the Missouri health information organization board of directors, the Missouri health
16 connection board of directors, or any entities or individuals appointed to any board of any
17 health information organization with an interest in providing health information exchange
18 services within the state.

19 2. Commission members shall elect annually from the members a chairperson and
20 a vice-chairperson.

21 3. The term of office for each member of the commission shall coincide with the
22 term of his or her elected office if he or she is an elected official. The term of office for
23 nonelected members shall be three years, except that of the initial appointments, one
24 member shall be appointed for a term of one year and two members shall be appointed for
25 a term of two years. Any member may be removed from the commission if four or more
26 members vote for his or her removal in any regularly held or emergency scheduled

27 meeting. Three months before the expiration of the term of an elected official member
28 appointed by the speaker of the house of representatives and the president pro tempore of
29 the senate, the speaker and the president pro tempore shall appoint a successor whose term
30 begins on January first next following. Three months before the expiration of the term of
31 any nonelected member, the members of the current commission shall submit
32 recommendations to the speaker of the house of representatives and the president pro
33 tempore of the senate to fill the position. All nonelected members shall be eligible for
34 reappointment. If there is a vacancy for an elected official member for any cause, the
35 speaker of the house of representatives and the president pro tempore of the senate shall
36 make an appointment to become effective immediately for the unexpired term. If there is
37 a vacancy for a nonelected member for any cause, the chairperson or vice-chairperson shall
38 call an emergency meeting and the commission shall make an appointment for the vacant
39 seat to become effective immediately for the unexpired term.

40 4. Each member of the commission shall serve without compensation but shall be
41 reimbursed for actual and necessary expenses incurred in the performance of his or her
42 duties.

43 5. The commission shall have the authority to:

44 (1) Develop a process by which a health information organization may receive
45 approval status from the commission. The approval process shall include compliance with
46 commonly and equally applied standards designed to ensure the following:

47 (a) Adherence to nationally recognized standards for interoperability between
48 approved health information organizations and the promotion of standards that allow data
49 to flow as seamlessly as possible between the approved health information organizations;

50 (b) Conduct operations in a transparent manner to promote consumer confidence;

51 (c) Adoption and adherence to rules promulgated by the commission regarding
52 access to and use and disclosure of protected health information maintained by or on an
53 approved health information organization;

54 (d) Financial and operational sustainability in the absence of state and federal
55 funding; and

56 (e) Maintenance of policies and procedures to address data security including
57 breaches, mandatory cyber insurance coverage, data usage policies and guidelines, and
58 oversight processes and internal auditing practices for addressing data requests;

59 (2) Develop a process for the investigation of reported complaints and concerns
60 regarding an approved health information organization, as well as develop and impose the
61 appropriate proactive and remedial measures to address any identified deficiencies; and

62 **(3) Develop a process by which an approved health information organization shall
63 be reapproved at appropriate intervals, provided that the health information organization
64 demonstrates continuing compliance with the approval standards under subdivision (1) of
65 this subsection. The reapproval process shall include the following:**

66 **(a) An application for reapproval that shall be mailed to each previously approved
67 health information organization in the state at its last known address. Failure to receive
68 the application form shall not relieve a health information organization of the duty to apply
69 for reapproval or the duty to pay any applicable application fees. The application shall
70 include, but not be limited to, disclosure of the following:**

71 **a. The applicant organization's name and office address;**
72 **b. A listing of all connections with approved health information organizations in
73 this state for the purpose of exchanging standards-based clinical summaries for patients
74 and all clinical and claims data from any agency within the state;**

75 **c. The presence of any past or current data security issues and breaches;**
76 **d. Proof of mandatory cyber insurance coverage;**
77 **e. Copies of all data usage policies and guidelines;**
78 **f. A description of oversight processes and internal auditing processes;**
79 **g. Cash flow projections for the next two years depicting all forms of revenues and
80 expenses; and**

81 **h. Financial documents including the most recent audited financial statement, the
82 most recent monthly income and balance sheet, and the most recent profit-loss statement;**

83 **(b) Failure to apply for reapproval status by the deadline set by the commission
84 shall be cause for immediate suspension of approved status; and**

85 **(c) The commission shall establish application fees as deemed necessary to sustain
86 essential administrative functions.**

193.015. As used in sections 193.005 to 193.325, unless the context clearly indicates
2 otherwise, the following terms shall mean:

3 **(1) "Advanced practice registered nurse", a person licensed to practice as an
4 advanced practice registered nurse under chapter 335, and who has been delegated tasks
5 outlined in section 193.145 by a physician with whom he or she has entered into a
6 collaborative practice arrangement under chapter 334;**

7 **(2) "Assistant physician", as such term is defined in section 334.036, and who has
8 been delegated tasks outlined in section 193.145 by a physician with whom he or she has
9 entered into a collaborative practice arrangement under chapter 334;**

10 **(3) "Dead body", a human body or such parts of such human body from the condition
11 of which it reasonably may be concluded that death recently occurred;**

