

CONFERENCE COMMITTEE SUBSTITUTE NO. 2

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 330

AN ACT

To repeal sections 331.100, 332.093, 334.104, 346.050, 346.055, 346.085, and 453.070, RSMo, and to enact in lieu thereof six new sections relating to professional licenses.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

1 Section A. Sections 331.100, 332.093, 334.104, 346.050,
2 346.055, 346.085, and 453.070, RSMo, are repealed and six new
3 sections, to be known as sections 331.100, 332.093, 334.104,
4 346.055, 346.085, and 453.070, to read as follows:

5 331.100. 1. The board shall elect a president and
6 secretary at the first regular meeting held after January first
7 of each year. Each member of the board shall receive as
8 compensation for his services the sum of fifty dollars per day
9 while discharging the actual duties of the board, and each member
10 shall receive necessary traveling expenses while actually engaged
11 in the performance of his duties as a member of the board.

12 2. The board shall have a common seal, and shall adopt
13 rules and regulations for the application and enforcement of this
14 chapter. The president and secretary shall have power to

1 administer oaths. Four members shall constitute a quorum. They
2 shall publish the dates and places for examinations at least
3 thirty days prior to the meeting. The board shall create no
4 expenses exceeding the sums received from time to time as herein
5 provided.

6 3. The board shall employ such board personnel as may be
7 necessary to carry out the provisions of this chapter. Board
8 personnel shall include an executive secretary or comparable
9 position, inspectors, investigators, attorneys, and secretarial
10 support staff for these positions.

11 4. Board personnel shall have their duties and compensation
12 prescribed by the board within appropriations for that purpose,
13 except that compensation for board personnel shall not exceed
14 that established for comparable positions, as determined by the
15 board, under the job and pay plan of the department of insurance,
16 financial institutions and professional registration.

17 5. Members of the board shall not be personally liable
18 either jointly or separately for any act or acts committed in the
19 performance of their official duties as board members [except
20 gross negligence].

21 332.093. Any person "practices as a dental assistant"
22 within the meaning of this chapter who provides patient services
23 in cooperation with and under the direct supervision of a
24 currently registered and licensed dentist in Missouri. A
25 currently registered and licensed dentist may delegate to a
26 dental assistant, certified dental assistant or expanded
27 functions dental assistant, under their direct supervision, such
28 reversible acts that would be considered the practice of

1 dentistry as defined in section 332.071 provided such delegation
2 is done pursuant to the terms and conditions of a rule adopted by
3 the Missouri dental board pursuant to section 332.031; except
4 that, no such rule may allow delegation of acts that conflict
5 with the practice of dental hygiene as defined in section
6 332.091, with the exception that polishing of teeth, placement of
7 pit or fissure sealants, and application of topical fluoride may
8 be delegated to a dental assistant, certified dental assistant or
9 expanded-functions dental assistant.

10 334.104. 1. A physician may enter into collaborative
11 practice arrangements with registered professional nurses.
12 Collaborative practice arrangements shall be in the form of
13 written agreements, jointly agreed-upon protocols, or standing
14 orders for the delivery of health care services. Collaborative
15 practice arrangements, which shall be in writing, may delegate to
16 a registered professional nurse the authority to administer or
17 dispense drugs and provide treatment as long as the delivery of
18 such health care services is within the scope of practice of the
19 registered professional nurse and is consistent with that nurse's
20 skill, training and competence.

21 2. Collaborative practice arrangements, which shall be in
22 writing, may delegate to a registered professional nurse the
23 authority to administer, dispense or prescribe drugs and provide
24 treatment if the registered professional nurse is an advanced
25 practice registered nurse as defined in subdivision (2) of
26 section 335.016. Collaborative practice arrangements may
27 delegate to an advanced practice registered nurse, as defined in
28 section 335.016, the authority to administer, dispense, or

1 prescribe controlled substances listed in Schedules III, IV, and
2 V of section 195.017; except that, the collaborative practice
3 arrangement shall not delegate the authority to administer any
4 controlled substances listed in schedules III, IV, and V of
5 section 195.017 for the purpose of inducing sedation or general
6 anesthesia for therapeutic, diagnostic, or surgical procedures.
7 Schedule III narcotic controlled substance prescriptions shall be
8 limited to a one hundred twenty-hour supply without refill. Such
9 collaborative practice arrangements shall be in the form of
10 written agreements, jointly agreed-upon protocols or standing
11 orders for the delivery of health care services.

