

FIRST REGULAR SESSION
[TRULY AGREED TO AND FINALLY PASSED]
CONFERENCE COMMITTEE SUBSTITUTE NO. 2 FOR
HOUSE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 330

97TH GENERAL ASSEMBLY

2013

1611S.08T

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:

Section A. Sections 331.100, 332.093, 334.104, 346.050, 346.055, 346.085, 2 and 453.070, RSMo, are repealed and six new sections, to be known as sections 3 331.100, 332.093, 334.104, 346.055, 346.085, and 453.070, to read as follows: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 2 regular meeting held after January first of each year. Each member of the board 3 shall receive as compensation for his services the sum of fifty dollars per day 4 while discharging the actual duties of the board, and each member shall receive 5 necessary traveling expenses while actually engaged in the performance of his 6 duties as a member of the board.

7 2. The board shall have a common seal, and shall adopt rules and 8 regulations for the application and enforcement of this chapter. The president 9 and secretary shall have power to administer oaths. Four members shall 10 constitute a quorum. They shall publish the dates and places for examinations 11 at least thirty days prior to the meeting. The board shall create no expenses 12 exceeding the sums received from time to time as herein provided.

13 3. The board shall employ such board personnel as may be necessary to 14 carry out the provisions of this chapter. Board personnel shall include an 15 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.

16 and secretarial support staff for these positions.

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

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

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

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

10 2. Collaborative practice arrangements, which shall be in writing, may
11 delegate to a registered professional nurse the authority to administer, dispense
12 or prescribe drugs and provide treatment if the registered professional nurse is
13 an advanced practice **registered** nurse as defined in subdivision (2) of section
14 335.016. Collaborative practice arrangements may delegate to an advanced

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

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

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

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

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

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

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

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

45 (b) Maintain geographic proximity, **except the collaborative practice**
46 **arrangement may allow for geographic proximity to be waived for a**
47 **maximum of twenty-eight days per calendar year for rural health**
48 **clinics as defined by P.L. 95-210, as long as the collaborative practice**
49 **arrangement includes alternative plans as required in paragraph (c) of**
50 **this subdivision. This exception to geographic proximity shall apply**

51 **only to independent rural health clinics, provider-based rural health**
52 **clinics where the provider is a critical access hospital as provided in**
53 **42 U.S.C. 1395i-4, and provider-based rural health clinics where the**
54 **main location of the hospital sponsor is greater than fifty miles from**
55 **the clinic. The collaborating physician is required to maintain**
56 **documentation related to this requirement and to present it to the state**
57 **board of registration for the healing arts when requested; and**

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

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

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

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

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

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

83 4. The state board of registration for the healing arts pursuant to section
84 334.125 and the board of nursing pursuant to section 335.036 may jointly
85 promulgate rules regulating the use of collaborative practice arrangements. Such
86 rules shall be limited to specifying geographic areas to be covered, the methods

87 of treatment that may be covered by collaborative practice arrangements and the
88 requirements for review of services provided pursuant to collaborative practice
89 arrangements including delegating authority to prescribe controlled
90 substances. Any rules relating to dispensing or distribution of medications or
91 devices by prescription or prescription drug orders under this section shall be
92 subject to the approval of the state board of pharmacy. Any rules relating to
93 dispensing or distribution of controlled substances by prescription or prescription
94 drug orders under this section shall be subject to the approval of the department
95 of health and senior services and the state board of pharmacy. In order to take
96 effect, such rules shall be approved by a majority vote of a quorum of each
97 board. Neither the state board of registration for the healing arts nor the board
98 of nursing may separately promulgate rules relating to collaborative practice
99 arrangements. Such jointly promulgated rules shall be consistent with guidelines
100 for federally funded clinics. The rulemaking authority granted in this subsection
101 shall not extend to collaborative practice arrangements of hospital employees
102 providing inpatient care within hospitals as defined pursuant to chapter 197 or
103 population-based public health services as defined by 20 CSR 2150-5.100 as of
104 April 30, 2008.

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

123 registration for the healing arts for which the records are subject to removal
124 under this section.