- 12 [(2)] **(4)** "Department", the department of health and senior services;
- 13 [(3)] **(5)** "Final disposition", the burial, interment, cremation, removal from the state,
14 or other authorized disposition of a dead body or fetus;
- 15 [(4)] **(6)** "Institution", any establishment, public or private, which provides inpatient or
16 outpatient medical, surgical, or diagnostic care or treatment or nursing, custodian, or domiciliary
17 care, or to which persons are committed by law;
- 18 [(5)] **(7)** "Live birth", the complete expulsion or extraction from its mother of a child,
19 irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or
20 shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or
21 definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the
22 placenta is attached;
- 23 [(6)] **(8)** "Physician", a person authorized or licensed to practice medicine or osteopathy
24 pursuant to chapter 334;
- 25 **[(7)] (9) "Physician assistant", a person licensed to practice as a physician assistant**
26 **pursuant to chapter 334, and who has been delegated tasks outlined in section 193.145 by**
27 **a physician with whom he or she has entered into a supervision agreement under chapter**
28 **334;**
- 29 **(10)** "Spontaneous fetal death", a noninduced death prior to the complete expulsion or
30 extraction from its mother of a fetus, irrespective of the duration of pregnancy; the death is
31 indicated by the fact that after such expulsion or extraction the fetus does not breathe or show
32 any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite
33 movement of voluntary muscles;
- 34 [(8)] **(11)** "State registrar", state registrar of vital statistics of the state of Missouri;
- 35 [(9)] **(12)** "System of vital statistics", the registration, collection, preservation,
36 amendment and certification of vital records; the collection of other reports required by sections
37 193.005 to 193.325 and section 194.060; and activities related thereto including the tabulation,
38 analysis and publication of vital statistics;
- 39 [(10)] **(13)** "Vital records", certificates or reports of birth, death, marriage, dissolution
40 of marriage and data related thereto;
- 41 [(11)] **(14)** "Vital statistics", the data derived from certificates and reports of birth,
42 death, spontaneous fetal death, marriage, dissolution of marriage and related reports.
- 43 193.145. 1. A certificate of death for each death which occurs in this state shall be filed
2 with the local registrar, or as otherwise directed by the state registrar, within five days after death
3 and shall be registered if such certificate has been completed and filed pursuant to this section.
4 All data providers in the death registration process, including, but not limited to, the state
5 registrar, local registrars, the state medical examiner, county medical examiners, coroners,

6 funeral directors or persons acting as such, embalmers, sheriffs, attending physicians and resident
7 physicians, **physician assistants, assistant physicians, advanced practice registered nurses,**
8 and the chief medical officers of licensed health care facilities, and other public or private
9 institutions providing medical care, treatment, or confinement to persons, shall be required to use
10 and utilize any electronic death registration system required and adopted under subsection 1 of
11 section 193.265 within six months of the system being certified by the director of the department
12 of health and senior services, or the director's designee, to be operational and available to all data
13 providers in the death registration process. However, should the person or entity that certifies
14 the cause of death not be part of, or does not use, the electronic death registration system, the
15 funeral director or person acting as such may enter the required personal data into the electronic
16 death registration system and then complete the filing by presenting the signed cause of death
17 certification to the local registrar, in which case the local registrar shall issue death certificates
18 as set out in subsection 2 of section 193.265. Nothing in this section shall prevent the state
19 registrar from adopting pilot programs or voluntary electronic death registration programs until
20 such time as the system can be certified; however, no such pilot or voluntary electronic death
21 registration program shall prevent the filing of a death certificate with the local registrar or the
22 ability to obtain certified copies of death certificates under subsection 2 of section 193.265 until
23 six months after such certification that the system is operational.

24 2. If the place of death is unknown but the dead body is found in this state, the certificate
25 of death shall be completed and filed pursuant to the provisions of this section. The place where
26 the body is found shall be shown as the place of death. The date of death shall be the date on
27 which the remains were found.

28 3. When death occurs in a moving conveyance in the United States and the body is first
29 removed from the conveyance in this state, the death shall be registered in this state and the place
30 where the body is first removed shall be considered the place of death. When a death occurs on
31 a moving conveyance while in international waters or air space or in a foreign country or its air
32 space and the body is first removed from the conveyance in this state, the death shall be
33 registered in this state but the certificate shall show the actual place of death if such place may
34 be determined.

35 4. The funeral director or person in charge of final disposition of the dead body shall file
36 the certificate of death. The funeral director or person in charge of the final disposition of the
37 dead body shall obtain or verify:

38 (1) The personal data from the next of kin or the best qualified person or source
39 available; and

40 (2) The medical certification from the person responsible for such certification.

41 5. The medical certification shall be completed, attested to its accuracy either by
42 signature or an electronic process approved by the department, and returned to the funeral
43 director or person in charge of final disposition within seventy-two hours after death by the
44 physician, **physician assistant, assistant physician, or advanced practice registered nurse**
45 in charge of the patient's care for the illness or condition which resulted in death. In the absence
46 of the physician, **physician assistant, assistant physician, advanced practice registered nurse**
47 or with the physician's, **physician assistant's, assistant physician's, or advanced practice**
48 **registered nurse's** approval the certificate may be completed and attested to its accuracy either
49 by signature or an approved electronic process by the physician's associate physician, the chief
50 medical officer of the institution in which death occurred, or the physician who performed an
51 autopsy upon the decedent, provided such individual has access to the medical history of the
52 case, views the deceased at or after death and death is due to natural causes. The state registrar
53 may approve alternate methods of obtaining and processing the medical certification and filing
54 the death certificate. The Social Security number of any individual who has died shall be placed
55 in the records relating to the death and recorded on the death certificate.

56 6. When death occurs from natural causes more than thirty-six hours after the decedent
57 was last treated by a physician, **physician assistant, assistant physician, or advanced practice**
58 **registered nurse**, the case shall be referred to the county medical examiner [or] , coroner [or]
59 , physician, **physician assistant, assistant physician, advanced practice registered nurse**, or
60 local registrar for investigation to determine and certify the cause of death. If the death is
61 determined to be of a natural cause, the medical examiner or coroner or local registrar shall refer
62 the certificate of death to the attending physician, **physician assistant, assistant physician, or**
63 **advanced practice registered nurse** for such [physician's] certification. If the attending
64 physician, **physician assistant, assistant physician, or advanced practice registered nurse**
65 refuses or is otherwise unavailable, the medical examiner or coroner or local registrar shall attest
66 to the accuracy of the certificate of death either by signature or an approved electronic process
67 within thirty-six hours.

68 7. If the circumstances suggest that the death was caused by other than natural causes,
69 the medical examiner or coroner shall determine the cause of death and shall complete and attest
70 to the accuracy either by signature or an approved electronic process the medical certification
71 within seventy-two hours after taking charge of the case.

