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.

Section A. Sections 331.100, 332.093, 334.104, 346.050, 346.055, 346.085, and 453.070, RSMo, are repealed and six new sections, to be known as sections 331.100, 332.093, 334.104, 346.055, 346.085, and 453.070, to read as follows:

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

2. The board shall have a common seal, and shall adopt rules and regulations for the application and enforcement of this chapter. The president and secretary shall have power to administer oaths. Four members shall constitute a quorum. They shall publish the dates and places for examinations at least thirty days prior to the meeting. The board shall create no expenses exceeding the sums received from time to time as herein provided.

3. The board shall employ such board personnel as may be necessary to carry out the provisions of this chapter. Board personnel shall include an executive secretary or comparable position, inspectors, investigators, attorneys,

EXPLANATION--Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.
and secretarial support staff for these positions.

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

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

332.093. Any person "practices as a dental assistant" within the meaning of this chapter who provides patient services in cooperation with and under the direct supervision of a currently registered and licensed dentist in Missouri. A currently registered and licensed dentist may delegate to a dental assistant, certified dental assistant or expanded functions dental assistant, under their direct supervision, such reversible acts that would be considered the practice of dentistry as defined in section 332.071 provided such delegation is done pursuant to the terms and conditions of a rule adopted by the Missouri dental board pursuant to section 332.031; except that, no such rule may allow delegation of acts that conflict with the practice of dental hygiene as defined in section 332.091, with the exception that polishing of teeth, placement of pit or fissure sealants, and application of topical fluoride may be delegated to a dental assistant, certified dental assistant or expanded-functions dental assistant.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. The state board of registration for the healing arts pursuant to section 334.125 and the board of nursing pursuant to section 335.036 may jointly promulgate rules regulating the use of collaborative practice arrangements. Such rules shall be limited to specifying geographic areas to be covered, the methods
of treatment that may be covered by collaborative practice arrangements and the
requirements for review of services provided pursuant to collaborative practice
arrangements including delegating authority to prescribe controlled
substances. Any rules relating to dispensing or distribution of medications or
devices by prescription or prescription drug orders under this section shall be
subject to the approval of the state board of pharmacy. Any rules relating to
dispensing or distribution of controlled substances by prescription or prescription
drug orders under this section shall be subject to the approval of the department
of health and senior services and the state board of pharmacy. In order to take
effect, such rules shall be approved by a majority vote of a quorum of each
board. Neither the state board of registration for the healing arts nor the board
of nursing may separately promulgate rules relating to collaborative practice
arrangements. Such jointly promulgated rules shall be consistent with guidelines
for federally funded clinics. The rulemaking authority granted in this subsection
shall not extend to collaborative practice arrangements of hospital employees
providing inpatient care within hospitals as defined pursuant to chapter 197 or
population-based public health services as defined by 20 CSR 2150-5.100 as of
April 30, 2008.

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

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

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

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

9. It is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the advanced practice registered nurse shall practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This limitation shall not apply to collaborative arrangements of providers of population-based public health services as defined by 20 CSR 2150-5.100 as of April 30, 2008.

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

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

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

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

(1) Is at least [twenty-one] eighteen years of age; and
(2) Is of good moral character; and
(3) [Until December 31, 2008, has an education equivalent to at least a high school diploma from an accredited high school.

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

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

4. Beginning January 1, 2013, or any date thereafter when an associate
degree program in hearing instrument sciences is available from a state or regionally accredited institution within Missouri, an applicant for a hearing instrument specialist license or a hearing instrument specialist-in-training permit shall hold:

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

(2) A master's or doctoral degree in audiology from a state or regionally accredited institution]

(a) Holds an associate's degree or higher, from a state or regionally accredited institution of higher education, in hearing instrument sciences; or

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

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

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

(e) Holds a current, unsuspended, unrevoked license from another jurisdiction, has been actively practicing as a licensed hearing aid fitter or dispenser in another jurisdiction for no less than forty-eight of the last seventy-two months, and submits proof of completion of advance certification from either the International Hearing Society of the National Board for Certification in Hearing Instrument Sciences.

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

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

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

346.085. 1. The qualifying examination provided in section 346.060 shall
be designed to demonstrate the applicant's adequate technical qualifications in
the practice of fitting hearing instruments as defined by the board.

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

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

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

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

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

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

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

7. Any adult person or persons over the age of eighteen, who, as foster
parent or parents, have cared for a foster child continuously for a period of nine
months or more and bonding has occurred as evidenced by the positive emotional
and physical interaction between the foster parent and child, may apply to such
authorized agency for the placement of such child with them for the purpose of
adoption if the child is eligible for adoption. The agency and court shall give
preference and first consideration for adoptive placements to foster
parents. However, the final determination of the propriety of the adoption of such
foster child shall be within the sole discretion of the court.
8. (1) Nothing in this section shall be construed to permit discrimination
on the basis of disability or disease of a prospective adoptive parent.
(2) The disability or disease of a prospective adoptive parent shall not
considerate a basis for a determination that the petitioner is unfit or not suitable
to be an adoptive parent without a specific showing that there is a causal
relationship between the disability or disease and a substantial and significant
risk of harm to a child.
[346.050. Whenever the board determines that another
state or jurisdiction has requirements equivalent to or higher than
those in effect pursuant to sections 346.010 to 346.250 and that
such state or jurisdiction has a program equivalent to or stricter
than the program for determining whether an applicant, pursuant
to sections 346.010 to 346.250 is qualified to engage in the practice
of fitting hearing instruments, the board shall issue a license to
applicants who hold current, unsuspended and unrevoked
certificates or licenses to fit hearing instruments in such other
state or jurisdiction provided that such jurisdiction extends like
privileges for reciprocal licensing or certification to persons
licensed by this state with similar qualifications. No such
applicant for licensure shall be required to submit to or undergo a
qualifying examination other than the payment of fees pursuant to
sections 346.045 and 346.095. Such applicant shall be registered
in the same manner as licensees in this state. The fee for an
initial license issued pursuant to this section shall be the same as
the fee for an initial license issued pursuant to section
346.045. Fees, grounds for renewal, and procedures for the
suspension and revocation of licenses granted pursuant to this
section shall be the same as for renewal, suspension and revocation
of an initial license issued pursuant to section 346.045.]