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

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

145 8. A collaborating physician shall not enter into a collaborative practice
146 arrangement with more than three full-time equivalent advanced practice
147 registered nurses. This limitation shall not apply to collaborative arrangements
148 of hospital employees providing inpatient care service in hospitals as defined in
149 chapter 197 or population-based public health services as defined by 20 CSR
150 2150-5.100 as of April 30, 2008.

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

158 10. No agreement made under this section shall supersede current

159 hospital licensing regulations governing hospital medication orders under
160 protocols or standing orders for the purpose of delivering inpatient or emergency
161 care within a hospital as defined in section 197.020 if such protocols or standing
162 orders have been approved by the hospital's medical staff and pharmaceutical
163 therapeutics committee.

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

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

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

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

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

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

16 4. Beginning January 1, 2013, or any date thereafter when an associate

17 degree program in hearing instrument sciences is available from a state or
18 regionally accredited institution within Missouri, an applicant for a hearing
19 instrument specialist license or a hearing instrument specialist-in-training permit
20 shall hold:

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

22 (2) A master's or doctoral degree in audiology from a state or regionally
23 accredited institution] **(a) Holds an associate's degree or higher, from a**
24 **state or regionally accredited institution of higher education, in**
25 **hearing instrument sciences; or**

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

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

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

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

46 [5.] **2.** The provisions of [subsections 2, 3, and 4] **subsection 1** of this
47 section shall not apply to any person holding a valid Missouri hearing instrument
48 specialist license under this chapter when applying for the renewal of that
49 license. These provisions shall apply to any person holding a hearing instrument
50 specialist-in-training permit at the time of their application for licensure or
51 renewal of said permit.

52 **3. (1) The board shall promulgate reasonable standards and**

53 rules for the evaluation of applicants for purposes of determining the
54 course of instruction and training required of each applicant for a
55 hearing instrument specialist license under the requirement of
56 subdivision (3) of subsection 1 of this section.

57 **(2) Any rule or portion of a rule, as that term is defined in**
58 **section 536.010, that is created under the authority delegated in this**
59 **section shall become effective only if it complies with and is subject to**
60 **all of the provisions of chapter 536 and, if applicable, section**
61 **536.028. This section and chapter 536 are nonseverable and if any of**
62 **the powers vested with the general assembly pursuant to chapter 536**
63 **to review, to delay the effective ate, or to disapprove and annul a rule**
64 **are subsequently held unconstitutional, then the grant of rulemaking**
65 **authority and any rule proposed or adopted after August 28, 2013, shall**
66 **be invalid and void.**

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

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

453.070. 1. Except as provided in subsection 5 of this section, no decree
2 for the adoption of a child under eighteen years of age shall be entered for the
3 petitioner or petitioners in such adoption as ordered by the juvenile court having
4 jurisdiction, until a full investigation, which includes an assessment of the
5 adoptive parents, an appropriate postplacement assessment and a summary of
6 written reports as provided for in section 453.026, and any other pertinent
7 information relevant to whether the child is suitable for adoption by the

8 petitioner and whether the petitioner is suitable as a parent for the child, has
9 been made. The report shall also include a statement to the effect that the child
10 has been considered as a potential subsidy recipient.

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

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

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

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

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

43 7. Any adult person or persons over the age of eighteen, who, as foster

44 parent or parents, have cared for a foster child continuously for a period of nine
45 months or more and bonding has occurred as evidenced by the positive emotional
46 and physical interaction between the foster parent and child, may apply to such
47 authorized agency for the placement of such child with them for the purpose of
48 adoption if the child is eligible for adoption. The agency and court shall give
49 preference and first consideration for adoptive placements to foster
50 parents. However, the final determination of the propriety of the adoption of such
51 foster child shall be within the sole discretion of the court.

52 8. (1) Nothing in this section shall be construed to permit discrimination
53 on the basis of disability or disease of a prospective adoptive parent.

54 (2) The disability or disease of a prospective adoptive parent shall not
55 constitute a basis for a determination that the petitioner is unfit or not suitable
56 to be an adoptive parent without a specific showing that there is a causal
57 relationship between the disability or disease and a substantial and significant
58 risk of harm to a child.

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

22 of an initial license issued pursuant to section 346.045.]

✓

Unofficial

Bill

Copy