72 8. If the cause of death cannot be determined within seventy-two hours after death, the
73 attending medical examiner or coroner [or] , attending physician, **physician assistant, assistant**
74 **physician, advanced practice registered nurse**, or local registrar shall give the funeral director,
75 or person in charge of final disposition of the dead body, notice of the reason for the delay, and
76 final disposition of the body shall not be made until authorized by the medical examiner or

77 coroner, attending physician, **physician assistant, assistant physician, advanced practice**
78 **registered nurse**, or local registrar.

79 9. When a death is presumed to have occurred within this state but the body cannot be
80 located, a death certificate may be prepared by the state registrar upon receipt of an order of a
81 court of competent jurisdiction which shall include the finding of facts required to complete the
82 death certificate. Such a death certificate shall be marked "Presumptive", show on its face the
83 date of registration, and identify the court and the date of decree.

324.001. 1. (1) **The purpose of sections 324.001 to 324.1109 is to promote the general welfare by establishing guidelines for the regulation of occupations and professions not regulated prior to January 1, 2016.**

4 (2) **All individuals may engage in the occupation of their choice, free from unreasonable government regulation. The state may not impose a substantial burden on an individual's pursuit of his or her occupation or profession unless there is an important governmental interest for the state to protect the general welfare. If such an interest exists, the regulation adopted by the state shall be the least restrictive type of regulation consistent to the public interest to be protected.**

10 (3) All bills introduced in the legislature to regulate an occupation or profession for the first time shall be reviewed according to the following criteria. An occupation or profession shall be regulated by the state only if:

13 (a) Unregulated practice has caused significant harm and endangered the general welfare and the potential for further harm and endangerment is easily recognizable and not remote or dependent upon tenuous argument;

16 (b) The public needs and can reasonably be expected to benefit from an assurance of initial personal qualifications; and

18 (c) The general welfare cannot be effectively protected by other means.

19 (4) After evaluating the criteria in subdivision (3) of this subsection and considering governmental, economic, and societal costs and benefits, if the legislature finds that the state has an important interest in regulating an occupation or profession not previously regulated by law, the least restrictive type of regulation shall be implemented, consistent with the need to protect the general welfare and this section. If:

24 (a) Market competition, common law, statutory civil actions, and criminal prohibitions are insufficient to eradicate actual harm, the regulation shall provide for stricter civil actions and criminal prosecutions;

27 (b) A service is being performed for individuals involves a hazard to the general welfare, the regulation shall impose inspection requirements and enable an appropriate

29 state agency to enforce violations by injunctive relief in court including, but not limited to,
30 regulation of the business activity providing the service rather than practitioners;

31 (c) The threat to the general welfare resulting from the practitioner's services is
32 relatively small, easily identifiable or predictable, the regulation shall implement a system
33 of insurance, bonding, or registration;

34 (d) The consumer possesses significantly less information so that the practitioner
35 puts the consumer in a disadvantageous position relative to the practitioner to judge the
36 quality of the practitioner's services, the regulation shall implement a voluntary system of
37 certification; or

38 (e) There is no other type of regulation that will protect the general welfare other
39 than licensing, the regulation shall implement a system of licensing.

40 2. For the purposes of this section, the following terms mean:

41 (1) "Applicant group", any occupational or professional group or organization, any
42 individual, or any other interested party that proposes that any occupation or profession
43 not presently regulated be regulated;

44 (2) "Certification", a voluntary program in which the government grants
45 nontransferable recognition to an individual who meets personal qualifications established
46 by a legislative body. Upon approval, the individual may use "certified" as a designated
47 title. Someone who has not been recognized as certified may perform the occupation for
48 compensation lawfully, but shall not use the title "certified". This term shall not be
49 synonymous with an occupational license or prohibit the use of private certification;

50 (3) "Department", the department of insurance, financial institutions and professional
51 registration;

52 [(2)] (4) "Director", the director of the division of professional registration; and

53 [(3)] (5) "Division", the division of professional registration;

54 (6) "General welfare", the concern of the government for the health, peace,
55 morality, and safety of its citizens;

56 (7) "Grandfather clause", a provision in a regulatory statute applicable to
57 practitioners actively engaged in the regulated occupation or profession prior to the
58 effective date of the regulatory statute which exempts the practitioners from meeting the
59 personal qualifications set forth in the regulatory statute to perform prescribed
60 occupational tasks;

61 (8) "Inspection" the periodic examination of practitioners by a state agency in
62 order to ascertain whether the practitioners' activities are being carried out in a fashion
63 consistent with the requisite level of cleanliness necessary to protect the general welfare;

64 (9) "Lawful occupation", a course of conduct, pursuit, or profession that includes
65 the sale of goods or services that are not themselves illegal to sell irrespective of whether
66 the individual selling them is subject to an occupational regulation;

67 (10) "Least restrictive type of occupational regulations", in order from least to most
68 restrictive:

69 (a) Market competition;
70 (b) A provision for private civil action to remedy consumer harm;
71 (c) Criminal sanction;
72 (d) Regulation of the business activity providing the service rather than the
73 practitioner;

74 (e) Inspection;
75 (f) Bonding or insurance;
76 (g) Registration;
77 (h) Certification;
78 (i) Occupational license;

79 (11) "Legislative committees of reference", the standing legislative committees
80 designated by the respective rules committees of the senate and house of representatives
81 to consider proposed legislation to regulate occupations, or professions not previously
82 regulated;

83 (12) "Occupational license", a nontransferable authorization in law for an
84 individual to perform a lawful occupation for compensation based on meeting personal
85 qualifications established by a legislative body. It shall be prohibited for an individual who
86 does not possess an occupational license to perform the occupation for compensation;