12 3. The written collaborative practice arrangement shall
13 contain at least the following provisions:

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

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

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

27 (4) All specialty or board certifications of the
28 collaborating physician and all certifications of the advanced

1 practice registered nurse;

2 (5) The manner of collaboration between the collaborating
3 physician and the advanced practice registered nurse, including
4 how the collaborating physician and the advanced practice
5 registered nurse will:

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

8 (b) Maintain geographic proximity, except the collaborative
9 practice arrangement may allow for geographic proximity to be
10 waived for a maximum of twenty-eight days per calendar year for
11 rural health clinics as defined by P.L. 95-210, as long as the
12 collaborative practice arrangement includes alternative plans as
13 required in paragraph (c) of this subdivision. This exception to
14 geographic proximity shall apply only to independent rural health
15 clinics, provider-based rural health clinics where the provider
16 is a critical access hospital as provided in 42 U.S.C. 1395i-4,
17 and provider-based rural health clinics where the main location
18 of the hospital sponsor is greater than fifty miles from the
19 clinic. The collaborating physician is required to maintain
20 documentation related to this requirement and to present it to
21 the state board of registration for the healing arts when
22 requested; and

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

25 (6) A description of the advanced practice registered
26 nurse's controlled substance prescriptive authority in
27 collaboration with the physician, including a list of the
28 controlled substances the physician authorizes the nurse to

1 prescribe and documentation that it is consistent with each
2 professional's education, knowledge, skill, and competence;

3 (7) A list of all other written practice agreements of the
4 collaborating physician and the advanced practice registered
5 nurse;

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

9 (9) A description of the time and manner of the
10 collaborating physician's review of the advanced practice
11 registered nurse's delivery of health care services. The
12 description shall include provisions that the advanced practice
13 registered nurse shall submit a minimum of ten percent of the
14 charts documenting the advanced practice registered nurse's
15 delivery of health care services to the collaborating physician
16 for review by the collaborating physician, or any other physician
17 designated in the collaborative practice arrangement, every
18 fourteen days; and

19 (10) The collaborating physician, or any other physician
20 designated in the collaborative practice arrangement, shall
21 review every fourteen days a minimum of twenty percent of the
22 charts in which the advanced practice registered nurse prescribes
23 controlled substances. The charts reviewed under this
24 subdivision may be counted in the number of charts required to be
25 reviewed under subdivision (9) of this subsection.

26 4. The state board of registration for the healing arts
27 pursuant to section 334.125 and the board of nursing pursuant to
28 section 335.036 may jointly promulgate rules regulating the use

1 of collaborative practice arrangements. Such rules shall be
2 limited to specifying geographic areas to be covered, the methods
3 of treatment that may be covered by collaborative practice
4 arrangements and the requirements for review of services provided
5 pursuant to collaborative practice arrangements including
6 delegating authority to prescribe controlled substances. Any
7 rules relating to dispensing or distribution of medications or
8 devices by prescription or prescription drug orders under this
9 section shall be subject to the approval of the state board of
10 pharmacy. Any rules relating to dispensing or distribution of
11 controlled substances by prescription or prescription drug orders
12 under this section shall be subject to the approval of the
13 department of health and senior services and the state board of
14 pharmacy. In order to take effect, such rules shall be approved
15 by a majority vote of a quorum of each board. Neither the state
16 board of registration for the healing arts nor the board of
17 nursing may separately promulgate rules relating to collaborative
18 practice arrangements. Such jointly promulgated rules shall be
19 consistent with guidelines for federally funded clinics. The
20 rulemaking authority granted in this subsection shall not extend
21 to collaborative practice arrangements of hospital employees
22 providing inpatient care within hospitals as defined pursuant to
23 chapter 197 or population-based public health services as defined
24 by 20 CSR 2150-5.100 as of April 30, 2008.