87 (13) "Occupational regulation", a statute, ordinance, rule, practice, policy, or other
88 law requiring an individual to possess certain personal qualifications to work in a lawful
89 occupation;

90 (14) "Personal qualifications", criteria related to an individual's personal
91 background including completion of an approved educational program, satisfactory
92 performance on an examination, work experience, criminal history, moral standing, and
93 completion of continuing education;

94 (15) "Practitioner", an individual who has achieved knowledge and skill by
95 practice and is actively engaged in a specified occupation or profession;

96 (16) "Public member" an individual who is not currently, and has never been in
97 the past, a member or spouse of a member of the occupation or profession being regulated
98 or an individual who does not currently have and has never in the past had a material

99 financial interest in either the rendering of the occupation or professional service being
100 regulated or an activity directly related to the occupation or profession being regulated;

101 (17) "Registration", a requirement established by the legislature in which a person:

102 (a) Submits notification to a state agency; and

103 (b) May use "registered" as a designated title.

104

105 Notification may include the person's name and address, the person's agent for service of
106 process, the location of the activity to be performed, and a description of the service the
107 person provides. Registration may include a requirement to post a bond but does not
108 include education or experience requirements. Nonregistered persons may not perform
109 the occupation for compensation or use "registered" as a designated title. The term
110 registration shall not be synonymous with an occupational license and does not refer to or
111 prohibit the use of private registration;

112 (18) "Regulatory entity", any board, commission, agency, division, or other unit
113 or subunit of state government which regulates one or more professions, occupations,
114 industries, businesses, or other endeavors in this state;

115 (19) "State agency", every state office, department, board, commission, regulatory
116 entity, and agency of the state, and, if provided by law, programs and activities involving
117 less than the full responsibility of a state agency;

118 (20) "Substantial burden", a requirement in an occupational regulation that
119 imposes significant difficulty or cost on an individual seeking to enter into or continue in
120 a lawful occupation and is more than an incidental burden.

121 [2.] 3. After January 1, 2016, applicant groups shall explain each of the following
122 factors to the extent requested by the legislative committees of reference:

123 (1) A definition of the problem and why regulation is necessary including, but not
124 limited to:

125 (a) The description and quantification of the actual harm to the general public due
126 to the fact that the occupation or profession is not regulated;

127 (b) The extent to which the actual harm could be avoided;

128 (c) A description of how consumers will benefit in the future from the proposed
129 type of regulation; and

130 (d) The extent of autonomy a practitioner has, as indicated by:

131 a. The extent to which the occupation or profession calls for independent judgment
132 and the extent of skill or experience required in making the independent judgment; and

133 b. The extent to which practitioners are supervised;

134 (2) The efforts made to address the actual harm caused:

135 (a) Voluntary efforts, if any, by members of the occupation or profession to:

136 a. Establish a code of ethics; or

137 b. Help resolve disputes between practitioners and consumers; and

138 (b) Recourse to and the extent of use of applicable law and whether it could be

139 strengthened to control the problem;

140 (3) The alternatives considered including, but not limited to:

141 (a) Increased civil or criminal sanctions;

142 (b) Regulation of businesses rather than practitioners;

143 (c) Regulation of the service or training program rather than the individual
144 practitioners;

145 (d) Inspections;

146 (e) Bonding or insurance;

147 (f) Registration of all practitioners;

148 (g) Certification of all practitioners;

149 (h) Other alternatives;

150 (i) Why the use of the alternatives specified in this subsection would not be
151 adequate to protect the general welfare; and

152 (j) Why licensing would serve to protect the general welfare;

153 (4) The benefit to the public if regulation is granted;

154 (5) The extent to which the incidences of specific problems present in the
155 unregulated occupation or profession can reasonably be expected to be reduced by
156 proposed regulation;

157 (6) Whether the public can identify qualified practitioners;

158 (7) The extent to which the public can be confident that qualified practitioners are
159 competent:

160 (a) Whether the proposed regulatory entity would be a board composed of
161 members of the profession and public members, a state agency, or both, and, if
162 appropriate, their respective responsibilities in administering the system of inspections,
163 bonding, insurance, registration, certification, or licensure, including the composition of
164 the board and the number of public members, if any; the powers and duties of the board
165 or state agency regarding examinations and for cause revocation, suspension, and
166 nonrenewal of registrations, certificates, or licenses; the promulgation of rules and canons
167 of ethics; the conduct of inspections; the receipt of complaints and disciplinary action taken
168 against practitioners; and how fees would be levied and collected to cover the expenses of
169 administering and operating the regulatory system;

170 (b) If there is a grandfather clause, how consumers will be protected from the harm
171 caused by current practitioners that is the basis for advocating for the enactment of the
172 proposed regulation;

173 (c) If there is a grandfather clause, if current practitioners will be required to meet
174 the prerequisite qualifications established by the regulatory entity at a later date and if not,
175 why not;

176 (d) Whether the regulatory entity would be authorized to enter into reciprocity
177 agreements with other jurisdictions;

178 (e) The nature and duration of any training including, but not limited to, whether
179 the training includes a substantial amount of supervised field experience; whether training
180 programs exist in this state; if there will be an experience requirement; whether the
181 experience shall be acquired under a registered, certified, or licensed practitioner; whether
182 there are alternative routes of entry or methods of meeting the prerequisite qualifications;
183 whether all applicants will be required to pass an examination; and, if an examination is
184 required, by whom it will be developed and how the costs of development will be met; and

185 (f) What additional training programs are anticipated to be necessary to assure
186 training is accessible statewide; the anticipated time required to establish the additional
187 training programs; the types of institutions capable of providing the training; a description
188 of how training programs will meet the needs of the expected workforce, including reentry
189 workers, minorities, placebound students, and others;

190 (8) Assurance of the public that practitioners have maintained their competence:

191 (a) Whether the registration, certification, or licensure will carry an expiration
192 date; and

193 (b) Whether renewal will be based only upon payment of a fee, or whether renewal
194 will involve reexamination, peer review, or other enforcement;

195 (9) The extent to which regulation might harm the public;

196 (10) The extent to which regulation will restrict entry into the occupation or
197 profession:

198 (a) Whether the proposed personal qualifications are more restrictive than
199 necessary to insure safe and effective performance;

200 (b) How the proposed personal qualifications compare to other regulations in the
201 state which may involve greater risks to the general welfare; and

202 (c) The number of other states that regulate the same occupation or profession and
203 how the proposed personal qualifications compare to required personal qualifications in
204 other states that regulate the same occupation or profession;

205 **(11) Whether there are similar professions to that of the applicant group which
206 shall be included in or portions of the applicant group which shall be excluded from the
207 proposed legislation;**

208 **(12) The maintenance of personal qualifications;**

209 **(13) Whether effective quality assurance standards exist in the occupation or
210 profession, such as legal requirements associated with specific programs that define or
211 enforce professional standards, or a code of ethics;**

212 **(14) How the proposed legislation will assure:**

213 **(a) The extent to which a code of ethics, if any, will be adopted; and**

214 **(b) Grounds for suspension or revocation of registration, certification, or licensure;**

215 **(15) A description of the group proposed for regulation, including a list of
216 associations, organizations, and other groups representing the practitioners in this state,
217 an estimate of the number of practitioners in each group, and whether the groups
218 represent different levels of practice; and**

219 **(16) The expected costs of regulation including, but not limited to:**

220 **(a) The impact registration, certification, or licensure will have on the costs of the
221 services to the public;**

222 **(b) The cost to the state and to the general public of implementing the proposed
223 legislation; and**

224 **(c) The cost to the state and the members of the group proposed for regulation for
225 the required education, including projected tuition and expenses and expected increases
226 in training programs, staffing, and enrollments at state training institutions.**

227 **4. Applicant groups shall submit a written report explaining the factors
228 enumerated in subsection 3 of this section to the legislative committees of reference.**

229 **5. A legislative proposal which contains a continuing education requirement shall
230 be accompanied by a detailed explanation of how such requirement could be effective for
231 the profession addressed in the legislation.**

232 **6. Nothing in this section shall be construed to create a right of action against a
233 private party or to require a private party to do business with an individual who is not
234 licensed, certified or registered with the government or to create a right of action against
235 the state, county, municipal, or other level of government in the state.**

236 **7. There is hereby established a "Division of Professional Registration" assigned to the
237 department of insurance, financial institutions and professional registration as a type III transfer,
238 headed by a director appointed by the governor with the advice and consent of the senate. All
239 of the general provisions, definitions and powers enumerated in section 1 of the Omnibus State**

240 Reorganization Act of 1974 and Executive Order 06-04 shall apply to this department and its
241 divisions, agencies, and personnel.

242 [3.] **8.** The director of the division of professional registration shall promulgate rules and
243 regulations which designate for each board or commission assigned to the division the renewal
244 date for licenses or certificates. After the initial establishment of renewal dates, no director of
245 the division shall promulgate a rule or regulation which would change the renewal date for
246 licenses or certificates if such change in renewal date would occur prior to the date on which the
247 renewal date in effect at the time such new renewal date is specified next occurs. Each board or
248 commission shall by rule or regulation establish licensing periods of one, two, or three years.
249 Registration fees set by a board or commission shall be effective for the entire licensing period
250 involved, and shall not be increased during any current licensing period. Persons who are
251 required to pay their first registration fees shall be allowed to pay the pro rata share of such fees
252 for the remainder of the period remaining at the time the fees are paid. Each board or
253 commission shall provide the necessary forms for initial registration, and thereafter the director
254 may prescribe standard forms for renewal of licenses and certificates. Each board or commission
255 shall by rule and regulation require each applicant to provide the information which is required
256 to keep the board's records current. Each board or commission shall have the authority to collect
257 and analyze information required to support workforce planning and policy development. Such
258 information shall not be publicly disclosed so as to identify a specific health care provider, as
259 defined in section 376.1350. Each board or commission shall issue the original license or
260 certificate.

261 [4.] **9.** The division shall provide clerical and other staff services relating to the issuance
262 and renewal of licenses for all the professional licensing and regulating boards and commissions
263 assigned to the division. The division shall perform the financial management and clerical
264 functions as they each relate to issuance and renewal of licenses and certificates. "Issuance and
265 renewal of licenses and certificates" means the ministerial function of preparing and delivering
266 licenses or certificates, and obtaining material and information for the board or commission in
267 connection with the renewal thereof. It does not include any discretionary authority with regard
268 to the original review of an applicant's qualifications for licensure or certification, or the
269 subsequent review of licensee's or certificate holder's qualifications, or any disciplinary action
270 contemplated against the licensee or certificate holder. The division may develop and implement
271 microfilming systems and automated or manual management information systems.

272 [5.] **10.** The director of the division shall maintain a system of accounting and budgeting,
273 in cooperation with the director of the department, the office of administration, and the state
274 auditor's office, to ensure proper charges are made to the various boards for services rendered
275 to them. The general assembly shall appropriate to the division and other state agencies from

276 each board's funds moneys sufficient to reimburse the division and other state agencies for all
277 services rendered and all facilities and supplies furnished to that board.

278 [6.] 11. For accounting purposes, the appropriation to the division and to the office of
279 administration for the payment of rent for quarters provided for the division shall be made from
280 the "Professional Registration Fees Fund", which is hereby created, and is to be used solely for
281 the purpose defined in subsection [5] 10 of this section. The fund shall consist of moneys
282 deposited into it from each board's fund. Each board shall contribute a prorated amount
283 necessary to fund the division for services rendered and rent based upon the system of accounting
284 and budgeting established by the director of the division as provided in subsection [5] 10 of this
285 section. Transfers of funds to the professional registration fees fund shall be made by each board
286 on July first of each year; provided, however, that the director of the division may establish an
287 alternative date or dates of transfers at the request of any board. Such transfers shall be made
288 until they equal the prorated amount for services rendered and rent by the division. The
289 provisions of section 33.080 to the contrary notwithstanding, money in this fund shall not be
290 transferred and placed to the credit of general revenue.