25 5. The state board of registration for the healing arts
26 shall not deny, revoke, suspend or otherwise take disciplinary
27 action against a physician for health care services delegated to
28 a registered professional nurse provided the provisions of this

1 section and the rules promulgated thereunder are satisfied. Upon
2 the written request of a physician subject to a disciplinary
3 action imposed as a result of an agreement between a physician
4 and a registered professional nurse or registered physician
5 assistant, whether written or not, prior to August 28, 1993, all
6 records of such disciplinary licensure action and all records
7 pertaining to the filing, investigation or review of an alleged
8 violation of this chapter incurred as a result of such an
9 agreement shall be removed from the records of the state board of
10 registration for the healing arts and the division of
11 professional registration and shall not be disclosed to any
12 public or private entity seeking such information from the board
13 or the division. The state board of registration for the healing
14 arts shall take action to correct reports of alleged violations
15 and disciplinary actions as described in this section which have
16 been submitted to the National Practitioner Data Bank. In
17 subsequent applications or representations relating to his
18 medical practice, a physician completing forms or documents shall
19 not be required to report any actions of the state board of
20 registration for the healing arts for which the records are
21 subject to removal under this section.

22 6. Within thirty days of any change and on each renewal,
23 the state board of registration for the healing arts shall
24 require every physician to identify whether the physician is
25 engaged in any collaborative practice agreement, including
26 collaborative practice agreements delegating the authority to
27 prescribe controlled substances, or physician assistant agreement
28 and also report to the board the name of each licensed

1 professional with whom the physician has entered into such
2 agreement. The board may make this information available to the
3 public. The board shall track the reported information and may
4 routinely conduct random reviews of such agreements to ensure
5 that agreements are carried out for compliance under this
6 chapter.

7 7. Notwithstanding any law to the contrary, a certified
8 registered nurse anesthetist as defined in subdivision (8) of
9 section 335.016 shall be permitted to provide anesthesia services
10 without a collaborative practice arrangement provided that he or
11 she is under the supervision of an anesthesiologist or other
12 physician, dentist, or podiatrist who is immediately available if
13 needed. Nothing in this subsection shall be construed to
14 prohibit or prevent a certified registered nurse anesthetist as
15 defined in subdivision (8) of section 335.016 from entering into
16 a collaborative practice arrangement under this section, except
17 that the collaborative practice arrangement may not delegate the
18 authority to prescribe any controlled substances listed in
19 Schedules III, IV, and V of section 195.017.

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

27 9. It is the responsibility of the collaborating physician
28 to determine and document the completion of at least a one-month

1 period of time during which the advanced practice registered
2 nurse shall practice with the collaborating physician
3 continuously present before practicing in a setting where the
4 collaborating physician is not continuously present. This
5 limitation shall not apply to collaborative arrangements of
6 providers of population-based public health services as defined
7 by 20 CSR 2150-5.100 as of April 30, 2008.

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

15 11. No contract or other agreement shall require a
16 physician to act as a collaborating physician for an advanced
17 practice registered nurse against the physician's will. A
18 physician shall have the right to refuse to act as a
19 collaborating physician, without penalty, for a particular
20 advanced practice registered nurse. No contract or other
21 agreement shall limit the collaborating physician's ultimate
22 authority over any protocols or standing orders or in the
23 delegation of the physician's authority to any advanced practice
24 registered nurse, but this requirement shall not authorize a
25 physician in implementing such protocols, standing orders, or
26 delegation to violate applicable standards for safe medical
27 practice established by hospital's medical staff.

28 12. No contract or other agreement shall require any

1 advanced practice registered nurse to serve as a collaborating
2 advanced practice registered nurse for any collaborating
3 physician against the advanced practice registered nurse's will.
4 An advanced practice registered nurse shall have the right to
5 refuse to collaborate, without penalty, with a particular
6 physician.

7 346.055. 1. An applicant may obtain a license by
8 successfully passing a qualifying examination of the type
9 described in sections 346.010 to 346.250, provided the applicant:

10 (1) Is at least [twenty-one] eighteen years of age; and

11 (2) Is of good moral character ; and

12 (3) [Until December 31, 2008, has an education equivalent to
13 at least a high school diploma from an accredited high school.

14 2. Beginning January 1, 2009, an applicant for a hearing
15 instrument specialist license or a hearing instrument
16 specialist-in-training permit shall demonstrate successful
17 completion of a minimum of sixty semester hours, or its
18 equivalent, at a state or regionally accredited institution of
19 higher education.

20 3. Beginning January 1, 2011, an applicant for a hearing
21 instrument specialist license or a hearing instrument
22 specialist-in-training permit shall hold an associate's level
23 degree or higher from a state or regionally accredited
24 institution of higher education.