291 [7.] 12. The director of the division shall be responsible for collecting and accounting
292 for all moneys received by the division or its component agencies. Any money received by a
293 board or commission shall be promptly given, identified by type and source, to the director. The
294 director shall keep a record by board and state accounting system classification of the amount
295 of revenue the director receives. The director shall promptly transmit all receipts to the
296 department of revenue for deposit in the state treasury to the credit of the appropriate fund. The
297 director shall provide each board with all relevant financial information in a timely fashion.
298 Each board shall cooperate with the director by providing necessary information.

299 [8.] 13. All educational transcripts, test scores, complaints, investigatory reports, and
300 information pertaining to any person who is an applicant or licensee of any agency assigned to
301 the division of professional registration by statute or by the department are confidential and may
302 not be disclosed to the public or any member of the public, except with the written consent of
303 the person whose records are involved. The agency which possesses the records or information
304 shall disclose the records or information if the person whose records or information is involved
305 has consented to the disclosure. Each agency is entitled to the attorney-client privilege and work-
306 product privilege to the same extent as any other person. Provided, however, that any board may
307 disclose confidential information without the consent of the person involved in the course of
308 voluntary interstate exchange of information, or in the course of any litigation concerning that
309 person, or pursuant to a lawful request, or to other administrative or law enforcement agencies
310 acting within the scope of their statutory authority. Information regarding identity, including
311 names and addresses, registration, and currency of the license of the persons possessing licenses

312 to engage in a professional occupation and the names and addresses of applicants for such
313 licenses is not confidential information.

314 [9.] **14.** Any deliberations conducted and votes taken in rendering a final decision after
315 a hearing before an agency assigned to the division shall be closed to the parties and the public.
316 Once a final decision is rendered, that decision shall be made available to the parties and the
317 public.

318 [10.] **15.** A compelling governmental interest shall be deemed to exist for the purposes
319 of section 536.025 for licensure fees to be reduced by emergency rule, if the projected fund
320 balance of any agency assigned to the division of professional registration is reasonably expected
321 to exceed an amount that would require transfer from that fund to general revenue.

322 [11.] **16.** (1) The following boards and commissions are assigned by specific type
323 transfers to the division of professional registration: Missouri state board of accountancy,
324 chapter 326; board of cosmetology and barber examiners, chapters 328 and 329; Missouri board
325 for architects, professional engineers, professional land surveyors and landscape architects,
326 chapter 327; Missouri state board of chiropractic examiners, chapter 331; state board of
327 registration for the healing arts, chapter 334; Missouri dental board, chapter 332; state board of
328 embalmers and funeral directors, chapter 333; state board of optometry, chapter 336; Missouri
329 state board of nursing, chapter 335; board of pharmacy, chapter 338; state board of podiatric
330 medicine, chapter 330; Missouri real estate appraisers commission, chapter 339; and Missouri
331 veterinary medical board, chapter 340. The governor shall appoint members of these boards by
332 and with the advice and consent of the senate.

333 (2) The boards and commissions assigned to the division shall exercise all their
334 respective statutory duties and powers, except those clerical and other staff services involving
335 collecting and accounting for moneys and financial management relating to the issuance and
336 renewal of licenses, which services shall be provided by the division, within the appropriation
337 therefor. Nothing herein shall prohibit employment of professional examining or testing services
338 from professional associations or others as required by the boards or commissions on contract.
339 Nothing herein shall be construed to affect the power of a board or commission to expend its
340 funds as appropriated. However, the division shall review the expense vouchers of each board.
341 The results of such review shall be submitted to the board reviewed and to the house and senate
342 appropriations committees annually.

343 (3) Notwithstanding any other provisions of law, the director of the division shall
344 exercise only those management functions of the boards and commissions specifically provided
345 in the Reorganization Act of 1974, and those relating to the allocation and assignment of space,
346 personnel other than board personnel, and equipment.

347 (4) "Board personnel", as used in this section or chapters 317, 326, 327, 328, 329, 330,
348 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, and 345, shall mean personnel whose functions
349 and responsibilities are in areas not related to the clerical duties involving the issuance and
350 renewal of licenses, to the collecting and accounting for moneys, or to financial management
351 relating to issuance and renewal of licenses; specifically included are executive secretaries (or
352 comparable positions), consultants, inspectors, investigators, counsel, and secretarial support
353 staff for these positions; and such other positions as are established and authorized by statute for
354 a particular board or commission. Boards and commissions may employ legal counsel, if
355 authorized by law, and temporary personnel if the board is unable to meet its responsibilities with
356 the employees authorized above. Any board or commission which hires temporary employees
357 shall annually provide the division director and the appropriation committees of the general
358 assembly with a complete list of all persons employed in the previous year, the length of their
359 employment, the amount of their remuneration, and a description of their responsibilities.

360 (5) Board personnel for each board or commission shall be employed by and serve at the
361 pleasure of the board or commission, shall be supervised as the board or commission designates,
362 and shall have their duties and compensation prescribed by the board or commission, within
363 appropriations for that purpose, except that compensation for board personnel shall not exceed
364 that established for comparable positions as determined by the board or commission pursuant
365 to the job and pay plan of the department of insurance, financial institutions and professional
366 registration. Nothing herein shall be construed to permit salaries for any board personnel to be
367 lowered except by board action.

368 [12.] 17. All the powers, duties, and functions of the division of athletics, chapter 317,
369 and others, are assigned by type I transfer to the division of professional registration.

370 [13.] 18. Wherever the laws, rules, or regulations of this state make reference to the
371 "division of professional registration of the department of economic development", such
372 references shall be deemed to refer to the division of professional registration.

334.104. 1. A physician may enter into collaborative practice arrangements with
2 registered professional nurses. Collaborative practice arrangements shall be in the form of
3 written agreements, jointly agreed-upon protocols, or standing orders for the delivery of health
4 care services. Collaborative practice arrangements, which shall be in writing, may delegate to
5 a registered professional nurse the authority to administer or dispense drugs and provide
6 treatment as long as the delivery of such health care services is within the scope of practice of
7 the registered professional nurse and is consistent with that nurse's skill, training and
8 competence.

9 2. Collaborative practice arrangements, which shall be in writing, may delegate to a
10 registered professional nurse the authority to administer, dispense or prescribe drugs and provide

11 treatment if the registered professional nurse is an advanced practice registered nurse as defined
12 in subdivision (2) of section 335.016. Collaborative practice arrangements may delegate to an
13 advanced practice registered nurse, as defined in section 335.016, the authority to administer,
14 dispense, or prescribe controlled substances listed in Schedules III, IV, and V of section 195.017;
15 except that, the collaborative practice arrangement shall not delegate the authority to administer
16 any controlled substances listed in schedules III, IV, and V of section 195.017 for the purpose
17 of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures.
18 Schedule III narcotic controlled substance prescriptions shall be limited to a one hundred twenty-
19 hour supply without refill. Such collaborative practice arrangements shall be in the form of
20 written agreements, jointly agreed-upon protocols or standing orders for the delivery of health
21 care services.

22 3. The written collaborative practice arrangement shall contain at least the following
23 provisions:

24 (1) Complete names, home and business addresses, zip codes, and telephone numbers
25 of the collaborating physician and the advanced practice registered nurse;

26 (2) A list of all other offices or locations besides those listed in subdivision (1) of this
27 subsection where the collaborating physician authorized the advanced practice registered nurse
28 to prescribe;

29 (3) A requirement that there shall be posted at every office where the advanced practice
30 registered nurse is authorized to prescribe, in collaboration with a physician, a prominently
31 displayed disclosure statement informing patients that they may be seen by an advanced practice
32 registered nurse and have the right to see the collaborating physician;

33 (4) All specialty or board certifications of the collaborating physician and all
34 certifications of the advanced practice registered nurse;

35 (5) The manner of collaboration between the collaborating physician and the advanced
36 practice registered nurse, including how the collaborating physician and the advanced practice
37 registered nurse will:

38 (a) Engage in collaborative practice consistent with each professional's skill, training,
39 education, and competence;

40 (b) Maintain geographic proximity, except the collaborative practice arrangement may
41 allow for geographic proximity to be waived for a maximum of twenty-eight days per calendar
42 year for rural health clinics as defined by P.L. 95-210, as long as the collaborative practice
43 arrangement includes alternative plans as required in paragraph (c) of this subdivision. This
44 exception to geographic proximity shall apply only to independent rural health clinics, provider-
45 based rural health clinics where the provider is a critical access hospital as provided in 42 U.S.C.
46 1395i-4, and provider-based rural health clinics where the main location of the hospital sponsor

47 is greater than fifty miles from the clinic. The collaborating physician is required to maintain
48 documentation related to this requirement and to present it to the state board of registration for
49 the healing arts when requested; and

50 (c) Provide coverage during absence, incapacity, infirmity, or emergency by the
51 collaborating physician;

52 (6) A description of the advanced practice registered nurse's controlled substance
53 prescriptive authority in collaboration with the physician, including a list of the controlled
54 substances the physician authorizes the nurse to prescribe and documentation that it is consistent
55 with each professional's education, knowledge, skill, and competence;

56 (7) A list of all other written practice agreements of the collaborating physician and the
57 advanced practice registered nurse;

58 (8) The duration of the written practice agreement between the collaborating physician
59 and the advanced practice registered nurse;

60 (9) A description of the time and manner of the collaborating physician's review of the
61 advanced practice registered nurse's delivery of health care services. The description shall
62 include provisions that the advanced practice registered nurse shall submit a minimum of ten
63 percent of the charts documenting the advanced practice registered nurse's delivery of health care
64 services to the collaborating physician for review by the collaborating physician, or any other
65 physician designated in the collaborative practice arrangement, every fourteen days. **In**
66 **performing the review, the collaborating physician need not be present at the health care**
67 **practitioner's site;** and

68 (10) The collaborating physician, or any other physician designated in the collaborative
69 practice arrangement, shall review every fourteen days a minimum of twenty percent of the
70 charts in which the advanced practice registered nurse prescribes controlled substances. The
71 charts reviewed under this subdivision may be counted in the number of charts required to be
72 reviewed under subdivision (9) of this subsection.

73 4. The state board of registration for the healing arts pursuant to section 334.125 and the
74 board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of
75 collaborative practice arrangements. Such rules shall be limited to specifying geographic areas
76 to be covered, the methods of treatment that may be covered by collaborative practice
77 arrangements and the requirements for review of services provided pursuant to collaborative
78 practice arrangements including delegating authority to prescribe controlled substances. Any
79 rules relating to dispensing or distribution of medications or devices by prescription or
80 prescription drug orders under this section shall be subject to the approval of the state board of
81 pharmacy. Any rules relating to dispensing or distribution of controlled substances by
82 prescription or prescription drug orders under this section shall be subject to the approval of the

83 department of health and senior services and the state board of pharmacy. In order to take effect,
84 such rules shall be approved by a majority vote of a quorum of each board. Neither the state
85 board of registration for the healing arts nor the board of nursing may separately promulgate rules
86 relating to collaborative practice arrangements. Such jointly promulgated rules shall be
87 consistent with guidelines for federally funded clinics. The rulemaking authority granted in this
88 subsection shall not extend to collaborative practice arrangements of hospital employees
89 providing inpatient care within hospitals as defined pursuant to chapter 197 or population-based
90 public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