25 4. Beginning January 1, 2013, or any date thereafter when
26 an associate degree program in hearing instrument sciences is
27 available from a state or regionally accredited institution
28 within Missouri, an applicant for a hearing instrument specialist

1 license or a hearing instrument specialist-in-training permit
2 shall hold:

3 (1) An associate's degree or higher in hearing instrument
4 sciences; or

5 (2) A master's or doctoral degree in audiology from a state
6 or regionally accredited institution] (a) Holds an associate's
7 degree or higher, from a state or regionally accredited
8 institution of higher education, in hearing instrument sciences;
9 or

10 (b) Holds an associate's level degree or higher, from a
11 state or regionally accredited institution of higher education,
12 and submits proof of completion of the International Hearing
13 Society's Distance Learning for Professionals in Hearing Health
14 Sciences course, and submits proof of completion of the Hearing
15 Instrument Specialists in Training program as established by the
16 Board of Examiners for Hearing Instrument Specialists; or

17 (c) Holds a master's or doctoral degree in audiology from a
18 state or regionally accredited institution; or

19 (d) Holds a current, unsuspended, unrevoked license from
20 another jurisdiction if the standards for licensing in such other
21 jurisdiction, as determined by the board, are substantially
22 equivalent to or exceed those required in paragraphs (a) or (b)
23 of subdivision (3) of this subsection; or

24 (e) Holds a current, unsuspended, unrevoked license from
25 another jurisdiction, has been actively practicing as a licensed
26 hearing aid fitter or dispenser in another jurisdiction for no
27 less than forty-eight of the last seventy-two months, and submits
28 proof of completion of advance certification from either the

1 International Hearing Society of the National Board for
2 Certification in Hearing Instrument Sciences.

3 [5.] 2. The provisions of [subsections 2, 3, and 4]
4 subsection 1 of this section shall not apply to any person
5 holding a valid Missouri hearing instrument specialist license
6 under this chapter when applying for the renewal of that license.
7 These provisions shall apply to any person holding a hearing
8 instrument specialist-in-training permit at the time of their
9 application for licensure or renewal of said permit.

10 3. (1) The board shall promulgate reasonable standards and
11 rules for the evaluation of applicants for purposes of
12 determining the course of instruction and training required of
13 each applicant for a hearing instrument specialist license under
14 the requirement of subdivision (3) of subsection 1 of this
15 section.

16 (2) Any rule or portion of a rule, as that term is defined
17 in section 536.010, that is created under the authority delegated
18 in this section shall become effective only if it complies with
19 and is subject to all of the provisions of chapter 536 and, if
20 applicable, section 536.028. This section and chapter 536 are
21 nonseverable and if any of the powers vested with the general
22 assembly pursuant to chapter 536 to review, to delay the
23 effective ate, or to disapprove and annul a rule are subsequently
24 held unconstitutional, then the grant of rulemaking authority and
25 any rule proposed or adopted after August 28, 2013, shall be
26 invalid and void.

27 346.085. 1. The qualifying examination provided in section
28 346.060 shall be designed to demonstrate the applicant's adequate

1 technical qualifications in the practice of fitting hearing
2 instruments as defined by the board.

3 2. The board shall promulgate reasonable standards and
4 rules that identify and describe the required technical knowledge
5 and skill of fitting hearing instruments necessary to prepare
6 each applicant for licensure by testing. Any rule or portion of
7 a rule, as that term is defined in section 536.010, that is
8 created under the authority delegated in this section shall
9 become effective only if it complies with and is subject to all
10 of the provisions of chapter 536 and, if applicable, section
11 536.028. This section and chapter 536 are nonseverable and if
12 any of the powers vested with the general assembly pursuant to
13 chapter 536 to review, to delay the effective date, or to
14 disapprove and annul a rule are subsequently held
15 unconstitutional, then the grant of rulemaking authority and any
16 rule proposed or adopted after August 28, 2013, shall be invalid
17 and void.

18 453.070. 1. Except as provided in subsection 5 of this
19 section, no decree for the adoption of a child under eighteen
20 years of age shall be entered for the petitioner or petitioners
21 in such adoption as ordered by the juvenile court having
22 jurisdiction, until a full investigation, which includes an
23 assessment of the adoptive parents, an appropriate postplacement
24 assessment and a summary of written reports as provided for in
25 section 453.026, and any other pertinent information relevant to
26 whether the child is suitable for adoption by the petitioner and
27 whether the petitioner is suitable as a parent for the child, has
28 been made. The report shall also include a statement to the

1 effect that the child has been considered as a potential subsidy
2 recipient.