91 5. The state board of registration for the healing arts shall not deny, revoke, suspend or
92 otherwise take disciplinary action against a physician for health care services delegated to a
93 registered professional nurse provided the provisions of this section and the rules promulgated
94 thereunder are satisfied. Upon the written request of a physician subject to a disciplinary action
95 imposed as a result of an agreement between a physician and a registered professional nurse or
96 registered physician assistant, whether written or not, prior to August 28, 1993, all records of
97 such disciplinary licensure action and all records pertaining to the filing, investigation or review
98 of an alleged violation of this chapter incurred as a result of such an agreement shall be removed
99 from the records of the state board of registration for the healing arts and the division of
100 professional registration and shall not be disclosed to any public or private entity seeking such
101 information from the board or the division. The state board of registration for the healing arts
102 shall take action to correct reports of alleged violations and disciplinary actions as described in
103 this section which have been submitted to the National Practitioner Data Bank. In subsequent
104 applications or representations relating to his medical practice, a physician completing forms or
105 documents shall not be required to report any actions of the state board of registration for the
106 healing arts for which the records are subject to removal under this section.

107 6. Within thirty days of any change and on each renewal, the state board of registration
108 for the healing arts shall require every physician to identify whether the physician is engaged in
109 any collaborative practice agreement, including collaborative practice agreements delegating the
110 authority to prescribe controlled substances, or physician assistant agreement and also report to
111 the board the name of each licensed professional with whom the physician has entered into such
112 agreement. The board may make this information available to the public. The board shall track
113 the reported information and may routinely conduct random reviews of such agreements to
114 ensure that agreements are carried out for compliance under this chapter.

115 7. Notwithstanding any law to the contrary, a certified registered nurse anesthetist as
116 defined in subdivision (8) of section 335.016 shall be permitted to provide anesthesia services
117 without a collaborative practice arrangement provided that he or she is under the supervision of
118 an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if

119 needed. Nothing in this subsection shall be construed to prohibit or prevent a certified registered
120 nurse anesthetist as defined in subdivision (8) of section 335.016 from entering into a
121 collaborative practice arrangement under this section, except that the collaborative practice
122 arrangement may not delegate the authority to prescribe any controlled substances listed in
123 Schedules III, IV, and V of section 195.017.

124 8. A collaborating physician shall not enter into a collaborative practice arrangement
125 with more than three full-time equivalent advanced practice registered nurses. This limitation
126 shall not apply to collaborative arrangements of hospital employees providing inpatient care
127 service in hospitals as defined in chapter 197 or population-based public health services as
128 defined by 20 CSR 2150-5.100 as of April 30, 2008.

129 9. It is the responsibility of the collaborating physician to determine and document the
130 completion of at least a one-month period of time during which the advanced practice registered
131 nurse shall practice with the collaborating physician continuously present before practicing in
132 a setting where the collaborating physician is not continuously present. This limitation shall not
133 apply to collaborative arrangements of providers of population-based public health services as
134 defined by 20 CSR 2150-5.100 as of April 30, 2008, **nor to collaborative arrangements**
between a physician and an advanced practice registered nurse, if the collaborative
physician is new to a patient population with which the collaborating advanced practice
registered nurse is already familiar.

138 10. No agreement made under this section shall supersede current hospital licensing
139 regulations governing hospital medication orders under protocols or standing orders for the
140 purpose of delivering inpatient or emergency care within a hospital as defined in section 197.020
141 if such protocols or standing orders have been approved by the hospital's medical staff and
142 pharmaceutical therapeutics committee.

143 11. No contract or other agreement shall require a physician to act as a collaborating
144 physician for an advanced practice registered nurse against the physician's will. A physician
145 shall have the right to refuse to act as a collaborating physician, without penalty, for a particular
146 advanced practice registered nurse. No contract or other agreement shall limit the collaborating
147 physician's ultimate authority over any protocols or standing orders or in the delegation of the
148 physician's authority to any advanced practice registered nurse, but this requirement shall not
149 authorize a physician in implementing such protocols, standing orders, or delegation to violate
150 applicable standards for safe medical practice established by hospital's medical staff.

151 12. No contract or other agreement shall require any advanced practice registered nurse
152 to serve as a collaborating advanced practice registered nurse for any collaborating physician
153 against the advanced practice registered nurse's will. An advance practice registered nurse shall
154 have the right to refuse to collaborate, without penalty, with a particular physician.

621.280. 1. For any new board or commission created after July 1, 2015, and
2 charged with regulating or licensing an occupation or profession, those practitioners
3 actively engaged in the newly regulated occupation or profession for at least one year prior
4 to the effective date of the regulatory statute shall have a property right in their continued
5 legal ability to engage in their occupation or profession.

6 2. Any decision of a newly-created board or commission to refuse licensure to a pre-
7 existing practitioner shall be in writing, shall inform the pre-existing practitioner of the
8 specific reasons for the denial, and shall inform the pre-existing practitioner of his or her
9 right to appeal before a neutral decision-maker at the administrative hearing commission.
10 Any pre-existing practitioner denied licensure shall have the right to file an appeal to the
11 administrative hearing commission on his or her license denial within thirty days after the
12 decision of the newly-created board or commission. If the pre-existing practitioner does not
13 timely appeal, his or her right to continue practicing the occupation or profession shall
14 extinguish immediately. In the event of a timely appeal, the pre-existing practitioner's
15 right to practice his or her occupation or profession shall continue until a final decision of
16 the administrative hearing commission. The burden of proof in any hearing under this
17 section shall be on the new board or commission to show that the pre-existing practitioner
18 does not meet the requirements of the new regulatory regime.

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