3 2. Such investigation shall be made, as directed by the
4 court having jurisdiction, either by the division of family
5 services of the [state] department of social services, a juvenile
6 court officer, a licensed child-placement agency, a social worker
7 [licensed pursuant to chapter 337], a professional counselor, or
8 a psychologist licensed under chapter 337 and associated with a
9 licensed child-placement agency, or other suitable person
10 appointed by the court. The results of such investigation shall
11 be embodied in a written report that shall be submitted to the
12 court within ninety days of the request for the investigation.

13 3. The department of social services, division of family
14 services, shall develop rules and regulations regarding the
15 content of the assessment of the petitioner or petitioners. The
16 content of the assessment shall include but not be limited to, a
17 report on the condition of the petitioner's home and information
18 on the petitioner's education, financial, marital, medical and
19 psychological status and criminal background check. If an
20 assessment is conducted after August 28, 1997, but prior to the
21 promulgation of rules and regulations by the department
22 concerning the contents of such assessment, any discrepancy
23 between the contents of the actual assessment and the contents of
24 the assessment required by department rule shall not be used as
25 the sole basis for invalidating an adoption. No rule or portion
26 of a rule promulgated pursuant to the authority of this section
27 shall become effective unless it has been promulgated pursuant to
28 the provisions of chapter 536.

1 4. The assessment of petitioner or petitioners shall be
2 submitted to the petitioner and to the court prior to the
3 scheduled hearing of the adoptive petition.

4 5. In cases where the adoption or custody involves a child
5 under eighteen years of age that is the natural child of one of
6 the petitioners and where all of the parents required by this
7 chapter to give consent to the adoption or transfer of custody
8 have given such consent, the juvenile court may waive the
9 investigation and report, except the criminal background check,
10 and enter the decree for the adoption or order the transfer of
11 custody without such investigation and report.

12 6. In the case of an investigation and report made by the
13 division of family services by order of the court, the court may
14 order the payment of a reasonable fee by the petitioner to cover
15 the costs of the investigation and report.

16 7. Any adult person or persons over the age of eighteen,
17 who, as foster parent or parents, have cared for a foster child
18 continuously for a period of nine months or more and bonding has
19 occurred as evidenced by the positive emotional and physical
20 interaction between the foster parent and child, may apply to
21 such authorized agency for the placement of such child with them
22 for the purpose of adoption if the child is eligible for
23 adoption. The agency and court shall give preference and first
24 consideration for adoptive placements to foster parents.
25 However, the final determination of the propriety of the adoption
26 of such foster child shall be within the sole discretion of the
27 court.

28 8. (1) Nothing in this section shall be construed to

1 permit discrimination on the basis of disability or disease of a
2 prospective adoptive parent.

3 (2) The disability or disease of a prospective adoptive
4 parent shall not constitute a basis for a determination that the
5 petitioner is unfit or not suitable to be an adoptive parent
6 without a specific showing that there is a causal relationship
7 between the disability or disease and a substantial and
8 significant risk of harm to a child.

9 [346.050. Whenever the board determines that
10 another state or jurisdiction has requirements
11 equivalent to or higher than those in effect pursuant
12 to sections 346.010 to 346.250 and that such state or
13 jurisdiction has a program equivalent to or stricter
14 than the program for determining whether an applicant,
15 pursuant to sections 346.010 to 346.250 is qualified to
16 engage in the practice of fitting hearing instruments,
17 the board shall issue a license to applicants who hold
18 current, unsuspended and unrevoked certificates or
19 licenses to fit hearing instruments in such other state
20 or jurisdiction provided that such jurisdiction extends
21 like privileges for reciprocal licensing or
22 certification to persons licensed by this state with
23 similar qualifications. No such applicant for
24 licensure shall be required to submit to or undergo a
25 qualifying examination other than the payment of fees
26 pursuant to sections 346.045 and 346.095. Such
27 applicant shall be registered in the same manner as
28 licensees in this state. The fee for an initial
29 license issued pursuant to this section shall be the
30 same as the fee for an initial license issued pursuant
31 to section 346.045. Fees, grounds for renewal, and
32 procedures for the suspension and revocation of
33 licenses granted pursuant to this section shall be the
34 same as for renewal, suspension and revocation of an
35 initial license issued pursuant to section 346.045.]

36
37 ✓
38
39
40
41
42
43

44 _____
Jay Wasson

Eric Burlison